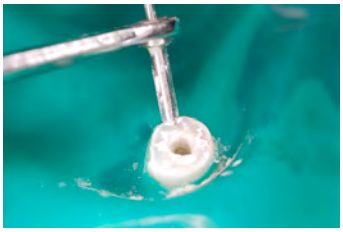
CROWN REDUCTION AND VITAL PULPOTOMY

THE CAROLINAS ANIMAL HOSPITAL & DENTAL CLINIC

Sometimes dogs and cats are born with an overbite or an underbite which causes their canine teeth to improperly strike the other teeth or tissues in their mouth. This leads to **ulceration**, **infection** and a lifetime with a very **PAINFUL** mouth. Luckily, there are procedures we can do to allow them to retain most of the chewing surface of those important teeth, while eliminating pain and **infection**.

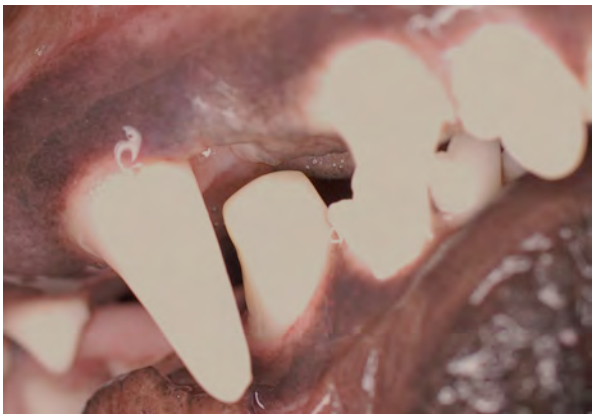
ulceration where the lower canine tooth is striking the hard palate

As you can see in the photo above, this puppy was born with a severe overbite, causing his lower canine teeth to strike his hard palate. Those adult canine teeth have only been present in this dog's mouth for a few weeks, and notice the deep painful ulcerated holes it is causing in his mouth. In this situation, we choose to reduce the length of the lower canine teeth through a sterile procedure called a **CROWN REDUCTION**. However, this exposes the inside of the tooth (the pulp canal) with its nerves and blood supply to the bacteria normally in the mouth.



Therefore, it is essential to perform a second procedure called a **VITAL PULPOTOMY** in order to keep the tooth healthy. To minimize the risk of infection and continued pain, several steps are followed to remove the first few millimeters of the pulp canal and fill the tip of the tooth. By performing a vital pulpotomy instead of a root canal, the tooth will remain alive. With time, the tooth canal will become narrower and the tooth will strengthen.

X-rays of the tooth confirm proper placement of the filling materials and a special light is used to cure or harden the composite material on the surface of the tooth. The end product is a tooth that is shorter than normal, so it will no longer strike other teeth or tissues.



Proper post-operative care is essential for long term success. Chewing on inappropriate toys, bones or materials, playing tug of war games and any activity that can compromise the tooth must be avoided. Six to nine months after the vital pulpotomy we will re-x-ray the tooth to confirm it is still alive. We will look for periapical abscess formation, symmetry with the width of the opposite canine tooth and the presence of a dentinal bridge.