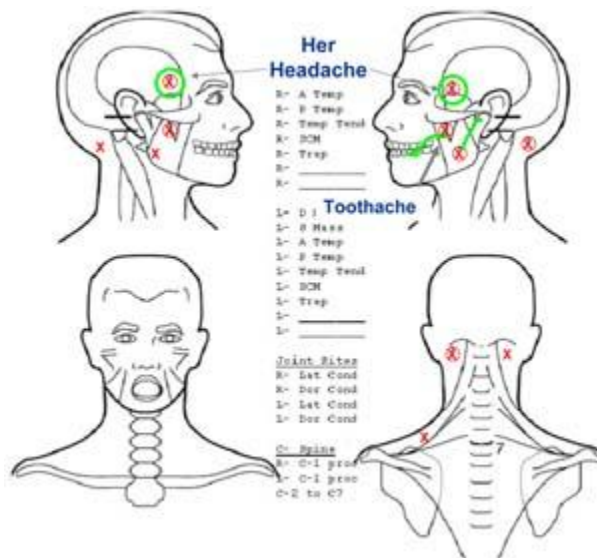


CASE PRESENTATION 8th October



This 43 year old woman was seen for a complaint of continuous pain in the left mandible and numbness in the chin subsequent to dental implants you have placed. Tooth #21 was continuously painful, had been endodontically treated, and was recently evaluated with cracked tooth survey which did not reveal a crack. She had been treated in a pain clinic for 1 year prior to her referral to you for a second opinion.

Examination



Cranial nerve screening examination was grossly intact except for decreased sensory response in left mental nerve distribution. Intraoral sensory testing was normal. No neurosensory symptoms were noted, i.e., no dysesthesia, static or dynamic allodynia, no pinprick hyperalgesia. Tooth number 21, the tooth in question, was tender to percussion but this did not replicate the chief complain.

The stomatognathic examination noted an unrestricted range of opening to 55 mm with no pain. Excursive movements were normal in extent and also without pain. No noises were noted in the TM joints. No joint sensitivity was noted with manipulation or palpation. Tongue/cheek ridging was moderate and dental attrition was severe.

Palpation of the masticatory muscle noted multiple MFP trigger points with radiation. Somatosensory blocking did not relieve the pain.

Radiographs



Implants placed in lower left mandible. These implants have not been restored due to the ongoing pain. Tooth number 21 has been treated endodontically for persistent pain and restored but the pain has not resolved.

Questions to consider:

1. What diagnoses should be on the differential list?
2. Should additional tests be done or requested?
3. What further testing could be done to #21 site to rule out a cracked tooth?
4. Is this a neuropathy?