



Extract or Preserve? Vital Pulp Therapy for High-Risk Children

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Before chemotherapy, transplant, or major cardiac care, should a restorable primary tooth with deep caries near the pulp be **EXTRACTED or **PRESERVED**? Infection changes the answer.**

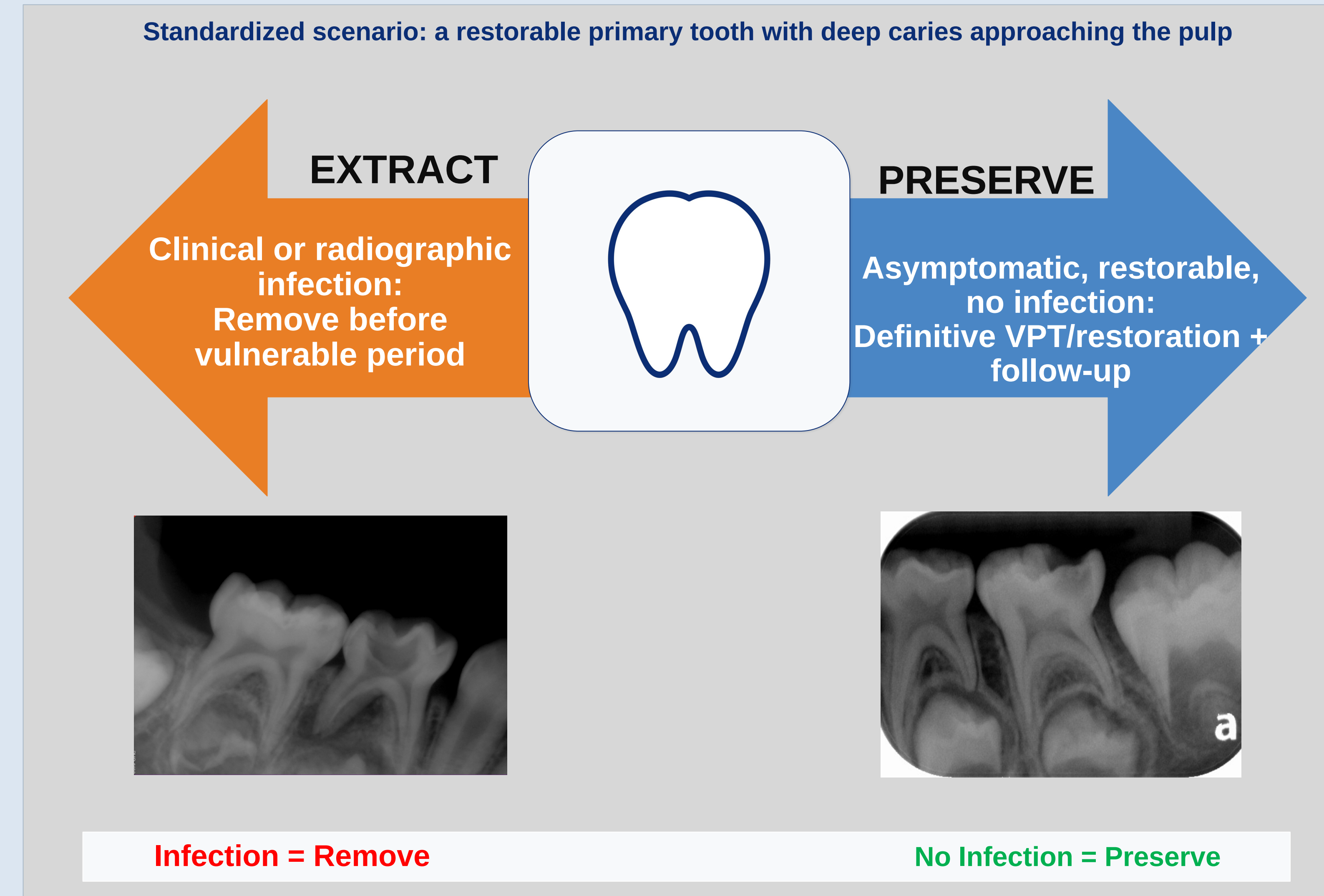
Why this matters

Untreated odontogenic infection can complicate chemotherapy, transplantation, and major cardiac care in medically vulnerable children. Contemporary vital pulp therapy can preserve selected vital primary teeth. The real question is whether an infection-free, restorable tooth can be preserved safely.

Methods

Structured virtual interviews were conducted with University of Florida pediatric subspecialists in cardiology, hematology/oncology, bone marrow transplant, and lung transplant medicine. Each interview used standardized scenarios of restorable primary teeth with deep caries approaching the pulp. Transcripts were de-identified and thematically reviewed for agreement, disagreement, and specialty-specific modifiers.

Big picture: infection drives the decision



What specialists agreed on

- 7/7** Remove infected teeth before the vulnerable period.
- 7/7** No blanket extraction of every restorable tooth.
- 6/7** Clearance requests must specify procedure, timing, and anesthesia.

Strong clearance request includes

- infection status + restorable vs non-restorable
- planned procedure + sedation/GA
- timing relative to therapy or surgery
- recent labs, medications, healing time, follow-up

Table 1. Specialty-specific dental clearance themes

Specialty	Key clearance modifiers	View of restorable tooth without infection
Lung transplant	Pre-transplant immunosuppression; airway or aspiration risk; oxygen needs; defined clearance window and anesthesia plan requested.	Preservation acceptable when infection is absent, treatment is definitive, and follow-up is reliable.
Hematology/oncology	Neutropenia, thrombocytopenia, chemotherapy phase; recent laboratory values and exact procedure requested.	Preservation acceptable when counts and timing are favorable and urgent follow-up is feasible.
Bone marrow transplant	Pre-conditioning period, thrombocytopenia, and healing interval before transplant.	More aggressive pre-transplant management; conservative care acceptable after recovery when infection is absent.
Cardiology	Cyanosis, single-ventricle physiology, recent surgery, anticoagulation, limited reserve, and anesthesia setting.	Preservation acceptable in stable patients; extraction favored when unstable or perioperative.