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- Repair of maxillofacial fractures
- Correction of cleft palate defects
- Surgical extraction of diseased multi-rooted teeth and impacted teeth
- Therapy for oral inflammation
- Surgical management of diseases of the head and neck

Dr. Mark M. Smith and Kendall G. Taney are partners in the Center for Veterinary Dentistry and Oral Surgery established in 2006. Dr. Smith is a Diplomate of the American College of Veterinary Surgeons and the American Veterinary Dental College. He was Professor of Surgery and Dentistry at the VA-MD Regional College of Veterinary Medicine at Virginia Tech for 16-years before entering private practice in 2004. Dr. Smith is Editor of the Journal of Veterinary Dentistry and co-author of Atlas of Approaches for General Surgery of the Dog and Cat.

Dr. Taney is a Diplomate of the American Veterinary Dental College and a Fellow of the Academy of Veterinary Dentistry. She has practiced dentistry and oral surgery at the Center since 2005. She is a 2002 graduate of the VA-MD Regional College of Veterinary Medicine. She completed her residency at the Center and has performed internships in general medicine and surgery, and specialized surgery.

Dr. Chris Smithson is a 2002 graduate of the Auburn University College of Veterinary Medicine. He has was in private practice emphasizing dentistry and oral surgery in the Tampa, Florida area until 2009. He is a member of the American Veterinary Dental Society.

Call Today for Referral Information 301-990-9460

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WINTER NEWSLETTER

Small Mouths, Big Holes...
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BEYOND THE MOUTH: Surgical Intervention for Head & Neck Cancer

Skin of the canine and feline maxillofacial region is relatively immobile, making cutaneous wounds often not amenable to primary repair or second-intention wound management without resultant functional and cosmetic deficiencies. There are cases where the lateral neck flap and forehead flap may not be available or feasible options for wound closure. Lesions of the forehead can be challenging because the forehead flap is likely unable to be used and the lateral neck flap may not reach the recipient area. Primary wound closure is not an option unless you want the patient to look like a unicorn based on “unique” repositioning of the ear pinna.

The occipital advancement flap can be used to reconstruct forehead defects. The flap is developed caudally and can be advanced in a rostral direction. The key is to not have tension on the flap. Excess tension would lead to abnormal eyelid carriage similar to an unwanted “botox” eye lift. Cutaneous malignant or aggressive tumors require wide and deep surgical excision for complete removal maximizing tumor-free margins and a prolonged tumor-free interval. The fear of reconstruction often leads clinicians to perform surgery that is too conservative fostering tumor recurrence. It has been shown in human and veterinary literature that the incidence of successful oncologic surgery is enhanced with one aggressive surgery. Tumor recurrence is associated with multiple surgeries.

Trust your clients and their pets to a surgery group that has the confidence to be aggressive and be able to perform reconstructive surgery for oral, maxillofacial, and head & neck defects from trauma or following oncologic surgery.

MALOCCLUSION: Snaggletooth Aren’t Always Cute!

Congenital and acquired malocclusions can occur in any breed of dog or cat. Purebred animals may be overrepresented in the case of congenital malocclusions. Puppies and kittens should have their occlusion evaluated at their first examination since these problems are often evident even at a very young age. The most common malocclusion we see in our practice is mandibular brachygnathism. The mandibles do not grow to the appropriate length, which results in the mandibular canine teeth being located more caudally than normal. Since the canine teeth are quite long, the cusp tips will often occlude abnormally with the maxillary soft and hard tissues. In some cases the chronic traumatic occlusion can result in damage to other teeth, or creation of oronasal fistulas. In mild to moderate cases, orthodontics can be used to move these teeth back into normal position. Unfortunately if the mandible is significantly shorter than normal, the teeth cannot be moved anywhere that won’t result in trauma to other tissues. The good news is that a functional and comfortable occlusion can be developed in one procedure. Crown reduction of the mandibular canines to the level of the adjacent incisor teeth followed by endodontic treatment (vital pulp therapy or root canal) will allow the mouth to close normally without trauma. Since the actual cause of the malocclusion may not be able to be determined and there is potential for heritability of this abnormality, we recommend neutering of all animals with malocclusions. Follow-up is standard for all endodontic procedures with recheck radiographs recommended at 6-12 months, and then annually.

ORNOSAL FISTULA: Not a Hole in One!

Acquired oronasal fistulas in dogs and cats can occur as a result of trauma, malocclusion, neoplasia, extraction, or spontaneous loss of teeth. Extraction of maxillary teeth without flap development and closure can result in an oronasal fistula. This abnormal communication between the mouth and nasal cavity can result in significant morbidity for the animal. Chronic upper respiratory infections, nasal foreign bodies, and epistaxis can occur due to food and debris passing from the oral cavity into the nasal cavity. Owners may notice nasal discharge, sneezing, or epistaxis. In severe cases animals may develop aspiration pneumonia. Whatever the cause of the oronasal fistula, the defect must be repaired. The location of the fistula will determine the technique and tissue used for closure. Flaps can be developed from mucosal tissue or from the hard palate mucoperiosteum. Gentle handling of the tissues during flap development is essential for preserving blood supply to the tissue. A tension-free closure is also important for successful healing. Tissues without adequate blood supply or that are closed under tension are likely to dehisce. Removal of epithelial edges around the fistula will increase the likelihood that closure of the fistula will be successful. Resolution of respiratory signs may take up to 2-3 weeks after closure to subside. If these symptoms do not resolve after treatment of the defect, the closure should be re-evaluated or other disease processes should be considered.

Fig. 1 Photograph of a 10-month-old Border Collie with mandibular brachygnathism. The left mandibular canine tooth is hitting the maxillary canine as well as the hard palate.

Fig. 2 Post crown reduction and vital pulp therapy of the left mandibular canine tooth. The tooth is no longer causing trauma to other oral structures.

Fig. 3 Photograph of a 6-year-old cocker spaniel with lingovertension of the mandibular canine teeth. The teeth are hitting the maxillary incisors and causing displacement of these teeth.

Fig. 4 Photograph of a 4-year-old cocker spaniel with lingovertension of the mandibular canine teeth. The teeth are hitting the maxillary incisors and causing displacement of these teeth.

Fig. 5 Crown reduction of mandibular canine is essential to prevent repeated trauma to the hard palate. Note closure of hard palate defect (arrow).