

Tooth Abscess - What to do? Signs, Symptoms & Treatment - Malvern East | Toorak - Victorian Dental Group

Canonical: <https://www.victoriandentalgroup.com.au/abscess/>

Details:

Go to a hospital emergency department now if you have

Swelling of the face, jaw, or under the eye , or swelling that is spreading

Difficulty breathing, swallowing, or opening your mouth

Fever alongside dental pain or swelling

Swelling closing the eye, or spreading down the neck

Feeling generally very unwell, confused or drowsy

Call 000 if breathing or swallowing is affected.

A dental infection that spreads into the tissues of the face and neck can compromise the airway. This is uncommon but it is a genuine medical emergency, and it can progress over hours. It is a hospital presentation, not a dental appointment, and it should never wait until morning.

What a dental abscess is

A collection of pus caused by bacterial infection — in the tooth, the gum, or the surrounding bone. Bacteria reach the inner tissues, the body walls the infection off, and pressure builds.

Common causes: untreated decay reaching the nerve inside the tooth; advanced gum disease creating deep pockets; a cracked or broken tooth giving bacteria a route in; and occasionally a failed root canal or an impacted wisdom tooth.

The three types, and why the distinction matters

Type	Where it starts	Typical picture	Usual treatment
Periapical	Inside the tooth, at the root tip	Severe throbbing; tooth sore to tap and feels raised; often a dead nerve	Drainage, then root canal treatment or extraction
Periodontal	In a deep gum pocket beside the root	Swollen tender gum; tooth may be loose; often less deep pain; nerve often still alive	Drainage and periodontal treatment of the pocket
Pericoronal	Under a gum flap over a partly erupted tooth	Behind the last lower molar; bad taste; difficulty opening	Cleaning under the flap; treating or removing the wisdom tooth

They look similar from the outside and need different treatment, which is one of the reasons an examination and a radiograph come before anything else.

How it develops

Bacteria breach the enamel through decay, a crack, or a deep gum pocket

The pulp — the living tissue inside the tooth — becomes inflamed. This is the stage that usually hurts most

The pulp dies. The pain often eases, sometimes completely, and people assume it has resolved

Infection travels down the root canal and out of the root tip into the surrounding bone

The body walls it off. Pressure builds; the tooth becomes sore to bite on and feels taller than its neighbours

It finds a route out — through the gum as a boil, or into the soft tissues of the face

Step 6 is where it stops being a tooth problem and starts being a medical one.

Signs and symptoms

Severe, persistent throbbing pain , which may radiate to the jaw, ear or neck

Pain worse on biting or chewing, or when lying down

Swelling, redness and tenderness of the gum or face

Sensitivity to hot and cold

A gum boil — a pimple-like lump on the gum, which may discharge

A foul taste or smell, particularly if it discharges

The tooth feeling raised, loose, or sore to tap

Swollen glands under the jaw, fever, feeling unwell

An abscess does not resolve on its own

This is the point that most needs making.

If the pain suddenly stops, that is not recovery. It usually means the pressure has found a way to drain, or the nerve has fully died. The infection remains and will flare again — often worse, and often at the least convenient moment.

An abscess left alone can spread into the bone, into the tissues of the face and neck, and rarely into the bloodstream. Prompt treatment is not optional.

A gum boil that discharges and disappears is the same situation. It has found a drainage route, which relieves the pressure and removes the pain. The infection at the root tip is unchanged.

Antibiotics alone will not fix it

Antibiotics can control an infection that is spreading, and are sometimes needed before or alongside treatment. They do not cure a dental abscess , because they cannot reach the dead tissue inside a tooth where the bacteria live.

The source has to be dealt with — by draining the abscess, root canal treatment, treating the gum condition, or removing the tooth. A course of antibiotics that settles things without treating the cause simply postpones the problem, and repeated courses contribute to antibiotic resistance.

If you have been given antibiotics elsewhere and feel better, you still need the tooth treated.

Before your appointment

Rinse with warm salty water several times a day

Cold compress on the outside of the cheek

Paracetamol or ibuprofen as directed on the packet; check with your pharmacist if you take other medication

Sleep with your head elevated — lying flat often makes the throbbing worse

Soft food; avoid very hot or cold things and chewing on that side

Do not try to squeeze, lance or drain it yourself, apply heat to the outside of the face, or hold aspirin against the gum.

Higher risk

Untreated decay or gum disease; dry mouth , including from medication; a high-sugar diet; smoking; and conditions or medications that suppress the immune system — including poorly controlled diabetes.

If you are immunosuppressed or have poorly controlled diabetes, treat any dental swelling as more urgent , and say so when you call.

Two other groups worth naming:

Children. Facial swelling in a child can progress considerably faster than in an adult, and a child with facial swelling and fever should be seen the same day, or presented to a hospital emergency department after hours.

Pregnancy. An untreated dental infection carries risks of its own, and treatment is generally appropriate rather than deferred. Tell us you are pregnant when you ring so treatment and any medication are planned accordingly.

Treatment

We examine the area and take radiographs where clinically indicated to find the source and see how far it extends. We have an on-site OPG .

Depending on what is found:

Drainage to relieve pressure, which usually brings rapid relief

Root canal treatment to remove the infected pulp and save the tooth

Periodontal treatment where the abscess arises from the gum

Extraction where the tooth cannot be saved

Antibiotics alongside the above where infection is spreading or you are systemically unwell

Complex cases are referred to a registered endodontist or oral and maxillofacial surgeon. We are a general dental practice and hold no specialist registration.

What drainage is like

The area is numbed first. Drainage is achieved either through the tooth — opening into the pulp chamber so the pressure escapes — or through a small incision in the swollen gum. It takes minutes, and the relief when the pressure releases is usually immediate and dramatic.

Achieving good numbness can be harder in the presence of an active infection, because inflamed tissue responds less predictably to local anaesthetic. Your practitioner may use a different technique or more anaesthetic than usual. Tell us if you are feeling anything sharp rather than pushing through it.

Afterwards

| When | What to expect | | --- | --- | | First few hours | Marked relief from the pressure; the numbness wears off over two to four hours | | Days 1–3 | Swelling settles progressively; any prescribed antibiotics continue; soreness to bite on eases | | Days 3–7 | Most symptoms gone; the definitive treatment —

completing root canal treatment, or the extraction — is carried out or scheduled | | Weeks to months | Bone at the root tip heals and refills; follow-up radiographs confirm it |

Come back sooner if the swelling increases rather than decreases after day two, a fever develops, the pain returns sharply, or you have difficulty opening your mouth or swallowing.

Finish any prescribed antibiotic course even once you feel well, unless you are told otherwise.

Preventing the next one

An abscess is almost always the end point of something that was treatable earlier and cheaper.

Routine examinations catch decay while it is still a filling rather than a root canal

Radiographs at appropriate intervals find decay between teeth, which is invisible to the eye

Treat gum disease rather than living with bleeding gums

Do not ignore a cracked or chipped tooth because it does not hurt — a crack is an open route for bacteria

Deal with a lost or broken filling promptly

If you have had one abscess, take the recall interval your practitioner recommends seriously

Outside our hours

We are open Monday to Friday, 8:00am to 5:00pm and do not run an after-hours service.

Facial swelling, fever, difficulty breathing or swallowing — 000 or the nearest emergency department. Do not wait

Urgent but not life-threatening — Nurse-on-Call, 1300 60 60 24 , 24 hours

Public emergency dental care — Royal Dental Hospital of Melbourne, 720 Swanston Street, Carlton, for eligible patients

Otherwise call (03) 9088 5808 when we open; online booking is available at any hour

Cost

Fees depend on what treatment is needed, which is not known until you have been examined — draining an abscess, root canal treatment and extraction differ substantially in cost. You are given the figure before treatment starts. HICAPS on-the-spot claiming; Afterpay and Zip accepted.

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145 · (03) 9088 5808 · Monday to Friday, 8:00am–5:00pm · book online

Read more about dental emergencies , toothache , facial and cheek swelling or root canal treatment .

This page is general information and does not replace advice from a registered dental practitioner about your own circumstances, and it is not a substitute for being examined. If in doubt, seek care rather than waiting. Please see our Disclaimer .

What is a dental abscess?

A bacterial infection in or around a tooth, the gum or the jawbone, producing localised inflammation and a collection of pus. It does not resolve on its own.

When is a dental abscess an emergency?

Go to a hospital emergency department or call 000 — do not wait for a dental appointment — if there is spreading swelling of the face or neck, difficulty breathing or swallowing, swelling affecting the floor of the mouth or the eye, a fever with dental pain, or you feel generally very unwell. Infection that spreads from a tooth into the tissues of the face and neck is a medical emergency.

What are the signs and symptoms?

Severe toothache that may radiate to the jaw, ear or neck; persistent throbbing pain, often worse on biting; swelling, redness and tenderness; sensitivity to hot and cold; a foul taste or discharge of pus; and in more serious cases fever, swollen lymph nodes, feeling unwell and facial swelling.

What causes a dental abscess?

Bacterial infection, most often from untreated decay reaching the pulp inside the tooth, advanced gum disease, or a cracked or broken tooth giving bacteria a route in. Dry mouth and a diet high in sugar frequency raise the underlying decay risk.

What happens if it is left untreated?

It does not clear up by itself. The pain often worsens, the infection can spread into surrounding bone and soft tissue, and the tooth may become unsalvageable. Spread into the face, neck or bloodstream is uncommon but serious.

If the pain suddenly stops, is it better?

Not necessarily. Pain can ease when the nerve inside the tooth dies or when an abscess bursts and drains. The infection is still present and still needs treatment.

Will antibiotics fix it?

Antibiotics may control spreading infection, but they do not treat the cause. An abscess is resolved by draining it and by treating the tooth — root canal treatment or extraction. Antibiotics alone are not a cure and are prescribed only where clinically indicated.

What treatment is involved?

Assessment with a radiograph to establish the source, drainage of the infection, and then either root canal treatment to save the tooth or extraction where it cannot be saved. Your practitioner will explain the options, including what happens if you do nothing, with costs in writing.

What can I do before I am seen?

Take over-the-counter pain relief according to the packet, keep the area clean, rinse gently with warm salty water, avoid very hot or cold food, and try to sleep propped up. Do not apply heat to a swollen face, do not place aspirin against the gum, and do not attempt to lance it yourself.

How do I get seen at Victorian Dental Group?

Ring (03) 9088 5808 during clinic hours rather than booking online, so it can be triaged — we hold capacity for urgent problems. We are at 291 Wattleree Road, Malvern East VIC 3145, Monday to Friday 8:00am to 5:00pm. Outside those hours there is no on-call service: Nurse-on-Call is available 24 hours on 1300 60 60 24, and the Royal Dental Hospital of Melbourne in Carlton provides public emergency dental care for eligible patients.

Can I drive after drainage?

After local anaesthetic, yes. After sedation, no.

Why did the gum boil disappear?

Because it drained. That relieves the pressure and the pain, and changes nothing about the infection underneath.

Can I fly with an abscess?

Changes in cabin pressure can make a contained infection markedly more painful. Get it seen before you travel where you can, and tell us if you have a flight booked.

Is it contagious?

No. The bacteria involved are ordinarily present in everyone's mouth; the infection is a consequence of them reaching tissue they should not be in.

Will I lose the tooth?

Often not. Many abscessed teeth are saved with root canal treatment. What narrows the options is how much sound tooth structure remains and how much bone support has been lost.