

CAVEAT COMMUNIQUE

AN UNFORTUNATE INCIDENT

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The incident report, which had been filled out at the time, read as follows 'During debanding the crown of 33 snapped off 1-2 mm subgingivally and came away in the band despite a cotton wool roll having been placed on the cusp of 33 to avoid applying excessive pressure.'

The patient, who was seventeen years old, had given no indication of distress. On questioning, he stated that the discomfort experienced as the crown of 33 snapped was similar to the discomfort when the other bands and bonds were removed. *Figures 1 and 2* depict the clinical appearance and radiographic appearance of the crown respectively.

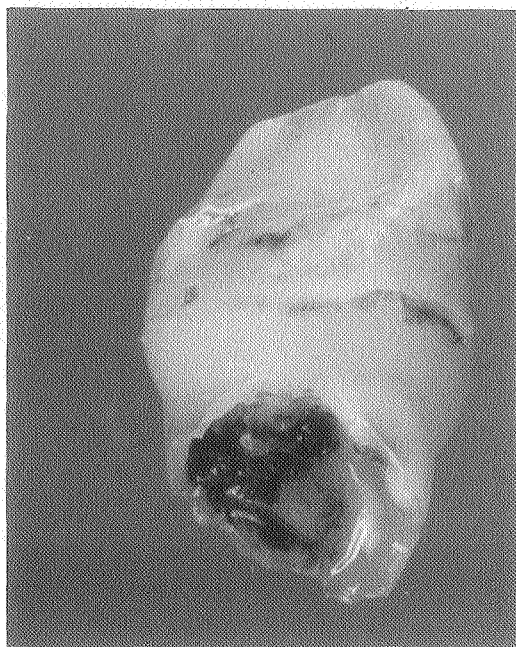


Figure 1. Fractured crown of 33

I discussed the situation promptly with an Oral Surgeon who said an enormous amount of force would have been required to snap a healthy mandibular canine. On examining the crown of 33 a significant amount of internal resorption was apparent (*Figure 1*). A pink spot, which is frequently present when a crown undergoes internal resorption, may have been hidden by the band. When the socket of 33 was radiographed I was amazed to see the whole of the crown of 33 was present but unerupted (*Figure 3*).

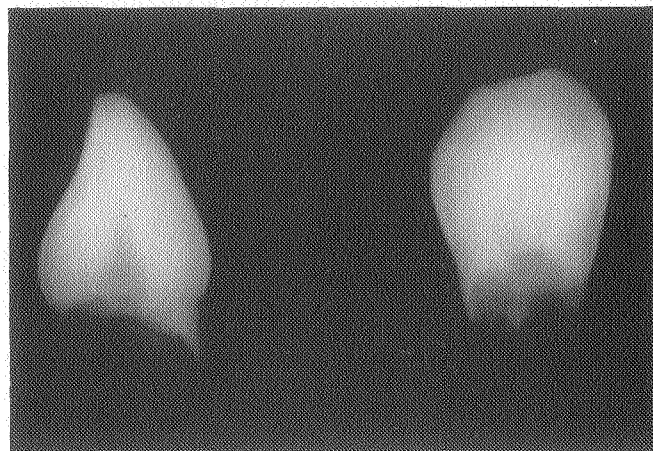


Figure 2. Radiograph of crown of 33



Figure 3. OPG at debanding

The explanation was that the patient had been transferred to me during treatment*. His previous orthodontist, before commencing treatment, had requested the removal of the seven remaining deciduous teeth and two maxillary first premolars present in *Figure 4* but did not notice subsequently that 73 had not been extracted. The orthodontist had banded 73 as well as the other nineteen permanent teeth. The patient was transferred thirteen months after fixed appliances were cemented.

After debanding the patient was informed that the eruption of 33 would be monitored for some months. If no progress was observed, rebanding of the mandibular arch, uncovering of 33 and bonding of an attachment for the application of traction would be carried out.

Fortunately, 33 could be seen erupting at the next visit five weeks later.

* Editor - Transfer cases can be a minefield. Once the editor was debanding a root filled maxillary lateral incisor on a rather litigious adult from interstate when the crown broke away in a manner similar to the case described. It transpired that the natural crown had been recemented to the root with composite previously - following trauma - and the information had not been passed on!



Figure 4. Initial OPG



Figure 5. 33 erupting fifteen weeks after debanding

Figure 5 shows 33 fifteen weeks after debanding.

The lesson from this incident, in which a chain of errors has been perpetuated during treatment, is that each stage of treatment must be checked carefully. A final comment: the incident report was torn up.