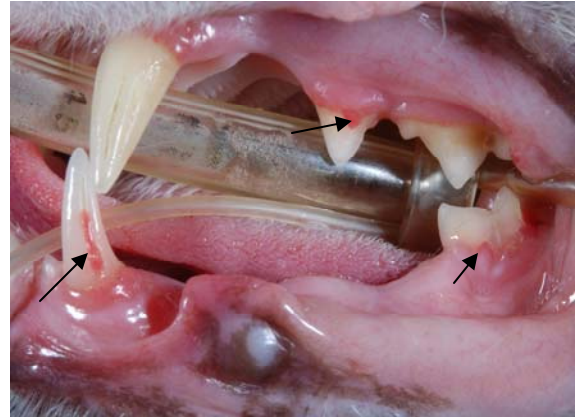


Feline Odontoclastic Resorptive Lesions

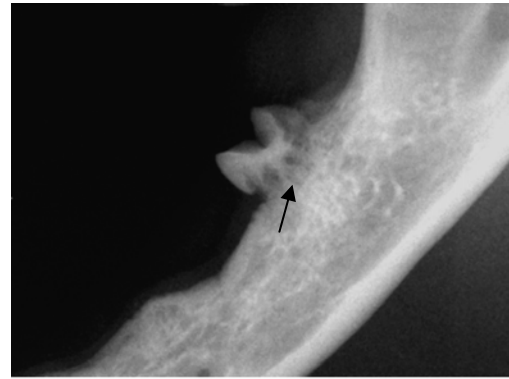
Tooth resorption or feline odontoclastic resorptive lesions (FORLs) are a common finding in domestic cats. Most cats show no clinical signs until the lesions are advanced. Common signs include a decreased appetite, pawing at the face, drooling, reluctance to eat hard food, swallowing dry food without chewing and chattering of the teeth. The lesions can often be seen during an oral exam. Lesions below the gumline are often associated with a severe focal gingivitis on the buccal surface of the affected tooth. The mandibular 3rd premolar is most commonly affected.



The arrows point to the visible areas of tooth resorption.



Type II tooth resorption affecting the left mandibular canine tooth.



Type II tooth resorption affecting the left mandibular 1st molar.

Studies have shown that FORLs or tooth resorption affects about 20-75% of all domestic cats. Tooth resorption has been around for centuries, but there has been a recent increase in cases. The cause is still unknown, but there may be dietary factors involved. There are two types of lesions, Type I and Type II. Both lesions start at the periodontal ligament (PDL) and begin resorption of the root cementum. **Intraoral radiographs are imperative to determine the type of lesion and the proper treatment.** Type I lesions usually occur at the cervical area of the tooth and leave the root intact with a visible PDL space around the root. With type II lesions the PDL is not visible and there is a loss of normal root structure because it is being replaced by bone. Type I lesions require complete surgical extraction of the roots. Early type II lesions should also be surgically extracted. However, for the more advanced type II lesion, crown amputation with intentional root retention is often an acceptable treatment. A complete oral exam under anesthesia and full-mouth radiographs are necessary because there are often multiple lesions. Yearly follow-up radiographs are also necessary to detect new lesions.