



A dental crown usually feels permanent once it has been cemented in place. After a few days, most people stop thinking about it entirely. That is why losing one can be so unsettling. You may be eating lunch, brushing your teeth, or waking up with something hard in your mouth and suddenly realize the crown is no longer attached. It can be painless, mildly uncomfortable, or surprisingly tender, depending on what is underneath.

The good news is that a crown coming off is rarely a true emergency. It does, however, deserve prompt attention. A crown is not just a cap for appearance. It protects a prepared tooth that is often more fragile, more sensitive, and more vulnerable to fracture than a natural, untouched tooth. Once the crown is off, that tooth is exposed.

What happens next depends on why it came loose, what condition the underlying tooth is in, and how quickly you can get it evaluated. In practice, some crowns can simply be recemented. Others cannot. Sometimes the crown falls off because the cement gave out. Sometimes it is a warning sign that decay has developed underneath, the tooth structure has broken down, or the root canal tooth beneath it has cracked.

Why crowns fall off in the first place

Dental crowns are designed to last for years, often well over a decade with good care, but they are still subject to the same forces and failures as the rest of dentistry. Every day they absorb pressure from chewing, changes in temperature, grinding, and the small wear that comes with use.

One common reason a crown comes off is loss of cement seal over time. Dental cement is strong, but it is not indestructible. Tiny leaks can develop around the edges. Repeated biting forces can loosen the bond. If the crown has been in place for many years, simple wear may be the whole story.

Another frequent cause is decay at the margin, the seam where the crown meets the tooth. This catches many people off guard because they assume a crowned tooth cannot get cavities. It can. The crown itself does not decay, but the natural tooth underneath and around it can. When that happens, the fit changes, the cement seal weakens, and the crown may come off.

There are also mechanical reasons. A person who clenches or grinds may place enough force on a crown to loosen it over time. Sticky foods are repeat offenders as well. Caramel, taffy, chewing gum, and dense bread can tug at a crown, especially one that was already starting to fail. I have seen perfectly intact crowns come off with a

single bite of a soft toffee, not because the candy was unusually strong, but because the bond had already been compromised.

The shape of the tooth matters too. Crowns hold best when there is enough healthy tooth structure underneath to grip. If the original tooth was very broken down, or if a filling beneath the crown has deteriorated, there may not be enough support left to retain it well. In those cases, the crown falling off is less of an isolated event and more of a sign that the foundation has changed.

What you may notice when it happens

Sometimes a crown comes off cleanly and you feel immediate relief, especially if the bite had been slightly off or the crown had already been mobile. Other times the exposed tooth feels sharp, rough, or highly sensitive to cold air and liquids. That sensitivity is common because a crowned tooth is often trimmed smaller during preparation, leaving less insulation than a full natural tooth.

If the tooth had a root canal before the crown was placed, you may feel very little. Root canal treated teeth do not usually respond to temperature in the same way. That can make the problem seem minor, but it still needs care because the tooth may be brittle and at greater risk for fracture without its crown.

The crown itself may look intact, or it may have old cement, dark debris, or even pieces of tooth still stuck inside it. That detail matters. If there is intact tooth structure left and the crown still fits, recementation may be possible. If part of the tooth broke off with the crown, [Dental Crowns](#) treatment becomes more complex.

The first few hours matter

What you do right after the crown falls off can make the difference between a simple repair and a harder, more expensive fix. The instinct to ignore it for a few days is understandable, especially if you are busy or the tooth does not hurt. Still, exposed teeth are vulnerable.

If the crown comes out in one piece, save it. Rinse it gently with water and store it in a small clean container. Do not wrap it in tissue if you can avoid it. People often do, then accidentally throw it away. If it fell into a napkin at a restaurant, double check before tossing anything.

Then call your dentist. In many offices, a lost crown is treated as an urgent but not after-hours emergency. The goal is usually to see you within a day or two, sooner if the tooth is painful, the crown is on a front tooth, or there is concern about breakage.

Until you can be seen, it helps to be careful and conservative:

1. Keep the crown if you have it, and bring it to the appointment.
2. Avoid chewing on that side, especially hard, crunchy, or sticky foods.
3. Brush gently around the area and keep it clean.
4. If the tooth is sensitive, avoid very hot or very cold foods and drinks.
5. Do not use super glue or household adhesives to put it back.

That last point deserves emphasis. People try it more often than dentists would like. Household glues are not safe for oral tissues, are nearly impossible to clean off properly, and can ruin a crown that might otherwise have been reused.

Can you put the crown back on yourself?

Temporary dental cement from a pharmacy can sometimes be used in a pinch, but this is a narrow, short-term solution. It is not the same as professional cementation, and it should not be treated as one. If the crown slips on easily, seats fully, and you cannot get to a dentist for a day or two, temporary cement may help protect the tooth. The key issue is fit. If the crown does not go back on smoothly and completely, forcing it is a bad idea.

A crown that is not fully seated can throw off your bite and place a great deal of pressure on that tooth and the opposing one. It can also trap bacteria or press against the gum. I have seen patients create more soreness with an ill-fitting self-replacement than they had from the original problem.

There is another risk people do not always consider. If the crown came off because the tooth structure underneath changed, the crown may no longer fit the way it once did. A small piece of tooth may have fractured. Decay may have altered the shape. Cementing it back loosely or crookedly can delay proper treatment and sometimes makes it harder for the dentist to evaluate what happened.

What the dentist looks for

At the appointment, the first question is not simply whether the crown came off. It is why. A dentist will inspect both the crown and the tooth, check for recurrent decay, cracks, old cement, gum irritation, and whether the bite may have contributed.

If the crown is intact and the underlying tooth is sound, the fix may be straightforward. The old cement is cleaned away, the fit is verified, and the crown is recemented. In the best cases, the visit is short and uncomplicated.

When things are less straightforward, the exam becomes more diagnostic. A crown that repeatedly loosens often has an underlying retention problem. The remaining tooth may be too short or too tapered to hold it securely. There may be a failing core buildup, which is the material placed under a crown to rebuild the tooth after decay or fracture. If the tooth beneath has decayed around the edges, that decay must be removed before any new crown decision is made.

X-rays are often helpful here. They can show decay under the margin, changes around the root, or if a tooth with a previous root canal has developed another issue. Not every problem is visible from above.

When a crown can be recemented

People naturally hope the solution is simply to glue the old crown back on, and sometimes that is exactly what happens. Dentists generally consider recementation when several things line up. The crown itself must be intact, the margins must still fit closely, and the tooth underneath must be free of significant new decay or fracture. There also needs to be enough tooth left to hold the crown predictably.

A crown that came off after many years, with no pain and no visible damage, often has a reasonable chance of being reused. This is especially true if it was removed cleanly and the inside of the crown has not been distorted.

That said, a crown that technically can be recemented is not always one that should be. If its margins are worn, if the fit is questionable, or if it has already come off more than once, a dentist may recommend replacement instead. Recementing a compromised crown can buy only a short period of time.

When you need a new crown instead

There are several situations where recementing is not the right answer. Sometimes the old crown is cracked or misshapen. Sometimes decay has changed the tooth enough that the old crown no longer fits. Sometimes a piece of the tooth breaks away with the crown, leaving too little structure for the same restoration to go back.

These are the most common reasons replacement becomes necessary:

1. Decay has developed under or around the crown.
2. The crown is cracked, chipped, or distorted.
3. The tooth underneath has fractured or lost too much structure.
4. The crown margins no longer fit tightly.
5. The crown has come off repeatedly despite prior recementation.

In these cases, the dentist may need to rebuild the tooth first. That can involve a new core buildup, replacing an old filling, or placing a post in certain root canal treated teeth if enough root support remains. If the tooth cannot support another crown reliably, extraction may be discussed. That is not the most common outcome, but it is sometimes the honest one, especially if there is a deep crack or extensive decay below the gumline.

What if the tooth hurts?

Pain after a crown falls off can range from mild sensitivity to significant throbbing. The type of pain often gives clues, though it is not definitive. Sharp sensitivity to cold or air usually points to exposed dentin, the inner layer of the tooth. That can be uncomfortable but does not automatically mean severe damage.

A dull ache when biting may suggest movement, a cracked area, or irritation in the supporting ligament around the root. Spontaneous throbbing, swelling, or pain that wakes you up is more concerning. Those symptoms can signal inflammation or infection, particularly if the tooth never had a root canal and the pulp tissue inside is still alive.

One practical point is that pain level does not always match seriousness. A root canal treated tooth can fracture badly and feel very little at first. A vital tooth with no major structural damage can feel miserable just from temperature sensitivity. That is one reason self-diagnosis is unreliable here.

The special case of a crown on a front tooth

When a front crown falls off, appearance often becomes the immediate problem, and understandably so. Patients with a visible front tooth involved often call in a panic because they have work, a wedding, photos, or just do not want to be seen with a missing restoration.

Dentists know that the cosmetic impact is different in these cases and often try to accommodate them quickly. A front tooth also deserves prompt attention because the prepared tooth beneath a crown can be quite small and can dry out, collect plaque, or become sensitive if left exposed. Temporary reattachment may be possible the same day, even if the long-term plan needs more discussion.

There is also a functional issue with front crowns that people sometimes miss. They help guide how your teeth meet when you bite and slide your jaw. A missing front crown can change that contact pattern enough to create soreness or put excess stress on other teeth.

What if you swallowed the crown?

This sounds dramatic, but it happens more often than many expect, especially if the crown loosens during a meal. In most cases, swallowing a small dental crown is not dangerous and it passes through the digestive tract without incident. The larger concern is aspiration, meaning the crown went into the airway rather than the stomach. If

there was choking, coughing that does not stop, wheezing, chest discomfort, or trouble breathing, that is a medical issue and should be evaluated immediately.

If there are no respiratory symptoms and you simply think you swallowed it, the dental problem becomes the same as any other lost crown situation. The tooth still needs to be assessed. The crown itself may not be retrievable or reusable, so the focus shifts to protecting the tooth and planning the next step.

How long can you wait?

A few days is usually manageable if you are careful and the tooth is not painful, but longer delays raise the odds of trouble. Teeth can shift. The exposed tooth can chip. Gums can swell into the space and make reseating more difficult. Sensitivity can worsen. If the crown came off because decay was already present, that process does not pause while you wait.

There is also a fit issue people do not expect. Crowns are precise restorations. A small change in the tooth or surrounding gum can turn a crown that once seated perfectly into one that no longer does. I have heard patients say, "It was fitting at home last week, but now it won't go on." That is entirely plausible, especially when the tooth is exposed for several days and not kept as clean or protected as a dentist would keep it.

The cost question, and why the answer varies

Patients often ask whether a fallen crown will mean a quick recementation fee or a full new crown fee. The answer depends almost entirely on the diagnosis. If the crown and tooth are healthy, recementation is usually much less expensive than replacement. If decay, breakage, or a new buildup is needed, the cost climbs accordingly.

This can feel frustrating because the outward event looks the same in every case, the crown came off, but the underlying causes are very different. One patient may need ten minutes of cleaning and recementation. Another may need decay removal, a temporary crown, and a new final restoration. The same symptom can lead to very different treatment paths.

How to reduce the chances of it happening again

No crown lasts forever, but many last a long time when the conditions are right. The best protection is ordinary, consistent care. Good brushing and flossing matter because the weak point is usually the edge where the crown meets natural tooth. That is where plaque sits and where recurrent decay begins.

Grinding is another factor worth taking seriously. If you clench at night and already have crowns, a night guard is often a sensible investment. It protects not only the crown but the tooth beneath it and the opposing teeth as well.

Sticky foods are not forbidden for everyone with Dental Crowns, but they are a frequent trigger in crowns that were already loosening. Patients often remember the caramel that "caused" the problem, but in reality the crown was usually failing before the candy ever touched it. Still, repeated pulling forces from sticky foods do not help.

Regular dental exams matter here because loosening crowns, open margins, and early recurrent decay are often found before a crown actually comes off. Catching a small issue early gives you more options.

What this usually means for the bigger picture

A crown falling off is often a nuisance, sometimes a warning sign, and occasionally the first sign of a bigger structural problem. It is not a reason to panic, but it is a reason to act. Save the crown, protect the tooth, and get it assessed sooner rather than later.

The key point is simple. A crown is only as strong as the tooth holding it. When it comes off, the dentist is not just reattaching a piece of dental work. They are deciding whether the foundation is still healthy enough to support it. That distinction is what determines whether the solution is a quick recementation or a more involved repair.

For many people, the outcome is better than they fear. The crown goes back on, the tooth is fine, and life moves on. But when the cause is decay, fracture, or loss of supporting tooth structure, the fallen crown did you a favor by revealing a problem that needed attention. Either way, it is worth treating promptly, carefully, and with the understanding that what seems like a small event can tell you a great deal about the health of that tooth.

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FAQ About Dental Crowns

How long do crowns last on teeth?

A dental crown often lasts about five to fifteen years, although some last longer. Material, the underlying tooth, oral hygiene and grinding habits affect longevity. Regular dental examinations help identify wear, decay or a loose crown; no lifespan is guaranteed.

How much does a tooth crown cost?

There is no single price for every crown. Material, laboratory work, the condition of the tooth and any additional treatment affect the fee. Ask for a written estimate and confirm your insurance benefits, exclusions and out-of-

pocket costs before treatment.

What is the downside of crowns on teeth?

A conventional crown usually requires irreversible removal of some tooth structure. Possible problems include sensitivity, chipping, loosening and decay at the crown margin; some teeth later need root canal treatment. Discuss your tooth's condition, material choices and suitable alternatives with your dentist.