A crown is supposed to solve a problem, not create a new one. So when a tooth that has already been treated suddenly starts throbbing under a crown, the surprise often makes the pain feel worse. Patients usually assume the crown itself has failed, or that the tooth has cracked beyond repair. Sometimes that is true. Often, though, the real cause is more specific, and more manageable, than people fear in the middle of the night.

Pain under a crown deserves prompt attention because a crowned tooth has less room for guesswork. You cannot always see what is happening underneath, and the original reason for the crown matters. A tooth crowned after a large filling behaves differently from a tooth crowned after a root canal. The type of pain matters too. A dull ache after clenching your jaw is a different problem from sharp biting pain, swelling in the gum, or pain that wakes you from sleep.

From an Emergency Dentist perspective, the first job is not simply to stop the pain, although that matters. It is to sort out whether you are dealing with infection, a cracked tooth, a bite issue, gum inflammation, nerve irritation, or a failing crown margin. Those problems can feel similar at first. They do not have the same urgency, and they are not treated the same way.

Why crowned teeth can still hurt

A crown covers the visible part of the tooth. It does not make the tooth invincible. Underneath the crown, you still have natural tooth structure, bone, ligaments, and sometimes a live nerve. Any of those tissues can produce pain.

One common misconception is that once a crown is cemented, the tooth is sealed forever. In reality, crowns age. Cement can wash out slowly at the edge. Tiny openings can form over time. If bacteria get in, decay may start where you cannot easily see it. Another common misconception is that a crowned tooth with a root canal cannot hurt. The tooth itself may no longer have a vital nerve, but the tissues around the root can still become inflamed or infected, and that can be very painful.

I have seen patients arrive convinced that a new crown must have been made incorrectly, only to find the real issue was nighttime grinding that bruised the ligament around the tooth. I have also seen the opposite, someone

trying to manage with over the counter pain relief for a few days, assuming it was sensitivity, when a hidden crack had already split the tooth enough to threaten its survival. The lesson is not to panic, but not to dismiss it either.

What the pain can be telling you

The quality of the pain often points toward the underlying problem. That does not replace an exam, but it helps frame the urgency.

Pain when biting down, especially if it feels sharp on release, often raises suspicion for a crack, a high bite, or inflammation around the root. A tooth that aches to hot or cold may still have a live nerve that is irritated or infected beneath the crown. Spontaneous throbbing that comes without chewing usually suggests the nerve or the tissues around the root are significantly inflamed. Swelling in the gum, a pimple-like bump near the tooth, or a bad taste can indicate drainage from infection.

Pain around a crowned tooth is not always from the tooth itself. Food packing between the crown and the next tooth can inflame the gum enough to mimic toothache. Sinus pressure can refer pain to upper molars. A person who clenches heavily may feel soreness in several back teeth and assume one crown is failing when the real problem is overload across the whole side.

That said, there are patterns an Emergency Dentist pays close attention to because they can worsen quickly. Severe pain with facial swelling, difficulty opening the mouth, fever, swelling under the jaw, or trouble swallowing are not routine crown sensitivity. Those signs move the issue out of the watch-and-wait category.

The most common causes of sudden pain under a crown

The cause is often one of a handful of familiar problems, but each one has nuances.

A high bite is more common than people realize, especially after a recent crown placement. The crown may look perfect on an X-ray and still hit slightly too hard when you close. Teeth are suspended by tiny ligaments, and those ligaments are remarkably sensitive. Being only a little high can leave the tooth feeling bruised, tender to chew on, and sometimes sore to tap. Patients often describe it as feeling "taller" than the rest, even if they cannot see any difference.

Decay at the edge of a crown usually develops more quietly. If the margin of the crown no longer seals well, bacteria can creep in. Early on, the pain may be cold sensitivity or a vague ache after sweets. Later, if the decay reaches the nerve, it can become severe. This is one reason old crowns, particularly those that have been in place 10 years or longer, deserve periodic scrutiny.

A cracked tooth under a crown can be hard to diagnose because the crown hides the fracture line. Some cracks start before the crown is placed and progress later. Others develop because the tooth was already structurally compromised, or because of heavy clenching. The hallmark symptom is often sharp pain on biting certain foods, sometimes so specific that chewing on bread is fine but a seed or crust triggers a jolt.

Infection of the pulp, or of the root tip in a previously root treated tooth, is another major cause. A crowned tooth with a live nerve can still develop irreversible inflammation if bacteria enter or if the tooth had deep trauma in the past. A root canal tooth can also flare up if a canal was missed, bacteria persisted, or the root has developed a problem such as fracture or leakage.

Sometimes the issue is the gum, not the crown seal or the nerve. If the edge of the crown sits where plaque builds up easily, the gum can become acutely inflamed. A popcorn hull, meat fiber, or seed trapped between the

crown and the gumline can cause sharp, localized tenderness and swelling that feels dramatic but is relatively straightforward to treat.

What you can safely do before you are seen

The right self-care can keep the situation from worsening and can make the appointment more useful, because it prevents avoidable irritation. The wrong self-care, especially aggressive probing or gluing a crown back with household adhesive, can complicate treatment.

If the crown is still on and the pain is new, your immediate goal is to protect the tooth and control inflammation until a dentist evaluates it.

1. Rinse gently with warm salt water for 30 seconds a few times a day, especially after eating.
2. Avoid chewing on that side, and skip hard, sticky, very hot, or very cold foods.
3. Use over the counter pain relief only as directed on the label, if you normally tolerate it and have no medical reason to avoid it.
4. If flossing worsens the pain because food is wedged there, floss carefully once to remove debris, then stop rather than repeatedly irritating the area.
5. Call an Emergency Dentist if the pain is severe, swelling is present, or the tooth feels loose, high, or impossible to bite on.

A cold compress on the outside of the cheek can help with swelling or throbbing. Heat is usually a bad idea when infection is possible, because it can intensify the sensation https://medium.com/@simpledentalsouthgate/about and sometimes worsen swelling.

It is also helpful to note exactly what triggers the pain. Does cold linger for 30 seconds or more? Does it hurt when biting down, when releasing, or both? Is the crown new or several years old? Has the tooth had a root canal before? Those details often shorten the diagnostic path once you are in the chair.

What not to do, even if you are desperate

People in dental pain get creative. That is understandable, but a few common home fixes create more problems than they solve.

Do not place aspirin directly on the gum. It does not numb the tooth, and it can chemically burn the tissue. Do not test the tooth over and over by chewing on it to "see if it still hurts." Repeated stress can worsen a crack or inflamed ligament. Do not try to pry around the crown margin with a pin, knife, or toothpick. If the tooth is infected, that will not drain it. If the margin is open, it may force bacteria or debris deeper.

If the crown feels loose or comes off completely, keep it if you can find it, but do not cement it back with super glue or hardware adhesive. Temporary dental cement sold for lost crowns can sometimes be used short term if a dentist has advised it and if the situation is simply a dislodged crown without significant pain. But if the tooth hurts sharply under pressure, has swelling, or the crown no longer seats properly, forcing it back on can do damage.

When sudden pain becomes a same-day problem

Not every painful crown needs a midnight visit, but some symptoms move it into urgent territory quickly. An Emergency Dentist would usually want to hear from you the same day if swelling is developing, the pain is severe

enough that sleep is impossible, the crown feels too high to close comfortably, or the tooth has become sensitive in a way that is escalating by the hour rather than stabilizing.

Facial swelling matters because it can indicate a spreading infection. Even a small gum abscess near a crowned tooth can sometimes track into deeper tissues. Fever, malaise, a foul taste with drainage, or swollen glands support that concern. Difficulty swallowing, difficulty breathing, or swelling that spreads toward the eye or under the jaw is no longer routine dental discomfort. That requires immediate medical attention.

A crown that breaks, or a crowned tooth that fractures and becomes mobile, also deserves prompt care. The sooner the tooth is stabilized, the better the odds of saving what remains.

What an Emergency Dentist will look for

The appointment is usually more methodical than patients expect. Pain under a crown cannot be diagnosed well by appearance alone. X-rays help, but they do not reveal every crack or every early leak, so the exam matters just as much.

A typical urgent evaluation may include the following:

1. A bite check to see whether the crown is hitting prematurely.
2. Percussion and pressure tests to determine whether the ligament or root tip is inflamed.
3. Cold testing on the crowned tooth and neighboring teeth, if the tooth still has a live nerve.
4. X-rays to look for decay under margins, bone changes at the root, open margins, or root fractures that are visible.
5. Gum measurements and direct inspection for trapped debris, recession, or localized infection.

Sometimes the answer is obvious within minutes. A recently placed crown is high, the bite is adjusted, and the tooth settles over days to a couple of weeks. Other times the diagnosis unfolds in layers. I have seen molars with perfect-looking X-rays that only revealed the true culprit when the patient described pain on release rather than on biting. That detail pushed the suspicion toward a crack, and the treatment plan changed accordingly.

Dentists may also remove the crown if symptoms and findings strongly suggest a problem underneath that cannot be evaluated any other way. Patients are often nervous about this, assuming removal means the whole process Emergency Dentist starts over. Sometimes it does. Sometimes removing the crown is the most conservative choice because it prevents further hidden damage.

Why pain under a new crown is different from pain under an old crown

The age of the crown changes the likely causes.

If the crown is new, within days or weeks, the leading suspects are bite problems, temporary sensitivity of the nerve after recent drilling, residual inflammation from the original treatment, or cement irritation at the gumline. A nerve can be "angry" after crown preparation, especially if the tooth had a large prior filling and very little healthy structure left. Some post-treatment sensitivity is not unusual. The important distinction is whether it is gradually easing, or becoming more spontaneous, lingering, and intense.

If the crown is old, several years in place, leakage, recurrent decay, gum recession exposing the margin, root problems, and structural fractures rise higher on the list. Older crowns also sometimes mask a tooth that has been living on borrowed time. The crown itself may still be serviceable while the underlying tooth has changed.

This is why saying "the crown hurts" is understandable but not precise. Crowns do not have nerves. Something beneath, around, or supporting the crown is generating the pain.

Can the tooth be saved?

Often, yes. But the answer depends on what is wrong and how early it is caught.

A bite adjustment can be enough if the problem is purely occlusal, meaning the tooth is overloaded. Localized gum inflammation from trapped food may resolve with cleaning, irrigation, and better access for home care. A tooth with pulp inflammation may still be saved with root canal treatment if the structure is sound and the crack does not extend too far. Recurrent decay under a crown can sometimes be treated by removing the crown, cleaning the decay, and making a new restoration.

Cracks are the most variable. A shallow crack limited to the crown portion of the tooth may be manageable. A vertical root fracture usually is not. Patients often ask if an X-ray will tell them right away whether the tooth is savable. Sometimes it will. Many times it will not. Some fractures never show clearly on standard films. Diagnosis may rely on symptoms, staining, transillumination after crown removal, or the pattern of bone loss.

If there is infection around the root tip of a tooth that has never had root canal therapy, endodontic treatment is often the route to save it. If the tooth already had a root canal, options may include retreatment, surgery in selected cases, or extraction if the foundation is no longer reliable.

Antibiotics are not the main treatment in most cases

This is a point worth emphasizing because it causes confusion. Patients in severe dental pain often expect antibiotics to solve the problem. If the issue is a high bite, a crack without swelling, reversible nerve irritation, or decay causing pulpitis, antibiotics do not fix it. They may do nothing at all for the pain.

Antibiotics are considered when there are signs that infection is spreading or cannot drain locally, such as facial swelling, fever, diffuse soft tissue involvement, or certain medical risk factors. Even then, they are usually an adjunct, not the definitive treatment. A tooth that needs drainage, a root canal, or extraction still needs that care.

An Emergency Dentist will usually focus first on diagnosis, pain control, and stabilizing the tooth or infection source. That is why an urgent dental visit can be far more effective than trying to get a general prescription without an exam.

The role of grinding and clenching

One of the more overlooked causes of crown pain is parafunction, the dental term for habits like clenching and grinding. Crowns often sit on heavily restored teeth, and those teeth are already structurally vulnerable. Add night grinding, daytime jaw tension, or stress-related clenching, and a crowned molar can become the first tooth to complain.

Patients are sometimes surprised to hear this because they assume grinding would wear all teeth evenly. In reality, occlusion is not that simple. One crown may take more force because of its shape, position, or the way the bite comes together during side movements. The pain can mimic infection, especially in the morning when the tooth feels sore to chew on or tap.

If grinding is part of the picture, treating only the symptom without addressing the force often leads to repeat problems. That may mean bite adjustment, a night guard, management of muscle tension, or replacing a crown that is taking stress poorly.

If the crown falls off and the tooth hurts

A lost crown with pain changes the urgency. If the crown simply loosened and the tooth underneath is not very sensitive, you may have a short window to keep it clean and get it recemented. But if the exposed tooth is painful to air, temperature, or pressure, the tooth may have decay, nerve exposure, or a fracture. In that situation, time matters.

Keep the crown in a clean container. Avoid chewing on the tooth. If the crown came off around a metal or fiber post, do not manipulate it. Sometimes what patients call "the crown" is actually crown plus core material, which indicates a more complex problem than lost cement.

If the tooth is very sharp or rough against the tongue, temporary dental wax can protect soft tissue. That is a comfort measure, not a repair.

Questions patients often ask in the chair

A very common question is whether they should wait a few days to see if it settles. If the pain is mild, triggered only by temperature, and seems to improve each day after a very recent crown placement, a short period of observation may be reasonable if your dentist has already checked the bite and advised you accordingly. If the pain is spontaneous, worsening, associated with swelling, or making normal chewing impossible, waiting usually adds suffering without benefit.

Another question is whether the crown itself has to be replaced if the tooth needs a root canal. Not always. Sometimes the crown can be accessed through a small opening and then repaired. Other times the crown must come off because the fit is poor, decay is present, or the structure underneath needs full reassessment.

Patients also ask whether a painful crowned tooth means the original treatment was done badly. Sometimes previous work did fail. Just as often, a crowned tooth developed a new problem years later, or a heavily restored tooth reached the next stage of its natural history despite appropriate care. Dentistry is durable, not permanent.

Protecting yourself after the urgent visit

The emergency appointment is often step one, not the final step. If the pain settles after a bite adjustment, monitor it exactly as instructed. If antibiotics were prescribed because swelling was present, take them as directed and keep the follow-up, because symptom improvement does not mean the source problem disappeared. If a temporary was placed, respect its limitations. Temporary materials are meant to buy time, not withstand a month of chewing caramels and crusty bread.

This is also the moment to look at the bigger pattern. If one old crown has decay at the margin, nearby restorations may deserve a closer look. If the cause was clenching, protecting all the posterior teeth matters, not just the painful one. If the issue was delayed care because the symptoms were easy to excuse, build a plan that makes the next decision easier.

Sudden pain under a crown is rarely convenient, but it is often diagnosable and treatable when handled early. The key is not guessing too long at home. A crowned tooth has already told you it once needed significant help. When it starts talking again through pain, it is worth listening quickly.

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FAQ About Emergency Dentist Los Angeles CA

What can the ER do for a tooth?

The emergency room can provide temporary symptom relief for a bad tooth, such as prescribing pain medicine or antibiotics, but it cannot fix the actual dental problem.

What is the 3-3-3 rule for tooth infection?

The 3-3-3 rule for a toothache or infection typically means taking three 200 mg ibuprofen tablets (600 mg total) three times a day for no more than three days to control pain and swelling while waiting to see a dentist.

What do you do if you have a dental emergency but no dentist?

If you have a dental emergency and no regular dentist, you should search for an urgent care dental clinic, call local walk-in dental offices, or go to a hospital emergency room if you have severe bleeding, swelling, or trouble breathing.