

How an Oral Radiologist and former General Dentist can help your legal case

All dental visits, routine and emergency, begin with radiographs. Most patients have long radiographic histories that tell their story over time and also tell the story of all the treatments their Dentists rendered to them.

So it makes sense to have all dental legal cases reviewed by an Oral Radiologist to find out if anything is missing from the diagnosis or if any excessive treatment has been performed.

As a General Dentist for 16 years and an Oral Radiologist for 10 years, Dr Silva has performed thousands of dental procedures such as extractions, periodontal surgery, implant placement and restoration, root canal treatments, partial dentures, complete dentures, cleanings, crown and bridge restorations, veneers, fillings, Orthodontic tooth movement, bleaching, etc. There is very little in the CDT book of dental procedures that Dr Silva has not performed, and those procedures require advanced dental training so Dr Silva referred those cases out to specialists.

For the last 10 years as a Radiologist, Dr Silva has become familiar with radiographic interpretation and how to extract the maximum value from the patient's radiographic history. Missed or hidden pathology as well as misdiagnosis and over-diagnosis are common themes noted in these radiographic histories. Combined, these findings are often overseen by even experienced expert witnesses, particularly when attention is limited to the case at hand, which can reduce the impact of an opinion.

In addition, Dr Silva has become an expert in dental implant guided surgery, having planned 18,000+ cases and participated in an institutional review board for adverse events of these procedures. Dental implant guided surgery stands to be a large contributing factor to dental litigation in the future once law professionals start considering their untrained misuse as a proximal cause of nerve injury, tooth loss and patient pain and suffering. It is a fact that most Dentists practicing guided surgery today are incompetent in the technique, not fully aware of the correct way of performing the procedure and reliant on surgical planning done by lab technicians or, worse, non-Dentists in Africa and South America. Often times it is difficult for experienced expert witnesses to even realize guided surgery was performed, given that most dental experts today are older professionals who never practiced guided surgery while in the active practice of Dentistry. I propose that a patient adverse event caused during guided surgery may lead to litigation against the lab manufacturing the faulty medical device. As a matter of fact, the largest manufacturer of the most aggressive type of surgical guides in the USA uses non-Dentists to provide the planning and seat chairside with the surgeon performing the surgery and owns a large group of patents worth millions of dollars. As is often the case when one of their guides leads to an adverse event, attorneys involved never realize the potential of seeking some restitution from this dental laboratory.

A review of your legal cases by an expert in treatment and imaging can only contribute to a better outcome or avoid getting involved in a case with a high likelihood of legal failure.

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