There are many scenarios where saving a tooth may be advantageous. Every case is different, but referring veterinarians and their clients.

Advancements in veterinary dentistry have allowed us to offer more treatment options than just extraction for a fractured tooth. Standard endodontic therapy or root canal is the preferred approach for treating a fractured tooth in a mature animal. Vital pulp therapy is utilized in a young animal where continued development of the tooth is desired, and should be performed within 48-hours of injury for standard endodontic treatment approaches 95% under ideal conditions, and would be expected to last the life of the pet.

Something to consider the next time you see a broken tooth, give an owner the option, they may want to keep those pearly whites!

The success rate for standard endodontic treatment approaches 95% under ideal conditions, and would be expected to last the life of the pet. Something to consider the next time you see a broken tooth, give an owner the option, they may want to keep those pearly whites!

Crown lengthening procedures and metal crown placement can further expose and strengthen the remaining tooth structure (Fig. 3). Owners that wish to save teeth must be willing to provide adequate home dental care and return for regular follow up with dental radiographs.

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Specialization Beyond Expectation™
DENTISTRY: Pediatric Dental Abnormalities.

What could be cuter than a new puppy? Everyone is always happy to see a puppy in the examination room for a well visit. Excitement can turn to disappointment when you have to advise an owner that there is a problem. One of the most common puppy problems referred to us is malocclusion. Most owners would never think to really examine their puppy’s mouth, and a breeder or adoption agency may have not been aware or not disclosed the problem. The good news is that there are treatments for malocclusion that will give the pet a functional and comfortable mouth. Most owners are only concerned with their pet being able to eat normally and not feel pain. Deciduous canine teeth can be extracted to remove any possible dental impediment and allow the jaws to grow to their maximum potential. (Fig. 1). If malocclusion is still present after the permanent dentition has erupted, procedures such as crown reduction with vital pulp therapy can create a functional bite in one step (Fig. 2). Other abnormalities that we see are delayed exfoliation of deciduous teeth and eruption disturbances, malocclusion and should be treated both of which can lead to as soon as they are noted. The rule is that a deciduous tooth and its permanent counterpart should be extracted from the mouth at the same time (Fig. 3). This retention will cause displacement of the permanent teeth and dental crowding which can predispose the pet to periodontal disease. Eruption disturbances such as soft or hard tissue impaction of teeth can be successfully treated if performed at a young age (Fig. 4). Recognizing the malocclusion is half the battle; let us know if you need help treating it!

SMALL MOUTHS, BIG HOLES: Closing Major Oral Defects.

Unfortunately, often the diagnosis of oral neoplasia is made when the lesion is quite large in relation to the size of the mouth. In fact, the lesion can seem so large that all hope is lost and the owner is conveyed a grave prognosis based on the size of the lesion, regardless of the tumor type.

Oral reconstructive surgery techniques allow closure of oral defects that might seem insurmountable or impossible to close based on the size of the defect following resection. The first step is to make the diagnosis by incisional or excisional biopsy. The next step is to make every attempt to remove the entire lesion including tumor-free margins of the lesion. Oncologic surgery guidelines recommend 1-2 cm of gross tumor-free tissue be included as part of the resected specimen. This parameter is more difficult to follow in the oral cavity of dogs because of the consistent small size of the defect. A 2-cm margin might include half of the skull!

Therefore, pragmatic considerations dictate goals that still prioritize removing the entire tumor and maximize margins of normal appearing tissue around the tumor resection to function and providing acceptable cosmetics are also major factors when determining the surgical plan.

There are two primary sources of tissue in the oral cavity of dogs for the reconstruction of defects. The lateral (buccal) mucosa provides lateral tissue that can be elevated and repositioned towards midline to aid wound closure following resection of mandibular or maxillary tumors. The hard palate mucoperiosteum can be elevated and transposed for repair of oral defects. This flap can be of extended length since the base of the flap is supplied by the greater palatine artery. In this case, the large oral melanoma required both of these tissue sources for maxillectomy wound closure. The patient was eating well at that time and never looked back. The owner was thrilled!

ORAL SURGERY: Surgery? Not So Fast!

Fortunately for oral surgeons, the oral mucosa is quick to heal and plentiful. It has a good amount of mobility that allows for the transposition of mucosa to cover defects, and excellent blood supply to help those flaps heal by secondary intention. But what happens when those delicate cases where the mucosa won’t quick to heal, and where there isn’t excess tissue? The palate is not the only place that needs muscle movement or mobility— it can be a difficult place to perform corrective surgery. It also has a more localized blood supply that should be preserved to promote healing. Unlike surgery in other areas in the mouth, palatal surgery can be complicated by both the constant stresses of contact with the tongue and movement from respiration.

Acquired palatal defects with oronasal communication are relatively uncommon in dogs and cats, unless severe periodontal disease exists or prior extractions have been performed. Loss of maxillary and incisive alveolar bone due to severe periodontal disease is the most common cause of acquired oronasal fistulas. Other less common causes of acquired palatal defects include trauma, gunshot wounds, foreign body penetration, electrolysis injury, and “high-rise syndrome” in cats), pressure necrosis, neoplasia, aggressive maxillectomies, and radiation necrosis.

It is often challenging to close large caudal palatal defects. When surgical techniques are impractical due to a lack of autogenous tissue, compromised blood supply, or underlying pathology (such as autoimmune disease or osteomyelitis), the placement of a prosthetic appliance can greatly improve the quality of life in some patients. The elastic nasal septal button is designed to treat nasal septal perforations in humans. It is made from a soft silicone that can be easily adapted to fit snugly to the curvatures of the oral cavity. The simplicity and quick anesthesia required for placing the nasal septal button, along with minimal post-operative care, makes this technique a good option for palatal defects that are non-amenable to surgery.