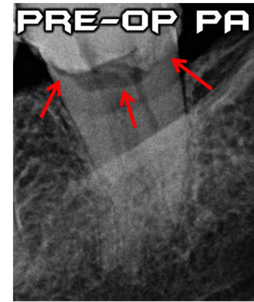
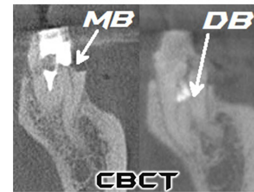
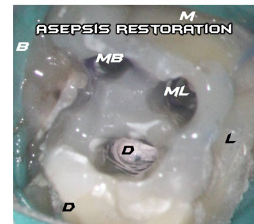
RICHMOND
ENDODONTIC CENTRE

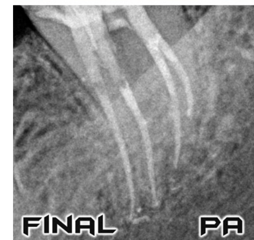
SALIVABERG

AUG 2020









Often rubber dams are not damn good enough, and that is a challenge for success in endodontics. A seafaring analogy for this premise is, a ship does not sink because of the water around it but that which gets in. The ever-present, rubber dam-evading, waves of saliva lapping up against the chamber walls can sink even the most radiographically aesthetic endo-hero case. If there is any chink in the restorative armour of the tooth, saliva will find it and contaminate the chamber.

Can a rubber dam be relied upon to keep the waves of saliva at bay during the entire appointment? Perhaps not, especially if a working length radiograph is taken, the patient goes to the washroom or is left to his/her own devices as one pops out for a hygiene exam. An asepsis filling will turn the tide on coronal leakage and does not negate insurance coverage for a core, crown, or final filling. Its sole purpose is to ensure adequate isolation during endodontic treatment. Situations that warrant an asepsis restoration are:

- Caries extends to chamber
- Seal of existing restoration is questionable
- A crack larger than craze line is present
- If the dentinal ferrule does not provide a circumferential wall of at least 2mm in height

Understandably, the motivation to place an asepsis filling may be low as its technical challenges can, on occasion, supersede those of the endodontic treatment itself. Nevertheless, a sound asepsis seal pays handsome dividends, eliminating coronal leakage as a complicating factor and permitting one to concentrate solely on clinical endodontics. A wee bit of saliva in the chamber is analogous to being a little pregnant; it will have an impact it might not be immediate but give it time, matey.

The asepsis restoration required for this 37 is not typical as it is much more extensive than what one would normally entertain. More often than not, teeth with such a voluminous carious defect are extracted; especially if they are the most posterior candidate in the quadrant. However, the well-informed and exceedingly nice 53-year-old lady was loath to lose her 37. She pleaded for its retention and confirmed she was comfortable with the high degree of unpredictability of any endeavour to save it. This lady had recently recovered from a severe life event that curtailed her typical hygiene regimen for about two years. She looked upon saving this tooth, from the abyss, as a personal point of pride.

The caries was so extensive that the orifices of the buccal canals were covered by marginal gingiva, not dentine. There was insufficient coronal dentine for reliable retention of the rubber dam clamp, so the mandible was clasped instead. Caries removal, placement of the asepsis restoration, and a pulpectomy were all that could be completed during the first appointment. The endodontic challenges of these canals were sufficient to demand my undivided attention. Three posts were placed to maximise retention of the core as sound coronal dentine was scarce. Technically, this tooth was immensely challenging. Attaining and maintaining a saliva-tight reliable seal was an absolute must. Being unaware of the benefits of an asepsis restoration is not unlike the captain of the Titanic sailing west, at full speed, blissfully ignorant of what awaits. Don't let saliva be the iceberg that sinks your endo.

Regards,

Joel N. Fransen
BSc(OT), DMD, FRCD(C)
Certified Specialist in Endodontics

Richmond Endodontic Centre
Dr. Joel N. Fransen

110-11300 No.5 Rd
Richmond, BC V7A 5J7
office@endodonticcentre.com
T 604.274.3499
F 604.274.3477

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

Please support my 2020 B.C. Ride to Conquer Cancer. This will be my ninth year in the Ride and with your support, it will be the best yet! Thank you to the superheroes that have donated to my 2020 Ride so far.

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