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Monthly Drawings

Each month we have a drawing and randomly select one patient who has referred another patient and one patient who has had treatment completed.

**This month's winners are
Jeremy Moore
And
Jeffrey Bassett**

What is a toothache?

A "toothache" usually refers to pain around the teeth or jaws. In most instances, toothaches are caused by tooth or jaw problems, such as a dental cavity, a cracked tooth, an exposed tooth root, gum disease, disorders in the jaw joint (temporo-mandibular joint), or spasms of the muscles used for chewing. The severity of a toothache can range from chronic and mild to sharp and excruciating. The pain may be aggravated by chewing or by cold or heat. A thorough oral examination, which includes dental X-rays, can help determine the cause, whether the toothache is coming from a tooth, jaw problem, or gum problem.

Sometimes, a toothache may be caused by a problem not originating from a tooth or the jaw. Pain around the teeth and the jaws can be symptoms of diseases of the heart (such as angina or heart attack), ears (such as inner or external ear infections), and sinuses (air passages of the cheek bones). For example, the pain of angina (inadequate supply of oxygenated blood to the heart muscle because of narrowing of the arteries to the heart) is usually located in the chest or the arm. However in some patients with angina, a toothache or jaw pain are the only symptoms of their problem. Infections and diseases of the ears and sinuses can also cause pain around the teeth and jaws. Therefore, evaluations by both dentists and doctors are sometimes necessary to diagnose medical illnesses causing "toothaches."

What are Dental causes of a toothache?

Common dental causes of toothache include dental cavities, dental abscess, gum disease, irritation of the tooth root, cracked tooth syndrome, temporomandibular disease, impaction, and eruption.

Dental cavities

The most common cause is a dental cavity. Dental cavities (caries) are holes in the two outer layers of a tooth called the enamel and the dentin. The enamel is the outermost white hard surface and the dentin is the yellow layer just beneath the enamel. Both layers serve to protect the inner living tooth tissue called the pulp, where blood vessels and nerves reside. Certain bacteria in the mouth convert simple sugars into acid. The acid softens and (along with saliva) dissolves the enamel and dentin, creating cavities. Small shallow cavities may not cause pain and may be unnoticed by the patient. The larger deeper cavities can collect food debris. The inner living pulp of the affected tooth can become irritated by bacterial toxins or by foods that are cold, hot, sour, or sweet to cause a toothache. A toothache from these larger cavities is the most common reason for visits to dentists.

Treatment of a small and shallow cavity usually involves a dental filling. Treatment of a larger cavity often involves an onlay or crown. Treatment of a cavity that has penetrated and injured the pulp requires either a root canal procedure or extraction of the affected tooth. Injury to the pulp can lead to death of pulp tissue, resulting in tooth infection (dental abscess). The treatment of an infected tooth is either removal of the tooth or root canal procedure. The root canal procedure involves removing the dying pulp tissue (thus avoiding or removing tooth infection) and replacing it with an inert material. The procedure is used in an attempt to save the dying tooth from extraction.

Gum disease

The second most common cause of toothache is gum disease. Gum disease refers to inflammation of the soft tissue (gingival) and abnormal loss of bone that surrounds the teeth and hold them in place. Gum disease is caused by toxins secreted by bacteria in plaque in "plaque" that accumulate over time along the gum line. This plaque is a mixture of food, saliva, and bacteria. Early symptoms of gum disease include gum bleeding without pain. Pain is a symptom of more advanced gum disease as the loss of bone around the teeth leads to the formation of gum pockets. Bacteria in these pockets can cause loss of otherwise healthy teeth.

Treatment of early gum disease involves oral hygiene and removal of bacterial plaque. Moderate to advanced gum disease usually requires a thorough cleaning of the teeth and teeth roots called "root planing" and subgingival curettage. Root planing is the removal of plaque and tartar (hardened plaque) from exposed teeth roots while subgingival curettage refers to the removal of the surface of the inflamed layer of gum tissue. Both of these procedures are usually performed under local anesthesia and may be accompanied by the use of oral antibiotics to overcome gum infection or abscess. Follow-up treatment may include various types of gum surgeries. In advanced gum disease with significant bone destruction and loosening of teeth, teeth splinting or teeth extractions may be necessary.

Tooth Root Sensitivities

Chronic gum disease also contributes to toothache due to root sensitivities. The roots are the lower 2/3 of the teeth that are normally buried in bone. The bacteria toxins dissolve the bone around the roots and cause the gum and the bone to recede, exposing the roots. The exposed roots can become sensitive to cold, hot, and sour foods because they are no longer protected by healthy gum and bone. The sensitivities may be so severe that the patient avoids any cold or sour foods.

Early stages of root exposure can be treated with topical fluoride gels applied by the dentist or with special toothpastes (such as Sensodyne or Denquel) which contain fluorides and other minerals. These minerals are absorbed by the surface layer of the roots to make the roots stronger and less sensitive to the oral environment. If the root exposure causes injury and death of the inner living pulp tissue of the tooth, then the root canal procedure or tooth extraction may be necessary.

Cracked Tooth Syndrome

"Cracked Tooth Syndrome" refers to toothache caused by a broken tooth (tooth fracture) without associated cavity or advanced gum disease. Biting on the area of a tooth fracture can cause severe sharp pains. These fractures are usually due to chewing or biting hard objects such as hard candies, pencils, nuts, etc. Sometimes, the fracture can be seen by painting a special dye on the cracked tooth. Treatment usually involves protecting the tooth with a full-coverage gold or porcelain-fused-to-metal crown. However, if placing a crown does not relieve pain symptoms, a root canal procedure may be necessary.

Temporo-Mandibular Joint (TMJ) Syndrome

Diseases of the temporo-mandibular joint(s) can cause pain, usually in front of one or both ears. The TMJ hinges the lower jaw (mandible) to the skull. Pain in the temporo-mandibular joint(s) can be caused by acute trauma (such as a blow to the face), inflammatory or degenerative arthritis, or by the mandible being pushed back towards the ears whenever the patient chews or swallows. Sometimes, muscles around the TMJ used for chewing can go into spasm, causing head and neck pain and difficulty opening mouth normally. These muscle spasms are aggravated by chewing or by life "stress," which cause the patients to clench their teeth and further tighten these muscles. Temporary muscle spasms can also be caused by dental injections that are used to deliver local anesthetic for dental work or by the trauma of extracting impacted wisdom teeth.

Treatment of temporo-mandibular joint pain usually involves oral anti-inflammatory drugs like ibuprofen (Motrin) or naproxen (Naprosyn). Other measures include warm moist compresses to relax the joint areas, regular aerobic exercise to reduce stress, eating soft foods that do not require much chewing, and/or repositioning the mandible forward with a TMJ dental splint.

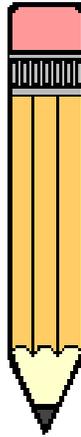
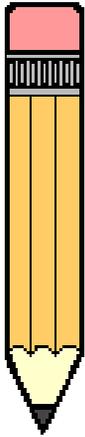
Repositioning the mandible forward with a splint relieves pressure on the nerves and blood vessels of the TMJ, and relieves pain. The splint changes the position of how the upper and lower teeth meet. To maintain this new position, the TMJ splint needs to be worn all the time, including mealtimes, indefinitely. In patients who do not wish to wear the splint indefinitely, alternative measures to maintain the new position include placing full-coverage crowns on all of the back teeth (bicuspids and molars) or by using dental braces.

Impaction and Eruption (Teeth under gums that don't have room to erupt)

Impacted teeth (teeth pressing together) or erupting (tooth growing out or "cutting") molar teeth (the large teeth in the back of the jaw) can cause pain. As the molar erupts, the nearby tissues can become inflamed and swollen. Impacted teeth can require pain medication, antibiotics, and surgical removal. This most commonly occurs with impacted molar (wisdom) teeth.



Patient of the Month

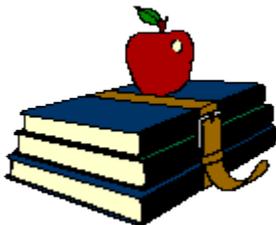


Name: Eden
Age: 8
Siblings: Maren, Judah, Rhoan, Leia
Best friends: Grace
Sports: Basketball
What do you want to be when you grow up? Dentist

Cavity- Free Club Age 16 and under June 15th -- July 16th

Isaac Arnold
 Lauren Beaman
 Logan Beaman
 Zachary Byrd
 Jeffrey Cmehil
 Lily Crews
 Adam Day
 Chase Edwards
 Cole Edwards
 Julia Harmon
 Antonio Lucciola
 John Lucciola
 Sarah Ann Machin
 Drew Maluck
 Lizzie Maluck
 Samantha Maluck
 Rachel Mang
 Sarah Mang
 Elizabeth McClure
 Rachael Moon
 Haylie Moore
 Madison Moore
 Faith Nagel
 Karsyn Naue
 Michelle Pea
 Jessica Purtee
 Taylor Purtee

Kyra Roquet
 Paige Roquet
 Katelyn Rosich
 Megan Rosich
 Kyla Smith
 Tori Treash
 Kamri Tuck
 Shi Tuck
 Sophie Warner



Top Ten Reasons for Not Flossing:

Excuse #1: Food doesn't get caught between my teeth, so I don't need to floss. Flossing isn't so much about removing food debris as it is about removing dental plaque, the complex bacterial ecosystem that forms on tooth surfaces between cleanings. Plaque is what causes **tooth decay**, inflamed gums (gingivitis), periodontal disease — and, eventually, tooth loss. Flossing or using an interdental cleaner is the only effective way to remove plaque between teeth.

Excuse #2. I don't know how to floss. Flossing isn't easy. Some call it "the most difficult personal grooming activity there is." But practice makes perfect. Don't forget to floss the backs of your last teeth. "By far, most gum disease and most decay occurs in the back teeth," Low says.

Excuse #3. I'm not coordinated enough to floss. Many tooth-cleaning options exist for people whose manual dexterity is compromised by poor coordination, hand pain, paralysis, and amputations — or simply by fingers that are too big to fit inside the mouth. One option is to use floss holders. These plastic Y-shaped devices (some equipped with a spool of floss) hold a span of floss between two prongs to allow one-handed use. Another option is to clean between teeth using disposable toothpick-like dental stimulators (Stim-U-Dents, Soft-Picks, and so on); narrow spiral brushes (interproximal brushes); or the conical rubber nubs (tip stimulators) found at the end of many toothbrushes or mounted on their own handles.

Excuse #4. I don't have time to floss. Effective flossing does take a while -- once a day for a good three to five minutes. But even 60 seconds of flossing is of enormous benefit. As with exercise, bathing, and other daily activities, the key is to make flossing a habit.

Excuse #5. It hurts when I floss. If flossing causes gum pain or bleeding, odds are you have gingivitis or gum disease -- precisely the conditions for which flossing is beneficial.

Excuse #6. My teeth are spaced too close together to floss. If unwaxed floss doesn't work for your teeth, you might try waxed floss or floss made of super slippery polytetrafluoroethylene (sold under the brand name Glide). If the spacing between your teeth varies (or if you have significant gum recession), yarn-like "superfloss" may be a good bet. It stretches thin for narrow spaces and fluffs out to clean between teeth that are more widely spaced. If you're having trouble finding a workable floss or interdental cleaner on your own, your dentist should be able to offer guidance -- and may even offer free samples.

Excuse #7. The floss keeps shredding. In many cases, broken or fraying floss is caused by a cavity or a problem with dental work -- often a broken or poorly fabricated filling or crown. Consult your dentist.

Excuse #8. I have dental work that makes flossing impossible. Try floss threaders. These monofilament loops make it easy to position floss around and under dental work.

Excuse #9. I'd rather use a Water Pik. This can be an effective way to clean between the teeth.

Excuse #10. I enjoy my bad breath.

