

### HISTORY & PHYSICAL FINDINGS

- Previous posterior tooth extraction
- Air passage into mouth
- Fluid passage into nose
- Visible opening on alveolar ridge

## OROANTRAL FISTULA MANAGEMENT

### DIAGNOSTIC PROCEDURES

- **IOPA**
- **ORTHOPANTAMOGRAM**
- **Water's projection view**
- **CT Scan – PNS VIEW**
- **Mouth Mirror test**

Immediate (opening <5mm)

- Suture socket
- Sinus precautions

IF FAILED

- ANTRAL IRRIGATIONS FOLLOWED BY FISTULA CLOSURE
- MEDICATIONS ARE PRESCRIBED

Immediate (opening >5mm)

- Gingival approximation or local flap closure
- Antibiotics
- Nasal decongestants
- Sinus precautions

IF FAILED

- LARGE FISTULA CLOSURE USING DISTANT FLAPS
- ANTRAL IRRIGATION IF NATURAL OSTIUM IS NOT PATENT
- MEDICATIONS PRESCRIBED

Chronic (opening <5mm)

- Management of chronic sinusitis
- Nasal decongestants
- Closure with local flaps
- Sinus precautions

IF FAILED

- IF FLAP PLACED FAILS USE DISTANT FLAPS TO CLOSE THE OPENING
- AUTOGENOUS BONE GRAFT CAN BE USED TO OBTURATE THE BONE DEFECT

Chronic (opening >5mm)

- Management of chronic sinusitis
- Nasal decongestants
- Closure with buccal pad of fat, tongue or temporalis muscle flap.
- Sinus precautions

IF FAILED

- IF FLAP PLACED FAILS USE DISTANT FLAPS TO CLOSE THE OPENING
- AUTOGENOUS BONE GRAFT CAN BE USED TO OBTURATE THE BONE DEFECT