

Feline tooth resorption (TR), also called feline oral resorptive lesions (FORL), is second only to periodontal disease in incidence of oral disease. They have only been recognized for about the last 40 years, with increasing frequency starting in the 1970's. TR has been found in wild cats as



well. As of yet, we do not know why they occur, and there are many studies currently being performed to elucidate the cause. What we do know is that they result from the activation of cells called odontoclasts. These cells are responsible for the normal remodeling of tooth structure. In this disease process, however, they will continue to eat away at the tooth structure until in some instances the entire tooth is lost. It has been reported that 60% of cats over 6 years of age have at least one, and those that

have one usually have more.

There are 2 types of feline tooth resorption:



TYPE 1 TOOTH RESORPTION

Type 1 occurs at and just below the gumline, and is associated with periodontal inflammation.



TYPE 2 TOOTH RESORPTION

Type 2 occurs within the root and may affect only the root structure until the destruction reaches the crown.

The teeth most commonly affected are the premolars, followed by the molars and finally the canines. The majority of the lesions of type 1 are on the buccal surface (on the outside of the tooth, against the cheek), however they can also occur on inside surfaces, which makes them harder to detect.

These lesions can be extremely painful, especially when they are advanced. If you probe one of the lesions even under general anesthetic, the cat will react. However, most cats will not show evidence of oral pain recognized by their owners, even when the tooth is fractured with an exposed root canal.

Diagnosis is done by a combination of visual, tactile and radiographic means. The lesions will usually start out as little erosions along the gum line with associated inflammation to the gums in the area. They can progress to large holes in the teeth, and eventually can destroy most of the tooth. In severe cases, the entire crown of the tooth can be lost, with only the roots remaining. Dental radiology is used to diagnose lesions under the gum line, to determine the extent of the lesion, as well as to determine if there is any root pathology. Even when only one resorptive lesion is found, all teeth should be radiographed due to the high incidence of multiple lesions, which can be in different stages of resorption.

Most of these teeth should be extracted. Exceptions might be when only the enamel is damaged, or when the resorption is only deep in the root and not exposed to the oral cavity. Because the lesion is almost invariably progressive, teeth may become painful later, and frequent recheck exams and dental x-rays are needed to monitor teeth that have early resorption.

There is no currently known method of prevention, although research is continuing. Periodontal disease can incite Type 1 resorption, so control of plaque and prevention of periodontal disease (*see home dental care*) is recommended.