Feline Tooth Resorption, Extract, Shave, or Surrender?
Tackling Treatment, Recovery, and the Root Cause

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Learning Objectives

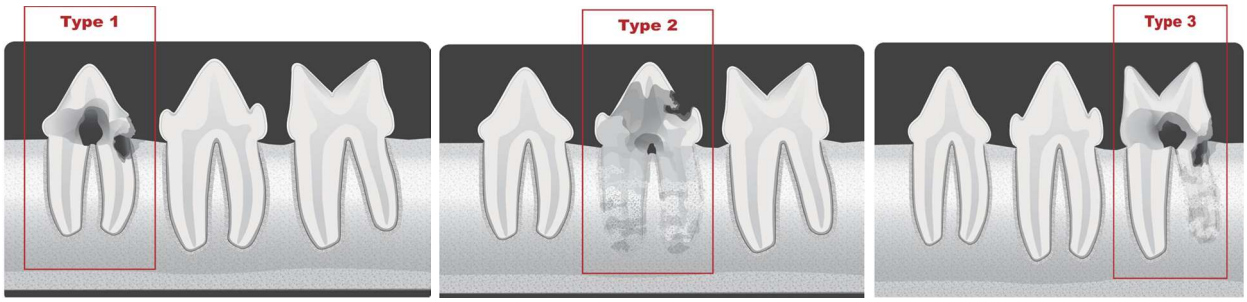
- Understand the pathophysiology of tooth resorption.
- Recognize the clinical signs of feline tooth resorption.
- Define the stages and types of tooth resorption in cats.
- Implement and execute surgical techniques.
- Discuss post-operative multimodal analgesia regimens

Overview

Feline tooth resorption (TR) is one of the most common and painful dental diseases in cats, affecting up to 70% of individuals by age six. Lesions are progressive, destructive, and irreversible, requiring accurate diagnosis and individualized treatment planning.

Types of Tooth Resorption

Type 1: Inflammatory, root structure intact, associated with periodontal disease, *periodontal ligament intact (left picture).*
Type 2: Replacement resorption, root replaced by bone-like tissue, ankylosis common, periodontal ligament imperfect (middle picture).
Type 3: Mixed pattern with both Type 1 and Type 2 features (right picture).



Recognition & Staging

- Clinical signs include drooling, dropping food, avoiding dry kibble, and supragingival overgrowth (see picture below)
- Cats often mask pain, making diagnosis dependent on COHAT evaluation involving dental charting/exploring, dental radiographs under general anesthesia.

Supragingival lesion affecting the distal crown of 409

Treatment Strategies

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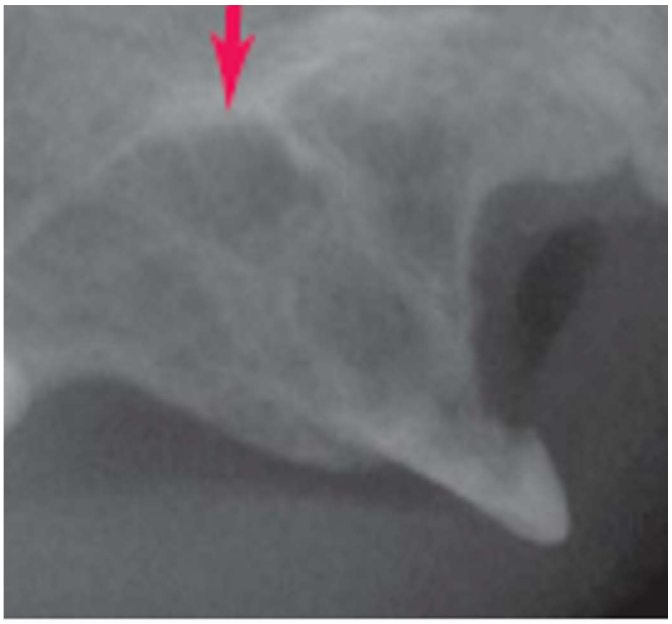
• Extraction: Standard of care for painful/advanced TR and typically indicated for when the periodontal ligament is intact (left picture)
• Crown Amputation: Appropriate for Type 2 only (confirmed radiographically) and typically indicated when there is no evidence of the periodontal ligament (right picture)
• Monitor: Rare; only for very early lesions with no crown involvement.



Recovery & Analgesia

- Cats recover rapidly with adequate pain control.
- Multimodal analgesia includes:
    - Opioids (e.g., buprenorphine).
    - NSAIDs (meloxicam/robenacoxib when appropriate).
    - Steroids (e.g., Prednisolone)
    - Local anesthetic nerve blocks.
    - Antibiotics (e.g., Doxycycline, Clavamox)
    - Adjuncts: gabapentin, environmental stress reduction.

Key Takeaways

• TR is common, progressive, and painful.
• Full-mouth radiographs are essential for staging and planning.
• Tailor therapy: extract, crown amputate (Type 2 only), or rarely monitor.
• Owner communication is critical: lesions recur and require lifelong monitoring.