

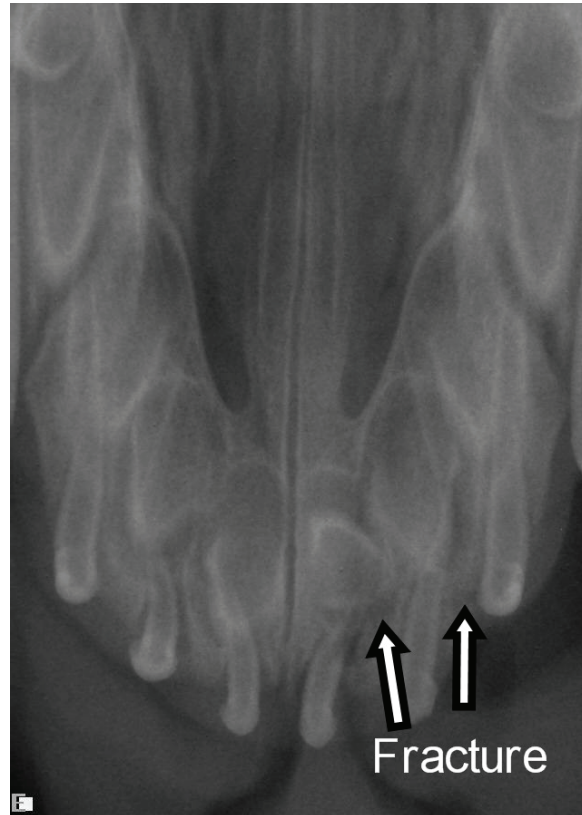
## CASE OF THE MONTH (April 2011)

**Signalment and History:** A seven week old intact female Siberian Husky was presented for assessment and treatment of injuries suffered from an attack by a larger dog. This patient had been bitten in the face, resulting in damage to the maxillary incisor region.

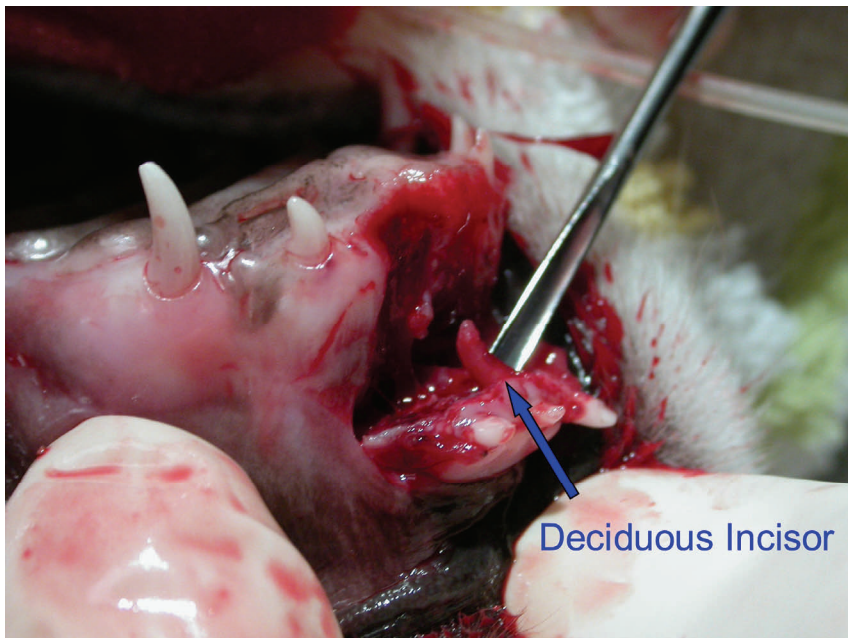
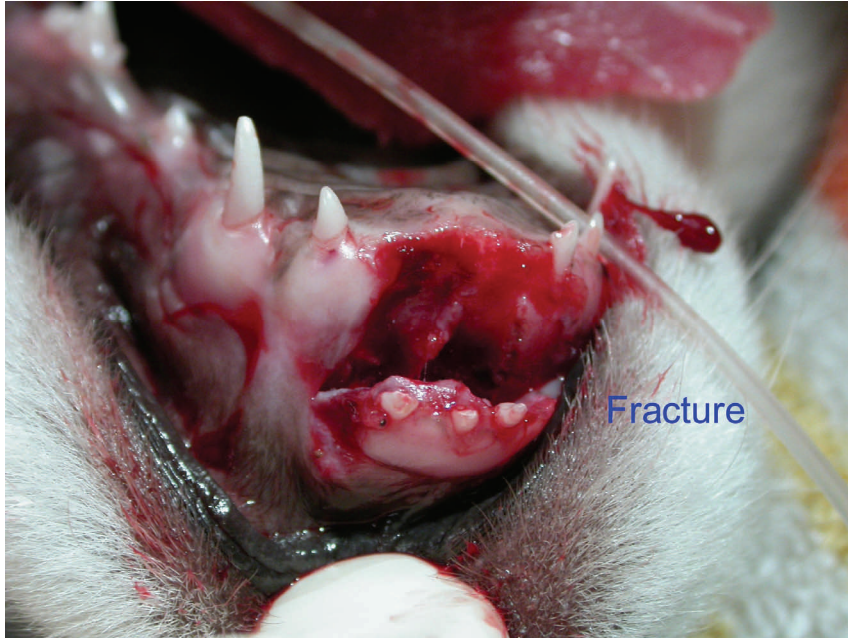
**Procedures:** The patient was placed under general anesthesia for a complete oral examination and intraoral radiographs. All dentition in this patient was deciduous. A gingival laceration was found beginning between the right 1st and 2nd incisors and running apically, much like a vertical releasing incision in a surgical flap. Another similar laceration began between the left 2nd and 3rd incisors, also running apically.



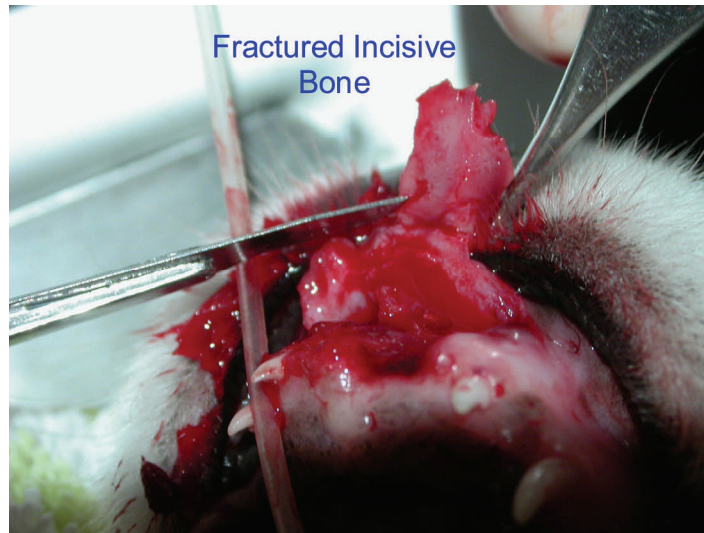
An intraoral radiograph revealed a fracture of the incisive bone in the region of the left 1st and 2nd incisors.



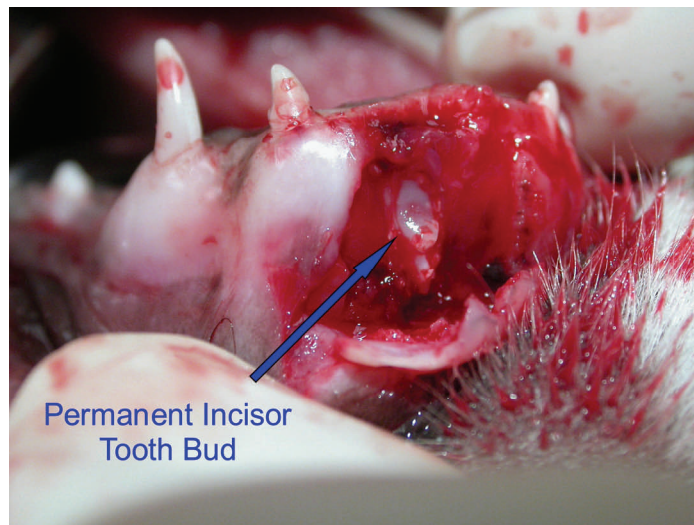
Further examination revealed the clinical extent of the fracture and the fractured segment of incisive bone could be levered forward as if attached by a hinge. This segment of bone contained three deciduous incisors.



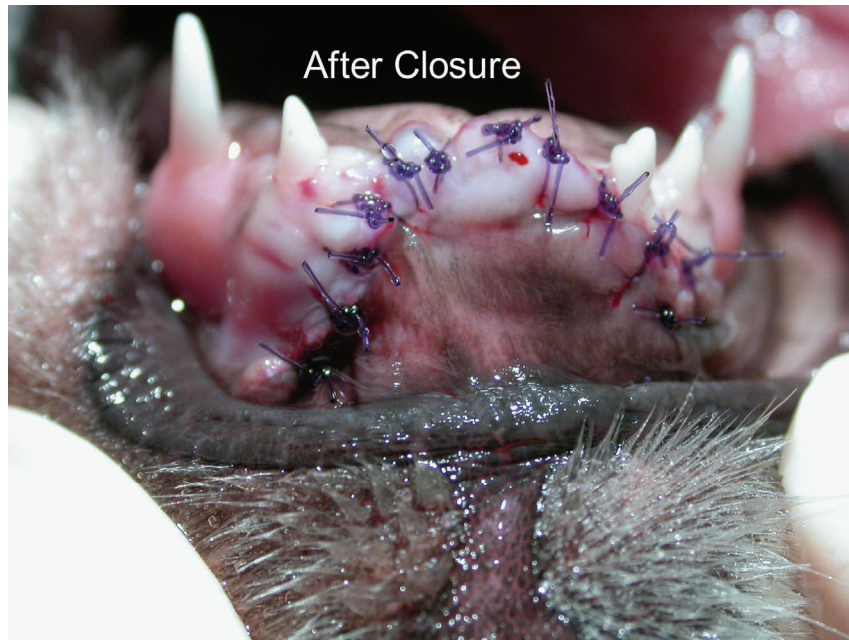
The blood supply to these deciduous incisors had been severely compromised and they were extracted. Further examination determined that this segment of incisive bone was completely separated and was only attached by soft tissue, so it was dissected free and removed.



After removal of the incisive bone, the permanent tooth bud of the 2nd incisor was found to be damaged and mobile, and it was extracted as well.



The area was flushed with saline, fresh soft tissue margins were created through debridement, and the gingival flap was closed with 4-0 Monocryl in a simple interrupted pattern.



**Discussion:** Assessment of maxillary fractures can be challenging, even with the advantage of intraoral radiographs. The bone structure of the incisive bone and maxilla contains a plethora of overlapping lines and shadows and also contains dental structures which can confuse the diagnostician. In addition, a less than perfect angulation of the X-ray beam may hide the fracture line. The definitive diagnosis may be withheld until the point of surgical intervention.

In this case the full extent of the damage was not realized even with surgical intervention, for two more permanent incisors exfoliated several weeks later.

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