



Sensitivity Case Studies

DentaKote S™ is a remarkable product; however, it has specific applications and it not going to work outside its intended use. Most dentists understand the limitations of any product when it comes to effectiveness and DentaKote S™ is no different.

The same holds true regarding tooth sensitivity. There are several reasons that a tooth (teeth) become sensitive and DentaKote S™ is only going to work where indicated. As such, it is critical to perform a thorough diagnosis in order to determine whether DentaKote S™ is going to help in eliminating the patient's sensitivity. DentaKote S™ is indicated ONLY for root sensitivity. It will not be effective in treating an underlying pathology or other conditions that can cause pain.

We when refer to pathology in teeth, we are referring to abscesses, fractures, mobility, etc. However, those problems are not all inclusive. A frequent problem which affects many patients is mal occlusion. It is a frequent source of pain and discomfort but often missed as a major diagnosis.

Over the decades, we have treated many patients who have complained about chronic pain. After we eliminated pathology, we focused on occlusion. A significant percentage of patients who experience chronic pain are suffering from a traumatic bite. The bite may cause unyielding sensitivity across many teeth. A dentist must be aware of this phenomenon and be prepared to ascertain how mal occlusion can be the root cause of this pain.

In performing a diagnosis, it is important to note that genuine gingival recession only affects a few teeth. It rarely affects an entire mouth or even most of the teeth. A patient who complains of having sensitivity/pain in many or all teeth (including temperature sensitivity) needs to undergo a deeper assessment. It is inevitable that the patient is dealing with an underlying issue, such as malocclusion caused by bruxism and tooth grinding.

Indeed, a tooth oftentimes will have a primary and secondary cause of sensitivity. The DentaKote S™ will eliminate the primary reason...exposed root surfaces due to gingival recession. However, it is not until we treat the primary source of pain that we learn that there is a secondary source of pain. This secondary pain is not known because it is being masked by the stronger primary pain. As an example, the pain caused by root recession is more pronounced than the pain caused by mal occlusion. After treating the root sensitivity pain, the secondary cause of pain (mal occlusion) now becomes apparent. Although the primary pain has been treated, the pain receptors are still inflamed, and the secondary pain will readily appear.

Dental mal occlusion or bite trauma manifests itself across the teeth that affect the guidance. Affecting mostly the anterior teeth with some bicuspid to be included. Differential diagnosis must be performed to determine the actual cause of sensitivity.

The below cases depict actual situations that were presented to us by dentists. The clinical team at Dentity Global (DentaKote) worked with the dentists to help determine why pain persisted after the application of DentaKote S™.

Case #1: Patient of 51 years of age has a sensitive upper left tooth. The dentist applied the DentaKote S™ and patient did not have the expected results.

Final Determination: An incomplete diagnosis. The dentist assumed that it was a genuine root sensitivity. Upon closer evaluation and x rays, it was noted the tooth had a periapical abscess and needed a root canal treatment.

Rationale: Always use the DentaKote S™ protocol form that can be downloaded from www.DentaKote.com to help determine patient treatment suitability.

Case #2: Male patient, middle aged had hygiene performed. During his cleaning, he kept complaining that the irrigating water was hurting most of his tooth. Hygienist explains the DentaKote S™ and why he should have it applied. Once applied, the sensitivity was somewhat better but not eliminated.

Final Determination: A proper diagnosis was not performed prior to the application of DentaKote S™. The hygienist assumed it was gum recession sensitivity. However, upon further investigation and analysis, it was noted the patient is a bruxer with excessive wear facets, some tooth mobility, and exposed dentin on many teeth. There were some faulty crown margins and abfractions. Lastly, there was no cuspid guidance thereby overloading the bicuspid for lateral movements.

Rationale: Always use the DentaKote S™ protocol form that can be downloaded from www.DentaKote.com to help determine patient treatment suitability.

Case #3: Female patient undergoing orthodontic aligner therapy is complaining of root sensitivity in two teeth upper left quadrant. Upon evaluation, it is determined that it is gum recession related tooth sensitivity and possibly some aligner movement being the secondary cause. DentaKote S™ was applied and patient reports improvement. However, the following day patient calls to report the sensation has returned and the product did not work as expected. The patient returns for a follow up examination.

Final Determination: Follow up examination reveals the two DentaKote S™ treated teeth were still exhibiting sensations. Upon closer examination, it was determined that the wear and root exposed areas reached into the interproximal areas. The DentaKote S™ was not applied carefully to ALL areas of the exposed root surface. It is recommended that where close and/or tight spaces exist, the DentaKote S™ be applied using a bonding applicator brush to assist in reaching those tight interproximal areas.

Rationale: Always use the DentaKote S™ protocol form that can be downloaded from www.DentaKote.com to help determine patient treatment suitability.

Dentity Global is committed to providing dentists with tools that improve patient health and comfort. Our team is available to assist you by providing product support for clinicians. If you have questions as to how the DentaKote™ family of products should be applied or what to expect, please contact us.