RICHMOND
ENDODONTIC CENTRE

SON OF A BLEACH IV

JUN 2015

This newsletter highlights a sodium hypochlorite accident Dr. Ray Grewal, oral surgeon, came across recently. The patient is a 53 y.o. lady with a medical history of an allergy to penicillin and her three conditions are well-controlled hypothyroidism (Synthroid), arthritis (Mobic), and hypertension (diet and exercise).

Her local dentist recommended RCT and a crown for No. 25. However, the patient went to Bangladesh before treatment could be initiated. The 25 became symptomatic and a RCT was started. She experienced pronounced post-op pain that was not well controlled and the 25 was extracted a few days later. The dentist in Bangladesh stated 'during the RCT something had leaked out and caused a gum problem' and that is why extraction was necessary. Two to three days post-exo the pain symptoms returned, an unknown 'resorbable' substance was placed in the socket but symptoms remained unabated.

A few days later the lady returned to Canada. Her Vancouver dentist removed the material in the socket and repacked the site with Alveogel, prescribed Clindamycin, and referred her for a second opinion. Dr. Grewal noted:

- No unusual findings in the 25 site on the PAN
- Significant constant ache present
- Red and friable buccal gingiva
- No purulent exudate detected
- 24 and 26 tender to palpation and percussion with no gross mobility

A week later the lady returned for a re-evaluation reporting a slight decrease in the symptoms; unfortunately 24 had developed class II mobility. Surgical exploration of the site discovered a sinus perforation, significant granulation tissue and bone destruction with almost none on the mesial aspect of 26. It was hoped the 26 could be salvaged, but the 24 was determined to be hopeless and was extracted. The histopathological diagnosis of the biopsy sample revealed a significant foreign-body granulomatous reaction. At subsequent follow-up appointments the erythema and tenderness had spread to 27 with 26 developing class II mobility. A second surgery was performed, removing the 26 and all remaining necrotic tissue as well as a large part of the affected gingiva. A buccal advancement flap was necessary to attain primary closure. A post-op Rx for clarithromycin and Sudafed were provided as well as sinus precaution instructions. Other than slight tightness in the vestibule secondary to the advancement flap the lady is now symptom-free. Unfortunately the prognosis for 23 is precarious as it has minimal bone on its distal aspect.

This case is unique in that there was no reported incident of immediate and severe pain at the time of the extrusion incident and there was minimal to no oedema, haematoma, or ecchymosis of the overlying epithelium. This is all despite a significant degree of bone destruction. A cone beam CT is worth considering whenever a sodium hypochlorite accident is suspected as long as it does not delay definitive treatment. This case highlights the need for fast action and decisive diagnostic procedures and treatment whenever a sodium hypochlorite accident is expected. Unfortunately a RCT in Dhaka lead to a son of a bleach fracas for this lady. Fortunately, BC dentists, oral surgeons, and endodontists are up to the task of tackling this rare, but severe, complication.

Regards,

Joel N. Fransen
BSc(OT), DMD, FRCD(C)
Certified Specialist in Endodontics

Richmond Endodontic Centre
Dr. Joel N. Fransen

110-11300 No.5 Rd
Richmond, BC V7A 5J7
office@endodonticcentre.com
T 604.274.3499
F 604.274.3477

Office Hours
8am to 5pm - Monday to Friday
Extended hours are also available

The Richmond Endodontic Centre Boardroom is open; it is available for meetings, lectures, and study clubs. Please come by and have a look at our new presentation centre!

RICHMOND
ENDODONTIC CENTRE
BOARDROOM