



DDU

Fractured tuberosity during extraction

A patient in her late 50s attended her dentist complaining of pain from a back tooth.

16 July 2018

The scene

A patient in her late 50s attended her dentist complaining of pain from a back tooth. The dentist, a DDU member, found caries at the UL7 and gave advice about care and treatment options. The patient opted to have the tooth extracted, and returned a month later for the procedure.

During the extraction, the left maxillary tuberosity fractured and came out along with the tooth. The dentist packed and sutured the site and referred the patient to the maxillo-facial department of the local hospital, where antibiotics were prescribed but no further treatment was required.

The claim

The member received a formal letter of claim from the patient's solicitors. It was alleged that she did not employ sufficient skill and care in the extraction process and that she had put the patient at risk of foreseeable injury by not referring her to a hospital or specialist once it became clear it was a difficult extraction.

The letter also alleged that the patient was unable to return to her job due to the vulnerabilities of her jaw. She claimed for financial losses, including loss of earnings, care, travel and medical expenses, as well as for pain, suffering, anxiety and depression experienced. The dentist sought assistance from the DDU.

The response

The DDU claims handler obtained and reviewed the complete clinical records and a factual report from the dentist, before instructing an independent expert to give a clinical opinion on the case.

...there was no reason for the dentist to expect the extraction to be difficult or beyond her expertise.

The expert noted the radiographs showed significant periodontal bone loss around the UL7 and that there was no reason for the dentist to expect the extraction to be difficult or beyond her expertise. There was also no evidence in the expert's opinion that the dentist's extraction method was inappropriate.

The expert concluded that the patient had been appropriately consented and had not been put at foreseeable risk, and also noted that the risk of tuberosity fracture in the extraction of a last standing upper molar was very small.

The DDU claims handler discussed the expert evidence with the member before carefully preparing a detailed letter of response, drawing together analysis of the clinical records, the member's comments and the expert opinion to firmly refute each of the patient's allegations. As a result of our robust response, the claim was discontinued.

This information is intended as a guide. For the latest dento-legal advice relating to your own individual circumstances, please contact our dento-legal team on 0800 374 626 or email advisory@theddu.com