



# A problem shared

In the first part of a new series, **Liviu Steier** presents a real-life case problem for you to solve concerning a 29-year-old female patient referred by her GDP

*This is the first in a regular series of articles by Professor Liviu Steier to help you develop a system for accurate diagnosis. Each issue will present a case with a problem – the answer to which will be published the following month, together with another problem for you to consider. All specialities will be covered. To arrive at the most accurate diagnosis, many factors have to be considered and taken into account. It is therefore important to have a system in place so that, by process of elimination and assessment of all the clinical findings, the correct diagnosis can be made. The table format of the article is a standardised method of achieving this. They will continue in every part of the series. Make sure you read next month's Private Dentistry to see how this case was handled.*

### **This month's case**

A 29-year-old patient, referred by her GDP for a consultation due to the necessity of a new coronal restoration on tooth 5]. The X-ray is of tooth 5] as referred by her GDP:



EXAMINATION	
Caries	No
Restoration	Yes
Calcification	No
Resorption	No
Fracture	Not visible
Perforation/deviation	No
Prior RCTxRCF	Yes
Separated instrument	No
Canal obstruction	No
Post/build-up	No
Open apex	Not visible

CLINICAL	
Discolouration	Coronal
Caries	No
Pulp exposure	No
Prior access	Yes
Attrition/abrasion	No
Fracture	Not visible
Restoration:	
Amalgam	No
Composite	Yes - leaking
Inlay/onlay	No
Temporary	No
Crown	No
Abutment	No

RADIOGRAPHIC	
PDL normal	No
PDL thickened	Yes
Alveolar bone	Within normal limits
Diffuse lucency	No
Circumscribed lucency	Yes
Resorption: Apical Lateral	No No
Hypercementosis	No
Osteosclerosis	No
Perio	Within normal limits

SOFT TISSUE	
Exta-oral swelling	No
Intra-oral swelling	No
Sinus tract	No
Lymphadenopathy	No
TMJ	No
Perio	Within normal limits

Make sure you read the October issue of *Private Dentistry* to find out how this case was solved. [PD](#)

### [Comments to pd@fmc.co.uk](mailto:pd@fmc.co.uk)

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