

Multiple Concerns

(Chiodo and Tolle)

Dr. Jones, a general dentist in a medium-size town, performed a new-patient examination on a 53-year-old woman, an elementary school teacher, who had moved to Dr. Jones' state 2 months earlier. The patient had concerns about extensive crown and bridge restorative treatment that had been performed 16 months earlier by her former dentist. The fee expended all (\$2,500) of her dental insurance policy's annual maximum reimbursement, and cost her an additional \$8,100 out-of-pocket. Dr. Jones examined all of the restorations and performed a complete periodontal screening. The patient had 12 units of maxillary crown and bridge restorations and 4 single mandibular full gold crowns. The maxillary right and left bridges had margins that terminated 1 to 2 mm short of the prepared margins on all abutment teeth. The porcelain had been removed, and the metal had been perforated on the occlusal surfaces of the molar abutments, apparently in an attempt to achieve adequate occlusal relation. The maxillary left bridge was in occlusion on only two lingual cusps. Six maxillary anterior single crowns had short margins; two of these units had been perforated on their lingual surfaces. The mandibular single units also demonstrated inadequate margins. A full gold crown on tooth No. 32 was in occlusion with the maxillary tuberosity. This tooth had no labial keratinous tissue and had labial probing depths all in excess of 6 mm.

In spite of these faulty restorations, the patient had maintained her dentition admirably. She had returned to her previous dentist several times to seek advice regarding problems with brushing, flossing, and increased sensitivity. He had advised her that sensitivity is a normal outcome of crown and bridge treatment; he had recommended using desensitizing toothpaste and waxed floss. She had followed this dentist's recommendation to increase her frequency of visits to her dental hygienist to every four months. Before advising the patient, Dr. Jones requested her radiographs from and a consultation with her previous dentist. The consultation was brief and uncomfortable. Dr. Jones informed his out-of-state colleague of the patient's oral health and said that, in his opinion, all of the restorations needed to be redone. The other dentist was quite defensive and told Dr. Jones that some of the restorations were "less than ideal" but had no major problems. He agreed to forward her radiographs, which consisted of four bite-wing and two anterior periapical views.

Dr. Jones met with the patient the following week, and explained the need to obtain a full set of radiographs, to redo all of her fixed prosthodontic treatment, and to extract tooth No. 32. The patient was upset by the prospect of having such extensive treatment redone so soon. In addition, she was aware that her dental insurance would not cover any of this treatment. She questioned why all of this restorative treatment needed to be replaced so quickly, and why her previous dentist or dental hygienist did not discover the problems at her four-month recall and prophylaxis appointment two months earlier.