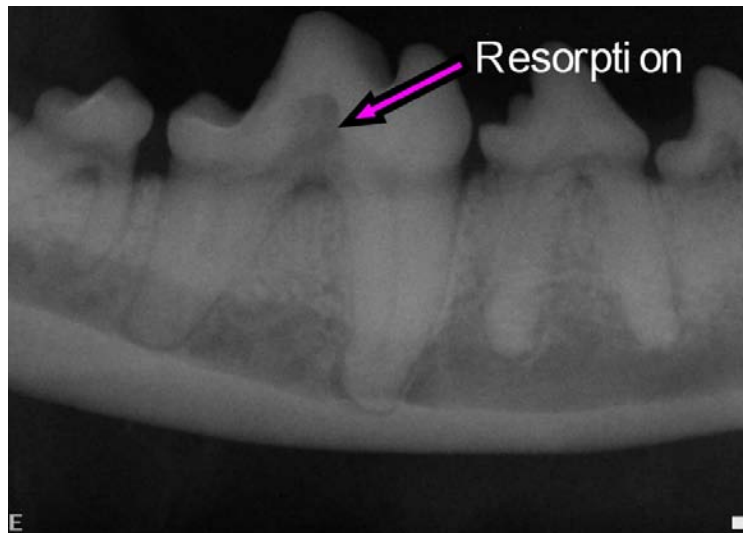


CASE OF THE MONTH (September 2009)

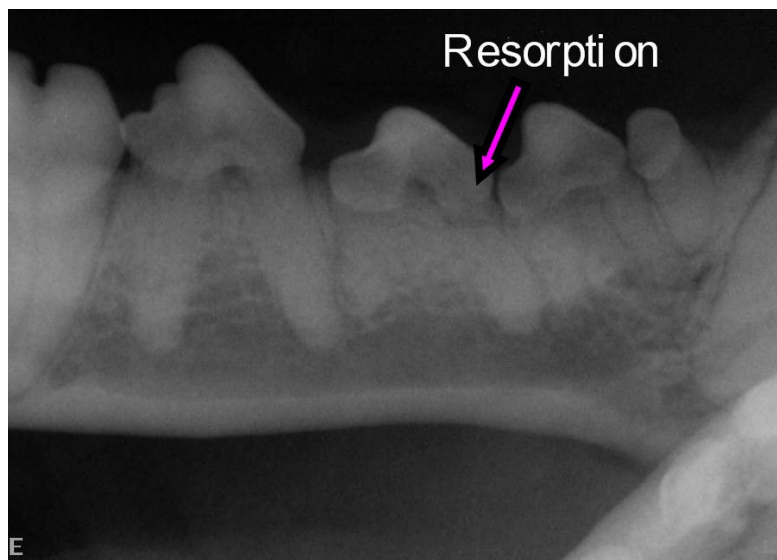
Signalment and History: a twelve year old neutered male Shih Tzu presented for a routine dental prophylaxis. Nothing more than mild gingivitis was detected during the awake exam.

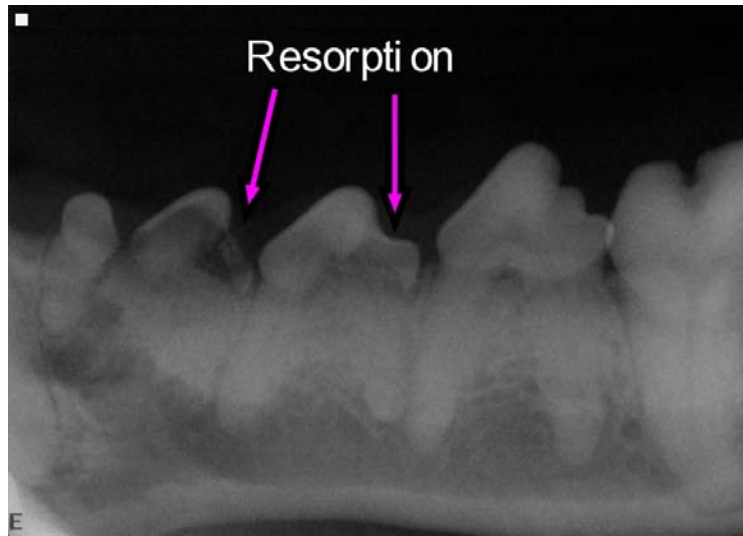
Procedures: The patient was placed under general anesthesia for a thorough oral examination. Three mandibular premolars and one mandibular molar demonstrated perforations through the enamel into the pulp of the tooth. Upon radiographic examination, these defects proved to be resorptive lesions.





Intraoral radiographs revealed that many of the roots of these teeth were undergoing replacement resorption or ankylosis.



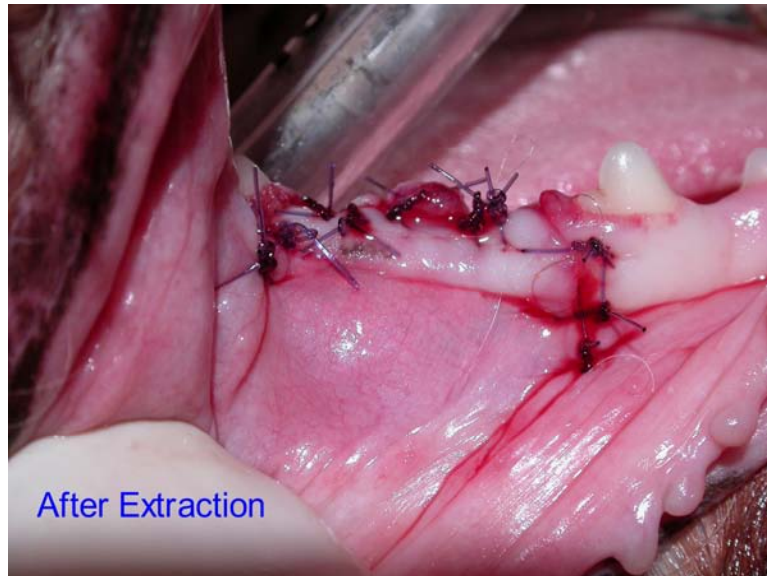


The affected teeth were then extracted.



The right mandibular 1st molar, being a large tooth with a large root structure, leaves a significant defect in the mandible after it is extracted. This can potentially weaken the mandible, especially in small breeds of dogs. We therefore placed Consil, an osseoconductive product into the empty alveoli to help maintain alveolar ridge integrity and the strength of the jaw.





Discussion: Resorptive lesions occur commonly in the feline species, but they are less common in dogs. Although the cause is unknown, the progress of the disease phenomenon appears to be very similar to that found in felines.

The process begins along the root of the tooth and manifests itself as replacement resorption. The periodontal ligament space becomes very indistinct or absent radiographically and the line of demarcation between the root of the tooth and the surrounding alveolar bone is blurred. In actuality, the root structure is being replaced by bone.

This transformation migrates coronally and may eventually involve the crown of the tooth. It may also perforate through the crown into the oral cavity. Occasionally a pink spot may be seen in the crown of the tooth as crown perforation becomes imminent.

The treatment of choice depends upon the extent of the disease process.

Studies in human patients have indicated that as long as the disease process is confined to the root structure, these lesions are not painful. Once the resorption causes crown perforation, however, pain becomes a prominent feature.

Our treatment policy is based upon these findings. Extrapolating from humans to canine patients, we are assuming that if the disease process is confined to the root structure, these lesions are most likely not painful and we leave them alone. The next time we see the patient we monitor the situation radiographically. Although progressive, this condition tends to move slowly and the affected tooth may evade extraction for quite some time.

If crown perforation is present, we immediately extract the tooth.

COMMUNITY ANIMAL HOSPITAL

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