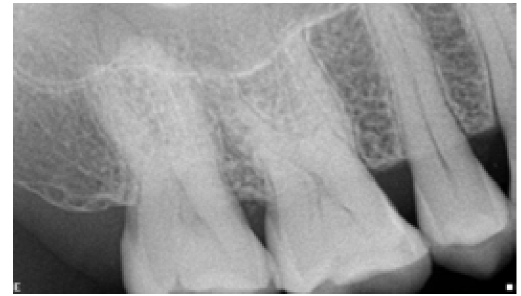
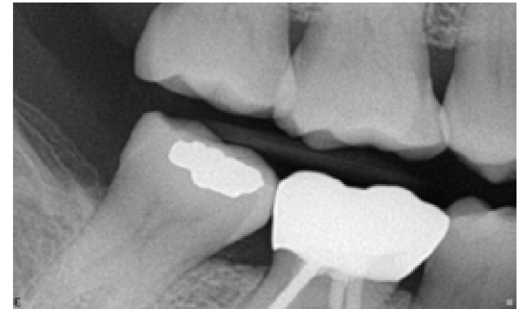
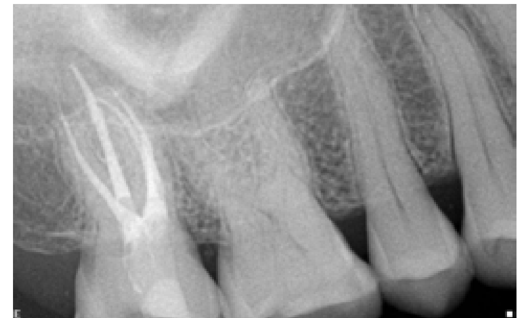
RICHMOND
ENDODONTIC CENTRE

SAVE THE MAX SEVENS

FEB 2013

This month marks the three year anniversary of the Richmond Endodontic Centre. Thank you for your interest and referrals. In addition, the Richmond Endodontic Centre Boardroom is now open for business. It is a new presentation centre that is ideal for meetings, study clubs, and hands-on courses. There will be some one-day lectures relating to endodontics over the next few months. Please contact our office if you are interested in joining an endodontic study club starting in the fall of 2013.

This month's newsletter is about the maxillary 2nd molar. Generally, such teeth are not considered for initial endodontic or re-treatment as often as maxillary 1st molars. A patient may choose extraction because it is cheaper; that is not likely the case in the long-term. You may choose extraction because attaining an adequate access is tough, the roots are fused with unusual anatomical challenges, the patient cannot open wide enough or for long enough, and your success rate seems lower than ideal.

However, loss of the 2nd maxillary molar can render the mandibular seven functionally useless. Since distal extension cantilevers are unstable, a bridge requires a wisdom tooth to be present, restorable, and periodontally maintainable. An implant in this site is both technically and financially challenging. Saving the maxillary 2nd molar has functional benefits for the patient and you can enjoy a high rate of success.

Successful endodontic treatment requires one to adequately detect and treat all of the canals. The frequency of MB2 canals in maxillary 2nd molars ranges from 5 – 50%. This is significantly less than the 10 – 95% rate for maxillary 1st molars. However, an untreated MB2 can lead to failure in any molar. To improve your rate of MB2 detection in maxillary 2nd molars, consider the following:

- Rhomboid access preparation
- Trough between the MB and palatal canal orifices
- Use at least 3.5 X magnification with adequate illumination

Implementing magnification alone can treble the rate of MB2 detection. The radiographs on the right are of a recent 2nd molar I treated. It had an MB2 canal that was slightly mesial and palatal to the MB1 orifice. Missing this canal would have compromised the long-term success of my treatment. Extracting this tooth because of a fear of missing the MB2 would be to ignore the advances of modern endodontics. So if you are in doubt, consider referring it out. Save the teeth of your patients and they will tell their friends!

Regards,

Dr. 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

The Richmond Endodontic Centre Boardroom will soon be open; it is available for meetings, lectures, and study clubs. Please come by and have a look at our new presentation centre!

RICHMOND
ENDODONTIC CENTRE
BOARDROOM

WWW.ENDODONTICCENTRE.COM