Feline Tooth Resorption

*Feline Odontoclastic Resorptive Lesions (FORL)*

**What is tooth resorption?**

Tooth resorption is a destructive process that eats away at teeth and is quite common in cats. Up to 50% of cats over the age of 8 will have resorptive lesions. Of those 50% with lesions, 50% of them will have more than one. This process can be very painful, and due to the nature of the cat, many will not show obvious signs of pain. These lesions will often require immediate treatment. Feline tooth resorption does progress and will require treatment to avoid pain and loss of function. This process is not necessarily preventable, but studies do show that cats who do not receive oral hygiene care are at an increased risk of development of resorptive lesions. Feline patients diagnosed with Feline Immunodeficiency Virus and Feline Leukemia Virus are also more likely to develop lesions. Despite the health status of your cat, it is important to know tooth resorption is a common and treatable disease.

**What causes tooth resorption?**

Tooth resorption is an idiopathic disease of the teeth. This means that the cause is unknown. We do know odontoclasts, the cat’s own cells, begin to destroy the structure of the tooth. Sometimes resorption will be associated with a tooth root abscess, although this is uncommon.

**What are the clinical signs of this?**

Cats with tooth resorption will often have inflammation of the gum tissue surrounding the affected tooth. Your veterinarian will comment on the teeth and gums during the oral part of the physical examination. Even though an oral exam is done, many of these lesions are below the gum line and require dental radiography to fully diagnose. Cats often will hide signs of pain until advanced resorption is present, but this doesn’t mean early stages aren’t painful. The teeth are very sensitive in cats and you may note increased hiding, loss of appetite, decreased activity or playing, aggression, red or bleeding gums, turning the head when chewing, missing teeth, teeth that suddenly break off, or a new preference for soft foods. Often resorptive lesions will elicit a pain response when they are touched. Many clients report their cat feels better and has more energy after treatment, indicating that they may have been in pain before treatment. Your veterinarian may prescribe pain medication until your cat is admitted for treatment.

**What does feline resorption look like?**

There are three types of tooth resorption in cats. Type 1 resorption is associated with stomatitis and periodontal disease. This type creates holes in the tooth. These holes can lead to fractures and loss of enamel. Type 2 resorption is seen in otherwise healthy mouths. It may cause local gingivitis. This type causes the tooth roots to fuse with the jaw bone. Over time, the roots structure becomes completely unrecognizable on dental radiographs. Type 3 resorption is a combination of both 1 and 2. If the tooth hurts, removal of the tooth is always recommended.
**Are dental radiographs necessary?**

Dental radiographs are the standard of care. They are always necessary since sometimes a tooth looks normal during a physical exam but may have significant pathology below the gum line. The only way to detect this is with radiographs. Dental radiographs and a thorough oral examination are performed while the patient is under anesthesia.

**How is feline tooth resorption treated?**

Most of the time surgical extraction of the affected tooth or teeth and all of the roots is the only way to relieve pain. In some cases, tooth resorption may not be painful and require immediate treatment, but the disease is progressive, and any tooth with a resorptive lesion will require extraction at some point. You may elect to have teeth with resorptive lesions that aren’t hurting yet be removed early to prevent future tooth pain. If type 2 resorption is present and severe, a crown amputation may be performed. This procedure means the crown of the tooth is removed because there is no root structure left to extract.

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**Tooth Resorption - AVDC Classification of Clinical Stages**

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