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Clinical Image

A Diamond in the Rough, Shine on Your Crazy Diamond

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Is this 36 a diamond in the rough? Who would put down the forceps and look twice at a crowned 36 with two buccal sinus tracts and a 9 mm buccal probing defect on a 54 year-old well-heeled patient? I was fortunate a motivated lady and her dentist did and sought my opinion. Admittedly, I was gravely pessimistic of the prospects for this tooth. The patient was not keen on pursuing CBCT imaging; I suspect such an evaluation may have bolstered my pre-op reservations. Nevertheless, this tooth is not without some saving graces:

- No corresponding lingual probing defect
- No mobility
- No blatant evidence of excessive occlusal stresses.

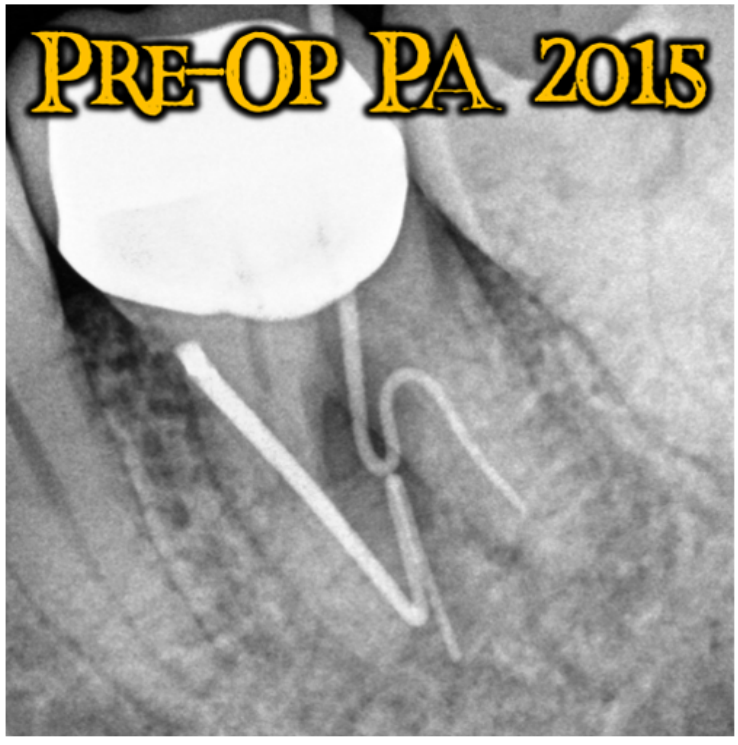

Figure 1

After a thorough review of all of the challenges facing any attempt to save this tooth as well as restorative options that did not rely on its retention the patient confirmed extraction was not on the cards, yet. The initial treatment and medication was strictly diagnostic in nature. The three canals were accessed, instrumented, underwent active irrigation, and then medicated with Diapex. A foam pellet was placed in the chamber and glass ionomer in the access. The buccal prominence was incised and drained with subsequent purulent exudate.

After three months there was no evidence of the sinus tracts or buccal swelling and the 9 mm probing defect was now a mere 4 mm. The patient was leaving for an extended holiday and keen to bow on it. The orthograde treatment was completed and the general dentist placed a composite core in the access the following week. If problems arose whilst away, the patient was to contact me and I would see if I could prevent another endodontist from seeing this case (I jest).

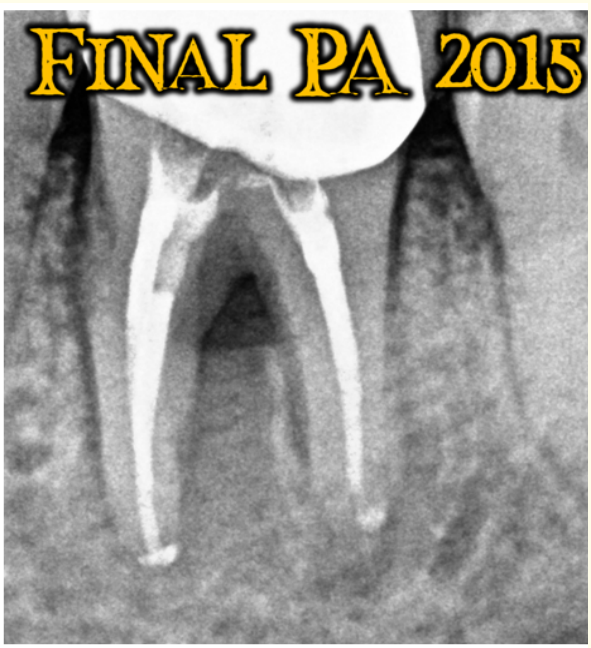

Figure 2

Three years later the patient was told her 47 was beyond redemption and she tracked me down, independently, for a second opinion. Unfortunately, the 47 is no diamond in the rough. It has a few 8 mm probing sites, class II mobility, and a conspicuous fracture separating the buccal chamber wall and root segments from the rest of the tooth. The patient will be pursuing an extraction and eventual implant. I advised her the ill-fated 47 is an ominous admonition of possible fractures on other posterior teeth and that pre-emptive cuspal coverage restorations and a thorough bite analysis would not go amiss.

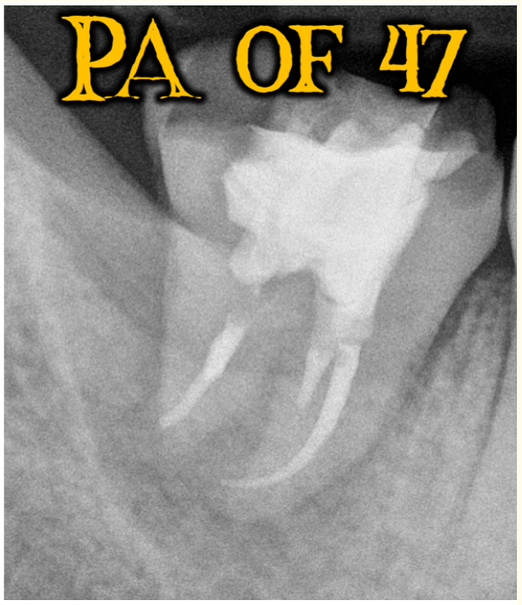

Figure 3

The 36 was truly a diamond in the rough, as three years later, there is indisputable evidence of healing of the hard tissue and the tooth has remained functional with not even the slightest of symptoms. This crazy diamond may not be around forever, but I suspect it will shine on for at least a few more years. It is unrealistic to expect all teeth similar to this 36 to respond so well. In the same vein, it is platitudinous to pronounce, carte blanche, teeth with narrow probing defects and two sinus tracts are catastrophically fractured. Diamonds may be a girl's best friend but I am chuffed when I come across one too. I wish all of you the best of luck in finding your own diamonds in the rough. They are out there, but be forewarned, they are easily missed.

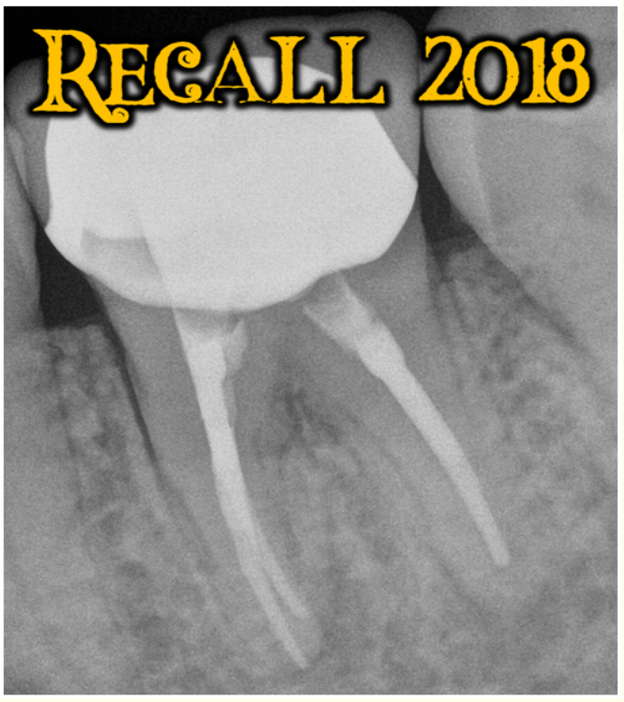

Figure 4

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