**Note**

1. **Tooth #** 18
2. **CHIEF COMPLAINT:** My dentist referred me for root canal treatment.

**B. Procedure Category:** NS RCT **(non surgical root canal treatment)**

   

**C. MEDICAL HISTORY:** The patient has a history of asthma long time ago, with no recent attack and not taking any medication for it. In 2002, the patient had a motor accident, blood transfusions and bone surgeries were performed with no orthopaedic plates or screws were placed. Patient smoke Marjuana from time to time. (Any other sessions you can write: Medical history reviewed with no changes)

**D. DENTAL HISTORY:** Patient had seen his dentist a week ago due to pain on teeth # 18. The general dentist performed endodontic tests and advised her to seek an endodontist to re-evaluate the tooth and to do the root canal treatment. The general dentist reffered him for re-evaluation and to do the treatment. (only in the first session)

**E. E. CLINICAL EVALUATION: (Diagnostic Procedures)**

**Exam**: Patient is alert and oriented with no distress. No extra oral or intra-oral swellings or tenderness in lymphnodes. Tooth # 18 has an O amalgam restoration with distal caries below the gingival level. Bleeding on probing specially in the distal of tooth # 18. Tooth # 19 and 17 are missing.

**Tests**: (Only in first session)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tooth # | Cold | EPT | Percussion | Palpation | Probing |
| 18 | +++ | + | +++ | + | 345 |
| 20 | + | + | - | - | 333 |
| 21 | + | + | - | - | 333 |

(cold test was done using cotton pellet and Endo ice ( 1,1,1,2 Tetrafluoroethane)

**Radiographic Interpretation**: (only in first session)

Occlusal surface metalic base filling material on tooth # 18 with a large radiolocency in the OD surface that is in close proximity to the pulp chamber. From the diagnostic PA and bitwing, no defect in the crestal alveolar bone, minimum three root canals can be seen.

**F. PRE-TREATMENT DIAGNOSIS**: (only in first session)

**Pulpal**: Irreversible Pulpitis - Symptomatic **Periradicular**: Symptomatic Apical Periodontitis

**G. TREATMENT PLAN**: **Recommended:** NSRCT tooth #18

**Emergency**: Pulpectomy for tooth# 18

**PROGNOSIS**: FAVORABLE (we write only Favorable, unfavorable or questionable)

Patient initials, Referred by his general dentist for evaluation and Tx of pain in the lower left quadrant. One PA radiographs taken and a bitwing. Evaluation done. Tooth #18 needs NS RCT. Patient wishes to save the tooth. Discussed pros and cons of Tx options and informed consent was obtained. IANB was given, using 72mg of lidocaine with .036mg of epinephrine (or you can write 2% lidocaine with 1:100,000 epi. 2 carpules) . RDI(rubber dam isolation) of tooth #18. Caries control was performed using # 4 round carbide bur and a temporary filling material was used to re-build the OD wall to control the bleeding from the gum. Restorability of the tooth was checked. Access was made and the pulp chamber was deroofed. The pulp is hyperemic and the bleeding was controlled using 5.25% NaOCl irrigation and gross pulp tissue debridement using K-files. No fractures were detected. Three canals with straight access were located and instrumented with K-files, GGs. Working lengths established with radiograph. Mater apical file size is \_\_\_\_ The patient has limited mouth opening and the roots are long what made taking the radiographs challenging. Copious irrigation with 5.25% NaOCl (for disinfection, tissue dissolution, flushing and lubrication) and 17% EDTA (for chelating effect and removal of smear layer). Canals were dried. MCs (Master cone size is \_\_\_) were seated with ZOE sealer. Accessory canals with lateral condensation technique were used to fill the. Access cleaned, and cotton pellet and Glass Inomer placed. One PA radiograph was taken after removal of the rubber dam. Prognosis is favorable pending prompt restoration due to adequate biomechanical preparation of canals and acceptable obturation with sufficient remaining tooth structure. Checked occlusion. Patient prescribed 800mg of Ibuprofen q6h PO x 2d then PRN pain. POI given. Patient was scheduled for recall and dismissed without incident.