



F5 Forensic Odontological Analysis of Professional Incompetence in Relation to a Case of Bilateral Harelip and Cleft Palate

Endre Felszeghy, MD, Institute of Forensic Medicine, Semmelweis University, Budapest, Hungary, Ulloi Street 93, Budapest, Hungary; George Szilagyi, DMD, Gonc Regional Dental Center, Karoly Gaspar Street 19, Gonc, Hungary; and Andras Vegh, DDS, and Istvan F. Szentmarai, MD, DMJ, Institute of Forensic Medicine, Semmelweis University, Budapest, Hungary, Ulloi Street 93, Budapest, Hungary*

The goals of this presentation are to demonstrate how inadequate professional judgment negatively affected the outcome of treatment.

The patient was effectively treated until age twenty in foreign institutes according to the protocol for bilateral lip and palatal clefts. Despite completion of orthodontic treatment, the patient believed that the aesthetic quality of his anterior teeth could be improved. To this means he turned to his local dentist who thence undertook prosthodontic therapy.

Following what the patient felt was unsatisfactory treatment, the patient visited the Institute of Forensic Medicine. His complaints were the following: during mastication food would fall out of his mouth, as would saliva. While speaking his consonants would “whistle.” The appearance of the anterior region was not acceptable. It was necessary to involve a specialist to reach a professional opinion.

The analysis revealed that the patient's dentist had neither noticed nor realized the stability of the first incisors bordering the premaxillary cleft. During treatment, in the interest of replacing the bilaterally missing second incisors space expansion (unilateral) therapy was initiated. Furthermore, the attending dentist attempted to solve the slight open bite problem by first incisor extrusion. During treatment, the stability of the anterior teeth (first incisors and opposing canines) ceased, so much so that movement of these could only be remedied by circular prosthodontic “bracing” in the form of bridgework spanning from 15-25 (FDI).

The unilateral space-expansion and bridge controlled and closed the anterior gaps; however, the incisal midline shifted distally. Frontal aesthetics therefore worsened. The axis of the first incisors became protrusive, the phonation worsened (in the speech therapist opinion: “whistly”). In the interest of solving the asymmetry, aesthetic “tuning” by grinding/polishing was performed. In order to correct the first incisors axial protrusion over-preparation with root canal therapy (extirpation, obturation) was carried out. The possibility of extrusion root resorption, and as a result of incomplete root canal obturation the prognosis for loss of anterior teeth seems high. The new ten-piece bridge had not solved the problem of midline distolocation, and remnants of the premaxilla began proliferation which will result in osseous resorption of that area.

The patient received psychiatric counseling. As the result of parental pressure (understandably, they supported treatment abroad over the course of twenty years), forensic odontological analysis was initiated. Within this framework it was concluded that incompetent and inadequate dental treatment and therapy was performed. This was directly injurious to the patient. The patient has filed claim for damages incurred. The case will be illustrated with excellent photos.

BCLP, Twenty Year Complex Therapy, Forensic Odontological Assessment