Sinusitis Won’t Clear Up? It could be your tooth. Dr. Lee Sheldon

Over 13% of Americans suffer from some form of chronic sinusitis. It is one of the most common medical complaints costing 6 billion dollars and 13 million doctor visits a year. While many sinus infections are self-limiting (will go away by themselves) or are easily treated with antibiotics, there is a group of patients for which sinus infections are a way of life. And one of the previously hidden causes for such sinus infections is now coming to light offering new hope to those who thought there was no answer.

Studies done by the Ferguson group of otolaryngologists at the University of Pittsburgh Medical Center initially looked at 5 patients whose treatment of sinusitis through endoscopic sinus surgery had failed. The elusive cause—a dental infection. What was interesting is that three of the five patients had previously had CT scans taken for sinusitis of the upper jaw. The findings were clear that many of the infections were of dental origin. What was even more significant was that the more fluid that was in the sinus and the more serious the sinus disease, the more likely it was due to an infected tooth. How significant? 86% of the acute severe sinus cases showed a dental origin.

The message is a telling one. First, the CT scan is much more diagnostic for a tooth-sinus relationship than was previously thought, and we need to look at that possibility more carefully. Second, we cannot always rely on conventional dental testing to diagnose a possible dental source of a sinus infection.

From a personal perspective, I have seen much more evidence of sinus pathology related to teeth since the advent of the dental cone-beam CT scan (CBCT).

If you have a sinus infection that hasn’t resolved, these findings could be significant for you. The action that I would take would be the following: Talk to your ENT surgeon. If your CT scan was taken recently, ask that a new review of the scan be done, looking for a possible dental source for your infection. If that is still unclear, get a dental CT scan taken and have it reviewed both by the dentist as well as a dental radiologist. If a dental infection is the source of the problem, a cooperative dental/medical approach may help you.
Ever heard Dr. Sheldon sing in the office?

How many of you have said to him, “Keep your day job?” Now you know he makes a lot of noise that he calls singing in the office, and we tolerate him. After all, he is the boss. But there’s a pretty open secret. He is the High Holiday Cantor at Temple Beth Sholom. That means that he leads the congregation in song, does quite a bit of solo work, and from all reports has a much better voice than you hear in the office. Last year, he actually sang a bit of the Rosh Hashana service at our office staff meeting. And as much as we hate to admit it, he does have a good voice. So if he does his typical loud squealing when you’re in the office, just give him a wink. You know better!

What’s Lee doing now?

Imagine digging a ditch without knowing where the underground plumbing or wiring is. You’ve seen the signs from the cable company, “Call before you dig!” The reason is very simple. You can dig the hole, but what happens if you hit the cable? We need to look at dental implant surgery in the very same way. The bone has irregularities, is thick in some areas and thin in others. That’s why we take a CT scan before doing dental implant surgery. We can measure the thickness of the bone because the CT scan shows us the bone in 3D, just like Captain America. One reason we have the CT scan in our office is because the radiation dose is so small, just 2% of the radiation of a similar medical CT scan. In larger cases, Dr. Sheldon designs the entire surgical procedure on the computer. From that design, a custom-made surgical guide is made in a special lab in New Jersey. The surgical guide helps guide Dr. Sheldon in placing the implants in same position in your mouth as he designed on the computer. For most that means the surgical procedure is twice as fast and many times doesn’t require any sutures at all. Dr. Sheldon was the first dentist in central Florida to use this technique.

Dear Dr. Sheldon...

I recently lost a tooth. I’ve been told by my dentist that I can have a dental implant or a bridge to replace the tooth. How do I know which one to choose?

That’s a good question.
The answer has very much to do with what will preserve your teeth for the longest time. When a bridge is done, the two teeth adjacent to the missing tooth are ground down and a permanent bridge is made which is cemented to the two teeth as well as replacing the missing tooth. When an implant is done, only the bone that originally housed the root of the missing tooth is prepared. So essentially, you are replacing the root of the tooth that was originally there with a new root called a dental implant. I will sometimes recommend a bridge rather than an implant if extensive bone grafting is necessary to place an implant. The question is best answered by saying that I recommend the procedure which is least invasive for you.

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