

DENTAL DILEMMA

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Dr. Beth White is a young dentist with a patient that is refusing recommended treatment for a tooth. Instead the patient is insisting upon treatment that only addresses esthetics and not the etiology of the infection. Dr. White wasn't sure what to do. The patient was upset and she wanted to respect his wishes but knew the treatment the patient wanted was not the best option.

Dr. Beth White was a general dentist in a group practice in the Southeastern United States. She was the youngest member of her practice, having finished her residency in general dentistry just a little over two years ago. While she had learned a lot during her residency, it seemed every week a new situation visited her chair to challenge her and today was no exception.

MR. CHRIS LEIGH

Chris Leigh is an 85 year old patient who had been coming to the practice for over a decade. He had been seeing another dentist in the practice until he retired a year ago and was reassigned to Dr. White. In looking over his medical records, Dr. White notices that Leigh came in for his regular cleanings but when it came to treatment, it seemed the cheapest option was usually chosen.

For example, a crown (“cap”) on tooth #4 had come off due to recurrent decay. Despite recommendations that a new crown should be made, Mr. Leigh would only allow the dentist to remove the decay and re-cement the old crown.

MY TOOTH BROKE

During his last visit for treatment, one of his composite restorations (a tooth colored filling) on tooth #21 (a mandibular left first premolar) had broken. The tooth was asymptomatic but the restoration (“filling”) that had broken was rather large. In fact, about 3/4 of the tooth’s crown was filling material.

When a restoration is this large, a post and core build up along with a crown should be considered. Simply replacing the restoration will be a temporary fix and will likely fracture off again in the near future. Because so much tooth structure was gone, the tooth would

also need to be built up again (“core build up”) and root canal therapy would be needed in order to place a post in one of the canals to hold the core in place. This is referred to as a “post and core”.

In addition to creating space for a post, root canal therapy was also indicated because a radiograph (“x-ray”) of the tooth showed a periapical radiolucent (PARL) area originating from the apex of the tooth’s root. This typically indicates that the pulp of the tooth is infected and root canal therapy is warranted. Mr. Leigh reports, however, that the tooth was not painful and has never bothered him.

A crown with a post and core is approximately \$1300 while a new filling is about \$300 before insurance.

Dr. White explained the findings to Mr. Leigh and noted that if the infected tooth is not treated, the infection would continue to worsen and lead to an abscess. Mr. Leigh expressed interest in getting root canal therapy and the crown done but would have to get it done later when his finances allowed.

For the time being, Dr. White replaced the filling but emphasized to Mr. Leigh that it was primarily for esthetics and was intended only to be temporary until proper treatment can be done.

IT BROKE AGAIN - CAN’T YOU JUST FIX IT?

Almost two years later, Mr. Leigh presented to Dr. White for an emergency visit. His chief complaint was that a filling had come out and he wanted it replaced. Upon examination, Dr. White noted that the filling on #21 had broken again and more of the natural tooth had come off with it. Furthermore, a radiograph showed that the PARL had increased in size indicating the infection was becoming worse.

Dr. White explained the worsening condition of the tooth to the patient. “Mr. Leigh, I’m afraid that tooth is getting worse. If it is left alone, it could turn into a painful abscess. In order to save that tooth, you need to have a root canal done, as well as a post and core and a crown. Otherwise, you should have the tooth extracted and consider having it replaced with a bridge or dental implant.”

Mr. Leigh replied, “I know all of that needs to be done, but can’t you just do what you did last time and put a new filling in? I can’t do all of that right now.”

“Mr. Leigh, I strongly advise against it. The infection is getting worse and my concern is that the infection could flare up and lead to an abscess. Furthermore, I’m not sure how long a filling will last this time. I’m worried it will fall out again and that you’ll swallow it or, worse, choke on it.”

Mr. Leigh replied, “I really just want to do a filling right now. I can’t afford the crown and everything that goes with it now. I just want a filling to fill the space so I don’t have a hole there over the holidays.”

“But Mr. Leigh, the tooth has active infection that’s worsening. That really needs to be addressed.”

Mr. Leigh’s demeanor quickly changed and he became upset. “Look, I just want a filling done! I can’t deal with doing anything else right now. My wife isn’t doing well so I’m tending to her and also the holidays are coming up. Can’t you just do a new filling!?!?”

Dr. White wasn’t quite sure what to do. *If I did a filling, he’ll probably continue to postpone treatment and the infection will continue to get worse. On the other hand, it’s clear that he can’t pursue this treatment right now. Should I provide treatment that has the potential to cause problems and does not address the more pressing problems this tooth has?*