This following case involves a young teenage patient who presented to my office for a second opinion. This is a nice illustration of how even simple dental findings with the i-CAT can help me convert consultations into starts. The parents brought a copy of a standard two-dimensional panoramic radiograph from the previous consultation, which demonstrated an un-erupted lower right first bicuspid. The 2D panoramic image showed that the tooth was failing to erupt; however, it was difficult to determine exactly what was preventing the eruption, vital information necessary before the proper diagnosis and treatment plan could be developed. An i-CAT 4.8-second, low-dose CBCT scan clearly revealed the development of a supernumerary tooth with a full crown, inhibiting the eruption of the impacted bicuspid. With multiple views, sections, and renderings at my disposal, I had the good fortune of sharing my findings with the parents and the patient. The vividness of the views on my monitor during the consultation clearly left a favorable impression on both the parents and the patient.

...Case continued on next page

John Graham, DDS, MD
Dr. Graham received his Bachelor of Science degree from Brigham Young University. He received his dental degree from Baylor College of Dentistry in Dallas, Texas, and then received his medical degree from the University of Texas Southwestern Medical School. After medical school, Dr. Graham completed an internship in general surgery at Parkland Memorial Hospital followed by training in oral and maxillofacial surgery. Following his surgical training, Dr. Graham received his certificate in orthodontics from the University of Rochester/Eastman Dental Center in Rochester, New York. Dr. Graham is not an employee nor does he have any financial interests in i-CAT.
As the second opinion, it was very important that I had the imaging method that could provide the most effective view of this clinical situation. My i-CAT provided the data that led to a precise diagnosis. The detailed CBCT scan provided me with the wonderful opportunity to educate the parents and the patient regarding the clinical situation, helping them clearly understand the problem and the available treatment solutions.

After seeing the 3D scan, and discovering that this technology is available for the benefit and safety of all of our patients, they felt confident in choosing my office for their son’s orthodontic care. This case is illustrative of one of the many reasons I couldn’t practice without my i-CAT.

The i-CAT images showed me the exact position, in every dimension, of the supernumerary tooth that was developing on the lingual aspect of the first bicuspid crown, critical information for the oral surgeon to have when developing the most conservative surgical approach for facile removal. With the 2D panoramic radiograph, the referring orthodontist was not aware of all of the pertinent data provided by the cone beam scan. The i-CAT scan helped me avoided a potentially frustrating course of treatment, and helped facilitate a successful treatment plan and outcome.

“Why 3D / Why i-CAT

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This surgical technique is the recommendation of Dr. Graham. KaVo Kerr, makers of i-CAT, is a medical device manufacturer and does not dispense medical advice. Clinicians should use their own judgment in treating their patients. Indications for use available at i-CAT.com/IFU