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ENDODONTIC CENTRE

EMS > ReTx >> Exo

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Historically cases of non-healing endodontically treated teeth, conservative orthograde endodontic retreatment (ReTx) was given almost unconditional preference over apicoectomy (AE) and root resection (RR). However, times change and this preference is antiquated. Firstly, endodontic microsurgery (EMS) with its use of the digital operating microscope, biocompatible materials, and ultrasonic instruments is not analogous to AE or RR. Not only is it more successful, it is also a less traumatic surgery. Secondly, in comparison to ReTx, EMS has a statistically significant greater mean volumetric reduction of apical lesions and a higher healing rate. In addition, it is prudent to counter the trend of recommending extraction of teeth that are not good ReTx candidates. Be pragmatic, embrace EMS as a viable treatment option.

The images above are of a tooth I treated six months ago. The healthy 75 year-old lady had pronounced pain to percussion on 31 and quailed at the prospect of extraction. The drawbacks of ReTx for this case are:

- For a small tooth, significant deconstruction is required to gain access to the canal orifice
- Access preparation may render the crown unsalvageable
- The large silver point is a significant impediment to patency attainment

Full healing may prove elusive, even if I was fortunate enough to gain patency as well as adequately clean, shape, irrigate, medicate, and obturate the canal. Sometimes EMS is required even in the most sanguine of ReTx cases. This tooth can be saved and the apical periodontitis can be arrested more efficiently, effectively, and predictably with EMS.

Surgical access allowed a timely isolation and removal of the apical soft tissue lesion (histopathological diagnosis: apical granuloma). In order to preserve a favourable crown/root ratio less than 3mm was resected. Retro-preparation was a challenge as the large silver point is a strong barrier. If one is not careful either the root could be fractured or the PDL overheated. Both of these complications are catastrophic sequelae oft resulting in significant bone loss and the need for extraction.

The amount of hard tissue healing in such a short period is even more remarkable given the age of the patient. The 31 is asymptomatic and functional with no probing defects or mobility. Its long-term prognosis is excellent and the lady is delighted with the result. I may not be a dentist with an abundance of aesthetic panache but I think the clinical appearance at six months post-op is beautiful. Perhaps the home care is a little lacking and the hue of the crown a wee bit off, but beauty is in the eye of the beholder. The 31 is stable with no endodontic contraindications for future aesthetic treatment.

An alarmingly prodigious number of teeth are extracted if ReTx is deemed problematic. ReTx no longer deserves a carte blanche preference for non-healing cases. The scrupulous practitioner knows EMS to be no less favourable an option to ReTx. When in doubt do not pull it out. Leave the doubting to Thomas and give careful consideration to EMS routinely.

Regards,

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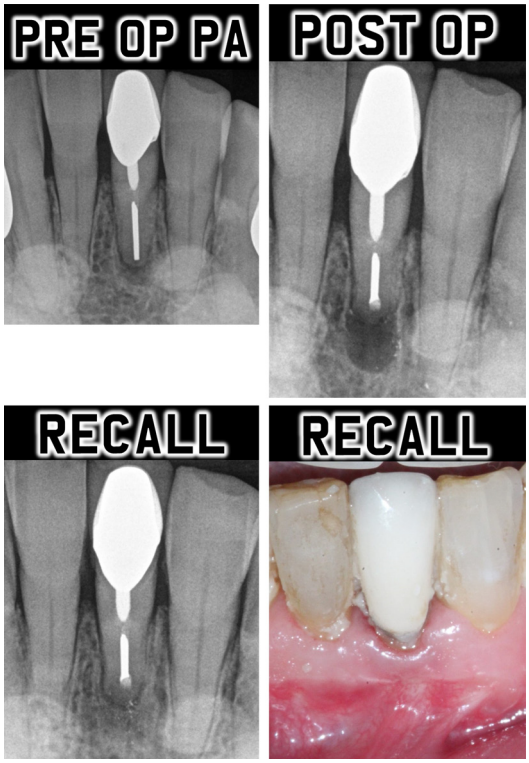

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