



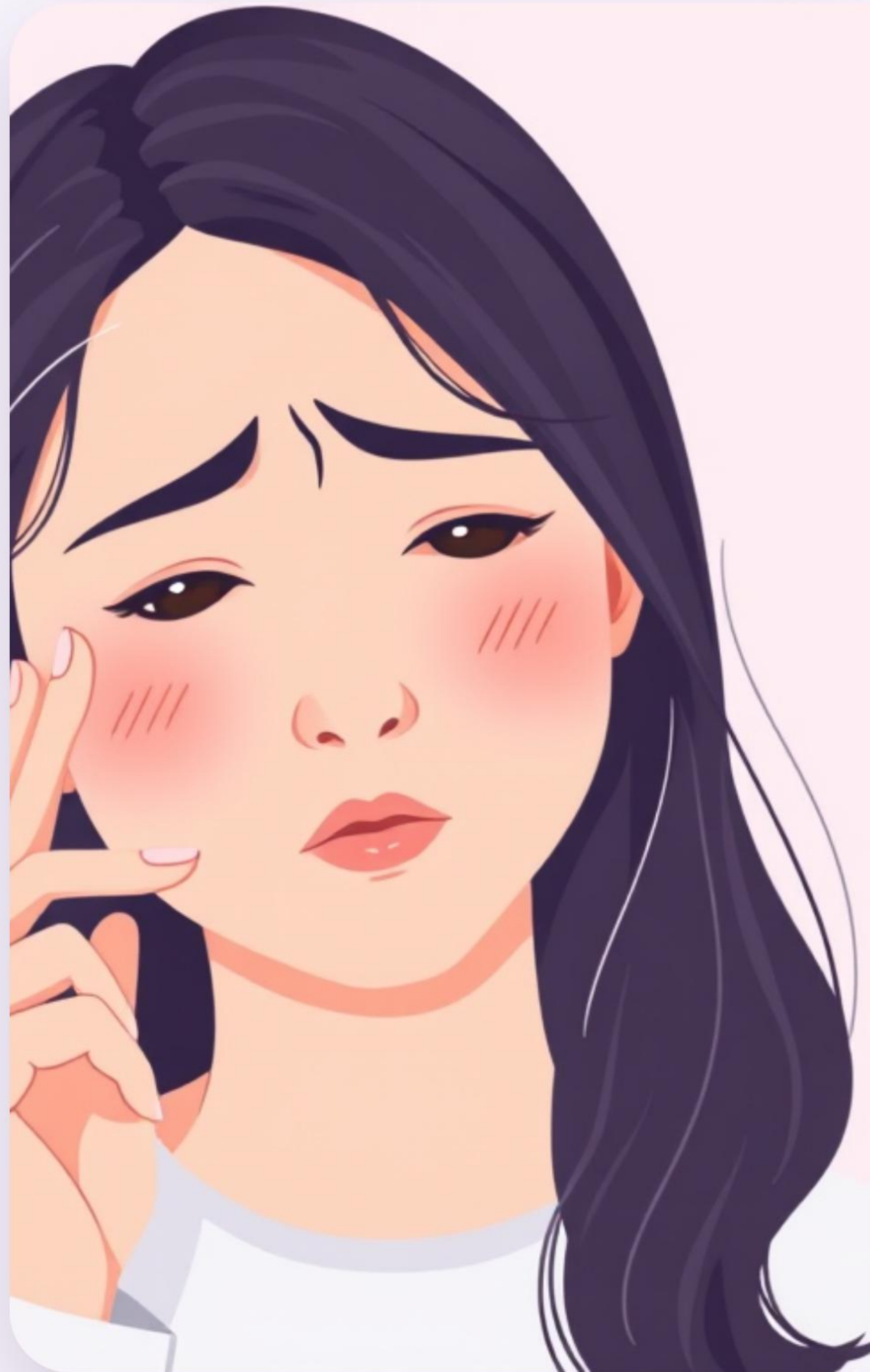
LS Dental

Ipoh · Dr. Kent Teoh

PATIENT GUIDE

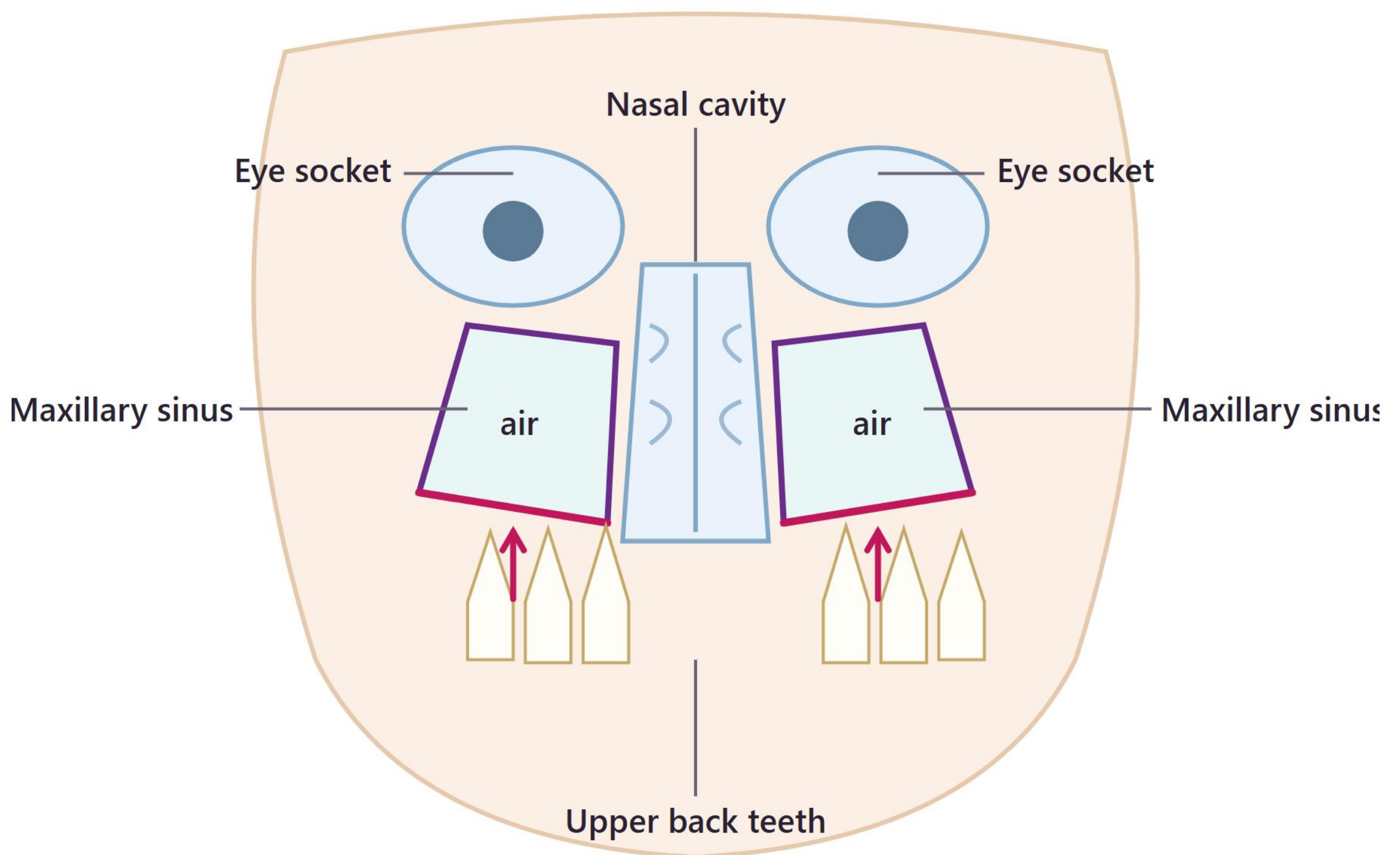
Maxillary sinusitis

The sinus that sits on your upper teeth — and why a toothache and a blocked nose can be the same problem.



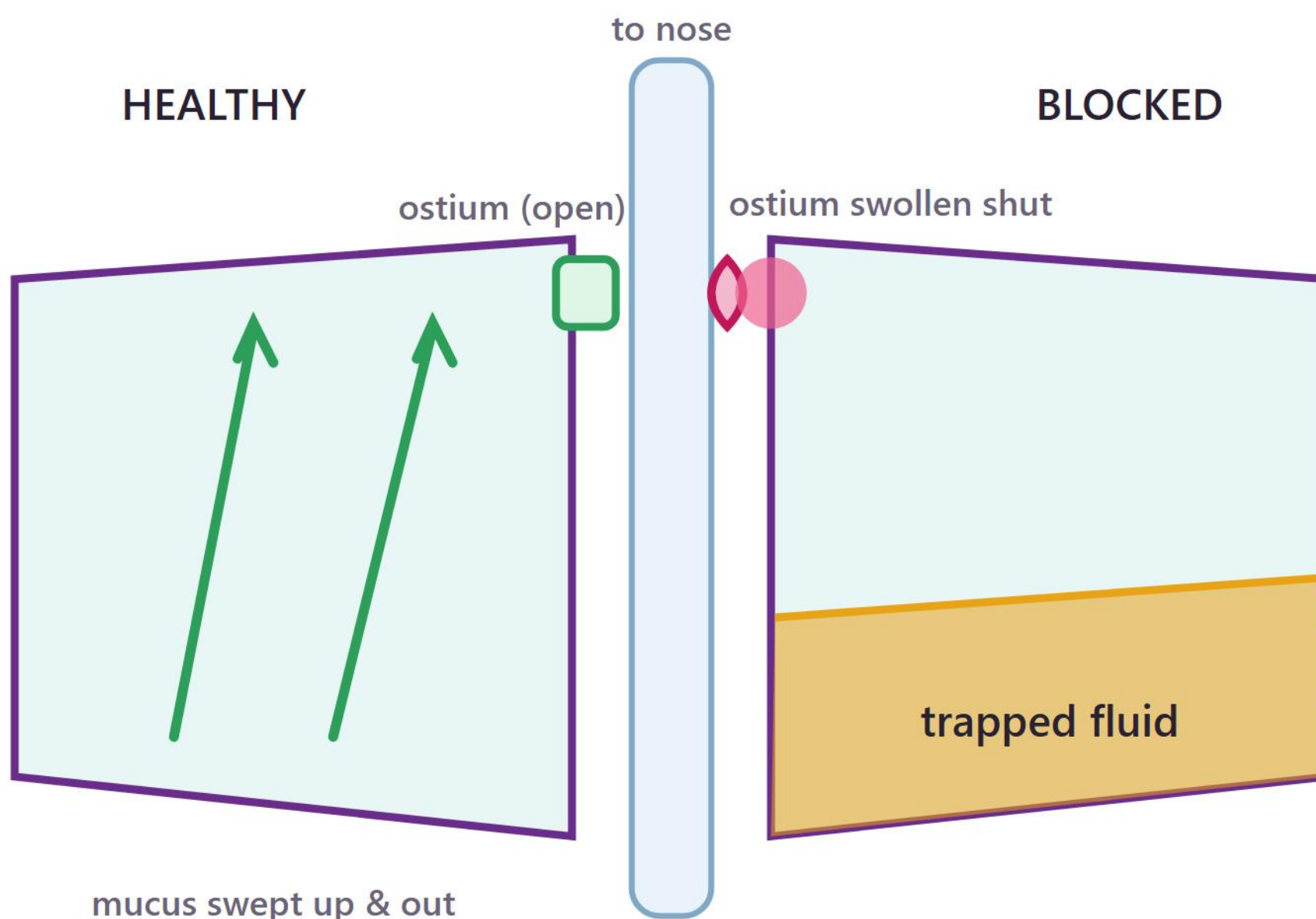
What is **maxillary sinusitis**?

Your **maxillary sinuses** are two air-filled spaces inside your cheekbones — the largest of the sinuses. Their **floor sits right above your upper back teeth**. When the lining gets inflamed and swollen, that's sinusitis.



Why the sinus gets blocked

The sinus drains through one small opening (the **ostium**) near the **top** of the cavity. Tiny hairs sweep mucus **uphill** to reach it. Swelling from a cold, allergy, or tooth infection can seal that opening — so fluid is trapped and germs grow.



Drainage runs uphill

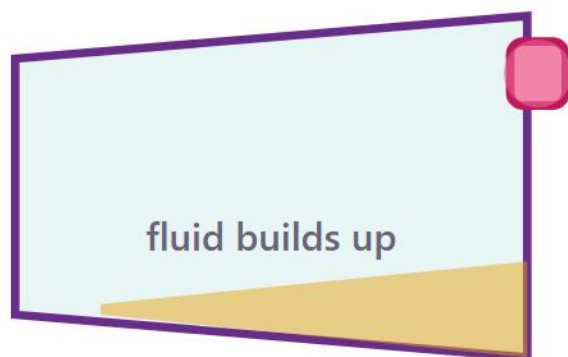
That's why even small swelling near the opening can block the whole sinus — and why blockage above a bad upper tooth clears only when the tooth is treated.

Two ways it starts

Maxillary sinusitis usually comes from one of two directions — and the dental cause is easy to miss. **About 1 in 3 one-sided cases actually starts in a tooth.**

FROM THE NOSE

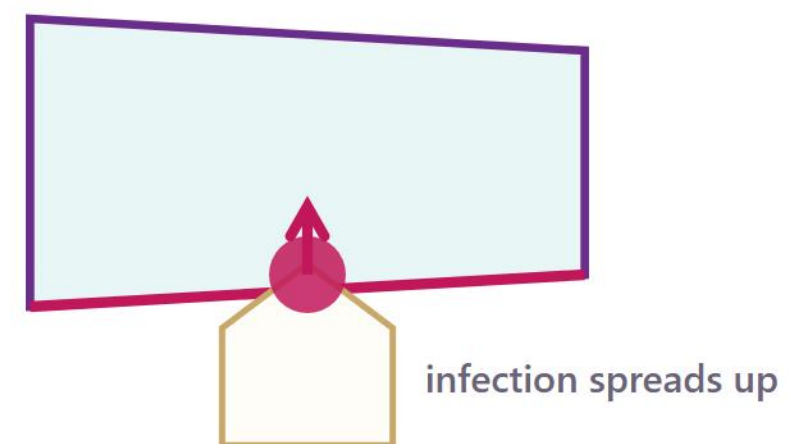
● Rhinogenic



- Cold or flu
- Allergy / hay fever
- Swelling seals the sinus opening
- Narrow anatomy (deviated septum) makes it worse

FROM A TOOTH

Odontogenic



- Deep decay or abscess in an upper back tooth
- Gum disease around the roots
- After extraction (hole into the sinus)
- Implant or filling pushed into the sinus

Symptoms to watch for

Sinusitis and toothache can feel the same because the sinus sits on the tooth roots. Watch for these — especially on **one side only**.



Cheek pressure & pain

fullness under the eye, worse when you bend forward



Upper back-tooth ache

dull throb in several upper teeth at once



Blocked or runny nose

stuffy on the affected side



Postnasal drip

discolored mucus down the throat



Reduced sense of smell

food tastes flat



Lingering > 10 days

or clears then comes back



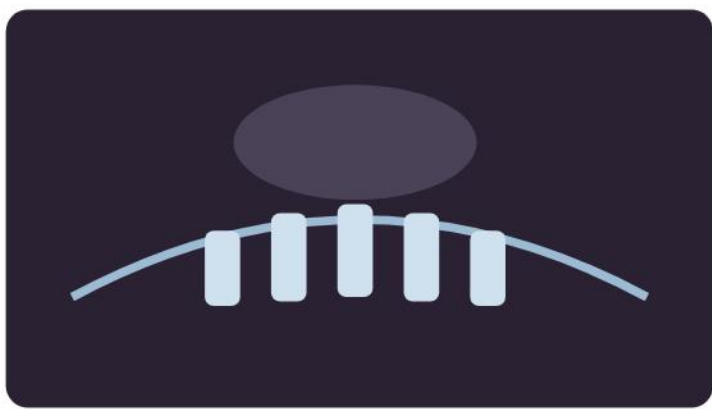
Red flag — think tooth:

Symptoms on **one side only**, with a **bad taste or smell**, often point to a dental cause.

How your dentist finds it

The goal is to find the **real cause**, not just mask the symptoms. A dental and nasal exam comes first — then the right scan. **An ordinary X-ray can miss a dental cause**, so a 3D scan is the gold standard.

2D X-RAY (OPG)



- Quick, flat, whole-jaw view
- Good first look
- Overlaps hide small root & sinus problems

3D SCAN (CBCT) — gold standard



- 3D, slice-by-slice — no overlap
- Pinpoints the exact tooth or root
- Shows fluid & the sinus floor clearly

Treatment & when to see us

Treatment works best when it targets the **cause**. Clearing the sinus alone won't help if a tooth is behind it — it just keeps coming back.

● If the nose is the cause

- Saline rinses & decongestion
- Nasal steroid spray
- Antibiotics only if truly needed

● If a tooth is the cause

- Treat the tooth: root canal or removal
- Drain the infection
- Close any opening into the sinus

Stubborn cases



If it won't settle, a small keyhole sinus operation (endoscopic sinus surgery) plus dental care usually solves it.

Sinus pain that won't clear? Let's check the teeth first.

A quick dental exam can rule the tooth in or out — and save you months of recurring sinusitis.



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Acute, or chronic?

Most sinusitis follows a cold and clears in a couple of weeks. It's the **time** that tells us how worried to be — and long-lasting, one-sided cases are the ones most likely to come from a tooth.

Day 1 — often starts with a cold

ACUTE

under 4 weeks

SUBACUTE

4 – 12 weeks

CHRONIC

over 12 weeks

● Usually settles

- Follows a cold, both sides
- Eases within 10–14 days
- Rest, fluids, saline rinses

See a professional

- Lasts beyond 10 days with no improvement
- Improves, then suddenly worsens again
- Keeps coming back on the **same side** → check the teeth

Go to hospital now if...

Serious complications are **uncommon** — **about 1 in 1,000 cases** — but a sinus infection sits close to the eye and brain. If any of these appear, don't wait: go to the emergency department.



Swelling or redness around the eye

puffiness, a bulging eye



Double or reduced vision

or trouble moving the eye



Severe headache

worst-ever, with confusion or drowsiness



High fever & stiff neck

forehead swelling that feels soft

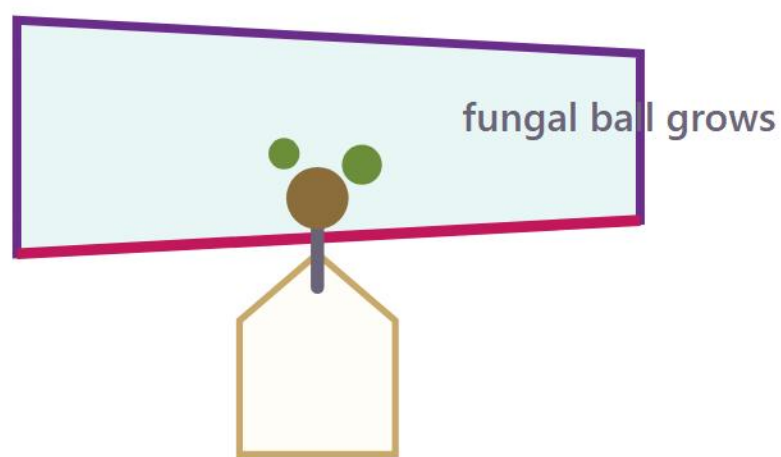


These can mean the infection is spreading toward the eye or brain.
Emergency care protects your sight — act fast.

When dental work leaves a trace

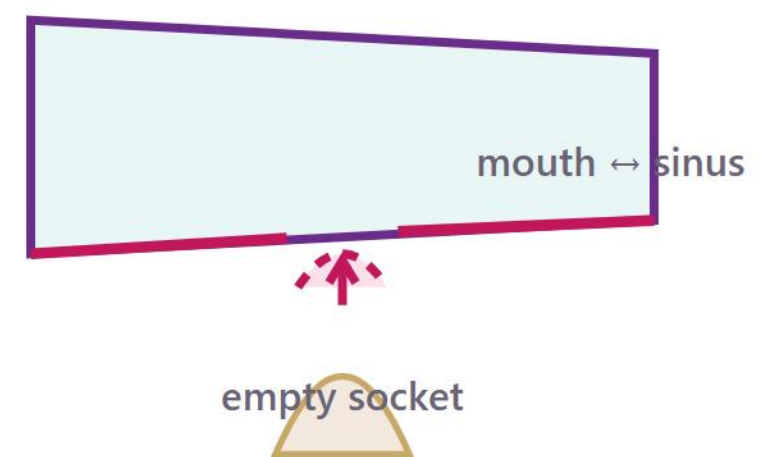
Sometimes the sinus problem is a leftover from earlier dental treatment. These cases **won't clear with antibiotics** — the object or opening has to be dealt with.

PUSHED INTO THE SINUS



- Root-canal material pushed past the tip
- Fungus (aspergillus) grows on it
- Almost always one side only

AN OPENING LEFT BEHIND



- A hole after an upper tooth is removed
- Air, fluid or germs pass between mouth & sinus
- Needs closing so it can heal



The fix is dental: remove the object or close the opening, treat the tooth, and clear the sinus — often together with an ENT surgeon.

Protect your **sinuses**

You can't prevent every cold — but you can stop small problems from turning into months of blocked, painful sinuses. The biggest lever is **healthy upper teeth**.



Treat upper teeth early

fix decay & gum problems before they reach the sinus



Rinse with saline

gently flushes the nose during colds & allergy season



Manage allergies

keep hay fever controlled so the opening stays clear



Don't ignore one-sided signs

early check-ups catch a dental cause sooner

Having an upper tooth removed or an implant?

Tell your dentist if you get sinus trouble — and after an upper extraction, avoid forceful nose-blowing while it heals. It protects the thin floor between tooth and sinus.