

concentrations (30% or greater) of hydrogen peroxide³ (HP) or sodium perborate⁴ were used and when heat was applied. We are advocating the use of 10% carbamide peroxide (which is the equivalent of 3.4% HP) and no heat and as such, the risk should be considerably less.

We also agree that there are other predisposing factors associated with the ECR and bleaching, such as the history of trauma⁵ that was highlighted.

A study by Heithersay⁶ demonstrated that orthodontic treatment was the most important

predisposing factor for ECR and bleaching. It is important to note that in these cases it is very difficult to determine if the root resorption was because of the bleach or the orthodontics/trauma. ECR has been covered in detail elsewhere in this journal.^{7,8}

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CASE REPORT LETTERS

Cone beam CT scan

Importance of CBCT in treatment plan

Sir, a patient was referred to the oral and maxillofacial surgery clinic at the HCF Dental Centre, Sydney by a GDP for assessment and removal of tooth 37 due to it having radiolucency.

The patient was medically fit and well. He had attended for a routine restorative procedure where the dentist found tooth 37 to have recurrent decay. On routine radiographic examination, radiolucency was noticed in the orthopantomogram involving 37 and the mesioangular impacted 38.

The GDP made his diagnosis based on a decayed tooth with a radiolucency around the roots as dental cyst associated with 37. He discussed the option of root therapy involving 37, which the patient declined and preferred extraction. The GDP did not do a vitality test for 37, which might have helped him review the conclusion. Based on the clinical and radiographic finding, the patient was referred to the oral and

maxillofacial clinic for removal of 37 and the associated cystic lesion (Fig. 1).

On clinical examination, 37 was decayed, partly filled, asymptomatic, with no buccolingual expansion. A cone beam CT scan was done then and there as it was available, which revealed a well demarcated radiolucency involving the impacted 38 consistent with a diagnosis of dentigerous cyst, tooth 37 was completely sound and the radiolucency was extending buccal to the roots of 37 (Figs 2 and 3).

This case elaborates the importance of cone beam CT as an important tool in achieving a proper diagnosis and treatment plan. Nowadays the CBCT technology is available in

most of the chairside clinics and in a clinical situation like this it can be clearly seen how it can be used to make a proper diagnosis and execute appropriate treatment planning.

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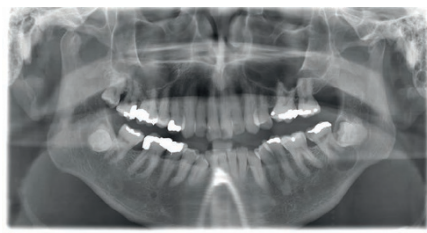


Fig. 1 Orthopantomograph showing decayed 37 with large radiolucency around roots and impacted 38

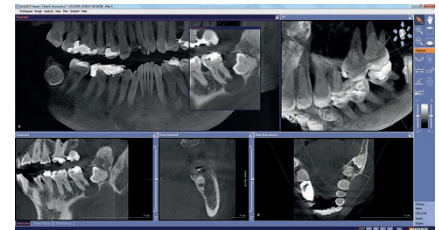


Fig. 2 CBCT showing distinct radiolucency around impacted 38 with buccal extension around 37

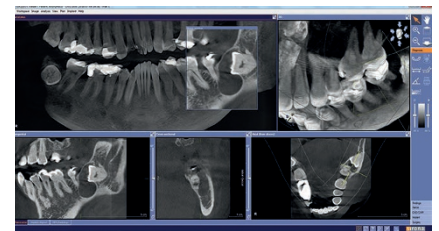


Fig. 3 CBCT showing distinct radiolucency around impacted 38 with buccal extension around 37