

A crown is supposed to solve a problem, not create one. When a patient comes back saying a crowned tooth hurts, there is usually a clear reason, even if it takes a bit of detective work to find it. Pain under dental crowns is not rare in practice. Sometimes the cause is simple and easy to fix, such as a bite that is slightly too high. Sometimes it points to a deeper issue inside the tooth, in the gum around it, or under the crown margin where decay has started again.

The important point is this: a crown itself does not have nerves, so when you feel pain “under the crown,” the source is almost always the tooth structure underneath, the root, the surrounding gum tissue, or the way that tooth is contacting the opposing teeth. The sensation may seem to come from the crown, but the biology is happening below or around it.

Understanding the likely causes helps you judge how urgent the problem is and what kind of treatment may be needed.

What a crown covers, and what it does not

A dental crown is a custom-made cap that fits over a prepared tooth. It restores shape, strength, and function, and often improves appearance as well. Crowns are commonly used after large fillings, fractures, root canal treatment, severe wear, or after a dental implant restoration. When people talk about Dental Crowns, they often imagine a complete shield. In reality, a crown protects a tooth, but it does not make that tooth invincible.

Under the crown is your natural tooth, or part of it. That tissue can still decay. The root can still become inflamed. The ligament around the tooth can still get irritated. The gum around the edge can still become infected. A crown is durable, but it depends on the health of the tooth and surrounding tissues.

That is why pain under a crown has to be interpreted in context. A newly placed crown that is sore for a few days is different from a five-year-old crown that suddenly starts throbbing at night.

The most common reason, bite pressure that is just a little too high

One of the simplest and most common causes of pain after a crown is an occlusal issue, meaning the crown hits too hard when you bite. This is especially common in the first days after cementation.

A crown can feel “almost right” and still be a problem. Teeth are remarkably sensitive to pressure. A high spot that is only a fraction of a millimeter off can make the tooth feel bruised, sore to chew on, or strangely aware of itself. Patients often describe it as a sharp twinge when they bite, or a dull ache that develops by the end of the day.

This happens because the periodontal ligament, the tiny cushion of tissue that suspends the tooth in bone, reacts to overload. It becomes inflamed. The tooth may even feel slightly raised, even though it has not physically moved much. Many people are surprised by how much discomfort such a small adjustment issue can cause.

The good news is that this cause is often easy to fix. A dentist can check the bite using articulating paper and make a careful adjustment. When the bite is corrected early, the soreness often settles quickly, though the ligament may take a few days to *Dental Crowns* calm down if it has been irritated for a while.

Sensitivity after crown preparation

Some pain after a new crown is not a sign that anything is wrong. Preparing a tooth for a crown involves removing outer tooth structure to create room for the restoration. That can irritate the pulp, which is the living tissue inside the tooth containing nerves and blood vessels.

A prepared tooth may be sensitive to cold, air, sweets, or pressure for days or, in some cases, a few weeks. This is more likely if the original tooth had a deep filling, existing cracks, or significant decay before the crown was placed. It is also more common in teeth with large amounts of natural nerve tissue, especially molars and premolars that have not had root canal treatment.

Mild sensitivity tends to improve gradually. The pattern matters. If the discomfort is brief and triggered by cold, then fades away, that usually points to reversible inflammation. If the pain lingers, wakes you at night, becomes spontaneous, or worsens over time, the pulp may be moving from irritated to infected or irreversibly inflamed.

That distinction often decides whether the tooth can settle on its own or whether it needs root canal treatment through the crown.

Decay can still form under a crown

Many people assume that once a tooth has a crown, it can no longer get a cavity. That is one of the most persistent misunderstandings in restorative dentistry. Crowns do not stop decay from happening at the crown margin, where the edge of the restoration meets the natural tooth.

If plaque collects around that junction and oral hygiene is difficult, bacteria can work their way into exposed tooth structure. Cement can wash out over time. Margins can open microscopically. Older crowns can develop leakage. In some cases, the decay progresses silently until it reaches deeper dentin, and then the tooth starts to ache with sweets, cold, biting pressure, or spontaneous pain.

Recurrent decay under crowns is especially common when the crown has been in place for many years, when the original tooth was already heavily restored, or when the margin sits in an area that traps plaque. The risk also rises in people with dry mouth, frequent snacking, reflux, or a history of high cavity activity.

A crown with decay underneath may need to be removed and replaced. If the decay reaches the pulp, root canal treatment may be needed as well. If too much tooth structure has been lost, the tooth may no longer be restorable.

A cracked tooth can hide under a crown

A crown is often placed on a tooth because it was already weakened or cracked. In many cases, the crown stabilizes the tooth beautifully. But not every crack is fully predictable at the start, and some cracks extend deeper than they first appear.

If a tooth has a crack running into the root, pain may continue or begin later even after the crown is in place. The classic symptom is pain on biting or, even more specifically, pain on release after biting. Patients will often say, “It hurts when I let go.” That detail is clinically useful. It suggests movement along a crack line.

Cracks can be difficult to diagnose because they do not always show clearly on x-rays. A crown can also make visual confirmation harder. Dentists often rely on symptom patterns, bite tests, magnification, and imaging to build the picture.

The outcome depends on the depth and direction of the crack. Some teeth can be managed with a crown and careful monitoring if the crack is limited. A deeper vertical root fracture, however, often has a poor prognosis and may require extraction.

Nerve damage or pulp death after the crown is placed

Not every tooth tolerates the process of crown preparation equally well. A tooth may have had a large old filling, prior trauma, deep decay, or repeated dental work. In those cases, the pulp can be living on borrowed time. The crown is not necessarily the cause, but it can be the event after which symptoms finally appear.

Sometimes the nerve becomes inflamed and does not recover. Sometimes it slowly dies. In the early stage, the tooth may become very sensitive to heat or cold. Later, as infection develops at the root tip, the pain may shift to biting tenderness, swelling, a pimple on the gum, or a deep throbbing sensation.

This can happen days after crown placement, but it can also happen months later, which is why timing alone can mislead people. A patient may feel frustrated and say, “The crown caused this.” In some cases, the crown procedure did stress the tooth. In many others, the tooth was already compromised and the problem was building quietly for years.

If the pulp is irreversibly inflamed or infected, root canal treatment is usually the answer. Many crowned teeth do very well after that, provided the remaining structure is sound.

Gum inflammation around the crown margin

Not all pain under a crown is actually coming from inside the tooth. Gum tissue around crowns can become inflamed if the margin is bulky, rough, difficult to clean, or placed too deeply below the gumline.

This kind of discomfort often feels sore rather than sharp. The gum may bleed during brushing or flossing. The area may look puffy or red. Food may catch there. Some patients describe a bad taste or a persistent tenderness when they press on the gum beside the crown.

A poorly contoured crown can trap plaque and irritate the biologic width, the zone of attachment the body wants to protect around the tooth. When that space is violated, the tissue often stays chronically inflamed. It is not unusual to see a crown that looks acceptable from a distance but has a margin contour that makes cleaning almost impossible. In those cases, no amount of brushing technique fully solves the problem until the crown itself is corrected.

The fix may range from improved cleaning and a professional gum treatment to crown replacement if the contour or margin is the real issue.

Teeth grinding puts crowned teeth under heavy stress

Bruxism, which includes clenching and grinding, is a major contributor to crown-related pain. Patients do not always know they do it. They may wake with jaw fatigue, headaches at the temples, or a sense that one crowned tooth feels “pressured” in the morning.

A crown on a heavily loaded tooth may become tender because the ligament around the root is repeatedly compressed. If the underlying tooth is already structurally compromised, grinding can also aggravate cracks, loosen cement, or create symptoms that mimic nerve pain.

This is where experience matters. A crown can be perfectly made and still become painful in a patient whose bite forces are intense. Treatment may involve adjusting the bite, providing a night guard, checking the opposing teeth for wear facets, and ruling out a crack or nerve issue if symptoms are more severe.

Infection at the root tip or under the gum

Some painful crowned teeth are dealing with infection, not just irritation. Infection can arise in a tooth that never had root canal treatment, in a tooth with a failing root canal, or around a tooth with deep gum disease.

An infection near the root tip often causes tenderness to biting, a sense of pressure, swelling, or even a small draining bump on the gum. The pain may not always be dramatic. Chronic infections can be surprisingly quiet until something flares.

In teeth that have had root canal treatment, pain under a crown can come from missed anatomy, recurrent infection, fracture, or leakage. A root-treated tooth should not feel temperature, so if hot or cold triggers the pain, the source may be a neighboring tooth or the diagnosis may need a second look.

Periodontal infection, by contrast, tends to involve the supporting tissues. A deep isolated pocket around one side of the crown can sometimes point toward a fracture. More generalized gum tenderness around several teeth may reflect periodontal disease rather than a crown-specific issue.

Sometimes the pain is coming from a different tooth

This is more common than patients expect. Pain can refer, especially in the back teeth. A person may swear the crowned tooth is the one hurting, only for testing to show that the real culprit is the adjacent tooth, the opposing tooth, or even a sinus-related upper molar problem.

A classic example is a lower molar with a crown that feels “off,” while the actual problem is an upper molar with a cracked cusp. Another is a crowned tooth that tests normal, while the neighboring tooth has deep decay between the teeth and is referring pain into the area.

Dentists sort this out by combining history, cold testing, bite testing, percussion, x-rays, and direct examination. Location alone is not reliable enough.

What the timing of pain can tell you

When the pain starts is a useful clue, though not a perfect one.

Pain within a day or two of getting the crown often points to bite issues, temporary irritation, or sensitivity from the preparation. Pain that appears a few weeks later may still be pulpal inflammation that is declaring itself more clearly. Pain that shows up years later raises suspicion for decay, leakage, gum problems, fracture, or changes in the tooth’s nerve status.

The character of the pain matters just as much as the timing. Sharp pain on chewing suggests pressure, crack, or inflammation in the ligament. Lingering cold pain suggests pulpal irritation. Throbbing spontaneous pain often points toward a nerve issue or infection. Gum soreness and bleeding suggest margin or hygiene problems. A bad taste or swelling pushes infection higher on the list.

Signs that should not be ignored

Some crown discomfort can wait a short time for a routine visit. Some symptoms need faster attention because they suggest infection or a structural problem that may worsen quickly.

- Swelling of the gum, face, or jaw
- Pain that wakes you from sleep or throbs on its own
- Fever, foul taste, or drainage near the tooth
- A crown that feels loose, or a tooth that hurts sharply when you bite

These signs do not always mean an emergency extraction is coming, but they deserve prompt evaluation.

How dentists figure out what is going on

The diagnosis is rarely based on one clue alone. It is built from small pieces of evidence.

A dentist will usually ask when the pain started, what triggers it, how long it lasts, and whether chewing, heat, cold, or pressure changes it. Then comes the exam. The bite may be checked for high contact points. The tooth and surrounding gum are inspected closely. X-rays can show recurrent decay, bone changes, root issues, or open margins, though they do not reveal everything. Cold testing may be used on nearby teeth to identify the true pain source. Tapping on the tooth, checking mobility, and measuring the gum attachment can narrow the diagnosis further.

Some cases are straightforward. A new crown is slightly high, it gets adjusted, and the patient feels better. Others are more layered. A tooth may have a mildly high bite and an underlying crack, or gum inflammation around a margin plus a developing nerve problem inside. That is why persistent pain deserves a full workup rather than a quick guess.

What treatment usually looks like

Treatment depends entirely on the cause. There is no single fix for pain under Dental Crowns.

If the bite is high, the crown can often be adjusted. If the tooth is temporarily inflamed but otherwise healthy, it may simply need time and monitoring. If the pulp is irreversibly inflamed or infected, root canal treatment may be required. If decay has formed under the crown, the restoration often needs to come off so the tooth can be cleaned and rebuilt, if there is enough sound structure left. If the gum tissue is inflamed because of contour or margin issues, the crown may need reshaping or replacement. If the tooth is cracked beyond repair, extraction may be the only predictable option.

That range is exactly why guessing at home is risky. The symptom can sound simple while the underlying problem is not.

When mild soreness is normal, and when it is not

After a new crown, a little tenderness is not unusual. Many patients notice sensitivity for a few days, especially when chewing firmer foods. If the tooth had a large filling before the crown, or if the preparation was deep, the tooth may stay aware for a short period while it settles.

What should happen is gradual improvement. The tooth should feel a little less reactive as the days pass. It should Dental Crowns not become more painful, more spontaneous, or more difficult to chew on. If a week goes by and the bite still feels wrong, or cold sensitivity is intense and lingering, or you are avoiding chewing on that side entirely, it is time for the crown to be checked.

A useful rule from clinical practice is this: symptoms that are shrinking can often be watched briefly, symptoms that are growing need attention.

Can pain under a crown be prevented?

Not every problem is preventable, but many are.

Good crown design matters. So does careful cementation, precise bite adjustment, and honest pre-treatment assessment of the tooth's nerve health. From the patient side, daily plaque removal around the crown margin is critical. That edge is where many failures begin. Night guards help people who clench or grind. Routine checkups catch early leakage, recurrent decay, or gum inflammation before they become painful.

The old idea that a crowned tooth is "done forever" causes trouble. Crowns last well when they are maintained, but they still need surveillance, just like fillings, gums, and natural enamel.

The bigger picture behind a painful crowned tooth

When pain develops under a crown, the natural response is disappointment. You paid for a restoration that was meant to protect the tooth, and now something feels wrong. In many cases, though, the crown is not the villain. It may simply be the stage on which an existing weakness, hidden decay, bite imbalance, or nerve problem finally becomes obvious.

That distinction matters because it changes the conversation from blame to diagnosis. A painful crown can often be corrected, and many crowned teeth continue functioning for years after the real issue is identified and treated. The sooner the cause is pinned down, the better the odds of keeping the tooth comfortable and serviceable.

If the pain is new, worsening, or paired with swelling, it is worth having it assessed sooner rather than later. Small problems around crowns tend to stay small only when they are caught early.

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FAQ About Dental Crowns

How much do crowns cost per tooth?

In the United States, a single dental crown typically costs between $800 and $2,500 per tooth without insurance. The ultimate out-of-pocket price depends heavily on the crown material, the location of the tooth, and whether you have dental insurance coverage.

What is the downside of crowns on teeth?

The primary downside of a dental crown is that the procedure permanently removes natural tooth enamel to shape the tooth for the cap.

Why do dentists push for crowns?

Dentists recommend crowns because a large filling cannot provide enough strength when a tooth loses a major portion of its structure or faces heavy chewing pressure.