CONDITION

Tooth abscess

A tooth abscess is a pocket of pus caused by a bacterial infection in or around a tooth.

WHAT IT IS
Localised pocket of pus around a tooth or gum

BODY SYSTEM
Mouth and teeth

MAIN SYMPTOMS
Toothache, swelling, tenderness, bad taste

WHAT CAUSES IT
Bacterial infection inside a tooth or gum

HOW IT IS DIAGNOSED
Dental examination, pulp tests, and dental X-rays

MAIN TREATMENT
Dental drainage and treatment of the infection source

CAN IT BE CURED?
Yes - drainage and dental treatment remove the source

IS IT AN EMERGENCY?
Sometimes - breathing or swallowing difficulty from swelling

LONG-TERM OUTLOOK
Usually good after prompt dental treatment

Overview

A tooth abscess is a collection of pus caused by a bacterial infection. It can form inside a tooth, around the root, or in the gum beside a tooth.

An abscess inside or at the root of a tooth often begins when bacteria reach the pulp. The pulp is the soft centre containing nerves and blood vessels. An abscess may also develop in a deep pocket between a tooth and the gum.

A tooth abscess needs dental treatment because the source of infection remains until it is cleaned, drained, or removed. Pain may improve if the abscess drains or the tooth's nerve dies, but this does not mean the infection has healed.

Most abscesses can be treated successfully. Prompt care can relieve pain, save the tooth when possible, and reduce the chance of infection spreading into the face, jaw, or neck.

Symptoms

The main symptom is often a severe toothache. Pain may be constant, throbbing, or worse when you bite or chew. It can spread toward the ear, jaw, or neck on the same side.

Other possible symptoms include:

If an abscess starts draining, you may notice salty or bad-tasting fluid followed by less pressure and pain. You still need dental care because the underlying infection may remain.

Some abscesses cause little pain, especially after the nerve inside the tooth has died. Swelling, gum drainage, tooth discolouration, or discomfort when biting may be the main clues.

- Swelling of the gum, face, or jaw
- Tenderness when the tooth is tapped or pressed
- Sensitivity to hot or cold food and drinks
- A red, swollen area or pimple-like bump on the gum
- Pus or a sudden unpleasant taste in the mouth
- Bad breath
- Difficulty opening the mouth fully
- Fever, feeling unwell, or tender glands in the neck

Causes and risk factors

A tooth abscess develops when bacteria enter damaged tooth tissue or a space beneath the gum.

Tooth decay is a common starting point. Decay can pass through the hard outer layers of a tooth and reach the pulp. Bacteria may also enter through a crack, chipped tooth, loose filling, or injury. Even an injury without a visible crack can damage the pulp and allow it to die over time.

A gum abscess can form when bacteria become trapped in a deep gum pocket. Gum disease, trapped food, or an object lodged beneath the gum can contribute.

Factors that can increase the chance of an abscess include:

A tooth abscess itself is not passed from person to person. However, the bacteria that contribute to tooth decay and gum problems can be shared through saliva.

- Untreated tooth decay or gum disease

- Cracked, broken, or injured teeth
- Worn, damaged, or leaking dental work
- Infrequent brushing, fluoride toothpaste use, or dental care
- Frequent sugary foods or drinks
- Dry mouth, which reduces the protective effect of saliva
- A weakened immune system

Diagnosis

A dentist usually diagnoses a tooth abscess by asking about your symptoms and examining your teeth, gums, face, and neck.

They may gently tap the affected tooth or ask you to bite. Pulp tests can check whether the nerve inside the tooth responds to cold, heat, or a mild electrical signal. These tests help identify which tooth is affected and whether its pulp is inflamed or dead.

A dental X-ray can show infection around a tooth root, deep decay, bone loss, or another possible cause of pain. Very early changes may not always appear clearly.

If there is major facial or neck swelling, or concern that infection has spread into deeper tissues, hospital imaging such as a CT scan may be needed. This is not routine for a small, localised dental abscess.

Other problems can resemble an abscess, including a cracked tooth, sinus inflammation, jaw joint pain, or inflammation of the tooth nerve without pus. An examination helps separate these causes.

Treatment and management

Treatment aims to drain the pus and remove the source of infection. The best approach depends on whether the infection began inside the tooth or in the gum, and whether the tooth can be restored.

A dentist may drain an abscess through the tooth, through a small opening in the gum, or by cleaning a deep gum pocket. Drainage often reduces pressure and pain.

If the pulp is infected or dead, root canal treatment may be used to save the tooth. The infected tissue is removed, the inside of the tooth is cleaned and sealed, and the tooth is restored. Some teeth later need a crown for protection.

If the tooth cannot be repaired, extraction may be recommended. Removing the tooth also removes the main source of infection. A gum abscess may need drainage, deep cleaning, and treatment of the underlying gum problem.

Antibiotics like amoxicillin or doxycycline are not the main treatment for a localised abscess when dental drainage can be provided. They do not remove dead pulp, repair a crack, or clean an infected gum pocket. A dental or medical professional may prescribe them when infection is spreading, there is fever or significant illness, or prompt drainage is not possible.

Pain relief can help while you arrange dental care and during recovery. Follow the medicine label and ask a pharmacist if you are unsure what is safe with your health conditions or other medicines. Do not place aspirin or another painkiller directly against the gum, because it can burn the tissue.

Warm salt-water rinses may soothe the area, but they do not cure the abscess. Avoid trying to squeeze, puncture, or drain it yourself.

Complications

Without effective treatment, infection can damage the bone supporting the tooth or spread into nearby tissues. Possible complications include infection of the jaw, cheek, sinus, or deeper spaces of the neck.

Swelling in the floor of the mouth or neck can interfere with swallowing or breathing. Infection can also spread through the bloodstream and cause sepsis, a serious whole-body response to infection. These complications are uncommon, but they require urgent hospital treatment.

A tooth may be lost if decay, fracture, bone loss, or infection has caused too much damage. Repeated drainage without treating the source can lead to a long-lasting channel between the infection and the gum, sometimes called a sinus tract.

Prompt dental treatment lowers these risks.

Prevention

Many tooth abscesses can be prevented, but not every case is avoidable. A tooth injured in an accident, for example, may lose its blood supply even when it initially looks normal.

You can reduce the risk by:

Do not ignore a chipped tooth, a filling that has fallen out, or pain when biting. Earlier treatment may stop bacteria from reaching the pulp.

- Brushing twice daily with fluoride toothpaste
- Cleaning between your teeth each day
- Limiting how often you have sugary foods and drinks
- Attending dental check-ups at intervals recommended for you
- Having decay, loose fillings, cracks, and gum problems treated
- Wearing a suitable mouthguard for contact sports
- Seeking dental advice after a significant tooth injury
- Getting help for persistent dry mouth

Living with it and what to expect

A tooth abscess is usually a short-term problem once the source is treated. Pain and pressure often begin to settle after drainage, root canal treatment, or extraction. Swelling may take longer to resolve.

You may need more than one appointment. Root canal treatment can involve cleaning and sealing the tooth before a final filling or crown is placed. After an extraction, the gum and bone heal over the following weeks and months. Your dentist can discuss options for replacing a missing tooth if replacement is appropriate.

A treated tooth can remain useful for many years, but no treatment can guarantee that it will last permanently. Teeth that have had root canal treatment may be more vulnerable to fracture and need ongoing dental checks. Gum disease also requires continued care because it can affect other teeth.

An untreated abscess does not usually resolve for good. Symptoms may come and go if pus drains or the nerve dies, while infection continues around the root or gum. Recurrent swelling, a gum bump, or pain when biting should be reassessed.

After treatment, keep follow-up appointments so healing can be checked. Return sooner if pain or swelling is getting worse rather than improving, or if symptoms come back.

When to get medical help

Arrange an urgent dental appointment if you have possible symptoms of an abscess, including persistent toothache, a swollen gum, facial swelling, pus, or pain when biting. Do not wait for a routine check-up.

Contact a dentist promptly if symptoms return after treatment, a temporary filling comes out, or swelling and pain are not improving as expected. These concerns usually need dental follow-up rather than emergency hospital care.

Seek urgent same-day medical or dental help if you develop fever, feel increasingly unwell, have spreading facial swelling, or cannot open your mouth normally.

Go to an emergency department or call emergency services if you have:

These signs may mean the infection is affecting the airway, eye area, or the rest of the body.

- Difficulty breathing or swallowing
- Rapidly increasing swelling of the mouth, face, or neck
- Swelling beneath the tongue or in the floor of the mouth
- Swelling around the eye, trouble opening the eye, or vision changes
- Confusion, faintness, or severe weakness

Common questions

Can a tooth abscess go away on its own?

Not reliably. Pain may ease when the abscess drains or the nerve dies, but the infected tissue usually remains. Dental treatment is needed to remove or clean the source.

Will I need antibiotics?

Not everyone does. Dental drainage, root canal treatment, gum treatment, or extraction usually addresses the cause. Antibiotics may be added if infection is spreading, you have fever or significant illness, or drainage cannot be arranged promptly.

Can a dentist save an abscessed tooth?

Sometimes. Root canal treatment may save a tooth that has enough healthy structure and bone support. Extraction may be needed if the tooth is badly cracked, severely decayed, loose, or otherwise cannot be restored.

Why did my toothache suddenly stop?

The pressure may have been released when the abscess drained, or the nerve inside the tooth may have died. Neither confirms that the infection has cleared. A dental assessment is still important.

Can I pop an abscess on my gum?

No. Squeezing or puncturing it can injure the gum and may push infection into nearby tissues. A

dentist can drain it safely and treat the underlying tooth or gum problem.

Is a tooth abscess contagious?

The abscess itself is not contagious. Bacteria associated with tooth decay can be exchanged through saliva, but another person will not develop an abscess simply from being near you.

Sources

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