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Some things every Patient needs to know about infections involving teeth, ears, sinuses, and
“Xylitol”
Or my opinions after three decades of experience, practice, research, and teaching

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Dear Editor,

This is a letter intended to educate the public concerning a common phenomenon which is unusual for this time of the year. Sinus infections affecting the teeth, ears, and TMJ are most often seen during the winter and are most commonly associated with colds and flu. For some reason we are now seeing numerous of these cases in Refugio County patients, and also patients from the surrounding areas of Beeville, George West, and Kenedy. I would assume the source is more related to allergies and the unusually rainy weather for this time of the year.

What you, the patient, should look for is tenderness and pain in the teeth, especially the upper back teeth, that is difficult to pin point, but is convincingly a “toothache”. The upper teeth have roots that may be close to the floor of the sinus. If the sinus becomes inflamed and infected, the teeth may also become affected and begin to ache and hurt. Often it is a diffuse pain difficult to locate but definitely associated with the teeth. The teeth may also be individually or collectively sensitive to pressure and/or heat or cold. Often the teeth will also hurt more when the patient sits in a chair and suddenly bends downward. One strong indicator of a sinus infection is soreness in the nerve notch in the orbit bone immediately below the eye. This area will generally be sore corresponding to the infected sinus on one or both sides.

Other less common complications include inflammations of the ear and/or jaw joint (“TMD”). The inflammation in the jaw joint can also affect the patient’s ability to close or bite down comfortably. We have also seen a few of these cases recently.

The alternate diagnosis may also be a true infection of a tooth. A tooth can become infected and then infect the sinus, resulting in the exact same symptoms, although the individual tooth may stand out more during examination.

As stated, these sinus infections affecting the teeth are unusual for the summer months, but are very common during the winter months. Regardless, this is another “Buyer Beware” issue. Through our no cost “Second Opinion” service, we have rescued several patients from unneeded and unnecessary root canals and crowns from other practices by applying some common sense and “Wait and See”. These infections and symptoms generally develop slowly over a period of days, and generally slowly subside over a period of days. There is no miraculous instantaneous cure.

The standard of care for most infections is prescribing a course of antibiotics before making an irreversible final diagnosis and jumping in and creating a financial advantage out of the patient's misfortune. In combination with other sinus treatments, antibiotics will generally help contain and eliminate a sinus infection. If the teeth were not involved with the infection, the tooth symptoms will disappear. If a tooth is involved, the symptoms may disappear, but will usually return and pinpoint the offending member. Regardless, if you allow the time for the antibiotics to do their magic, you will usually have a clearer picture of exactly what is happening within a week or so and then can make a decision on further treatment and possibly avoid "overtreatment". Point being, don't rush into treatment that is irreversible looking for an "instant cure" that simply isn't there. It sometimes takes a month or more to diagnose and treat these complex infections properly.

While we are on the subject of sinus infections, we also strongly recommend a sinus wash containing Xylitol, a short chain sugar regardless of other medications. Other than antibiotics, most sinus medications treat the symptoms, while Xylitol treats the cause. Bacteria residing on teeth, in the sinuses, and the ear canal can and do cause infections associated with their ability to form 'plaque'. The offending bacteria build plaques out of materials such as sugars. There is no Rocket Science in the use of Xylitol. The bacteria pick up the Xylitol sugar and the Xylitol is simply too small a molecule for plaque formation, thus the pathogenic plaques fall apart and can be washed off of teeth, and out of the Eustachian tubes and sinuses, reducing the potential for future infections.

Xylitol sugar used properly can reduce tooth decay in children by as much as 50%, ear infections in children by as much as 60%, and sinus infections in adults by as much as 90%. If you or your children have been treated recently for tooth decay, ear infection, or sinus infections, your practitioner could have provided you with education, literature, and advice regarding the use of Xylitol to reduce these infections and possibly reduce or eliminate your return for inconvenient and costly future treatment. If you received no information, Google "Xylitol" for hundreds of pages of references, or ask us for specific sources for Xylitol products on your next visit to our office.

Sincerely,

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