Overtreatment is an often-debated issue. Sometimes the answers aren't so clear and it's different on a case-by-case basis. Here, several Townies discuss various cases they believe walk the line. What's your take?

The following are excerpts of message board comments on Dentaltown.com. Posters are identified by screen names.

Case 1:

Iluvdat

Is removing soon-to-exfoliate primary teeth considered overtreatment? I would do them only if I see pathology, mal-eruption or upon patient's request, yet my coworkers do them all indiscriminately. A lot of times primary teeth do over-retain and block permanent teeth from coming in. What's the gold standard on this issue?

rip

What's the diagnosis? Once you have a diagnosis, it will always guide you to the type of treatment that is required.

jonlindblomdds

Over-retained primaries are usually the result of ectopically erupting permanents, not the other way around. That is a valid reason for removal. A loose primary is not a valid reason for removal unless other pathology is present.

Jlyc

I remove it if it's stuck or the permanent is erupting ectopically, or if the patient complains of pain from the loose tooth.

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Case 2:

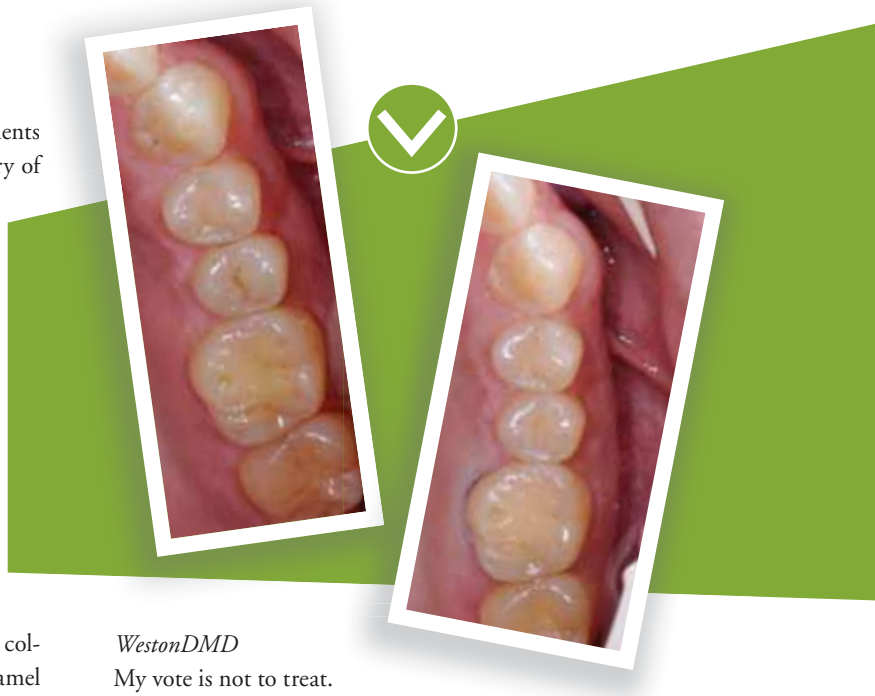
Antidote

I'm a fairly new dentist and would appreciate your comments on a case I completed today. Young patient (in 30s) with history of bruxism and erosion presented with pit and fissure staining and pitting. I decided to remove stains and decalcified dentin in pitted areas and restore with composite. My rationale is the following:

For the staining: According to Dr. Christensen's (Rella) research, more than 94 percent of stains are carious lesions. If some of these stained areas are indeed carious, it would be harmful to just watch them, they're only going to get worse and I am being textbook careful with my bonding method (Isolite isolation, total etch, Optibond FL (4th gen), restoring with Herculite Ultra)–those restorations are not going to leak anytime soon or cause more harm than good!

For the erosive pits: By not restoring them, the erosion is only going to continue, causing the enamel around the pits to collapse, and the hole to get bigger and bigger until all occlusal enamel is lost along with collapse of his VDO.

Here are the pre- and prep- images (Right). How would you treat this type of case? Why? If this was your mouth, what would you like to have done?



Sbatanouny

I would like to hear some expert opinions on this one. I personally won't touch any of this stuff. But that's just me.

Post and Kor

What's the underlying cause of erosion? I'd want the patient to commit to fixing that for sure. Then I'd feel good treating the erosive lesions. Don't know if I'd go after the stain unless positively carius or patient has aesthetic concerns.

WestonDMD

My vote is not to treat.

I really don't see that there is a pathology that requires removal of healthy tooth structure to place a restoration. From this point on, this patient is committed to replacing those restorations every few years. Not cruising, just the nature of the game.

John Kanca

This patient is in his 30s and has no restorations in this quadrant and what looks like decent home care? Yes, this is overtreatment. These lesions haven't gone anywhere in 28 or so years. Why would anyone think they're going off the cliff tomorrow? At the very most, get yourself some 003 and 004 round burs from Brasseler and make tiny holes-not this-and place a flowable. And then try to curtail the acid consumption and production.

Case 3:

Dr. Duke

I saw a lady who had not been to our office since 2005. She was complaining of pain in the first quad. She was missing all the posterior teeth there. I took a PanX. From our old X-rays (2005) to the pano, I saw 10 root canals, two implants and missing teeth in quad I where there was only fills before, no endo in the molars but endo in the bicuspids. One of the implants replaced what was a virgin tooth (on my radiographs).

On her last recall with our office, she stated no problems other than sensitive teeth. She said she had the 10 root canals because her teeth were sensitive. I requested X-rays from the treating doc. They looked the same as mine. No PA pathology. No decay on any teeth. In speaking with the patient, I was very non-judgmental, and I have sent a letter to the doc requesting some sort of explanation. What would you do? Is this not extreme treatment?

Barry1818

Your post makes for an interesting dilemma. Do we need to criticize another dentist? Should we be reporting to the dental board? And should, if we take this patient, be willing to stand beside her if she pursues legal remedies? Because our profession has turned a blind eye to this in the past, the problem persists, but the better question is if this is the type of treatment that this patient got, how many other patients received similar treatment?

Dr. Duke

I feel for this lady as she is in pain right now with the upper right. I think it's odd that she is missing four teeth that even on his rads from May 2007 were still there and looked fine. I realize I don't have all the info. ■

Curious about how colleagues have handled these issues? Visit Dentaltown.com/magazine.aspx and let us know.