

Sycamore v Dr D

Out of Court Settlement:	1 November 2018
Damages:	£5,000.00
Dental Condition:	Oro-antral fistula
Defendant Representatives:	Dental Protection
Reference:	lawdent.com

The Claimant, a 52 year old man, received £5,000.00 in respect of injuries arising from the extraction of his UL6 root on 29 June 2016. It was his case that the technique used by the Defendant during the extraction was negligent and that as a result, he developed an oro-antral fistula. He suffered the discomfort and inconvenience of this for over 1 year. He subsequently had surgery under general anaesthetic to repair the oro-antral fistula on 10 July 2017. Following this, his symptoms resolved.

On 21 June 2016 the Claimant saw the Defendant for an examination. He was complaining of tenderness in the ULQ. UL6 was noted to be tender to percussion. The Defendant advised the Claimant that UL6 needed to be extracted.

The extraction proceeded on 23 June 2016. The tooth was extracted but the root fractured.

On 29 June 2016, the Claimant attended the Defendant complaining of pain in the ULQ. The Defendant documented that the root of the UL6 was remaining. A attempt to remove the root was made.

The Claimant attended the Defendant on 3 August 2016, 5 August 2016, 17 August 2016 and 31 August 2016. At the appointment on 5 August, the Defendant made a referral to the maxillofacial surgeons at the local district hospital. The Claimant was complaining of air through the extraction socket and pain.

The Claimant was seen by a consultant in head and neck surgery on 3 September 2016. The consultant noted that there was an obvious fistula present in the socket to the UL6. A CT scan was carried out subsequently on 22 September 2016 which showed a left oro-antral fistula and a retained root in the adjacent molar tooth socket with periapical lucency.

The Claimant was reviewed by a senior registrar in maxillofacial surgery on 30 November 2016 and again on 22 March 2017. At that appointment, it was noted that the Claimant still had persistent ongoing symptoms despite a trial of conservative management so the plan was to explore and repair the oro-antral communication.

The Claimant underwent surgery under general anaesthetic on 10 July 2017. The retained root of UL6 was removed and the oro-antral fistula repaired. Post operatively, the Claimant was advised not to blow his nose for 6 weeks.

Following the operation on 10 July 2017, the Claimant's symptoms resolved.

Allegations of negligence:

It was alleged that the Defendant failed to use reasonable care and skill in the technical execution of the root removal of UL6 on 29 June 2016 in that there was:

- Failure to analyse the periapical radiograph exposed on 23 June 2016 clearly demonstrating an intimate relationship between the root and the maxillary antrum

- Failure to consider/opted to ignore the intimate relationship of the retained root with the maxillary antral lining.
- Inappropriate 'blind' use of instruments during the operative procedure thus significantly elevating the risk of antral communication
- Failure to consider a planned trans-alveolar approach to remove the infected retained root and minimise the risk of antral communication or to consider referral for the same.

In terms of causation, it was contended the Claimant avoidably developed an oro-antral communication causing pain, suffering and loss of amenity until it was repaired under general anaesthetic on 10 July 2017.

Liability : Not admitted nor denied

Injuries:

As a result of the above failures of care, the Claimant suffered:

1. The discomfort and inconvenience associated with an oro-antral communication;
2. Continual escape of air from the airway;
3. A 'cold' sensation as a result of the escape/entry of air through the oro-antral communication;
4. Difficulty drinking due to the oro-antral communication. This gradually improved between 29 June 2016 and the assessment with the registrar on 30 November 2016;
5. Pain from the retained root of UL6. The Claimant experienced regular pain at UL6 which was meant to be resolved by its extraction. In fact, additional pain was caused;
6. Need for antibiotic treatment and regular analgesia.
7. Operation under general anaesthetic on 10 July 2017 to close the oro-antral communication and remove the retained root. The Claimant was very worried about the general anaesthetic. This caused him a lot of anxiety and stress.
8. The Claimant is now apprehensive about going to the dentist and is hesitant to have any more work carried out as he is worried about further complications.

Out of Court Settlement: £5,000.00

Breakdown of General Damages: £4,866.00 (estimated)

Background to Special Damages: £134.00 (estimated)

The Dental Law Partnership representing the Claimant, Dental Protection for the Defendant.

This case report was provided courtesy of Miranda Bailey, Senior Solicitor with The Dental Law Partnership.