GADSBY WICKS
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Gadsby Wicks Clinical Negligence Casebook – errors in dental treatment

File: Nerve, bone and muscle damage during root canal treatment

Result: Proceedings were issued and the claim settled prior to service of a Defence. October 2013.

Compensation awarded: £115,000 *(General Damages £35,000 + Special Damages £80,000)*

The Claim:

Specialist medical negligence solicitor, Fran Pollard, pursued the claim on the basis that Professor Hunter's injury was caused as a result of inadequate technique.

Case Summary

Professor Hunter, a consultant physician, went to see her dental practitioner in 2007 with problems with one of her premolars. The dentist, Dr N, diagnosed caries and treated it with an inlay. This had to be replaced on two or three separate occasions between 2007 and 2009. In July 2009, following a further short course of treatment Dr N informed her that a root canal filling was required. At an appointment on 6th August the tooth was drilled and tested with a root probe. No reading was obtained at either this or a second probe. Dr N then proceeded to inject sodium hypochlorite into the tooth, causing Professor Hunter to experience sudden severe pain at the site of the tooth and along the length of the jaw bone. A subsequent x-ray showed that the drill had missed the root canal and had drilled out through the side of the tooth. A temporary packing was applied. Professor Hunter's jaw swelled immediately and was very painful. She was later seen by a maxillofacial surgeon at Hospital X where photographs and x-rays were obtained and analgesics prescribed.

By 10th August an ulcer crater was visible along the base of the gum line and her facial swelling had increased further. As a result of the pain, Professor Hunter was unable to cope with her duties and fulfil her clinical obligations. Two days later she was admitted for urgent debridement under general anaesthetic.

During the operation, the inferior mental nerve was found to be destroyed and all the muscles inserted into the lower left outer border of the mandible. There was necrosis of the subcutaneous fat up to the underside of the skin on the left side of the chin and the inferior fibres of orbicularis oris were also lost. Full closure of soft tissue over the bone could not be achieved and Professor Hunter had to remain in hospital for monitoring. She was allowed home four days later.

Professor Hunter remained under review and in September 2009 an MRI was reported as showing marrow oedema and reactive hyperplasia. Her recovery was delayed and as a result of her injuries she felt unable to cope with the demands of her job. She sought early retirement and left her post in October 2010.

Client names have been changed to protect their identity.