RICHMOND
ENDODONTIC CENTRE

TRICK OR TREAT

OCT 2017

One look is worth a thousand words and the pre-op PA for this case certainly lives up to that. Not only are the roots long and curved but they are calcified. The dentist had the clinical experience and diagnostic skill to previse the challenges this 46 presented. Nevertheless she was compelled by the exigency of the severe pulpitis to perform a pulpotomy. The patient could not see me for pain relief as the she lived over 1,200 kilometres from my office and analgesics were as useful as 'smarties' for pain relief. The pulpotomy had a low chance of iatrogenic mishap and was sufficient to quell the pain until I travelled north.
These canals are fraught with challenges that make them high risk for iatrogenic incidents which in turn could hamper the long-term prognosis for success. In other words it is a tough one to treat successfully. Below is a summary of how I approached this northern trick or treat case:

- Informed the patient this tooth is challenging and will take more time than she may expect
- Ensured the patient was comfortable so she could endure the ninety or more minutes it may take to complete treatment
- Long-shank diamond crown prep burs and Munce Discovery burs were used to expose the orifices and ensure straight-line access
- 06, 08, and 10 hand files with slight curves at their tips were gently turned clockwise and counter clockwise to perquisition the canals subtly
- These files quickly unwound and were replaced readily
- In order to avoid canal blockage, ledge formation, file separation I had to resist the urge to push apically; apical migration occurred only if a handfile slid gently whilst turning
- Copious amounts of NaOCl were used to reduce the friction generated on the small frail files, digest organic remnants, and expedite débris removal
- Nevertheless I still managed to block myself out at a depth of 18mm in the ML canal; it took an additional twenty minutes of careful twisting and pulling of curved handfiles to regain the original canal path
- Pushing apically compacts the débris making it more dense and possibly impossible to remove
- After attaining a glide path to the apices with 02 hand files a reciprocating Wave-One rotary file was used to provide taper to the middle and coronal thirds of the canals
- Patency was reconfirmed often with 08 and 10 hand files
- A ProGlider Path File was the first rotary file used at full working length (23.5mm) followed by 15/04 and 20/04 Vortex Blue Rotary files
- Small custom-fit 02 taper GP cones were used for obturation with warm-vertical compaction

I was keen to complete this case in one sitting as it would be difficult to re-familiarise myself with the complexities of each canal at the second appointment. I treated each canal individually completing its instrumentation before tackling the next one. This is not the most efficient regimen for canal preparation but was necessary in this case. Sometimes clinical efficiency is one of many foes we face when treating challenging canals. It is a treat completing such cases as long as you are aware of the tricks of the trade.

If you are interested to learn more about clinical endodontics I am involved with the British Columbia Endodontic Solutions Hands-On Course in April.

Regards,

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

BRITISH COLUMBIA
ENDODONTIC
SOLUTIONS

PRE-OP PA

POST-OP PA

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 is 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