Foreign bodies discovered during routine dental treatment

By Dov M. Almog, DMD; Samuel Meeler, DMD; Rachel Berley, DMD & Kenneth Cheng, DDS

While the public and some scientists continue to claim that dental amalgam causes health problems, other scientists and the FDA concluded that clinical studies did not establish a causal link between dental amalgam and health problems. This case report will discuss the entrapment of amalgam particles.

Case report

Recently, a 50-year-old Caucasian male presented to the VA New Jersey Health Care System Dental Service at East Orange seeking dental care. The patient came to our facility exploring, among other things, the viability of a dental implant in the region of tooth #50.

The patient gave the following dental history. Approximately three years ago, his right mandibular third molar (#32) was scheduled for an amalgam-alloy core build-up following root canal therapy. A crown lengthening procedure using reflected, full-thickness buccal and lingual flaps was performed.

While the flaps were reflected, an alloy core build-up was performed. The foreign bodies visible in the radiographic images are likely amalgam alloy particles that either became trapped in the apical portion of the flap or in the interstitial tissue. Comprehensive oral and maxillofacial examination included an intraoral and extraoral exam, full-mouth periapical X-rays and a panoramic radiograph. Among other clinical findings, the panoramic radiographs revealed incidental foreign bodies, most likely amalgam, embedded in the soft and/or hard tissue of the oral cavity due to iatrogenic treatment (Fig. 1).

The patient consented to explore the feasibility of a dental implant in the region of tooth #50 and, at the same time, explore the region of #52 in order to determine the orientation and proximity of the foreign bodies to critical anatomical landmarks.

For that study, a cone-beam CT (CBCT) 3-D scan of his lower jaw was obtained utilizing an i-CAT™ CBCT (Imaging Sciences International, Hatfield, Pa.), a panoramic slice/image provided the exact locations of the foreign bodies and possible bone abnormalities from a 3-D perspective, ultimately facilitating case management.

Being informed that the foreign bodies were embedded deep down, close to the inferior border of the ramus of the mandible, the patient wished to leave the foreign bodies in situ and proceeded with planning for the implantation.

While outcome assessments in this area of dentistry are difficult, the authors believe that it is justified from a diagnostic perspective, and what’s more, with renewed interest in mercury toxicity from amalgam fillings, the use of a CBCT scan in order to visualize abnormalities from a 3-D perspective, ought to be reconsidered.

Conclusions

Fortunately, following careful assessment, our patient did not experience symptoms associated with the amalgam remnants embedded under the oral mucosa, as has been reported in some cases in the literature. This case also demonstrates that restorative procedures and simultaneous full-thickness flap elevation, especially those involving amalgam restorations, ought to be reconsidered.

References