RICHMOND
ENDODONTIC CENTRE

WHEN A PULP IS TRUMPED

NOV 2016

Symptomatic irreversible pulpitis (SIP) is the stereotypical toothache. Its diagnosis is based on subjective and objective findings indicative of an inflamed pulp that is beyond redemption. Typical symptoms of SIP are:

- Hot or cold stimulus elicits pain that lingers >10 seconds
- Spontaneous pain
- Referred pain
- Postural changes may exacerbate pain
- Pain is not well controlled with non-Rx medications

The severity of the response to hot or cold is not paramount. It is the post-stimulus lingering for more than 10 seconds that differentiates irreversible from reversible pulpitis. The pain is often described as cascading out of control and starting to interfere with a person's ability to sleep, work, eat, and drink. It can be so severe that it significantly modifies a person's behaviour. For instance, a needle-/dental- phobic patient will not only happily endure sedation-free treatment but insist on it as long as it will kill the pain. The most common causes of SIP are:

- Deep caries
- A new restoration
- Cuspal fractures
- Trauma

In the early stages there may be no sensitivity to bite or percussion. This will eventually develop as the inflammation progresses apically and involves the PDL. A thorough history of recent dental treatment, as well the patient's account of the current symptoms and how they have developed will help identify the problematic tooth. In order to confirm the diagnosis it is unfortunate but necessary to replicate the chief complaint clinically (i.e. cold sensitivity).

Pre-operatively, advise the patient of the challenge of attaining adequate pulpal anaesthesia on a tooth with SIP. Such teeth can be highly resistant to local anaesthetic and often warrant supplemental injections as well as other adjunct procedures. Even if you are confident adequate pulpal anaesthesia has been attained, proceed with caution when first accessing the pulp chamber.

The images above are of a classic case of SIP. Soon after a new filling was placed on tooth 37 there were bouts of spontaneous pain, vague radiating pain, and discomfort when bending over. There was no tenderness to bite and it is not clear if the dentist ever tested for thermal sensitivity. For two months the patient kept returning to the dentist for pain relief to no avail. Then one evening the tooth 'exploded' with severe unremitting pain. It was so oppressive the patient was admitted to the hospital overnight. She was waiting by my front door the next morning. It was now obvious the 37 was in distress, even the slightest of touch of the tongue caused excruciating pain and cold actually helped reduced the throbbing ache in the trumped pulp.

Before the rubber dam was placed a block injection, buccal and lingual infiltration, four PDL injections, and an X-Tip were used to attain adequate pulpal anaesthesia. Treatment was completed without incident. The recovery was quick and much appreciated. It is never too soon for an accurate diagnosis, play your trump card and get a second opinion. Do not irreversibly jeopardise the patient/dentist relationship by delaying an accurate diagnosis of symptomatic irreversible pulpitis.

Regards,

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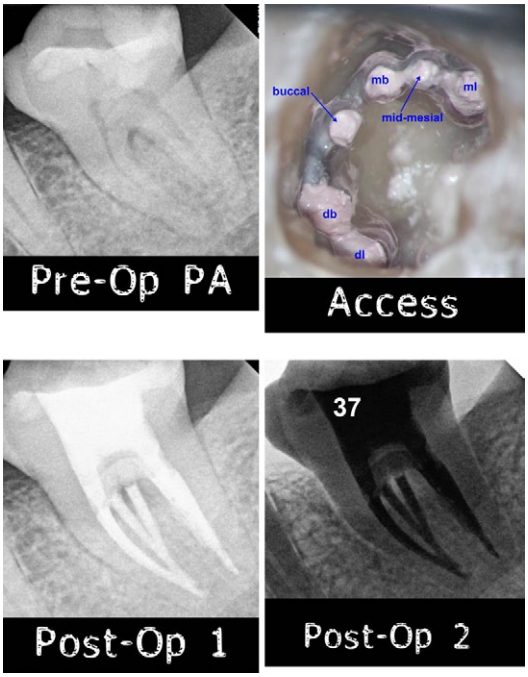

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