Dr. Tso’s comments a year after surgery

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Since there was only a thin layer of bone overlying the impacted canine crowns at the time of surgery, ankylosis of the crowns was not apparent.

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The teeth were exposed by bone removal using curettes and a mesh/chain appliance was cemented with glass ionomer cement; no etchant was involved as I prefer not to use caustic materials in exposures.  By that token, calcium hydroxide is extremely caustic and without suspecting the rare occurrence of pre-eruptive intracoronal resorption, its use was not considered.

Cone beam scans are used in my office when they can provide information not attainable otherwise. Sam’s impactions were palpable intra-orally and pre-op periapical x-rays, along with the previous panoramic view, provided sufficient information to access and perform the exposures.

Last year, you asked whether at the time of Sam’s surgery, there were any signs of ankylosis of his cuspids.  I answered no because there really was no apparent sign of ankylosis.  It also appears from your statement that Dr. Lee found much more loss of tooth structure than I had observed.  Asking whether I would have used calcium hydroxide then is difficult to answer, as I was not there at the time of second exposure.  I am assuming from your question that it was not used.

Pre-eruptive intracoronal resorption is rare, as far as I know. I have seen perhaps half a dozen cases that may possibly be categorized as such, but all involving molars (? one premolar?) and all were removed as the decision of the patient/parent.  You’ve no doubt also found that involvement of the canine is even more rare.  What Dr. Becker describes is pretty much the method that other authors have suggested, but I assume few have actually performed.

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Since you already have my surgical record, you know that curettes were used to uncover the teeth. At no time were burs or other rotary instruments used since, yes, mechanical or heat damage to the teeth could occur. (This does not mean that I don’t use burs when necessary; but not in Sam’s case. I also use a piezo surgical instrument when appropriate; its ultrasonic resonance under constant irrigation has been shown to be much less traumatic.) As a matter of routine, once I expose the crown, I do give it a slight “nudge” with the curette to check mobility. Because there was no apparent sign of ankylosis, this was not written down. I must admit that this should have been noted, as much as a positive lack of mobility is always noted.