F37 Fractured Jaw, Lingual & Inferior Alveolar Nerve Parasthesia: A Result of Third Molar Extraction-An Interesting Standard of Care Case

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This case involves a standard of care issue in which an unusual occurrence happens subsequent to the removal of a partially impacted wisdom tooth. General dentists and plaintiff and defense attorneys will learn that interpretation of the fact from plaintiff and defense point of views can be markedly different. When the "common sense" standard as used by the jury is applied, then the outcome will make sense. Dental practitioners can learn that good record keeping, accurate x-rays and timely care will result in prevention of a lawsuit and or a defendant verdict.

In November of 1998 Mr. Harvey goes to his general dentist, Dr. June, for removal of wisdom tooth #32. A panoramic x-ray was taken, #32 was removed and healing was uneventful.

In May of 2000 Mr. Harvey returns to Dr. June with pain in the #18 area. A periapical x-ray is taken, a diagnosis of pericoronitis with a mesial periodontal pocket on #17, the treatment recommended was the removal of #17. The post operative course was normal for three days at which time the patient, Mr. Harvey, called with pain in the area of #17 extraction site. A dry socket was diagnosed and was treated with proper medication. No xray was taken of the dry socket. Approximately two days later (over a holiday weekend) Mr. Harvey calls Dr. June's answering service, leaves a message that he is in pain and that he thought he felt his jaw crack. He was seen the following Tuesday morning, a panoramic x-ray was taken by Dr. June and a diagnosis of fractured jaw was made. He was immediately referred to an oral surgeon. Lingual and inferior alveolar nerve paresthesia was diagnosed by the oral surgeon prior to his reduction of the fractured jaw. The oral surgery consisted of both external and internal mandibular fixation.

Mr. Harvey sues Dr. June stating in the initial complaint that there was deviation from the standard of care in the following areas: 1) #17 was extracted without a proper x-ray. 2) Excessive force was used in the removal of #17 causing the fractured jaw. 3) The tooth was not sectioned but should have been sectioned prior to its removal. 4) The lingual and inferior alveolar nerve parasthesia was a result of improper surgical care by Dr.June at the time of the removal of the tooth and or resulted from the displaced mandibular fracture. 5) When he returned for the dry socket an xray should have been taken of the area at that time.

In his deposition, Mr. Harvey stated that it took Dr. June approximately 2 ½ hours for the removal of the wisdom tooth. The tooth was delivered using forceps and elevator and was removed in one piece. There was no fracture of the root of tooth #17. Mr. Harvey's upper full maxillary denture was not used in the treatment of the mandibular fracture.

The case was tried in circuit court with a six member jury panel. The plaintiff's expert was chairman of the Department of Oral Surgery of a large teaching institution and testified that the standard of care was breached because the tooth was not sectioned, the x-ray was improper, the fracture occurred (hairline) at the time of the removal, excessive bone was removed, the purchase point was too low on the tooth causing excessive force which resulted in the fracture. He further stated that it was impossible even for the best oral surgeon to have removed this tooth in 15 minutes as described by Dr. June. Defense used a general dentist who testified that an 18 month old panoramic x-ray met the standard of care for the removal of the wisdom tooth on a 38 year old adult that the tooth did not need to be sectioned because it did not have divergent roots. The 15 minute removal give or take a few minutes was reasonable because there was periodontal involvement around tooth #17 and that the jaw fractured sometime after the dry socket treatment was performed and prior to the emergency visit on Tuesday morning following the holiday weekend. Both experts agreed that the paresthesia that was present in the lip and tongue more likely than not resulted at the time the mandibular fracture became displaced.

The jury returned a verdict in this case for the defendant dentist.

Parasthesia, Pericoronitis, Internal Mandibular Fixation

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