

Re: pain from cracked tooth after onlay

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- *From:* "Amatus Cremona" <Nicola@xxxxxxxxxxxxxxxx>
 - *Date:* Tue, 04 Mar 2008 14:11:05 GMT
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Everything Steve Bornfeld said plus:

Cracks in teeth are NOT due to chewing. they are caused by night-time clenching activity (during sleep). There is no way to know how deep a crack extends into a tooth without extracting the tooth and sectioning it. Most teeth with moderate cracks in them, which do NOT give the patient any symptoms prior to treatment, will do very well with a bonded onlay (such as your CEREC). The bonded strength of the porcelain to the tooth is virtually identical to the structural strength of the tooth being bonded to. So,,,,, it will hold the tooth together -- assuming the fracture does not go right through the tooth.

Some cracks will actually extend right through a tooth and its root. Early on, these do not cause symptoms. But, the crack can act like a "wick". It can draw bacteria through the crack to the inside of the pulp chamber. This will infect the pulp of the tooth and cause pain.

I have magnified any tooth with a large restoration about 14X (on a computer monitor) for the past 15 years or so. I then, evaluate any fractures visually. If the crack is stained dark,,,,,,,,, well,,,,, we know it is open and organic material is "wicking" into it. Black cracks need to be explored until the darkness goes away. If the color of the crack is clear, then I know I am very close to the terminus of the crack, and do not cut any further.

These teeth MUST be protected during sleep. An NTI device works best to protect these teeth. If there is one significantly cracked tooth, I guarantee there will be 2-6 more teeth with fractures in the same mouth. If my patients will wear their NTI device every single night, and never miss a cleaning/exam appointment, I will replace any chipped or broken porcelain I put in their mouth for free.

Just my 2 cents

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Amatus

Re: pain from cracked tooth after onlay

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"Steven Bornfeld" <dentalwinmung@xxxxxxxxxxxxxx> wrote in message
news:13sqjb08lp83g11@xxxxxxxxxxxxxxxxxxxxxxxx

martin wrote:

Back in 2004 I had a molar (the one nearest the premolars in my lower left jaw) treated for a crack which ran right through the rear inner (lingual?) cusp. The dentist gave it a Cerec onlay (which reaches down about halfway to the gumline), but before fitting the onlay he showed me the prepared tooth on the monitor, and the crack was still there, stretching in a curve from the cusp across the centre on the tooth.

He said "I'm not going to chase the crack any further down".

In a visit a couple of weeks later, to polish the tooth, he said I'd probably always get 'the odd twinge of pain' from that tooth, as not all of the crack had been removed.

Well, it's held up well for three years, but a couple of months ago, I began to notice quite a lot of pain on biting. Before I had the onlay done, the pain happened when I released the bite (a classic symptom of a cracked tooth, I believe), but now it seems to occur as soon as I bite. Also, I'm noticing that after the sharp pain, a dull pain persists for several hours. Sometime the dull pain just starts for no apparent reason.

I've tested the tooth for sensitivity to hot and cold liquids, and it doesn't seem abnormally sensitive to either (I get some general pain holding cold liquids in my mouth, but I have some gum recession, so it's probably exposed roots).

Any opinions please?

Ordinarily a well-made onlay will prevent the crack spreading further, but your symptoms do suggest either crack or pulpal problems. Distinguishing the two is not so cut and dried as whether there is pressure or rebound pain (my overgeneralization is that biting on a cracked tooth causes sharp pain; biting on an abscessed tooth causes dull, throbbing pain). Of course, one can also have a cracked tooth with pulpal involvement. These can be difficult cases; it may be perfectly feasible to do a root canal and save the tooth, but if the crack has continued to propagate down the root the tooth may not be worth saving. Your dentist should evaluate the tooth. It may be necessary to remove the onlay to fully evaluate whether the crack has spread. If the crack extends down the root surface you will eventually get some evidence of this on x-ray, possibly including a periodontal abscess. Sometimes the course of action isn't clear to me; in these cases I weigh the information to be gained by waiting until the problem becomes clear

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against the level of discomfort the patient is suffering.

Steve