

CASE OF THE MONTH (June 2010)

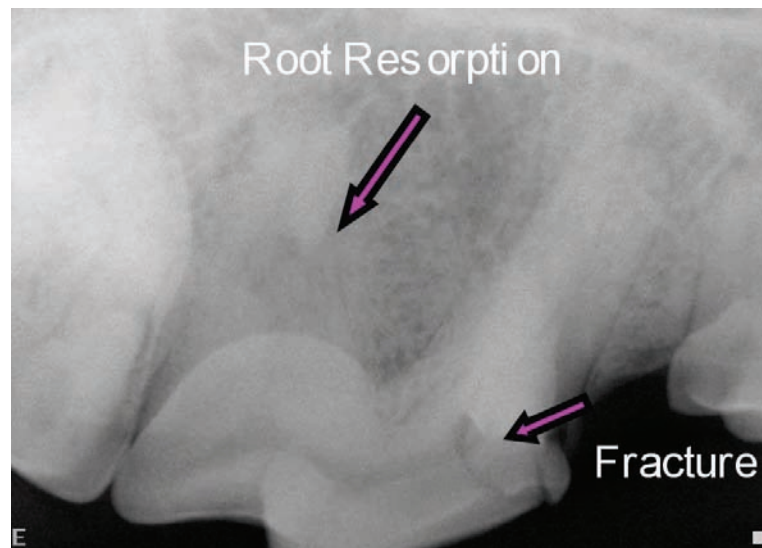
Signalment and History:

A nine year old neutered male Lab was referred for a fractured right maxillary 4th premolar. The owner complained that the patient was showing a decrease in appetite. The oblique slab fracture extended subgingivally but at the time of referral the presence of a pulp exposure was in question. The patient had previously been treated by another veterinarian for a right infraorbital swelling with antibiotics and steroids, resulting in temporary improvement.

Procedures: The patient was placed under general anesthesia for a complete oral exam and treatment of the fractured premolar. The pulp exposure soon became evident.



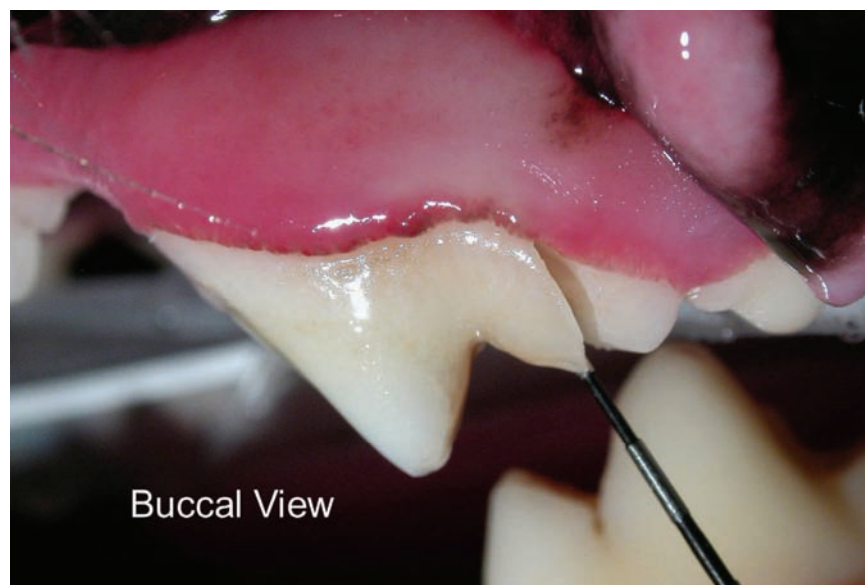
An intraoral radiograph was taken of this tooth, which demonstrated the fracture of the mesiobuccal root and severe resorption of the distal root.



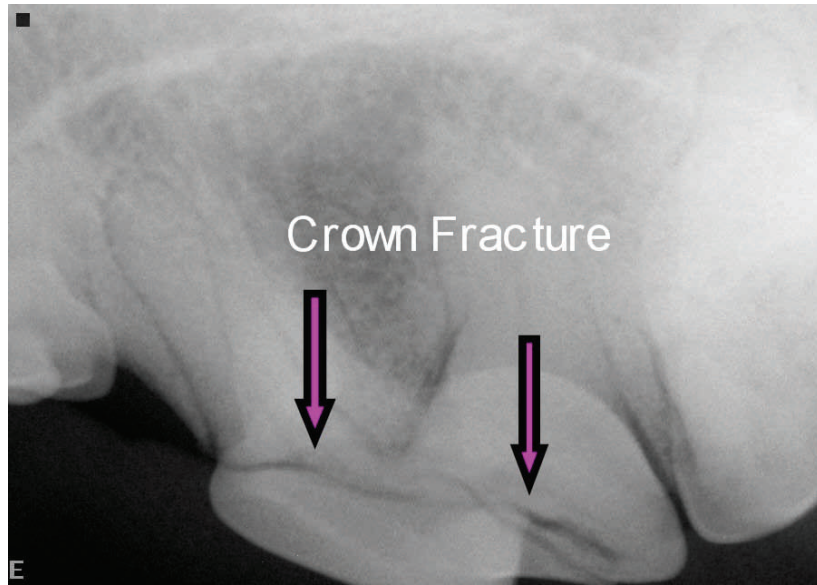
This tooth was surgically extracted.



As the oral examination continued, we discovered a severe crown fracture of the left maxillary 4th premolar that was initially visible only from the palatal vantage point. After using a probe to separate the fragments, however, we could see it from the buccal aspect as well.



An intraoral radiograph demonstrated the extent of the damage from this fracture.



This tooth was also surgically extracted.



Discussion: At the one week post-op examination, the owner was happy to report that the patient had regained his appetite and was feeling and acting like a new dog.

Treatment options for a tooth that is suffering from a fracture with a pulp exposure are twofold: extraction or root canal. While we always prefer to save the tooth by performing a root canal procedure, the tooth must be a good candidate to ensure success.

The tooth must be free of serious periodontal disease. Otherwise, even though the endodontic procedure is a success, the periodontal disease will cause its demise.

The tooth must retain enough of its normal structure to be restorable after the root canal procedure. Both of these fractures caused significant damage to these teeth, making them non-restorable. In addition, the severe resorption of the distal root of the right maxillary premolar precluded root canal therapy.

This case also illustrates the necessity of general anesthesia in a complete oral examination. The extensive fracture of the left maxillary premolar was not discovered until the patient was under anesthesia.

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