RICHMOND
ENDODONTIC CENTRE

PATIENT KNEW BEST

JUL 2012

This newsletter highlights a case where listening to the patient and seeking a second opinion was the deft move of a judicious general dentist. The patient is a 50 year-old healthy lady who had tenderness to percussion and constant pain on tooth No. 36. The tooth was initially treated by another local endodontist about a year ago. The endodontist stated the ML canal could not be located clinically and the CBCT images showed the inferior alveolar canal was too close to 36 for endodontic microsurgery to be performed. The pain persisted and the endodontist recommended extraction and placement of an implant. Motivated to save her tooth the patient asked her dentist for a second opinion.

This March I first saw the lady and diagnosed the 36 as previously treated with symptomatic apical periodontitis (Fig. 1). Upon reviewing the CBCT images, I noted the mental foramen was mesial to the 45 and the location of the inferior alveolar canal was not a contraindication for endodontic microsurgery. The ML canal was not visible on the CBCT images, but the root structure where it should be was apparent. After considering the pros and cons of the various options, non-surgical retreatment was recommended.

Use of a surgical microscope, ultra-sonic tips, a sharp DG-16 explorer and numerous small hand files allowed me to locate the ML canal (Fig. 2); once located it took a lot of fine work with hand files to gain patency. Chloroform and had files were used to remove the gutta percha from the other canals. More time with small hand files was necessary to gain length and eventual patency on the MB and distal canals. Rotary files were then used to further refine the shape of the canals. NaOCl and Q-Mix were the irrigants activated after instrumentation. The canals were medicated with Diapex and the access sealed with a foam pellet and Cavit.

At the second appointment the patient reported the tooth had been asymptomatic and functional for over three weeks. The working lengths and master files sizes were confirmed and the canals were re-irrigated prior to obturation (Fig. 3 & 4). The referring dentist placed a core filling the following week. This tooth has a great long-term prognosis to remain asymptomatic, aesthetic, and functional. Was it not for the patient's persistence and the dentist's willingness to seek a second opinion this tooth could have been needlessly extracted. Please consider the Richmond Endodontic Centre when seeking endodontic care for your patients.

Regards,

Dr. Joel N. Fransen
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Certified Specialist in Endodontics

I will be away on holidays from the 6th to 22nd of July. Dr. Garrick Liang will be providing coverage during that time. You can still reach me via the office, e-mail, or my mobile.

Thank you to all of those that generously donated to the Ride to Conquer Cancer. With your help I was able to raise almost $3,000. Hopefully, next year we will be able to raise even more money for oral cancer research.

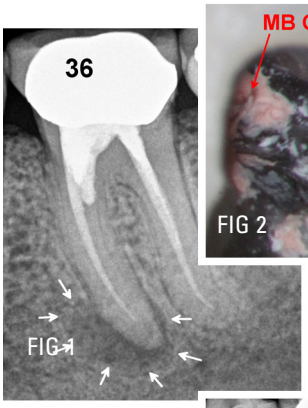


FIG 1

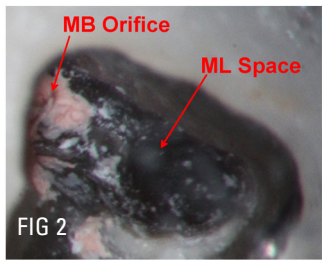


FIG 2

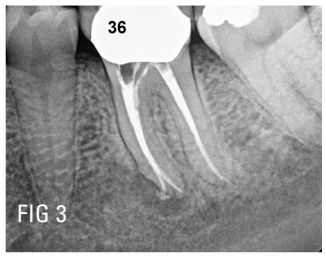
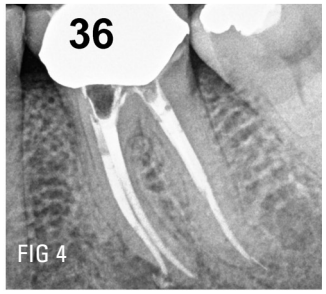


FIG 3



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

This newsletter and all of the previous newsletters are posted on our up and running website, **www.endodonticcentre.com** and the BCDA Discussion Forum Blog.

If you have any questions about this or other newsletters, please contact our office.