

November enewsletter

This is Murphy and he presented for evaluation of an oral mass. His owners were terrified of the “C word” and after performing an oral exam in this 3 year old MN Persian I was optimistic. Though he had an erythematous, proliferative oral mass on the buccal surface of his mandibular right first molar, his upper right 4th premolar was striking directly into this area. This patient had masses on the right and left sides (see photos) but the right was much more severely affected. What would your treatment recommendation be?



Right side



Right mandible



Left side

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Having just returned from the Veterinary Dental Forum, I recounted to them a study led by Dr. Jason Soukup that will be published in the Journal of Veterinary Dentistry. The cats in his study had lesions affecting the vestibular mucogingival tissues of the mandibular first molar tooth. Traumatic contact with the ipsilateral maxillary fourth

premolar was proposed to be an inciting cause of this mass formation. Statistically, excision of the mass led to 100% recurrence, mild odontoplasty resulted in 25% recurrence of the mass and extraction of the ipsilateral fourth premolar had 10% recurrence. More aggressive odontoplasty with vital pulpotomy of the fourth premolar tooth is likely to minimize recurrence more than minimal odontoplasty.



Right side post op with extraction #108 and CO2 laser mass removal



Left side post op with odontoplasty/sealing dentinal tubules #208 and CO2 laser mass removal

Full mouth radiographs were performed and there was 10% horizontal bone loss of both mandibular first molars (#409 and #309). In this patient, due to the significant size of the oral mass on the right side, the right maxillary fourth premolar tooth (#108) was extracted. On the left side, minor odontoplasty was performed to reduce the sharp edges. The pulp canal was not entered and the dentinal tubules were sealed. The CO2 laser was used to remove the proliferative tissue on both sides and histopathology confirmed it to be hyperplastic, ulcerative, fibroproliferative gingivitis with no evidence of neoplasia. This histopath and clinical presentation is consistent with a benign feline oral pyogenic granuloma. 3 months post op neither mass has recurred.

