RICHMOND
ENDODONTIC CENTRE

IRRITATED BUT NOT PATHOLOGICAL

OCT 2016

The range of 'normal' responses, vary from person to person and change with age and circumstances. One needs to first calibrate what is a typical response for a healthy pulp for an individual, and then identify the tooth or teeth that respond atypically to what is expected for that person and that type of tooth. This newsletter will address the diagnosis of reversible pulpitis (RP): Subjective and objective findings indicate the inflammation should resolve and the pulp returns to normal following appropriate management of the aetiology

Sensitivity to cold or sweets may be pronounced but goes away within a few seconds following the removal of the stimulus. Caries, faulty fillings, a new restoration, and recent trauma are typical causes for RP. An increase in grinding/clenching secondary to stress can also lead to RP developing. Spontaneous pain or periods of ache are not associated with RP. A person may mistakenly report spontaneous pain when it is indeed a reversible response to frequent but subtle cold/sweet stimuli. It is necessary to reliably replicate the chief complaint in order to diagnose RP.

For RP one expects a lack of radiographic pathological features such as a widened PDL or thickened lamina dura. Caries and deep restorations are often associated with RP.

At best our tests for determining pulp status are mildly accurate. Carefully apply the cold cotton swab to the buccal surface. Slowly slide apically if no response is forthcoming. Be careful to ensure a positive response is not due to cold being felt on the gingiva. Your skill at performing pulp tests will improve with practice and tackling challenging diagnostic cases. For various reasons a person may inadvertently or deliberately provide inaccurate responses as well misreport the type and severity of symptoms. Even if patients are confident a particular tooth is the source of all their grief, test and retest as well re-review the pain history as an accurate diagnosis of RP can be elusive.

It is expected that RP will resolve soon after removal of the aetiology (i.e. caries, leaky filling, etc…). Yet there is always a chance of an adverse or unexpected response despite a seemingly water tight diagnosis and well-executed conservative treatment. Advise your patients, pre-operatively, of both the expected and atypical responses that may occur. Avoid unpleasant surprises by informing pre-operatively rather than postoperatively.

Officially dentinal sensitivity is not RP as its symptoms are not due to an inflammatory process. Its symptoms mimic those of RP and it responds favourably to non-invasive treatment.

A lack of symptoms need not denote successful resolution of RP. Sometimes pulps die quietly and the patient is in ignorant bliss. At the next hygiene/recall appointment re-evaluate the pulp status of the treated tooth, its neighbours, and take new periapical radiographs.

The images above are of a recent RP case. The young lady was emphatic in her desire to save the 36 and avoid endodontic treatment. An MTA pulp cap and a bonded composite restoration were placed six months ago. The patient is pleased, the pulp is healthy, and I am always there to do a RCT in the future!

Regards,

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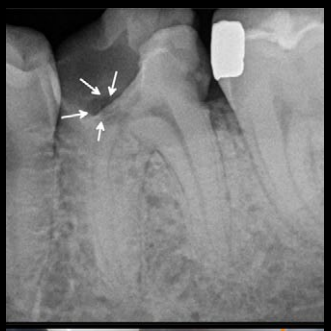
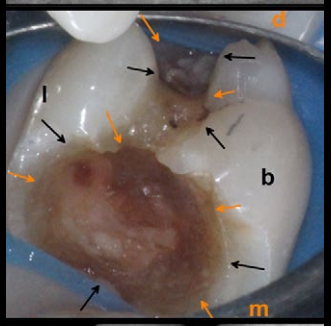
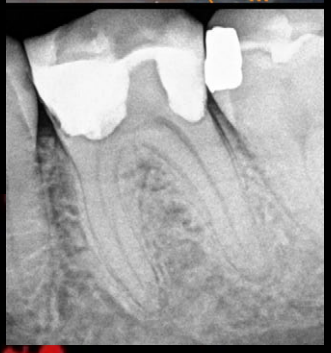
Certified Specialist in Endodontics



PRE-OP PA



FRANK CARIES



6 MONTH RECALL

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

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