

### **Not all Toothaches are a Toothache:**

Some patients become impatient when the dentist is evaluating a tooth problem.

Though it seems obvious that a tooth that hurts when you touch it needs to be fixed, a dentist has to consider the possibility that another tooth or problem in the area may be contributing to the pain. The dentist wants to avoid a scenario where the obvious tooth is treated and the patient returns the next day still in pain. It is best if the patient understands all of the possible explanations for their pain-- especially when it seems obvious.

More than once I've seen a patient who insists a lower back tooth is the problem, but after an xray and closer examination agrees that it is obviously an upper tooth. In some cases we find it is not even a tooth causing the pain. Recently, a patient insisted two teeth were the source of her pain, one of the teeth had been treated twice. When treatment of the other tooth did not help, I urged her to see a specialist, who also found nothing wrong. She eventually saw a neurologist to determine she had an artery pressing on a nerve in her jaw. After surgery, she has been fine.

Though rare, many other sources of tooth pain need to be considered, including: sinus problems, grinding habits, angina, ear inflammation, muscle inflammation, nerve conditions or disorders (Bell's palsy, trigeminal neuralgia), various phantom pains, "tumors" in the bone and probably some syndromes, illnesses and conditions we have not yet identified. It is very important for you to become involved in the symptoms and diagnosis of a problem and not assume the treatment will be obvious.

Report any problems to your dentist early, and have patience but be persistent if no solutions are evident right away.