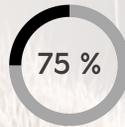


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Introduction

Feline Tooth Resorption (FTR) affects up to 75% of domestic cats, often undiagnosed due to its subtle symptoms.



Objective

Consolidate current knowledge on FTR, and give visibility to a disease that goes unnoticed in many veterinary practices despite being very prevalent.

Etiology

Not well understood, but there is a progressive destruction of dental tissues linked to **odontoclast dysregulation**.

Pathogenesis



Risk Factors



Age; FTR affects 60% of cats older than 6 years



Breed predisposition (Siamese, Persians) & Genetics



Diet: Low calcium or excessive liver-based diets



Indoor living contributes to FTR



Oral Health: Dental calculus, gingivitis & periodontitis



Viral Infections: FCV & FIV may play a role in FTR development

Clinical Signs

Often **asymptomatic** until late stages, but can include hypersalivation, head shaking, anorexia, oral bleeding, and difficulty eating.



Diagnosis

Dental radiography is the gold standard for early detection; visual/tactile exams detect late-stage lesions. Mandibular premolars/molars are common "sentinels."

Classification

By anatomical location



Internal Resorption
Rare in cats, originates from the pulp outward due to chronic pulpitis



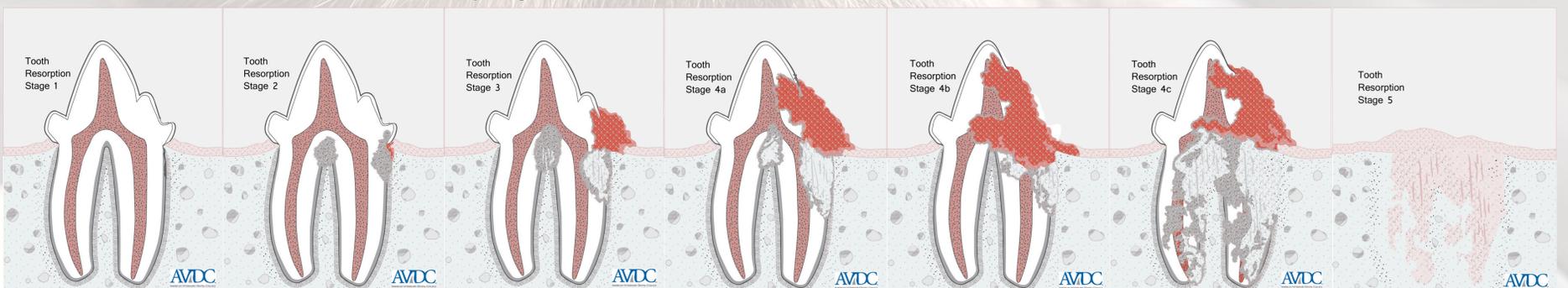
External Resorption
Most common, starts at the root surface and progresses inward

Surface Resorption: Reversible; trauma-induced.

Inflammatory Resorption: Progresses from PDL; associated with pain.

Replacement Resorption: Root integrates into the bone (ankylosis).

By severity



Mild tissue loss in cementum or enamel

Moderate tissue loss, reaching dentin but not pulp

Deep tissue loss extending to pulp; tooth integrity retained

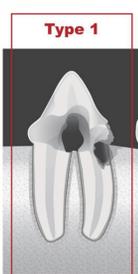
Extensive loss, compromising most of the tooth (crown = root)

Extensive loss, compromising most of the tooth (crown > root)

Extensive loss, compromising most of the tooth (crown < root)

Advanced resorption, leaving irregular remnants covered by gum

By radiographic appearance



Type 1
Focal radiolucency; normal PDL (linked to inflammation)



Type 2
Loss of PDL space; decreased tooth radiopacity (idiopathic)



Type 3
Features of both Type 1 and Type 2 in the same tooth

Conclusions

- Early radiographic screenings improve detection and management.
- Pain relief and extraction are crucial for affected cats.
- Future research should focus on prevention and early interventions.

Treatment

CONSERVATIVE
Regular monitoring for early lesions

EXTRACTION
Gold standard for painful or severe cases

CROWN AMPUTATION
For advanced, non-painful lesions

References

You can find the whole bibliographic review and the used references in the following QR code:

