



This informational page is an attempt to describe a complex subject in limited space. It should be considered to be very introductory. More in-depth discussions of this and many other subjects can be found on the Old CUSP Articles page at www.toothvet.ca. You are encouraged to visit and make use of the resources there and elsewhere on my website.

Tooth Resorption in Cats

Cats are mysterious creatures and as such are afflicted with some mysterious ailments. One such disease has had a number of names over the years and this is a reflection of how little we truly know about it. The currently accepted name among veterinary dentists is simply *Tooth Resorption*.

Consider the *primary* or baby teeth. In many species, including humans, dogs and cats, primary (baby) teeth erupt early in life but last a short while only to be replaced by the *adult* (permanent) teeth which are intended to remain in place for life. In order for the primary teeth to fall out, specific cells resorb (eat) the primary tooth roots. This process begins at the tip of the root(s) and progresses from there toward the crown. When there is insufficient root structure to support the crown, the primary tooth becomes loose and then falls out.

In the early stages, while the resorption is going on below the gum line, there is no inflammation or pain associated with it. Once the resorption breaks through the level of gum tissue attachment, it becomes contaminated with oral bacteria, becomes inflamed and painful. With the primary teeth, this 'teething pain' is short-lived as the tooth soon falls out, the adult tooth erupts and the tissues heal.

Adult tooth roots are not supposed to undergo resorption. There are supposed to remain intact and unchanged on their outer surface for life. For reasons we do not understand, the adult teeth in cats often do undergo resorption but it is rarely the nice, organized form of resorption seen in primary teeth that allows the tooth to quickly fall out and the tissues to quickly heal.

With the adult teeth, the resorption can start anywhere on the root(s) of the teeth and can take a couple of forms. The radiographs bottom left show normal left mandibular premolars and molar in one cat and a molar in another cat with advanced *type-1 tooth resorption* (loss of root structure and bone and clear demarcation between resorptive lesion and surrounding tissues). The images bottom right show the normal lower canine teeth in one cat and lower canine teeth in another cat in an advanced stage of *type-2 resorption* (loss of distinction between root and bone and no associated bone loss).

In all cases of tooth resorption, the only rational treatment is extraction of the affected teeth. There is no way to repair the damage or halt the progression and these teeth either are now or soon will be sources of significant inflammation and pain.

While there are several theories being investigated, we still do not know what causes tooth resorption in cats. We do know that lesions that have extended through the level of gingival attachment are very painful. We also know that cats that have had some tooth resorption are likely to develop more. We currently have no recommendations to prevent new lesions and have no way of predicting which teeth will be affected next or when. All we can do is monitor for new lesions and extract teeth as they become affected.

