

Face/Cheek Swelling - Malvern East | Toorak - Victorian Dental Group

Canonical: <https://www.victoriandentalgroup.com.au/facecheek-swelling/>

Details:

Facial swelling from a dental infection is the one dental problem that can become life-threatening. Read the section below before anything else.

Go to a hospital emergency department now, or call 000

Do not wait for a dental appointment if any of these apply:

Difficulty breathing , or any sense that your airway is tightening

Difficulty swallowing , or you cannot swallow your own saliva

Swelling spreading towards your eye , or your eye is closing

Swelling spreading under your jaw or down your neck

Fever , shivering, or feeling generally unwell alongside the swelling

You cannot open your mouth more than a small gap

Your voice has changed , or sounds muffled

Swelling that is increasing rapidly over hours

Infection from a tooth can track into the spaces of the face and neck and compress the airway. That is an emergency department presentation, not a dental one. Call 000 or go to your nearest emergency department.

If swelling came on suddenly with itching, hives, or swelling of the lips and tongue , that is more likely an allergic reaction than an infection. Call 000 immediately.

Why swelling under the jaw is treated differently

Swelling in the cheek has room to expand outwards. Swelling in the floor of the mouth and under the jaw does not — it pushes the tongue up and back, and it can close the airway. That is why a swelling under the chin, on both sides, or one that is making it hard to swallow saliva is escalated immediately, even if the pain is unremarkable.

Two signs people underestimate: drooling , because swallowing has become difficult, and not being able to open more than a finger's width , because the muscles around an infected space have gone into spasm. Either on their own warrants a hospital.

If none of those apply

Swelling that is localised, not spreading, and not accompanied by fever or difficulty breathing or swallowing still needs to be seen promptly — the same day or the next business day.

Call us on (03) 9088 5808 , Monday to Friday, 8:00am to 5:00pm. Tell reception you have facial swelling; it changes how the appointment is prioritised.

It is worth photographing the swelling when you first notice it, and again a few hours later. Change over time is the most useful single piece of information, and it is hard to judge from memory in a mirror.

What causes it

Dental abscess. The most common cause. Bacteria reach the pulp of a tooth through deep decay, a crack or trauma, the nerve dies, and infection escapes through the root tip into the surrounding bone and soft tissue. Often preceded by days of toothache — and sometimes the toothache stops just before the swelling starts, because the nerve has died. A toothache that stops on its own is not necessarily good news.

Pericoronitis. Infection of the gum flap over a partly erupted wisdom tooth. Typically causes swelling at the back of the jaw, difficulty opening, and a bad taste.

Periodontal abscess. Infection in a deep gum pocket rather than inside the tooth.

After an extraction. Some swelling for two to three days after a surgical extraction is expected and peaks around day two to three. Swelling that is increasing after day three, or comes with fever, is not expected — contact us.

Non-dental causes. Salivary gland blockage or infection, trauma, insect bites, sinus infection and skin infections can all cause facial swelling. Your practitioner will work out whether the cause is dental.

Where the swelling tells us something

| Where | Often points to | | --- | --- | | Cheek, beside an upper or lower back tooth | An abscess on that tooth | | Upper lip and beside the nose | An abscess on an upper front tooth | | Under the jaw, at the angle, with difficulty opening | A lower molar or wisdom tooth — escalate | | Floor of the mouth, both sides, tongue raised | A spreading infection — emergency | | Towards or around the eye | Spread from an upper tooth — emergency | | In front of the ear, worse at mealtimes | Often a salivary gland rather than a tooth | | Both sides, in front of the ears, in a child or young adult | May be viral rather than dental — see a GP |

This is a guide, not a diagnosis. The purpose is to help you judge urgency, not to work out which tooth it is.

What not to do

Do not wait to see whether it settles. Dental infections do not resolve on their own once swelling has started.

Do not take leftover antibiotics from a previous prescription. The wrong drug or an incomplete course can mask worsening infection while the underlying cause continues.

Do not rely on antibiotics alone. Antibiotics can slow an infection, but they do not remove its source. Until the abscess is drained and the tooth treated or removed, the problem is still there and will return.

Do not apply heat to a spreading swelling. Heat can encourage infection to spread through the tissues.

Do not attempt to lance or squeeze it.

Who needs to move faster

Some people should treat facial swelling as more urgent than the list above suggests, and should say so when they ring:

Poorly controlled diabetes , or any condition affecting the immune system

Immunosuppressant medication , chemotherapy, or long-term steroids

Children , in whom swelling can progress considerably faster than in adults

Pregnancy — an untreated infection carries its own risks, and treatment is appropriate rather than something to defer

Heart valve replacement, previous endocarditis, or a prosthetic joint

Anyone over about 65 , or already unwell for another reason

What we will do

Assessment. Examination of the tooth, the surrounding tissues and the extent of the swelling, plus your temperature and general condition.

Radiographs. To identify the source — which tooth, and how far the infection has travelled into the bone.

Drainage. Relieving the pressure is what relieves the pain, and it is often the most immediately effective thing we do.

Treating the source. Either root canal treatment to save the tooth, or extraction. Which one depends on how restorable the tooth is, and we will explain the options and costs.

Antibiotics where indicated — as an adjunct to treatment, not instead of it.

Referral to a hospital or an oral and maxillofacial surgeon if the infection is severe or spreading. We are a general dental practice and hold no specialist registration.

Tell us about your medical history, particularly diabetes, any condition or medication affecting your immune system, heart valve problems or a prosthetic joint. These change how an infection behaves and how it is managed.

If you are sent to hospital

It helps to know roughly what happens, because it is not a longer version of a dental appointment. Expect triage on arrival, observations including temperature and oxygen levels, possibly blood tests and a scan, and intravenous antibiotics if the infection is significant. Surgical drainage under general anaesthetic is sometimes needed, and an overnight stay is not unusual.

Take with you: a list of your medications and allergies, your Medicare card, and the name and number of this practice so the hospital can request your radiographs.

Managing symptoms until you are seen

Over-the-counter pain relief taken as directed on the packet

Do not hold aspirin against the gum — it burns the tissue

Rinse gently with warm salty water

Sleep with your head elevated

Keep fluids up, and use a straw if opening your mouth is difficult

Go to hospital if any of the red-flag signs at the top of this page appear

After treatment

Swelling does not disappear the moment the infection is drained — it typically peaks around the day after and then subsides over several days. Bruising sometimes appears as it resolves, and can track downwards under gravity, which looks alarming and is not.

What should be happening: less pain from day one, swelling clearly smaller by day three, and normal opening returning through the first week.

Come back, or go to hospital, if: swelling increases after day two, a fever develops or returns, opening becomes harder rather than easier, or you feel worse rather than better. Finish any antibiotic course you have been prescribed, even once you feel well.

Outside our hours

We do not operate an after-hours service. Between 5:00pm and 8:00am, and at weekends and public holidays:

Life-threatening symptoms — call 000 , or attend your nearest hospital emergency department

Urgent but not life-threatening — Nurse-on-Call on 1300 60 60 24 , 24 hours, staffed by registered nurses

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

Can wait until morning — manage the pain and call us when we open

See our dental emergency page for the full guide.

Questions we are asked

How fast can it get worse? Hours, not days, once it starts spreading. That is the reason for the low threshold on this page.

There is no pain — is it still serious? Yes, and sometimes more so. Pain often stops when the nerve dies, which is exactly when the infection starts moving outward.

Can I just have antibiotics and deal with the tooth later? Antibiotics can buy time where an infection is spreading, and are sometimes the right first step. They are not a substitute for treating the tooth, and an infection that settles on antibiotics alone reliably comes back.

Will I lose the tooth? Often not — many abscessed teeth are saved with root canal treatment. That decision is made once the swelling is controlled, not in the middle of it.

Contact us

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145

Phone (03) 9088 5808 · Monday to Friday, 8:00am–5:00pm · closed weekends and public holidays

Read more about dental abscess , toothache or dental emergencies .

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

When is facial swelling an emergency?

Call 000 or go straight to a hospital emergency department — do not wait for a dental appointment — if there is difficulty breathing or swallowing, swelling under the jaw or in the floor of the mouth, a change in your voice, an inability to open your mouth fully, swelling closing the eye, swelling that is spreading quickly, or fever, shivering, confusion or severe lethargy with the swelling. These signs mean an infection may be spreading into the tissues of the neck and face, which can obstruct the airway. This is a medical emergency, not a wait-and-see situation.

What causes swelling of the face or cheek?

Most often a dental abscess — a bacterial infection in a tooth, the gum or the jawbone, where pus collects and the surrounding tissue inflames. Other causes include food or debris trapped in the gum, a blocked or infected salivary gland, an injury, an allergic reaction, a skin infection, or, less commonly, a cyst or a growth. Swelling on one side that follows toothache is usually dental in origin.

Can facial swelling happen without pain?

Yes. A long-standing abscess can drain through a small opening in the gum and stop hurting, and a slow-growing swelling may never be painful. Absence of pain does not mean absence of infection — an abscess that has stopped aching still has to be treated, because the infection is still there. Any facial swelling should be assessed.

What can I do before I am seen?

Rinse gently with warm salt water, take over-the-counter pain relief as directed on the packet if you can take it safely, keep fluids up, and sleep with your head raised. Do not apply heat to the outside of the face, as it can draw an infection outwards through the skin. Do not hold aspirin against the gum — it burns the tissue. Do not try to lance or squeeze the swelling. Do not take leftover antibiotics from a previous course.

Will antibiotics fix an abscess?

No. Antibiotics may settle spreading infection and buy time, but they do not remove the cause. The infection returns unless the source is dealt with — draining the abscess, root canal treatment, or removing the tooth. Antibiotics are prescribed only where clinically indicated, not as a substitute for treatment.

What if a swelling has been there for weeks?

A lump or swelling that persists for more than two weeks, or one that is firm, painless and slowly enlarging, needs examining rather than watching. So does any ulcer that has not healed in that time. Most turn out to be harmless, but persistent changes in the mouth or face are assessed properly, and referred for a specialist opinion or a biopsy if there is any doubt.

How do I get seen quickly?

Phone Victorian Dental Group on (03) 9088 5808 — ring rather than booking online, so the urgency can be assessed. We are at 291 Wattletree Road, Malvern East VIC 3145, open Monday to Friday 8:00am to 5:00pm. Outside those hours, or if any of the emergency signs above are present, go to a hospital emergency department or call 000.