

> 52 YEAR-OLD
VIRGIN w/ CRACK

NOV
2013

52 Year-Old Virgin w/ Crack, But He Isn't From TO

I first saw this gentleman in July to evaluate 'severe jaw' pain localised to quadrant two. No odontogenic source could be found in Q1 or Q2; see bitewing on the right. The exam revealed clicking of both TMJ's on opening/closing and lateral movements, a deep bite, and over-erupted mandibular anteriors. The masseter muscles were well developed and there was a history of grinding. The patient returned to his dentist and after further adjustments to the night guard, the symptoms resolved.

All was fine until earlier this month when a swelling was found buccal to 36. The pulp is non-vital and there is a 10mm narrow probing defect at the DB aspect. A faint fracture line runs the length of the occlusal table and transillumination demonstrates it extends into dentine (the light does not pass through to the contralateral side). A 'J'-shaped lesion is present on the distal root; in conjunction with the probing defect, this is highly suggestive of a root fracture (see pictures).

Despite all of the evidence and my assertion the prognosis for success is poor the patient was keen to save the 'virgin' tooth and avoid extraction. Thus, a non-surgical diagnostic access was performed with nitrous sedation (patient is dental phobic).

Upon access the fracture was found to run from the distal marginal ridge to the DL aspect of the distal orifice then re-appear at the DB aspect of the orifice and run along the buccal wall of the chamber to the mesial CEJ. The fracture extends down the distal root apical to the CEJ. Any restoration involving the distal root is doomed to fail; extraction was recommended.

Despite all of the evidence the patient requested a second opinion from another endodontist; my diagnosis and prognosis were confirmed. The patient is now consulting with his dentist about extraction and an implant. I have advised the patient that his dentist needs to evaluate the other molars for fractures and consider restorations with cuspal coverage; note 37 has a vertical bone defect on its distal aspect. In conclusion, this case highlights several important factors:

- Virgin teeth can fracture
- Cracked tooth syndrome exists and can easily be missed
- In some instances crowning a virgin tooth is prophylactic and insurance companies may not be aware of this

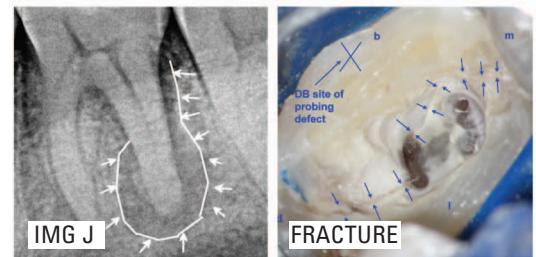
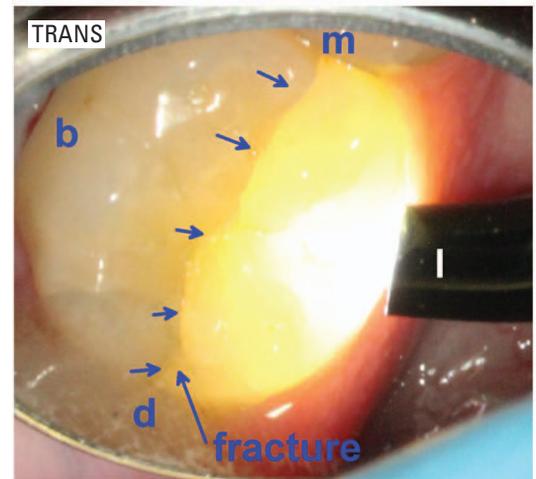
It hurts me to say this but not all teeth can be saved, despite advances and improved success rates for modern endodontic treatment. Sometimes enough is enough, especially when you have a robust 52 year-old man with crack.

Regards,



Dr. Joel N. Fransen
BSc(OT), DMD, FRCD(C)
Certified Specialist in Endodontics

MOVEMBER ^{TR}
<http://ca.movember.com/>



Richmond Endodontic Centre
Dr. Joel N. Fransen

110-11300 No.5 Rd
Richmond, BC V7A 5J7
office@endodonticcentre.com
T 604.274.3499
F 604.274.3477

Office Hours
8am to 5pm - Monday to Friday
Extended hours are also available

The Richmond Endodontic Centre Boardroom is open; it is available for meetings, lectures, and study clubs. Please come by and have a look at our new presentation centre!



RICHMOND
ENDODONTIC CENTRE
BOARDROOM

WWW.ENDODONTICCENRE.COM