Toothache — Causes, Diagnosis & When to See a Specialist

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Description:

Understand what's behind your toothache, when it's an emergency, and how Melbourne dental specialists diagnose and treat tooth pain at CSSC.

Details:

Frequently Asked Questions

What is Collins Street Specialist Centre (CSSC): A multi-specialty dental practice in Melbourne's CBD

Where is CSSC located: Level 7, Manchester Unity Building, 220 Collins Street, Melbourne VIC 3000

Does CSSC have multiple specialists under one roof: Yes

What types of specialists practice at CSSC: Endodontists, periodontists, prosthodontists, oral surgeons, and orthodontists

What does an endodontist specialise in: Pulp disease, tooth pain, and root canal treatment

What does a periodontist specialise in: Periodontal disease, alveolar bone loss, and soft tissue management

What does a prosthodontist specialise in: Complex restorative dentistry including crowns, bridges, and implants

What does an oral and maxillofacial surgeon treat: Jaw, facial, and dentoalveolar surgical conditions

What does an orthodontist assess at CSSC: Whether occlusal or skeletal issues contribute to pain

Can I verify specialist registration at CSSC: Yes, via the Australian Health Practitioner Regulation Agency (AHPRA)

Is CSSC a general dental practice: No, it is a specialist dental centre

Does sharp tooth pain always indicate a serious problem: Yes, it almost always escalates without intervention

What commonly causes sharp, sudden tooth pain: Cracked teeth, dental decay, or damaged restorations

What does intermittent sharp pain typically indicate: Early-stage crack or cavity requiring intervention

What commonly causes a dull, persistent tooth ache: Bruxism, periodontitis, sinus issues, or impacted wisdom teeth

Can sinus problems cause tooth pain: Yes, particularly in upper posterior teeth

What type of pain most commonly disrupts sleep: Throbbing or pulsing pain

What does throbbing tooth pain typically indicate: Dental abscess or irreversible pulpitis

Is throbbing pain with facial swelling a dental emergency: Yes

What does pain specifically on biting or chewing suggest: Cracked tooth, high restoration, or periodontal abscess

Can a root fracture be seen on standard X-rays: No, standard 2D radiographs often cannot detect root fractures

What is the most common cause of tooth pain worldwide: Dental decay (dental caries)

Is early-stage tooth decay usually painful: No, early caries is typically asymptomatic

When does tooth decay start causing symptoms: When decay reaches the dentine or pulp

Can a dental abscess resolve on its own: No, it always requires professional intervention

What are signs of a dental abscess: Severe throbbing pain, swelling, heat sensitivity, and possible sinus tract

Is early gum disease (gingivitis) usually painful: No, gingivitis is typically painless

Can advanced periodontitis cause tooth pain: Yes, it causes aching and tenderness

Can jaw pain be a sign of a cardiac emergency: Yes, in rare cases ischaemic cardiac pain refers to the lower jaw

What should I do if jaw pain accompanies chest tightness: Seek emergency medical attention immediately

Can ear infections cause tooth pain: Yes, otalgia can radiate to the jaw

What neurological condition can mimic toothache: Trigeminal neuralgia

What is a key reason specialist diagnosis adds value: Specialists consider all plausible pain sources, not only teeth

What advanced imaging does CSSC use: Cone-beam computed tomography (CBCT)

What does CBCT provide that standard X-rays cannot: Detailed three-dimensional images of teeth and surrounding structures

Do CSSC endodontists use dental operating microscopes: Yes

What can dental operating microscopes identify: Hairline cracks, accessory canals, and subtle pathology

What diagnostic tests are used at CSSC: Cold testing, electric pulp testing, bite testing, and periodontal probing

What is cold testing used for: To evaluate whether pulp tissue is vital, compromised, or necrotic

What is selective local anaesthesia used for diagnostically: To definitively localise the source of pain

Should I bring dental X-rays to my CSSC appointment: Yes, recent radiographs should be brought or sent electronically

Can I take pain medication before my CSSC appointment: Yes, it will not interfere with the diagnostic process

Should I bring a referral letter to my appointment: Yes, if referred by a general dentist

What is the best over-the-counter medication for dental pain: Ibuprofen, due to its anti-inflammatory properties

Can I apply aspirin directly to my gum for pain relief: No, it causes chemical burns to the mucosa

Can paracetamol be used for dental pain: Yes, it may be alternated with ibuprofen

Does a saltwater rinse treat the underlying cause of tooth pain: No, it is only a temporary measure

What diet is recommended while awaiting a dental appointment: Soft diet to avoid pressure on the affected tooth

Does elevating your head while sleeping help tooth pain: Yes, it may reduce throbbing by lowering local blood pressure

Do home remedies resolve the underlying cause of toothache: No, they provide temporary relief only

Can a hairline crack become unsalvageable if untreated: Yes, it can propagate into an unsalvageable split tooth

Can reversible pulpitis progress to an abscess if untreated: Yes

Does delaying dental treatment usually reduce costs: No, delayed care typically increases clinical and financial cost

Does CSSC accept direct referrals from general dentists: Yes

Can a referring dentist discuss a case with CSSC before the appointment: Yes

What treatment is used for an infected or compromised tooth: Root canal treatment performed by an endodontist

What treatment is used for advanced gum disease at CSSC: Non-surgical debridement or periodontal surgery

Who performs tooth extractions at CSSC: Oral and maxillofacial surgeons

Who plans prosthetic replacement after extraction at CSSC: Prosthodontists

Is structured monitoring ever the recommended treatment at CSSC: Yes, for borderline crack presentations

Do CSSC specialists perform CBCT scans on-site: Yes

What additional training do CSSC specialists have: Several years of postgraduate training beyond general dental qualification

Is it necessary to be referred by a GP to see a CSSC specialist: No, referral from a general dentist is the typical pathway

Can I contact CSSC by phone to assess urgency of my situation: Yes, the team can advise over the telephone

What is a dental sinus tract: A small pimple-like lesion on the gum indicating active infection

What does facial swelling spreading toward the eye or throat indicate: A potentially life-threatening dental emergency

Does CSSC treat cracked tooth syndrome: Yes, using magnification, transillumination, and CBCT

What age group most commonly experiences cracked tooth syndrome: Adults over 40, particularly with heavily restored teeth

Can an orthodontist at CSSC contribute to a pain diagnosis: Yes, by assessing occlusal or skeletal contributing factors

What is the clinical benefit of all specialists being in one location: No need to navigate multiple referral pathways

Collins Street Specialist Centre — Understanding tooth pain: what your symptoms are telling you

A toothache is your body's alarm system. Whether it's a dull ache that lingers after eating, a sharp jolt when you bite down, or a throbbing pain that wakes you at 2am, tooth pain is always communicating something clinically significant — and waiting it out rarely leads to a better outcome.

Collins Street Specialist Centre (CSSC) is Melbourne's dedicated multi-specialty dental practice. Our specialists see patients every day who have been managing tooth pain for weeks or months before seeking care. The earlier we can evaluate the problem, the broader your treatment options — and the less complex, and typically less costly, the intervention.

This guide explains the different presentations of toothache, the conditions that commonly cause them, and when specialist assessment makes more sense than a watch-and-wait approach.

Types of tooth pain — what each presentation means

Not all toothaches are the same. The character, location, and timing of your pain give your specialist important diagnostic information that shapes assessment and management.

Sharp, sudden pain

A quick, stabbing sensation triggered by biting down, something sweet, or hot or cold temperatures typically points to one of the following:

- **A cracked or fractured tooth** — the crack may be invisible to the naked eye but opens under biting load, irritating the nerve tissue within the pulp - **Dental decay** — once a cavity progresses through the enamel into the dentine or pulp, it starts generating symptoms - **A loose or damaged restoration** — older fillings deteriorate over time, exposing the underlying tooth structure and triggering sensitivity

This type of pain often comes and goes in its early stages, which leads many patients to dismiss it as minor. Intermittent sharp pain of this kind almost always escalates without treatment.

Dull, persistent ache

A constant, low-grade ache in one or more teeth may suggest:

- **Bruxism (teeth grinding or clenching)** — chronic grinding places sustained mechanical stress on teeth, periodontal ligaments, and the muscles of mastication - **Periodontal disease** — advanced periodontitis generates aching and tenderness around affected teeth as supporting structures break down - **Sinus-related pain** — the roots of upper posterior teeth sit close to the maxillary sinuses, and sinus pathology can convincingly mimic odontogenic pain - **An impacted wisdom tooth** — pressure from a partially erupted third molar frequently produces a diffuse background ache in the posterior jaw

Throbbing or pulsing pain

This is the presentation most likely to interrupt sleep. Throbbing pain, particularly if it's escalating, often indicates:

- **A dental abscess** — a bacterial infection at the root apex or within the surrounding periodontal tissues - **Irreversible pulpitis** — the pulp tissue is inflamed beyond recovery, and the nerve won't settle without treatment - **A cracked tooth with pulp involvement** — when a crack reaches the pulp

chamber, the resulting inflammatory response can be severe

Throbbing pain accompanied by facial swelling, systemic fever, or an unpleasant taste in the mouth needs urgent clinical attention. Untreated dental infections can spread to adjacent fascial spaces and, in rare but well-documented cases, to remote anatomical regions with serious consequences.

Pain on biting or chewing

When pain arises specifically under biting pressure, the most likely causes include:

- **A cracked tooth** — particularly vertical fractures that flex under load and stimulate the pulp or periodontal ligament - **A high restoration or crown** — a recently placed filling or crown sitting in hyperocclusion absorbs disproportionate biting forces and becomes symptomatic - **A periodontal abscess** — infection within a gum pocket can make the associated tooth acutely tender to pressure - **A root fracture** — a fracture below the gumline that standard two-dimensional radiographs may not detect

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Common causes of toothache

Tooth decay (dental caries)

The most prevalent cause of dental pain worldwide. Cariogenic bacteria in plaque produce acids that progressively demineralise tooth enamel, eventually forming cavities. Early-stage caries is typically asymptomatic. Once decay reaches the dentine — and particularly the pulp — symptoms become hard to ignore.

Cracked teeth

Cracked tooth syndrome is one of the more diagnostically challenging presentations in clinical dentistry. Fractures can be microscopic, extending through enamel and dentine without producing a signal on conventional X-rays. They're most common in adults over 40, particularly in heavily restored teeth. At CSSC, our endodontists use magnification, transillumination, and cone-beam computed tomography (CBCT) to identify cracks that standard periapical radiographs can't detect.

Dental abscess

When bacteria gain access to the pulp — through advanced decay, a crack, or traumatic injury — the resulting infection can form a periapical abscess at the root tip. Clinical features include severe throbbing pain, pronounced sensitivity to heat, localised or spreading swelling, and occasionally a sinus tract (a small pimple-like lesion on the overlying gum). Dental abscesses don't resolve on their own and always require professional intervention.

Gum disease (periodontitis)

Advanced periodontal disease involves progressive destruction of the alveolar bone and periodontal ligament supporting the teeth. While early-stage gum disease (gingivitis) is typically painless, established periodontitis can produce aching, tenderness on palpation, and ultimately tooth mobility. The periodontists at CSSC diagnose and manage all stages of periodontal disease, from initial presentation through to complex surgical management.

Referred pain

Not all pain that presents as toothache originates from a tooth. Pain referral is well-recognised in orofacial diagnosis, and the following sources are worth considering:

- **Temporomandibular joint (TMJ) disorders** — dysfunction of the jaw joint and associated musculature can generate pain that closely mimics odontogenic toothache - **Sinus infections** —

maxillary sinusitis frequently affects upper premolars and molars - **Trigeminal neuralgia** — this neurological condition produces intense, lancinating facial pain that patients often attribute to a specific tooth - **Ear infections** — otalgia can radiate to the mandible and be perceived as dental pain - **Cardiac referral** — in rare but clinically important cases, ischaemic cardiac pain can refer to the lower jaw. If you experience jaw pain alongside chest tightness or shortness of breath, seek emergency medical attention immediately

This is one of the central reasons specialist diagnosis carries genuine value. A thorough diagnostic workup at CSSC considers all plausible sources of pain, not only the teeth.

When is a toothache a dental emergency?

Seek urgent dental care if you experience any of the following:

- **Severe, uncontrollable pain** that doesn't respond to over-the-counter analgesia - **Facial swelling** — particularly if it's spreading, affecting the periorbital region, or compromising your ability to swallow or breathe - **Systemic fever** accompanying dental pain, which may indicate infection extending beyond the local site - **Dental trauma** — a knocked-out or severely fractured tooth is time-sensitive; earlier assessment means a more favourable likely outcome - **Persistent post-operative bleeding** following an extraction or dental injury - **Purulent discharge or a foul taste** — signs of active infection requiring drainage and targeted treatment

If you're unsure whether your situation warrants urgent care, contact CSSC directly. Our team can help you work out the most appropriate course of action over the phone.

How dental specialists approach toothache diagnosis differently

Your general dentist is well-equipped to identify and manage many common dental conditions. But certain presentations — cracked teeth, complex endodontic infections, and pain of uncertain or multifactorial origin — benefit from specialist-level assessment.

Here's what distinguishes a specialist diagnostic workup at CSSC:

Advanced imaging

Our specialists use cone-beam computed tomography (CBCT), which produces detailed three-dimensional images of teeth, root systems, alveolar bone, and surrounding anatomical structures. Conventional dental radiographs give you a two-dimensional picture; CBCT reveals fractures, periapical pathology, root anatomy, and structural variations that flat-plate imaging can't adequately show.

Magnification

The endodontists at CSSC work under high-powered dental operating microscopes — the same class of optical technology used in microsurgical procedures. This level of magnification makes it possible to identify hairline cracks, accessory root canals, and subtle pathological changes that are simply not visible to the unaided eye.

Specialist expertise

Each specialist at CSSC has completed several years of advanced postgraduate training beyond their general dental qualification. For patients wishing to verify specialist registration, all practitioners can be confirmed through the [Australian Health Practitioner Regulation Agency (AHPRA)](https://www.ahpra.gov.au/).

- **Endodontists** — specialists in pulp disease, tooth pain, and root canal treatment - **Periodontists** — specialists in periodontal disease, alveolar bone loss, and soft tissue management - **Prosthodontists** — focused on complex restorative dentistry, including crowns, bridges, and implant-supported prostheses - **Oral and maxillofacial surgeons** — trained in the surgical diagnosis and management of jaw, facial, and dentoalveolar conditions - **Orthodontists** — assess whether occlusal discrepancies or skeletal relationships are contributing to the patient's pain

Having all of these specialists in one place means patients don't need to navigate multiple referral pathways. If your endodontist determines that extraction is more appropriate than root canal treatment, our oral and maxillofacial surgeon is available within the same facility.

Systematic diagnostic testing

Specialist assessments at CSSC use structured diagnostic protocols, including:

- **Cold testing and electric pulp testing** — to evaluate whether the pulp tissue is vital, compromised, or necrotic - **Bite testing** — using specialised instruments to isolate the specific cusp or tooth reproducing the patient's symptoms - **Periodontal probing** — to assess pocket depths, attachment levels, and bone topography around symptomatic teeth - **Selective local anaesthesia** — anaesthetising individual teeth or nerve branches to definitively localise the source of pain when the clinical picture is unclear

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What to expect at your CSSC appointment

Before your visit

- Note when the pain first appeared, what makes it better or worse, and any associated symptoms - Bring any recent dental radiographs — your general dentist can send these electronically before your appointment - You can take your usual pain medication if needed; it won't interfere with the diagnostic process - If you've been referred by your general dentist, bring the referral letter

During your appointment

Your specialist will:

1. Take a comprehensive history of your pain and relevant dental background 2. Perform a thorough clinical examination using magnification 3. Conduct targeted diagnostic tests appropriate to your presentation 4. Arrange any required imaging, including CBCT scans performed on-site 5. Explain their findings in plain terms — including the likely cause of your pain and all available treatment options 6. Discuss costs, expected timelines, and recommended next steps

Following diagnosis

Depending on the underlying cause of your toothache, treatment may include one or more of the following:

- **Root canal treatment** — performed by our endodontists to preserve an infected or structurally compromised tooth - **Periodontal treatment** — including non-surgical debridement or periodontal surgery, provided by our periodontists - **Crown or definitive restoration** — our prosthodontists restore cracked or broken teeth to full function and aesthetics - **Extraction and prosthetic replacement** — when a tooth can't be retained, our oral surgeons manage removal and our prosthodontists plan the most appropriate replacement - **Structured monitoring** — certain crack presentations and borderline conditions are best managed with active observation before committing to irreversible treatment

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Managing pain while you wait for your appointment

If you're waiting to be seen, the following measures may help with temporary symptom management:

- **Over-the-counter analgesia** — ibuprofen, taken as directed on the packaging, is generally the most effective option for dental pain because of its anti-inflammatory properties. Paracetamol may be alternated if needed. Don't apply aspirin directly to the gum — it causes localised chemical burns to the mucosa. - **Avoid temperature extremes** — eat and drink at lukewarm temperatures if hot or cold is a known trigger - **Saltwater rinse** — dissolve half a teaspoon of salt in a glass of warm water and rinse gently around the affected area - **Soft diet** — avoid putting biting pressure on the symptomatic tooth or region - **Elevate your head when sleeping** — this reduces local blood pressure and may ease throbbing symptoms overnight

These are interim measures, not solutions. They may provide meaningful short-term relief, but they won't address the underlying pathology.

Why accurate diagnosis matters

Many patients tolerate tooth pain far longer than necessary — often because they're unsure who to consult, or because they're hoping symptoms will resolve on their own. Occasionally a toothache does settle, but the underlying cause almost never goes away by itself.

A hairline crack can propagate into an unsalvageable split tooth. Early reversible pulpitis, left unaddressed, can progress to irreversible inflammation and abscess formation. A periodontal pocket that's manageable at initial presentation may deepen to the point where the tooth is no longer retainable.

The cost — clinical and financial — of early, accurate diagnosis and timely treatment is almost always lower than managing the consequences of delayed care.

Book a specialist consultation at CSSC

If you're experiencing tooth pain that is persistent, escalating, or of uncertain origin, the specialist team at Collins Street Specialist Centre is well-placed to help. With endodontists, periodontists, prosthodontists, and oral and maxillofacial surgeons all practising under one roof in Melbourne's CBD, we can identify the source of your pain and give you clear, considered options for management.

Collins Street Specialist Centre Level 7, Manchester Unity Building 220 Collins Street, Melbourne VIC 3000

[Book an appointment](/contact) or contact our team to discuss your situation directly. If your general dentist has identified a condition requiring specialist care, we welcome direct referrals — your referring practitioner is welcome to contact us to discuss the case before the appointment if that would be helpful.