As I am sure you are aware, Dr. Janice Lee, who was actually involved in the treatment of your son, is no longer on our faculty at UCSF, but is now the assistant director of research for the National Institute of Craniofacial Research, which is a branch of the National Institute of Health, in Bethesda, Maryland.  My review is therefore based on the contents of your records held within the Department of Oral and Maxillofacial Surgery.

 It does appear that your son was first seen on April 27, 2012 for an initial evaluation with regards to re-exposure and bonding of teeth numbers 6 and 27 which were impacted. The understanding was that this had previously been performed and had failed.  It appears that there was considerable debate as to the wisdom of repeating the procedure, but it was decided that it was worth trying to repeat the procedure and see if it would work a second time.  The alternative was to extract the teeth.

The repeat surgery was performed on September 21, 2012, and I do have Dr. Lee’s comprehensive operation report.  It appears that at the time of the surgery Dr. Lee had available three Panorex-type x-rays which I have examined and which do appear to be adequate for the purpose of carrying out the recommended surgery.  I am aware that at that time a cone-beam CT was also available and that according to your report you did show one or two of these images to Dr. Lee.  Although I have no doubt these images did have a lot of information in them, it does not appear that this would have changed the surgical procedure in any way.  It does appear that the surgery was carried out successfully, and the teeth were exposed, bonded, and bone removed to create a passageway for the teeth to erupt.  It also appears that Dr. Lee did use a dental elevator to assess whether the teeth were ankylosed or not, and it was her opinion that they were not ankylosed and therefore the treatment had a reasonable chance of success. Sam’s orthodontic resident apparently came down to witness some of the procedure.  Dr. Lee did obtain a postoperative Panorex radiograph on completion of the surgery which certainly looks very satisfactory.

Dr. Lee then saw your son for evaluation one week following the procedure where everything appeared to be healing well, and I do not believe that he has been seen in our clinic since that time, so I am obviously unaware of developments since then.

Certainly from what I see in the records I see nothing to indicate that treatment was carried out below the standard of care.

I agree with you on the value of cone-beam CT scans which are certainly a new technology in dentistry in.  However, I think like all new technologies it is capable of abuse and the main issue with cone-beam CT scans is the increased radiation dosage, particularly for growing children.  I am sure you are aware that the New York Times has actually had this issue on their front page on a couple of occasions with particular reference to cone-beam CTs for pediatric dentistry and orthodontics.  Like all new technologies, it must be used judiciously and appropriately and not misused.

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You asked so many questions in your response that it is really impossible to know where to start.  Since I have not been involved in the care of your son and only have the chart to go on, I really cannot answer most of your questions and certainly none of the ones that are speculative.  About the only thing that I can answer is:

1.      I do not think that Dr. Lee’s use of an elevator to check that the teeth were not ankylosed would have harmed them.  This is because the elevator was only used against the crown of the tooth and not the root.

2.      When I cautioned against being too enthusiastic about cone-beam CT scanning, this was not aimed at your son specifically but on the technique in general.  It did appear from your website that you were very enthusiastic about the use of cone-beam CT, and all I was saying was that this is better tempered with a little caution since it is a relatively new technique.  We are still finding out new things about it, and it still has a higher radiation dosage than plain radiographs.