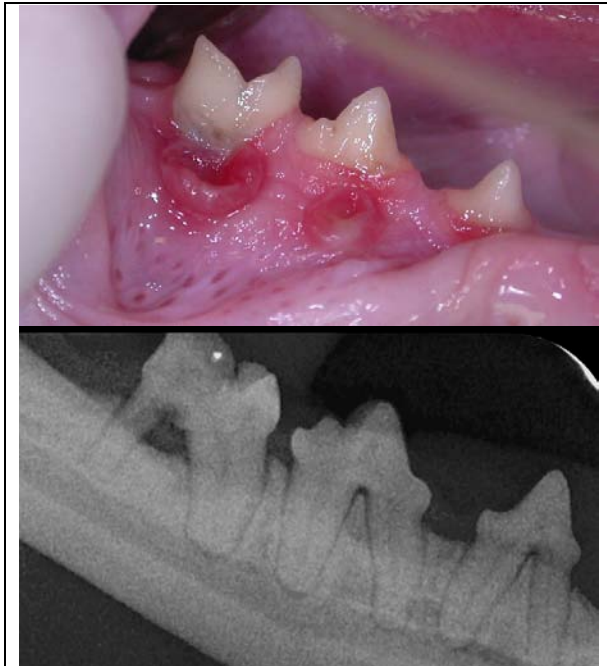


FELINE CAUDAL BUCCAL TRAUMATIC GRANULOMAS

I touched on this some years ago - [briggs occlusion.pdf](#). I called that case "Briggs occlusion" after the cat outlined in that report. It was an example of a mild case and one managed with very conservative measures. This time we will look at some more common and much more dramatic cases which require more dramatic treatment.

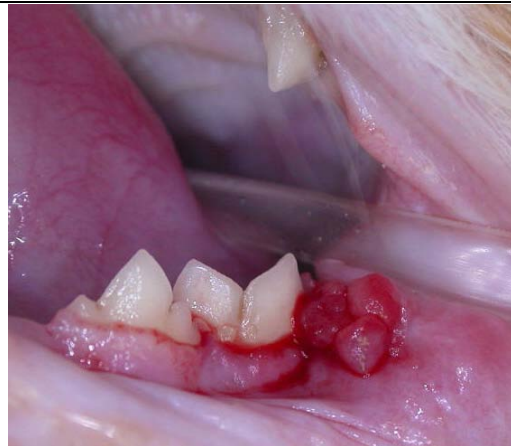
The situation arises when there is a malocclusion of the maxillary premolars in which they contact and traumatize the mandibular tissues. In these cases, there can be significant damage to the periodontal support of the lower 4th premolar and molar. There may also be the development of nasty, painful ulcer-proliferative lesions.



This cat's upper 3rd and 4th premolars were causing serious and painful ulceroproliferative lesions and extensive periodontal disease of the lower molar. The lower molar is beyond hope regardless and so must be extracted. As well, the upper 3rd and 4th premolars and molar need to be extracted or the traumatic ulceroproliferative lesions will never resolve.

These lesions will derive no benefit whatever from medications (antibiotics or steroids). They absolutely require extraction of the mechanical

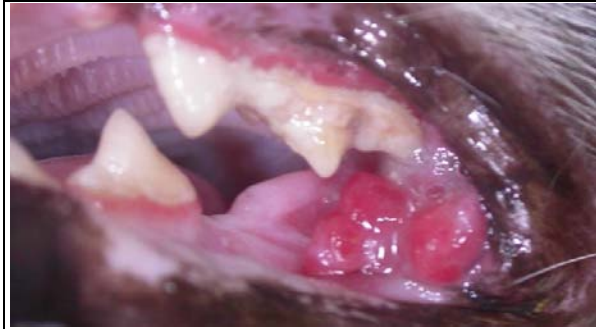
cause of the trauma. In most cases, it is the upper 4th premolar that is causing the trauma. In the example shown above, the upper 3rd premolar is also causing trouble. So the lower molar has to go due to end-stage periodontal disease. Then to alleviate the trauma and allow the traumatic lesions to heal, the upper 3rd and 4th premolars must be extracted. Finally, with the lower molar gone, the tiny upper molar is useless (if it ever had any use in a cat) and so I always remove it too.



Another case of malocclusion with the upper 4th premolar causing an ulceroproliferative lesion by the lower molar. Again, extraction of the upper 4th premolar and molar was required.

Some cats come with this problem because of their defective anatomy. Some cats have this problem imposed on them through a domino effect similar to what we discussed in [lip entrapment.pdf](#).

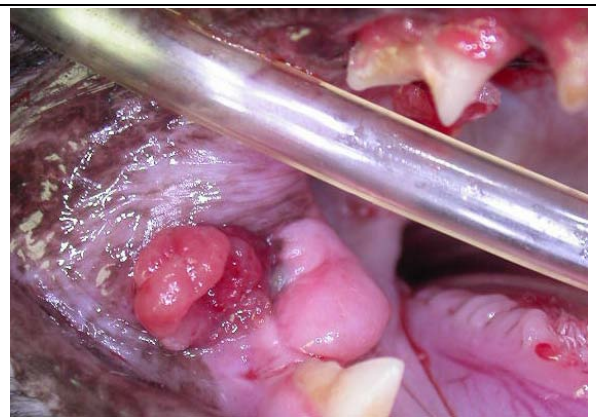
When a cat has its lower molar removed, the upper 4th premolar and molar lose all of their function and so are of no value to the cat.



The loss of the lower left molar has changed the biomechanics of the mouth and the upper 4th premolar caused this nasty (painful) lesion.



Here is another view of the lesion. Treatment involved removal of the upper 4th premolar and molar to alleviate the traumatic contact. I usually debulk the lesion at the same time to speed healing.



Another typical presentation.

While the usual approach for proliferative or mysterious lesions, especially in cats, is to biopsy, that is NOT called for here and will only waste time and money. We can see that the cause is mechanical and that the tissues are traumatized and inflamed. If you absolutely insist, when you

are extracting the offending teeth and debulking the excess tissue, pop some of the lesion in formalin and stick it on the shelf. If the lesion fails to resolve following removal of the upper teeth, maybe there is something more sinister going on and you can send the archived sample away. I have never had to send the sample away, because the lesions have always resolved.