Referral

Dear David,

Please can you see XXXX, who has had a sharp pain in the right side below the TMJ when she presses externally for a week. She described a burst of burning pain. She took co-amoxiclav a week ago which she had as she thought she had an infection and has been told to take this due to her low immunity. On examination a week ago I noted distal 47 was worn and high on the bite and I adjusted the bite distal. I made an anterior bite guard. I referred her to Mr XXXXXXXX maxilla-facial surgeon who thought the pain was tooth related. She also had a scan of her neck to rule out anything else and this was clear. She then spoke to her colleague at work who has said she is describing trigeminal neuralgia. Today she said the pain has decreased and she can locate the pain to 46. She still feels pain below the TMJ externally. She is not taking any painkillers now. On examination 46 is negative to cold spray and slightly tender to percussion. I enclose a periapical radiograph. Please can you investigate the 46.

99 HARLEY STREET

THE HARLEY STREET ACADEMY OF ADVANCED ENDODONTICS

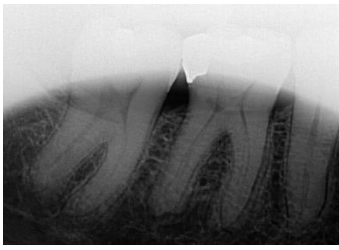
4th August 2023

To Dr XXXXXX – Via Email

Dear XXXXXX,

Dr XXXX XXXXX - Endodontic Consultation
4th August 2023

Thank you for asking me to see XXXX. I have now consulted with her and assessed the LR6 as requested.



Referrer X-Ray

Presenting Complaint

At the time of the appointment, XXXX complained of a pain in her lower right posterior quadrant. The pain had started around two and a half weeks ago and was described as a constant aching, hot burning of high severity. Symptoms were provoked by biting and hot foods and were relieved by analgesics.

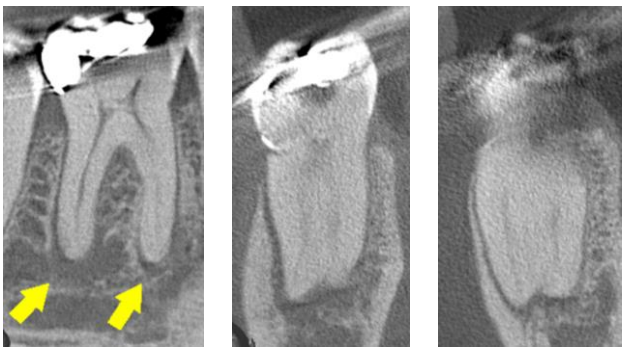
Clinical Examination

The LR6 had been restored with an amalgam restoration and a crack was visible at the mesial marginal ridge. The tooth was tender to palpation and percussion. The LR6 responded negatively to both cold testing with Endo-Ice and electric pulp testing. The periodontal tissues associated with the tooth were within normal limits.

Clinical Image

Radiographic Examination and Analysis

CBCT scan analysis revealed a moderately deep restoration at the LR6. The pulp chamber displays signs of dystrophic calcifications indicative of a low-grade irritation. A large radiolucency is present below the distal root and a smaller one at the mesial apex. There is no sign of the observed crack extending down onto the root structure.



Scan Slices

CBCT SCAN DOWNLOAD LINK

Diagnosis

From the clinical and radiographic examinations, a diagnosis of pulp necrosis and chronic apical periodontitis associated with the LR6 was made.

Proposed Treatment and Prognosis

I explained the situation to XXXX and following a discussion of the treatment options including extraction and no treatment, I recommended conventional endodontic treatment of the LR6. Prognosis would be considered good. With a likely crack, I have advised XXXX to have a temporary crown placed to protect the tooth for during the review period.

Next Steps

My recommendation was accepted, and we are scheduled to start treatment in the near future. I will keep you informed of our progress.

Thank you for this very kind referral and the opportunity to work with you.

Regards

David Selouk BChD MSc MRD RCS
Specialist in Endodontics
Partner and Co-Director
Academy of Advanced Endodontics

99 HARLEY STREET

THE HARLEY STREET

ACADEMY OF ADVANCED ENDODONTICS

11th August 2023

To Dr XXXXXX – Via Email

Dear XXXXXX,

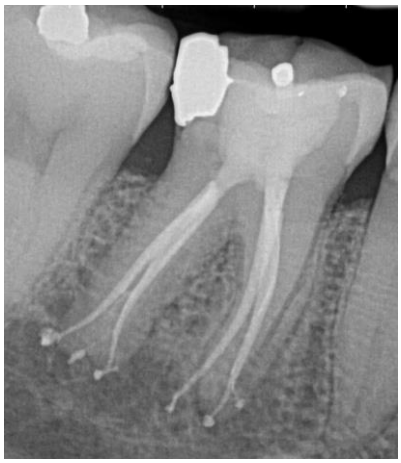
Dr XXXX XXXXX - Endodontic Treatment of LL6
11th August 2023

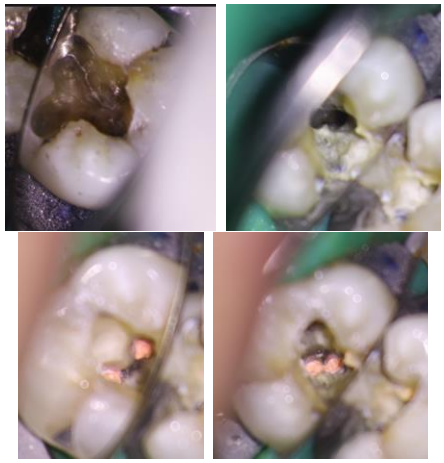
Further to consultation, I have now completed the recommended endodontic treatment at the LL6.

Procedures and Observations

Treatment was carried out in a single visit.

On removal of the amalgam a crack was found extending into the pulp chamber and running down the distal wall but not into the canals. Access into the canals confirmed necrosis and contamination. Four canals were found, negotiated, cleaned, and disinfected using R-SWEEPs laser assisted disinfection. Following obturation access was permanently sealed with a GIC core. I have removed the tooth from the occlusion to provide some interim protection until XXXX sees you next week. Happily, I have been able to clean and seal the accessory apical anatomy and lateral canals.





Radiographs and Images

Prognosis

Prognosis is considered to be good.

Restorative Advice

As a cracked strategic molar this tooth should be protected against long term breakage, and I would recommend a temporary crown to be placed to protect the tooth for during the review period. Please will remove the residual distal amalgam when you prepare the tooth.

Review

I will review radiographically in six months' time and keep you informed with the result of our review.

Thank you for this very kind referral and the opportunity to work with you.

Regards

David Selouk BChD MSc MRD RCS
Specialist in Endodontics
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