



Cats Protection's guide to dentistry and the management of chronic gingivostomatitis for veterinary surgeons

Dentistry – an overview

As a vet working with Cats Protection (CP), you will likely be faced with cats with varying dentition and will need to decide which of these cats are to have dental treatment. This document aims to assist vets in making dental treatment decisions for the cats that are in CP's care. If there are any painful lesions in the mouth which require dental treatment, CP would certainly aim to have these issues resolved, for example any resorptive lesions or tooth fractures. While this is the case, it is important to note that due to cost constraints and to ensure a timely and pragmatic progression to rehoming, CP cannot carry out prophylactic dentistry. For similar reasons of cost and for reasons of welfare (to reduce the time spent in rescue care) CP would not be in a position to support specialist dental procedures, for example root canals and other advanced dental procedures.

The Bristol Dental grading chart

When assessing a cat's mouth it is important to be as objective as possible. CP asks that vets grade cats' teeth as per the Bristol Dental grading chart which grades the teeth and gums from 0-4. Unless there are other issues, for example resorptive lesions or fractured teeth, CP recommends dentistry be carried out for dental grades 3 and 4 – that is if there is any evidence of periodontitis and attachment loss. Please see below for more details on the treatment of other dental issues. There will, of course, be times when it is difficult to assess for the presence of resorptive lesions or periodontitis due to heavy tartar build up. We ask vets to use their clinical judgement in these cases. In general it is better to go ahead with a dental to find the disease is less significant than originally thought versus to rehome a cat only to discover post adoption that there was a higher degree of dental disease present. Equally if it is decided that a cat should undergo a dental, it is important to carry out as much work during that dental that may be needed even if the disease course is in its early stages.

The medical summary form

It is really important that new owners are fully informed if any dentistry has taken place, and equally the reasoning behind why we might have decided against doing dental treatment. As all cats that have had any treatment other than routine vaccinations and neutering will go to new homes with clinical notes, it is important that the dental grading is noted on the clinical record. If any dentistry is performed, this is detailed on the clinical record including which teeth have been removed and any teeth that are noted as missing. It is recommended that a CP medical summary form is filled in which again details any dental work that has been performed. All medical summary forms will have a section stating the dental grade and we ask that you fill this in based on the Bristol Dental grading chart. It can also help in this section to explain why no dentistry has been performed if this is the case and to also recommend when you feel a further dental check is required (for example: dental grade: 0, no dental treatment required while in care, annual dental checks recommended.) This information helps give clarity to new owners and also the veterinary surgeon taking on the future care of the cat.

Tooth fractures

CP recommends extraction of any teeth that have fractured unless, following examination with a sharp dental probe, it is clear there is no communication with the pulp. This should be carried out under general anaesthesia. Equally CP recommends the removal of any retained deciduous teeth seen in cats where the corresponding adult tooth has fully erupted.



Resorptive lesions

If there is the suspicion of resorptive lesions (also known as neck lesions, or feline odontoclastic resorptive lesions – FORLs) then dentistry is recommended. Extraction of the affected tooth is required. Dental radiography is hugely beneficial for managing feline dentistry cases and CP is happy to pay for dental x-rays to be taken so clinicians can decide if a full extraction or a simple crown amputation can be performed. If there are areas of inflammation surrounding a space where a tooth should be it is recommended to investigate these, as they may be sites of retained roots that need removal.

The use of antibiotics and feline dentistry

The use of antibiotics at the time of dentistry is always at the vet's discretion. We recommend giving consideration to the additional stressors that cats in rescue care are exposed to, which may subsequently lead to a weaker immune response against potential dental infections. This may mean that your approach to antibiotic usage for CP cats undergoing dental work may differ to the approach taken towards private patients.

Chronic gingivostomatitis

Chronic gingivostomatitis (CGS) can be a complex condition to manage particularly in a shelter environment. The CGS treatment course is likely to be lengthy and costly, so the attending vet must be reasonably confident that the cat will go on to have a good quality of life following their time in care before proceeding. Before embarking on any treatment it is worth ensuring other concurrent issues are managed, and all cats should be tested for feline immunodeficiency virus (FIV) and feline leukaemia virus (FeLV). For cases of moderate to severe CGS it may be appropriate to consider euthanasia in cats which are FIV positive or have other significant comorbidities. The presence of enlarged submandibular lymph nodes can be an early indicator of a poor prognosis. Consideration should also be made around how the cat is coping being in care given the protracted course of treatment required. We encourage case discussion with the CP Veterinary department for further advice if needed. (Confirmed FeLV positive cats should also be euthanased as per our FeLV guidelines.)

For the vast majority of cats resolution of this condition will involve total or partial mouth extractions (TME, PME) and these are recommended for the management of cats in CP care with CGS. For many cases it can be helpful to start a course of appropriate non-steroidal anti-inflammatory medication and antibiotics ahead of the procedure to reduce inflammation and the chance of wound breakdown post op, although this is at the attending vet's discretion and should be based on the individual case. There is some evidence that cases will improve on a hypoallergenic diet, so where appropriate this can also be started.

Dental treatment involves at least a partial mouth extraction: that is removal of all teeth except canines and incisors, not just the teeth in the proximity of the inflamed tissue. When proceeding with TME or PME it is strongly recommended that vet practices use dental radiography. These procedures can be challenging and retained roots can really impede recovery and delay rehoming. If your vet practice does not have dental radiography and you do not feel confident to proceed without this, please contact the CP Veterinary department; it may be possible to organise to transfer the cat to a practice which has this facility. Where possible we always recommend extraction of teeth from both sides of the mouth versus doing each side of the mouth in separate operations, as this will significantly impact on the cat's time in care. However it may be that following PME further surgery to remove the canines is required. Following the procedure post-operative antibiotics and anti-inflammatory pain relief is likely to be required to aid in recovery. It may take up to four weeks of medication post operatively to see the full extent of improvement, however cases that are likely to recover well will show signs of a positive response at the initial post op check. If no significant improvement has been seen following the initial two week post-operative period, we would recommend a further two weeks of medication and recheck. If there is limited or no improvement at the four-week post-op check the prognosis for resolution is poor, and euthanasia will be the kinder option.



There will be a group of cats that will have made some improvement but not a full recovery – and for some of these cats the improvement is significant enough that homing is reasonable. It is recommended that these cases are discussed with the CP Veterinary department. Cats should only be homed if they are comfortable with eating, grooming and if the mouth is examinable.

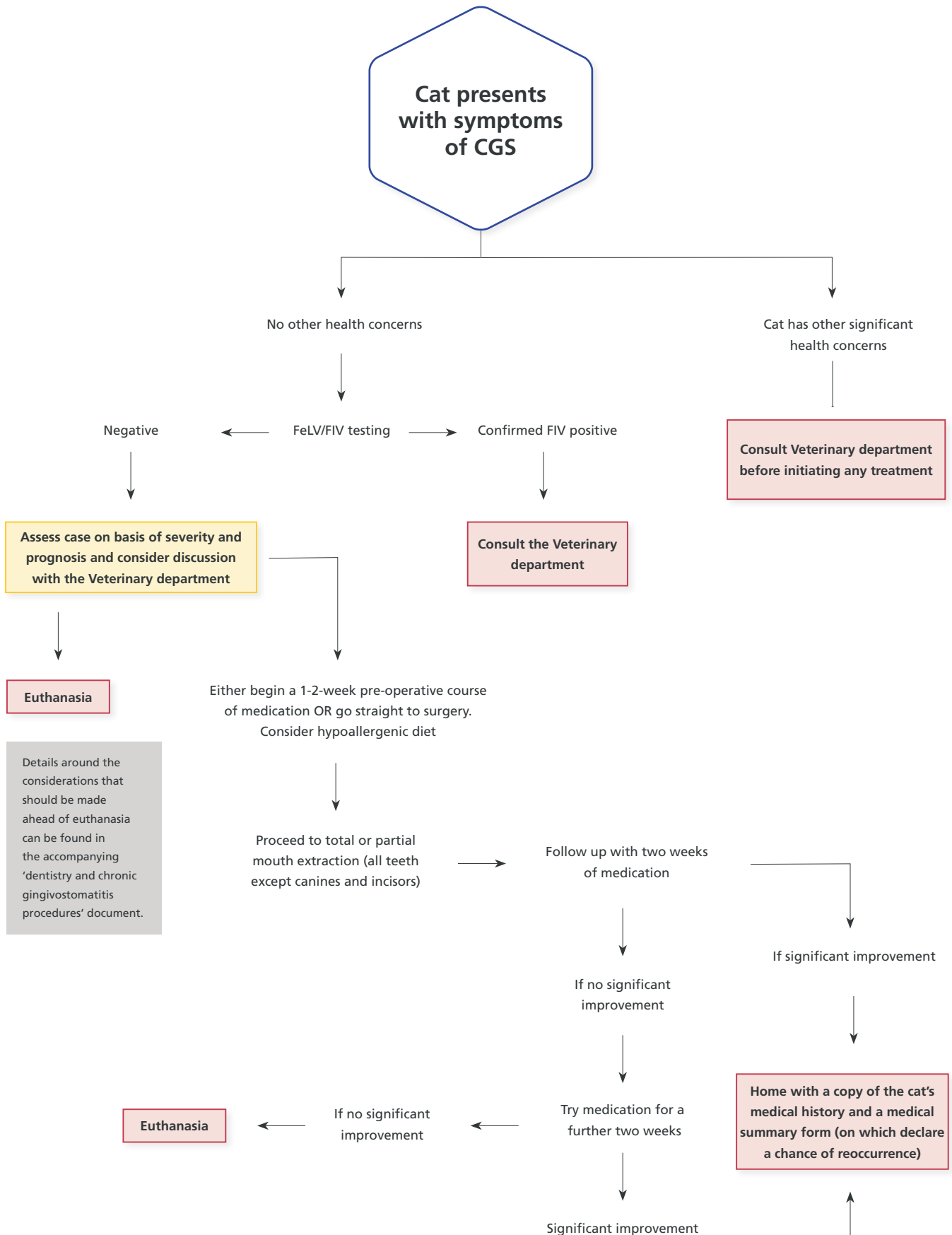
Studies have suggested that stress and the presence of other cats may be a factor in the development of CGS. For cats in CP care with this condition, it may be worth considering adjustments to the cat's environment. These cases may do better in a quieter part of the adoption centre or in a foster environment if they are affected by the presence of other cats for example. For cats that are especially stressed in CP care, specific advice may be sought from our CP behaviourists.

When homing a cat who has been treated for CGS, it is important that the adopter is made aware that this condition may return, and unless TME has been performed there may be a requirement for further dental treatment at a later date. Any potential adopter should receive full disclosure of the cat's dental status and the likelihood of recurrence. This should be discussed at the time of adoption and should also be noted on the cat's clinical records, as well as the CP medical summary form (if used).

For further guidance, please contact the CP Veterinary department veterinary@cats.org.uk For behaviour support, please contact the CP Behaviour team behaviour@cats.org.uk



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Details around the considerations that should be made ahead of euthanasia can be found in the accompanying 'dentistry and chronic gingivostomatitis procedures' document.