

SPSO decision report

Case: 201305649, A Dentist in the Lanarkshire NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C complained about the treatment that her son (child A) received from his dentist. She complained that the dentist failed to identify that her son was missing two lower premolar teeth. Mrs C said that this caused her son stress, led to a delay in diagnosis and impacted on the cost and the potential success of his future dental treatment. Child A had attended for a routine examination. A bitewing x-ray (a type of dental x-ray) was taken which showed spacing between his lower premolar and the first molar, but the dentist did nothing about this. Mrs C only found this out when her child attended another dentist several months later. He was referred for orthodontic assessment and it was identified that both his lower second premolars were congenitally absent (not present since birth).

We obtained independent advice from our dental adviser who explained that bitewing x-rays are normally taken to detect dental decay. Although this is the primary reason for using bitewing x-rays, they could be expected to show that the lower premolars were not developing. The adviser said that the dentist missed an opportunity for early diagnosis of the absence of the two lower second premolars and said that it would have been reasonable for the dentist to have investigated further at that time. The adviser also explained that there are guidelines on the use of x-rays in dental practice, which recommend that even in the event of a child being assessed as having a low risk of decay, bitewing

x-rays should be taken at intervals of 12 to 18 months whilst they have baby or milk teeth. We found that the dentist did not follow these guidelines in child A's case, so we made a recommendation about this.

Nevertheless, the adviser also said that an earlier referral to an orthodontist would not have achieved anything further, and that any delay in child A's treatment was marginal and would have made no difference to possible treatment. Given this, although on balance we upheld Mrs C's complaint, we did not consider that the treatment her son received impacted on the cost and potential treatment success for him.

Recommendations

We recommended that the dentist:

- reflects on our adviser's findings in terms of future dental practice and in particular takes into account the relevant European guidelines in relation to the frequency of taking bitewing x-rays.