



Most people have felt a quick sting from ice water, a sip of hot coffee, or a breath of cold air on a winter morning. Mild tooth sensitivity is common. Severe sensitivity is different. It stops you mid-bite, makes you tense before every meal, and can keep you awake at night. When that shift happens, the problem is no longer just an annoyance. It may be your body's early warning that a tooth is inflamed, cracked, infected, or losing structural support.

In practice, one of the most important distinctions an emergency dentist makes is between a tooth that is simply reactive and a tooth that is deteriorating quickly. Patients often arrive saying, "It started as sensitivity a few weeks ago, and now it hurts constantly," or "It used to be just cold drinks, now even room-temperature water sets it off." That progression matters. Teeth usually do not become dramatically more sensitive without a reason.

The difficult part is that pain can be misleading. A tiny crack can produce sharp, intense pain. A large cavity may hurt only occasionally until the pulp, the soft tissue inside the tooth, becomes inflamed or infected. Gum recession can expose root surfaces and create severe sensitivity that feels alarming but may not require the same treatment as an abscess. The safest assumption, when sensitivity becomes severe or starts changing fast, is that you need a prompt professional exam.

When sensitivity becomes a dental emergency

Not every sensitive tooth needs same-day treatment, but some do. The line is crossed when the symptoms suggest active damage, infection, or pulp involvement. If pain lingers long after a trigger is removed, if the tooth hurts without any trigger at all, or if there is visible swelling, you should treat it as urgent.

An emergency dentist pays attention to the pattern as much as the intensity. Brief discomfort that fades in a second or two after cold exposure often points toward exposed dentin, a worn filling, or early enamel loss. Pain that throbs for minutes, wakes you from sleep, or radiates into the jaw or ear raises concern for irreversible pulp inflammation or infection. Biting pain is another red flag, especially if it is sharp on release. That pattern often shows up with cracks, high fillings, or inflamed ligaments around the root.

Timing matters too. A tooth that becomes dramatically sensitive over a day or two deserves more attention than one that has been mildly sensitive for years with no change. Rapid worsening usually means something active is happening, such as a cavity reaching the nerve, a crack spreading, or an old restoration failing.

Here are the signs that justify urgent contact with an emergency dentist:

1. Severe pain that lasts more than 30 seconds after hot, cold, or sweet foods are removed.
2. Spontaneous tooth pain, especially throbbing pain or pain that wakes you at night.
3. Swelling of the gum, face, or jaw, or a bad taste that suggests drainage.
4. Sharp pain when biting down or releasing pressure.
5. Fever, difficulty opening your mouth, or trouble swallowing, which need immediate attention.

If facial swelling is progressing quickly, or if swallowing and breathing are affected, that moves beyond a routine dental problem. Emergency medical care may be necessary right away.

What severe sensitivity usually means

Sensitivity becomes severe when the protective layers of the tooth are compromised or when the nerve tissue inside the tooth becomes inflamed. Enamel is the hard outer covering on the crown of the tooth. Cementum covers the root. Beneath both lies dentin, a more porous layer with tiny tubules that communicate with the nerve. Once dentin is exposed, temperature changes and certain foods can trigger pain. Once the pulp itself becomes irritated, the pain can escalate fast.

Several real-world scenarios appear over and over again in urgent dental visits. A patient grinds at night, slowly wears the enamel thin, then develops sudden intense sensitivity after biting on something hard and creating a crack. Another uses a whitening product too aggressively, thinks the pain is “just whitening sensitivity,” and misses the fact that decay under an old filling has reached the inner tooth. Someone else has receding gums and root exposure, then gets a deep cleaning or brushes too hard and discovers the root surface is now painfully reactive.

The cause is not always dramatic, but the consequences can be. Severe sensitivity can be linked to:

1. Deep decay that is close to or already affecting the nerve.
2. A cracked tooth or fractured filling.
3. Receding gums with exposed root surfaces.
4. A failing crown, filling, or bonding margin.
5. Tooth grinding, acid erosion, or heavy clenching that strips away protection.

Those categories overlap more often than patients expect. For example, a person who clenches heavily may develop small enamel fractures and gum recession at the same time. That combination can create pain from cold, sweets, and biting pressure, which feels confusing until an exam sorts out the layers.

The symptoms that help tell one problem from another

No symptom map is perfect, but certain patterns are useful. Cold sensitivity that is sharp and brief often points toward exposed dentin from recession, wear, or a small defect in the tooth surface. Cold sensitivity that lingers can suggest the pulp is inflamed. Hot sensitivity, especially when heat makes the tooth throb, can be more concerning because it often appears when the nerve tissue is compromised. Sweet sensitivity commonly shows up with cavities or leaking fillings.

Biting pain deserves particular respect. If a patient says, "It hurts when I let go after biting," experienced dentists immediately think about a crack. The tooth may look normal to the naked eye, but under magnification or after testing with a bite stick, the pattern becomes clearer. Cracks are frustrating because they can hide under fillings or run in directions that standard X-rays do not easily show.

Then there is the "I cannot tell which tooth hurts" problem. That often happens when inflammation is spreading within the pulp or when upper molar pain refers into the cheek, temple, or sinus area. People are sometimes convinced the problem is in one tooth when the source is actually the one behind it. That is why self-diagnosis breaks down when sensitivity turns severe.

What to do before you can be seen

The gap between symptom onset and treatment is where good decisions can prevent a bad day from becoming a far worse week. Home care will not fix a cracked tooth, an abscess, or deep decay, but it can reduce irritation and help you avoid making the injury worse.

Start by changing the way you eat and drink. Stick to lukewarm foods for the moment. Cold smoothies, hot soup, hard crusts, sticky candy, and sugary snacks are all common triggers. Chew on the opposite side if one area is clearly provoking pain. Keep the area clean, but brush gently with a soft brush. Plaque left around an inflamed tooth can intensify the pain.

If swelling is absent and you can tolerate it, an over-the-counter pain reliever may help, provided you normally take it safely and according to the label. A cold compress on the outside of the cheek can calm inflamed tissues if the area feels sore or swollen. What you should not do is place aspirin directly on the gum or tooth. That old home remedy can burn the soft tissue and adds nothing useful.

A desensitizing toothpaste can help in cases of exposed root or mild dentin hypersensitivity, but patients should be careful not to mistake temporary relief for resolution. If the sensitivity is new, severe, or worsening, symptom control should not replace examination.

Why waiting can make treatment more invasive

A common mistake is to hope the tooth will "settle down." Sometimes it does, but when severe sensitivity reflects pulp inflammation, waiting can reduce the chances of a simpler repair. A small cavity can become a deep cavity. A worn filling can leak long enough for decay to spread underneath. A crack can extend from the enamel into the dentin and then into the root, changing a repairable problem into one that may need root canal treatment, a crown, or extraction.

This is where an emergency dentist provides more than pain relief. The visit is often about preserving options. If the issue is caught when inflammation is still reversible, the tooth may be saved with a filling, protective restoration, or bite adjustment. If the pulp has become irreversibly inflamed or infected, the treatment becomes more involved. That does not mean the tooth cannot be saved, but the pathway is different, and usually more expensive.

Patients are often surprised by how quickly this can change. A tooth that "only zapped with cold" on Monday may throb by Thursday and swell by the weekend. Teeth do not have much room for internal swelling. When the pulp is inflamed inside a rigid structure, pressure builds, and pain escalates.

What an emergency dentist is likely to check

Severe sensitivity is not diagnosed by one symptom alone. The exam usually combines your pain history with several focused tests. The dentist may ask what triggers the pain, how long it lasts, whether it wakes you, and whether biting changes it. Then comes the hands-on evaluation.

This often includes looking for visible decay, open margins around fillings, gum recession, fracture lines, and signs of clenching such as flattened chewing surfaces. The dentist may tap the tooth, check the bite, and use cold testing to see whether the nerve response is normal, exaggerated, or lingering. X-rays help assess decay depth, root condition, bone changes, old restorations, and sometimes hidden infection. If a crack is suspected, magnification, transillumination, or selective biting tests may be used.

Patients sometimes expect the X-ray to show everything. It does not. Cracks can be especially elusive. That is why the story you tell matters. A simple sentence like “cold lingers for a minute” or “it hurts when I let go after chewing bread” can be as useful as an image.

Treatments depend on the source, not just the pain

One reason severe sensitivity deserves expert care is that the same symptom can lead to very different treatments. If the problem is root exposure from recession, the goal may be sealing dentin, reducing inflammation, and changing hygiene or bite habits. Fluoride varnish, bonding, desensitizing materials, and a softer brushing technique can make a meaningful difference.

If a filling is leaking or fractured, replacing it may solve the problem. If the tooth structure is weak, a crown may be needed to protect it from further flexing or cracking. When decay is deep but the pulp is still healthy enough, careful removal of decay and a protective restoration can stabilize the tooth. If the nerve has crossed into irreversible inflammation or infection, root canal treatment may be the best route to save the tooth and stop the pain.

There are also situations where extraction is the more realistic choice. A vertical root fracture, severe structural loss below the gumline, or advanced infection with poor remaining support can make the tooth non-restorable. Good emergency care includes honesty about those limits. Saving a tooth is usually preferable, but only when the result is stable and predictable.

A short-term action plan that is actually useful

When patients call with rapidly worsening sensitivity, practical steps matter. The right advice can reduce pain and lower the risk of further damage while they wait to be seen.

1. Avoid temperature extremes and chew on the other side.
2. Brush gently with a soft brush and lukewarm water.
3. Use an over-the-counter pain reliever only as directed on the label, if safe for you.
4. Apply a cold compress to the cheek if there is tenderness or swelling.
5. Arrange prompt evaluation, sooner if pain lingers, throbs, or swelling appears.

That list is simple by design. Severe sensitivity is one of those problems where too many home experiments tend to backfire. Temporary dental cement from a pharmacy can occasionally help if a crown has come loose and your dentist has advised you, but improvised fixes with glue, sharp instruments, or repeated peroxide rinses often create more trouble.

The role of grinding, acid, and daily habits

Not every emergency starts with decay. In adults, a surprising amount of severe sensitivity has a wear pattern behind it. Night grinding can generate significant force, enough to create tiny fractures, flatten cusps, and stress old fillings until they leak or crack. Many patients do not realize they grind because it happens during sleep. Clues include morning jaw tightness, tension headaches, scalloped tongue edges, and a partner who hears grinding at night.

Acid exposure is another quiet contributor. Frequent sipping of soda, energy drinks, sports drinks, citrus water, or even repeated reflux episodes can soften enamel and expose dentin over time. The person does not notice the gradual erosion until one day cold air hurts and brushing stings. In those cases, the emergency visit treats the current pain, but long-term success depends on changing the pattern that stripped the tooth's protection away.

Technique matters too. Vigorous horizontal brushing with a medium or hard brush can abrade root surfaces near the gumline, especially if the gums have already receded. I have seen patients with excellent intentions and very clean mouths create painful notches at the necks of their teeth simply by brushing too aggressively for years. The fix may involve bonding and desensitizing care, but prevention comes from a softer approach, not more force.

Children, older adults, and special situations

Sensitivity behaves differently across age groups. In children and teenagers, sudden severe sensitivity after a fall or sports injury should never be dismissed, even if the tooth looks intact. Trauma can crack enamel or damage the pulp without obvious external changes. Orthodontic patients may also report sensitivity around bands and brackets, which can sometimes mask decay or enamel breakdown if hygiene has slipped.

Older adults often present with a different combination: receding gums, root exposure, multiple old restorations, dry mouth from medications, and brittle tooth structure. A tooth may become severely sensitive because the margin of a decades-old filling has opened slightly or because root decay has developed in an exposed area. Dry mouth deserves special attention, since reduced saliva changes the whole risk profile of the mouth. Saliva is a natural buffer and protective fluid. When it is lacking, teeth demineralize more easily and sensitivity can intensify.

Pregnant patients, patients with diabetes, and patients undergoing medical treatments that affect immunity should be especially cautious about swelling or signs of infection. Severe sensitivity in these settings may need faster evaluation because the body's ability to manage inflammation can be different.

Preventing the next emergency

Once a painful tooth is treated, prevention is not glamorous, but it works. The specifics depend on the cause. If the culprit was a crack from grinding, a properly fitted night guard may protect the remaining teeth. If it was acid erosion, meal timing, beverage choices, and reflux management deserve attention. If root exposure is the issue, brushing technique and gum health become central. If the tooth failed because an old filling deteriorated, regular exams help catch the next weak point before the pulp gets involved.

People often ask whether sensitivity toothpaste is worth using after an emergency. In many cases, yes, especially when dentin exposure is part of the picture. These products do not rebuild lost tooth structure, but they can reduce fluid movement within dentin tubules and make daily triggers less intense. They work best when used consistently, not sporadically.

Routine dental care also matters more than people think here. Many severe sensitivity cases do not begin as dramatic problems. They begin as small changes: a tiny margin gap, a slight recession line, a barely visible crack. When those are spotted early, treatment is simpler, cheaper, and easier on the tooth.

The decision point most people miss

The biggest judgment call is not whether sensitivity is pleasant or unpleasant. It is whether the pattern has changed. A tooth that has always been slightly sensitive and remains stable is one category. A tooth that is suddenly more reactive, starts lingering, begins hurting with biting, or wakes you at night is another. That second category is where an emergency dentist can make a real difference.

Pain is protective. Severe sensitivity is the tooth's way of telling you that its normal barriers are failing. Sometimes the fix is straightforward. Sometimes it reveals deeper structural or nerve damage. Either way, fast evaluation preserves options, relieves suffering, and reduces the chance that a manageable problem becomes a major one.

If a tooth has moved from occasional twinges to intense, disruptive pain, trust that change. Stop testing it with cold drinks to "see if it still hurts." Get it examined. With [local emergency dentist](#) dental sensitivity, the question is rarely whether the pain is real. The real question is how much time you have before the problem gets harder to fix.

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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.