RICHMOND
ENDODONTIC CENTRE

# OK 9

NOV
2019

A fifty-five-year-old lady with hemiplegia secondary to a surgery to remove a pronounced brain tumour presented for retreatment of the 23. The patient was motivated to save the tooth and preferred to avoid a pre-operative CBCT evaluation unless it was deemed imperative. There were no probing defects or mobility but the 23 'ached' and was very sensitive to percussion.

Angled pre-operative radiographs confirmed the perforating gutta percha (GP) was on the palatal, not the buccal wall (SLOB Rule). This is atypical as a perforation in a maxillary canine is, more often than not, in the buccal wall. A buccal perforation is a decidedly more amiable surgical candidate if such an intervention is needed to promote full healing. This particular misadventure is likely due to access issues. The lady cannot tilt her head back or tolerate lying horizontally, to say she has limited opening is no understatement, and her indefatigable Brobdingnagian tongue often banged against the mirror and handpiece with considerable force.

A team effort allowed for a seamless transfer of the patient from her wheelchair to our operatory chair. The following steps were taken to minimise access challenges and increase our chance of a successful outcome:

- To counter the lack of neck flexibility and reluctance to be reclined, the chair was raised and I stood during treatment
- Multiple teeth were isolated under the rubber dam to allow an accurate assessment of the emergence profile of the crown and likely submarginal projection of the root
- A small bite block helped minimise mandibular oscillations and was a useful distraction for the tantrumic beast of a tongue
- A saliva ejector under the rubber dam assuaged the tendency for fits of panicked swallowing

The true canal was not easy to locate. Its discovery took some time and was possible through the conservative use of Munce burs with the aid of a digital microscope. A 10/02 hand file was gently worked into the canal and an apex locator confirmed my worst fears were not realised, a second perforation. To ensure the orthograde treatment and placement of the carbon fibre post proceeded efficiently the old GP was left in place.

The extruded GP was then removed with Hedström files. As feared, the removal of the GP unleashed a tsunami of haeme that was eventually controlled with a direct injection of local anaesthetic and targeted pressure. MTA was placed to seal the perforation site and a final parcel of bonded composite ensured the coronal seal was realised.

Although efforts to save this tooth were technically challenging, all of the procedures were non-surgical, and the long-term prognosis is favourable. A perforation may ruin your afternoon, or even a full day, but it does not equate a hopeless prognosis for a tooth. Conservative endodontics can save teeth and it is OK 9 to embark on atypical treatments perhaps more often than not.

Regards,

Joel N. Fransen
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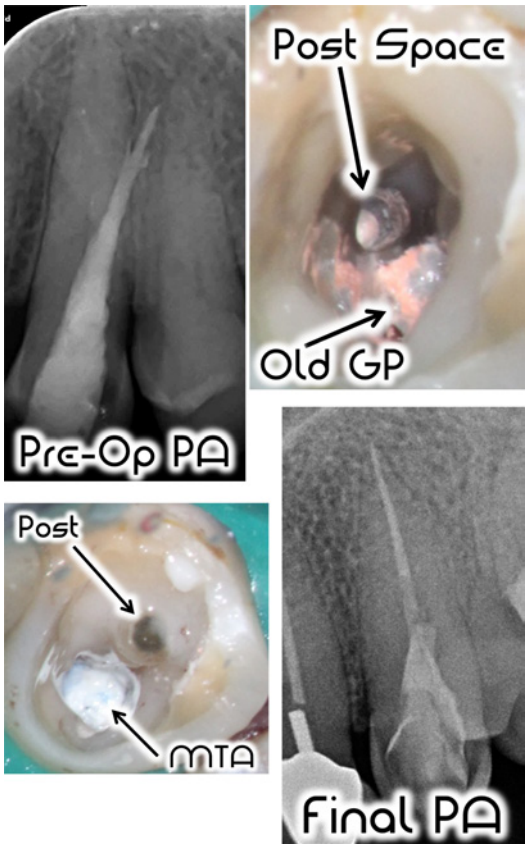
Certified Specialist in Endodontics

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8am to 5pm - Monday to Friday
Extended hours are also available

**I am dedicating the 2020 Ride to my grandmother Margaret Fransen who was taken by cancer when my dad was merely a lad.** Cancer stole my dad's mum from him but I will honour the positive impact she made on my dad and his two sisters.

Please consider donating to my 2020 Ride to Conquer Cancer.

RIDE TO CONQUER CANCER
BENEFITING BC CANCER FOUNDATION