Dental microscopes improve visualization within crowns and aid in the finding of extra canals.

Patient Profile

Patient: A 55-year-old female

Symptoms: A 55 year old female was referred to our endodontic office for pain in the upper right quadrant.

Initial Assessment: Her dental history included a previous root canal on tooth #3. The treatment was performed about five years ago. The previous root canal looked good on the radiograph. Her clinical history included a description of pain for the past few months with more significant pain over the past week. She couldn't sleep or eat for fear of pain when her teeth touched. The tooth had a porcelain crown placed just after the root canal treatment five years ago.

Treatment Protocol

After I tested tooth #3, the surrounding teeth and the opposing teeth, I was confident that her pain was coming from tooth #3. I explained that her pain was either due to a return of the original tooth infection, a new root infection or a fractured root. I also explained that her treatment options included root canal retreatment, root end surgery (apicoectomy) or the extraction of the tooth with subsequent replacement. Since she was missing tooth #15, I explained that her best replacement option would be a dental implant.

Case Studies in Endodontics

She just wanted her pain to go away and she settled on root canal retreatment as the most conservative option. She was a bit scared of the idea of surgery and she was not ready to extract this tooth in favor of a dental implant.

During the retreatment I found an MB2 canal with the use of the dental microscope. This canal was not previously located. I also removed the prior root filling material from the other canals and refilled all four canals. My access opening was sealed with a temporary filling and the patient was scheduled for a recall in one month.

The patient was called the next day and reported that her pain was 90% gone. She was thrilled. After one month, the patient returned and happily reported that her pain was 100% gone within 24 hours and had not returned. She was advised to return to her dentist for a final restoration in this tooth.

Discussion

New technology in endodontics has made retreatment easier. Dental microscopes are not just for surgery but aid in the finding of extra canals and visualization with hard to see crowns. Ultrasonics and rotary files help guide us into calcified canals that would otherwise remain unfound.

Not every case can be successfully retreated, but Drs. Terry and Silberg can expertly diagnose and recommend treatment for patients with their best interests first and foremost. Whether through retreatment, surgery or extraction, we can avoid tunnel vision and provide logical solutions to your patients.

For questions or further discussion of the findings in this case study – or to refer a patient to Endodontic Specialists, call (610) 995-0109 or (610) 917-9984.

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