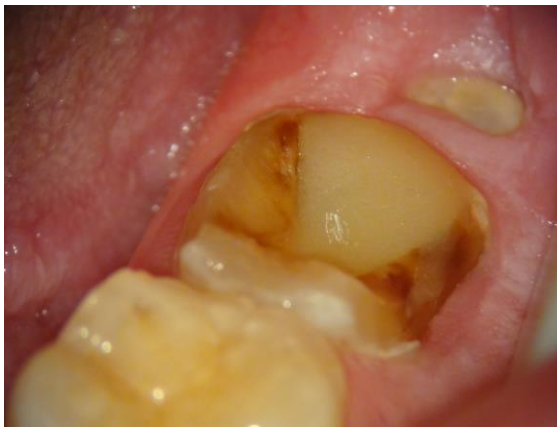
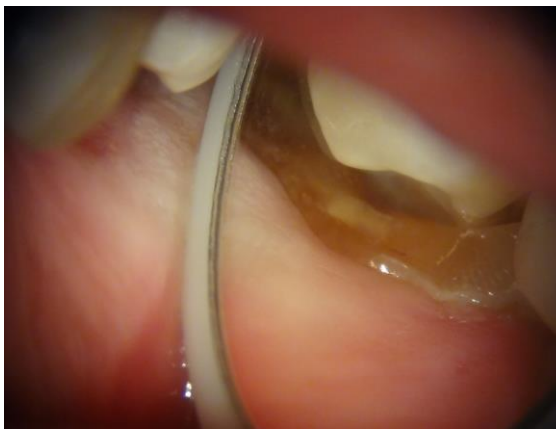
Fractured and Short LL7





History:

Patient assaulted at school in 2005. Sustained bilateral mandibular #'s which were reduced and plated under GA in a Max Fac department. Dental injuries: significant # to LL7 (complicated crown fracture) and small enamel and dentine # of UL1.

After active Max Fac Rx root canal therapy for LL7 (by specialist). ODS prepared tooth for gold restoration which unfortunately failed after only 8 months. Saw another dentist who was critical of this and said that the dentist had not done the job well. Patient was then quoted for surgical removal of LL78 together with bone plates (and screws) inserted in the area in 2005 to allow and facilitate placement of a dental implant. Patient is now suing the dentist that provided the failed gold restoration and holding them responsible for the costs of all future Rx.

Examination:

Patient fit and well 22 year old university student – smokes 15 cigarettes a day not complaining of major problems. Occlusion inn tact and teeth (with exception of UR1 and LL7) unrestored. LL7 compromised, mesial marginal ridge intact. UL7 makes occlusal contact with LL7. No evidence of swelling, tenderness of infection. The tooth has been well root treated and restored with a DO composite. The LL8 is partially erupted and a Max Fac Consultant has warned against extraction due to its proximity to the left ID nerve. No other partially erupted teeth or pathology.

Questions:

What are the major problems associated with treatment of LL7?

What further investigations would you want?

What options are available for this patient?

What is/are the likely impact/s of losing LL7? Why?

What would you suggest to the patient? Why?

Do you feel that the patient has a strong case in terms of breach of professional duty against the treating dentist? Why?

If you feel there has been a breach what is the causation?