

To RCT or Not
Chiodo and Tolle

One of your regular patients asks you, at her recall exam, if you would accept as a new patient, her mother-in-law from out of state who has just moved in with her and her husband. She tells you that her mother-in-law is 83 y/o and has become quite confused and somewhat senile in her old age. It is because of this mental confusion that the mother has moved in with them.

Your patient tells you stories of her mother-in-law's forgetfulness, such as, forgetting to take her medication, forgetting important birthdays, and other holidays; and, at one point forgetting that she had left a pan on the burner and nearly burning down her apartment. Despite these episodes of forgetfulness, her mother-in-law insists that she is quite able to live on her own and do for herself. She resents being treated in a condescending way and she states, being treated like a child. You advise your patient that you would be happy to see her mother-in-law.

Two weeks later your patient brings her mother-in-law into your office for examination and treatment plan. You observe a well-dressed, neat, clean, older woman who responds appropriately to your questions but who has left some blank spots on the medical history form. On questioning her on these blanks on the forms, she tells you that she just simply cannot remember the answers to those questions because her memory is not what it used to be. She tells you, "*doctor, when you get to be my age, you are entitled to forget a few things.*"

Full-mouth radiographs and oral examination reveal a dentition that shows evidence of some care in the past. Her oral hygiene is adequate. She has a full complement of teeth in the maxillary arch and is wearing a bilateral distal extension partial denture in the mandibular arch. You ask her how long ago her lower partial was made. At this question she looks at you somewhat quizzically and says, "*What partial denture?*" When you take it out of her mouth and show it to her she says, "*Oh that thing. Yes I remember. It was made a long time ago.*"

Radiographs reveal a periapical radiolucency associated with tooth #6. Vitality testing of this tooth shows that it tests nonvital. The patient reports no signs or symptoms associated with this tooth. A rather large distal lingual composite restoration has been placed in the past and it appears that the margins are inadequate and leakage is taking place. This tooth is periodontally sound. However, there is a fistulous tract on the labial gingival correlating with the apex of this tooth. You advise the patient of the need for endodontic treatment in order to clear up the periapical infection, resolve the fistulous tract and to ultimately save the tooth.

The patient tells you that she wants nothing to do with root canal treatment, the tooth is not bothering her, so leave it alone. You tell the patient that besides the possibility of losing the tooth due to this infection, the presence of chronic infection associated with the tooth is not good for her and may be damaging to her general health. The patient is not swayed by this argument and still insists that no treatment is needed for the tooth.

You explain the situation to the patient's daughter-in-law. She tells you that her mother-in-law is always obstinate when something new is presented to her and to just go ahead and schedule the appointment. She will bring her in and make sure that she has it done.

Her daughter-in-law tells you that sometimes they have to give her a little extra Dalamane in order to get her to doctor appointments or to other important appointments in order to get her to cooperate.

Student #1 Construct a defense for sedating the patient and completing the root canal.

Student #2 Construct a defense for not treating tooth #6.