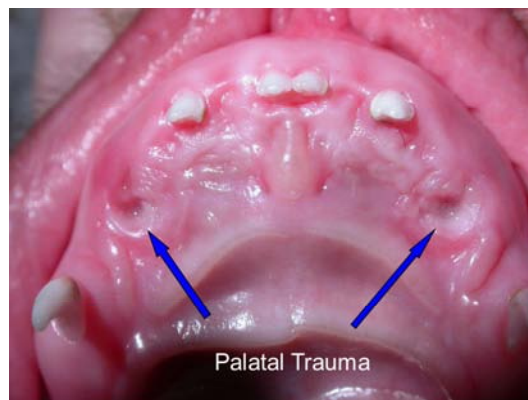


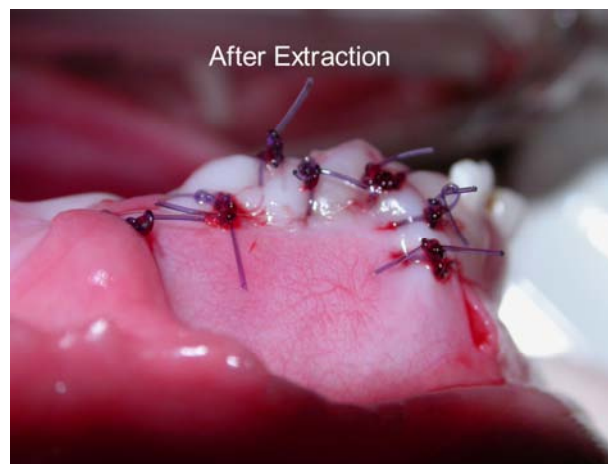
CASE OF THE MONTH (January 2007)

Signalment and History:

A thirteen week old female German Wirehaired Pointer presented with base narrow deciduous mandibular canine teeth in contact with the hard palate resulting in palatal trauma. Intraoral radiographs were taken to confirm the presence of the permanent canine tooth buds and to assess the condition of the roots of the deciduous canine teeth prior to extraction.



Procedures: Regional nerve blocks consisting of a combination of lidocaine and bupivacaine were administered in the left and right middle mental foramina. A full thickness mucoperiosteal flap was created at the site of the left mandibular deciduous canine tooth. A highspeed drill was used to remove a portion of the alveolar bone on the buccal surface of the deciduous canine tooth. A luxator was used to gently elevate the deciduous canine tooth with special attention given to avoiding any damage to the permanent canine tooth bud, which lies on the lingual side of the deciduous tooth. After extraction of this tooth the alveolus was gently curetted and the flap was closed with 4-0 Monocryl without tension. The same procedure was performed on the right mandibular deciduous canine. The patient was discharged with Clindamycin and Rimadyl.



Discussion: The malocclusion in this case is classified as a Class I malocclusion, meaning that there is no discrepancy between the lengths of the maxilla and the mandible in relation to each other. This pup has a normal scissors bite. The malocclusion is the result of malpositioning of the teeth themselves (the mandibular deciduous canines).

When we are presented with a patient with this condition it is imperative that treatment be performed as soon as possible for two important reasons. The first reason is the alleviation of pain. Every time this pup closes her mouth, she is biting into the roof of her mouth with these dagger-like canine teeth. This is obviously painful.

The second reason has to do with the eruption pattern of the permanent mandibular canine teeth. These teeth will always erupt lingual to the deciduous teeth, thus presenting the very real possibility that they may also erupt in a base narrow position. By extracting the deciduous teeth as soon as possible, we enhance the opportunity for the permanent teeth to erupt into a normal position and prevent further palatal trauma.

Another point to take note of is the use of a surgical approach instead of a closed extraction in this case. This was done in order to avoid any damage to the developing permanent canine tooth bud. Any instrumentation on the lingual side of the deciduous tooth has the potential of causing enamel hypoplasia or crown damage to the permanent canine tooth.

We will follow the progress of this case in a subsequent Case of the Month.

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