

SILVER DIAMINE FLUORIDE (SDF)

CLINICAL CASES

Courtesy of

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CASE #1 DESCRIPTION:

Severe refractory cervical sensitivity, preventing proper oral hygiene. Typical desensitizing agents were ineffective.



SDF was applied to provide relief. 2 weeks post application, sensitivity hasn't disappeared completely, but oral hygiene improved.



After several applications of SDF, sensitivity disappeared almost completely. The teeth were restored to improve aesthetics. Root canal treatment was avoided.



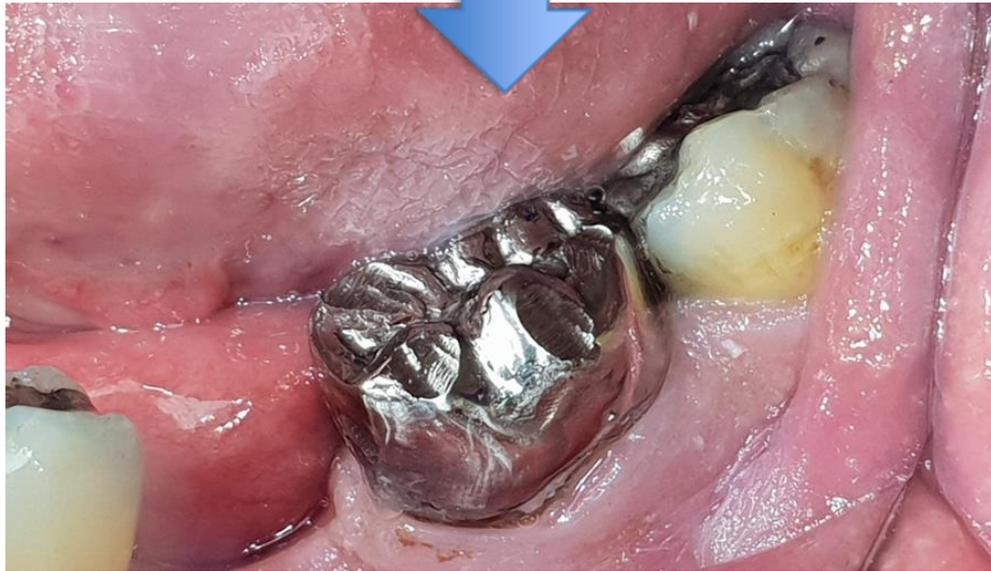
CASE #2 DESCRIPTION:

54-year-old patient 1 year post bariatric surgery, experiencing severe sensitivity due to advanced cervical lesions. SDF was used to address sensitivity and arrest decay prior to restoration.



CASE #3 DESCRIPTION:

SDF was used as an interim step to manage the decay before a crown was cemented.



CASE #4 DESCRIPTION:

Needle-phobic 26-year-old patient with carious lesions on teeth #17 and 18.

Hand burs were used with partial caries removal on tooth #18. Both teeth were restored with glass ionomer.

Remineralization can be observed over time on the radiograph.

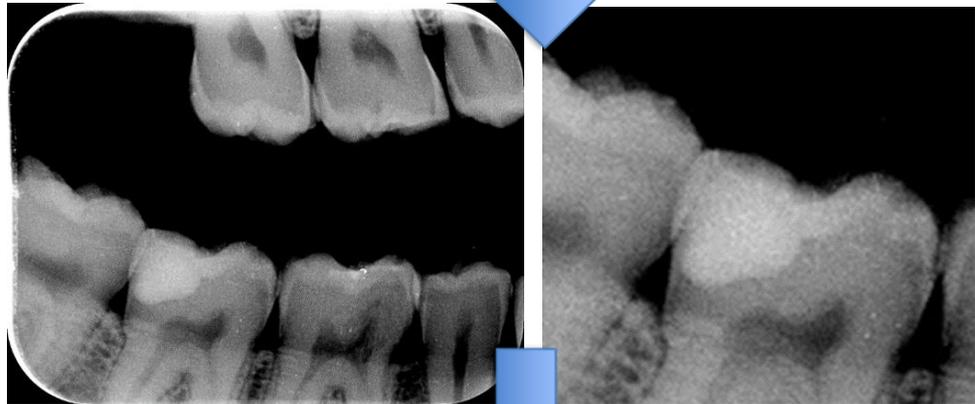
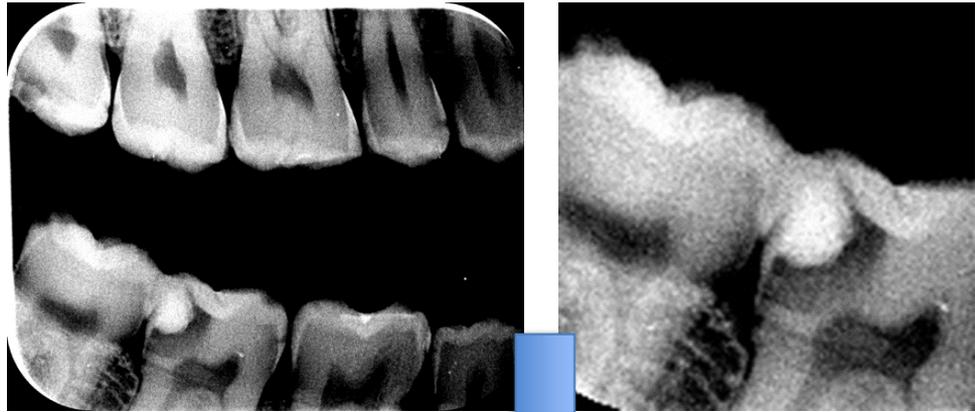


CASE #5 DESCRIPTION:

Tooth #47 was a possible candidate for RCT. SDF and glass ionomer sealant were placed instead and the tooth was monitored for 4 months.

After 4 months, remineralization was observed.

A permanent restoration was placed. Cervical lesions have stabilized in this very high-risk patient.



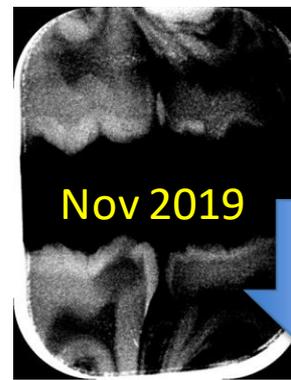
CASE #6 DESCRIPTION:

Needle-phobic child who would not open his mouth. It was impossible to administer anesthesia.

Hand bur was used to partially remove the caries. SDF was applied and a low viscosity glass ionomer was placed.

Remineralization was visible 26 months after initial treatment.

The low-viscosity restoration began to deteriorate so it was removed with a hand bur. A high-viscosity GI restoration replaced it.



CASE #7 DESCRIPTION: SDF FOR HOME-BOUND* PATIENTS

Typically, a restoration is necessary after SDF treatment to improve aesthetics, eliminate food traps, and restore the form and function of the tooth. Though, in a limited number of cases, SDF will be the final or long-term (years) solution.

This is a disabled patient who cannot tolerate the standard restorative process. SDF has been used to manage this case for 5 years. Decay has been arrested and the patient was able to keep their natural dentition.



5 years
post initial
application

* also includes special needs patients

CASE #8 DESCRIPTION: SDF FOR HOME-BOUND* PATIENTS

74-year-old patient with poor oral hygiene presented with cervical lesions.

The patient was not interested in a restoration, so SDF was used to manage the patient long-term. An improvement in gingival health was observed also, which is common after SDF treatment.



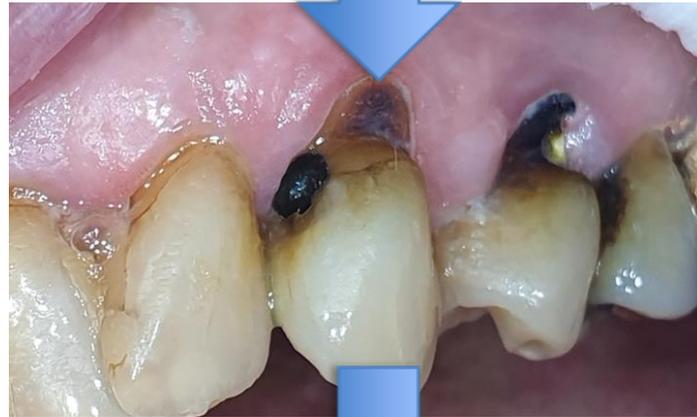
**4 years
post initial
application**

* also includes special needs patients

CASE #9 DESCRIPTION:
SDF FOR HOME-BOUND* PATIENTS

90-year-old patient treated with SDF.

The patient could not handle the drill and needle, so the lesion was restored in an atraumatic manner with glass ionomer.



* also includes special needs patients

CASE #10 DESCRIPTION: SDF FOR HOME-BOUND* PATIENTS

Autistic patient with behavioral issues was managed with SDF for several years. SDF was regularly reapplied.

Finally, when the patient became more cooperative, a restoration was placed.



* also includes special needs patients

CASE #11 DESCRIPTION: SDF FOR HOME-BOUND* PATIENTS

30-year-old patient with cleidocranial dysostosis has been receiving SDF treatment for roots under overdentures. The case has been successfully managed for 6 years.



* also includes special needs patients