# Endodontie Lab 724

Mar 10, 2022

Session IX

Maxillary or Mandibular Canine

# Today's Plan

8:00 - 8:15

Quiz

8:15 - 8:45

**Canine Access Lecture** 

**Review Apical Gauging** 

8:45 - 11:30

Lab: Max/Man Canine-

Access/C&S/Obturate

11:30 - 11:45

Review

# Today's Plan

8:00 - 8:15 Quiz

8:15 – 8:45 Canine Access Lecture

Review Apical Cauging

8:45 - 11:30 Lab: Max/Man Canine- Access/Clean &

Shape/Obturate

11:30 - 11:45 Review

## Next Week

- · Theme: Favorite Decade Day
- Summative Assessment
  - Access only teeth: mandibular incisor, canine (arch you did are not completing today), maxillary lateral incisor
- · Catch up

### Anterior Access Review

#### · Goal

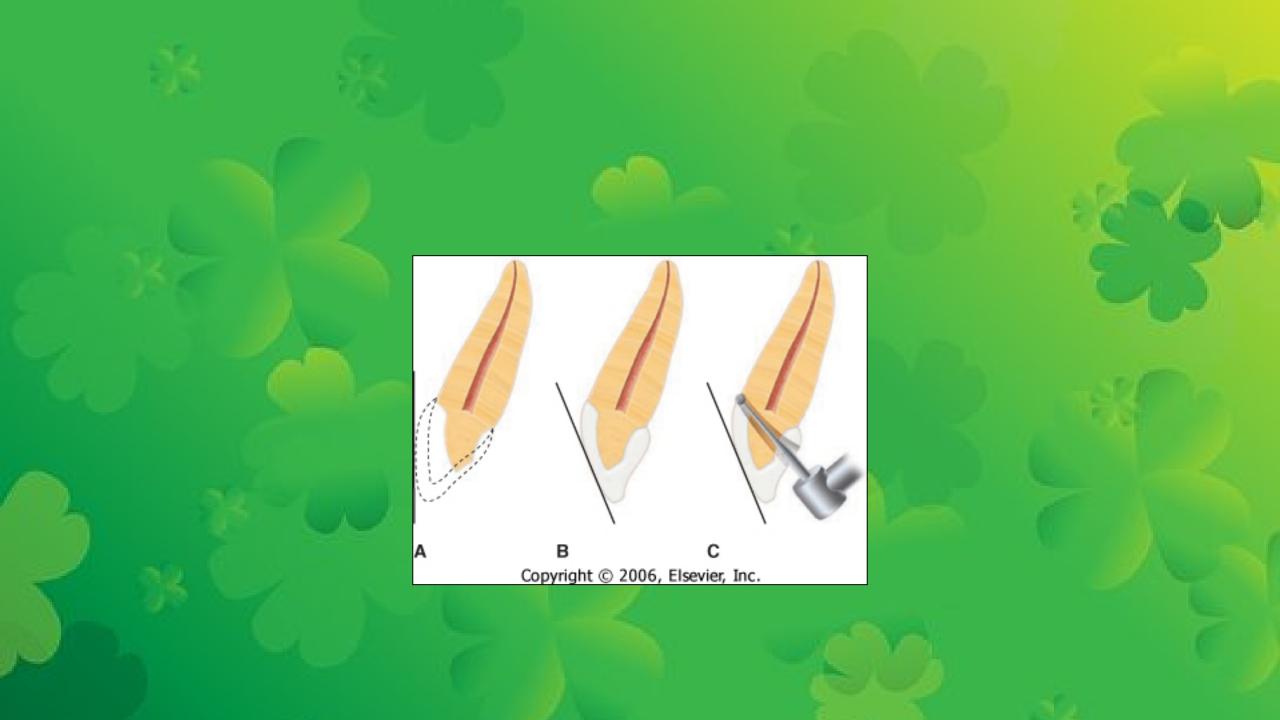
- · Gain access to the RCS, identify orifice
- · Remove the pulp chamber roof and pulp horn
- Smooth, tapered preparation, SLA to RC coronal and middle third
- · Different shapes for different teeth
- High Speed Round Bur (#2 or #4)
- Initial Short Shank
- Deeper Surgical Length

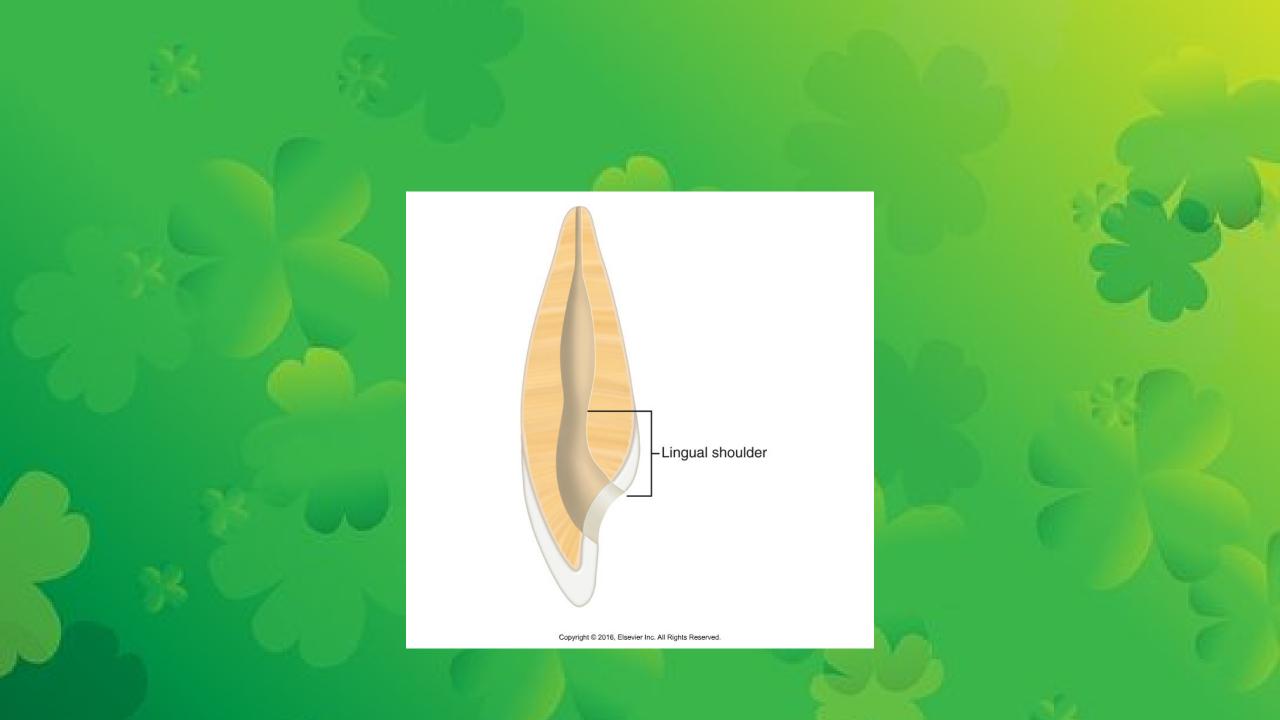
# Maxillary Canine

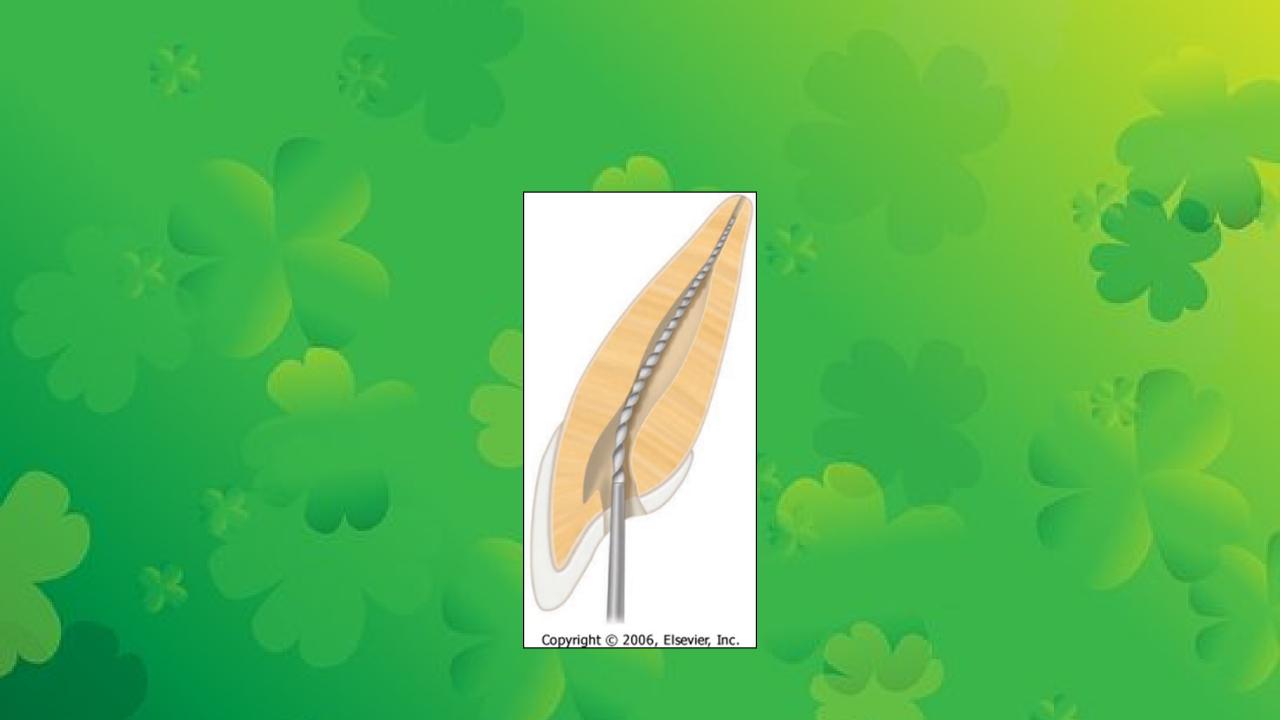
- Average length—26.5 mm
- · Root curvature (most common to least common): distal, straight, labial.
- · Lingual shoulder is present
- Canal morphology is oval until apical 1/3 where it constricts and becomes more circular
- One canal- 100% according to Vertucci and Pineda/Kuttler

# Maxillary Canine Access

- · Similar to maxillary incisors except:
  - Wider B/L than M/D
  - · No pulp horn
- · External access outline form is oval or slot shaped
- The mesiodistal width of the slot is determined by the mesiodistal width of the pulp chamber
- Incisal extension often approaches to within 2 to 3 mm of the incisal edge to allow for straight-line access





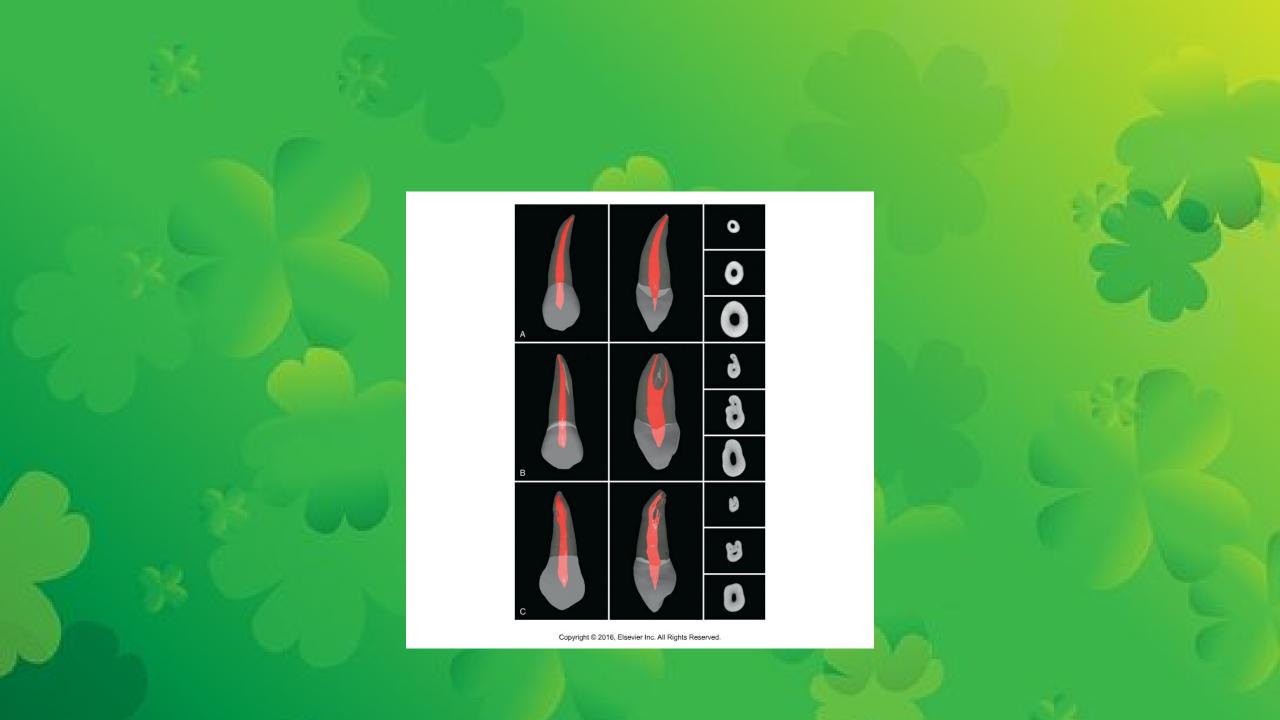


# SLA- How do I know when I have removed the lingual shoulder?

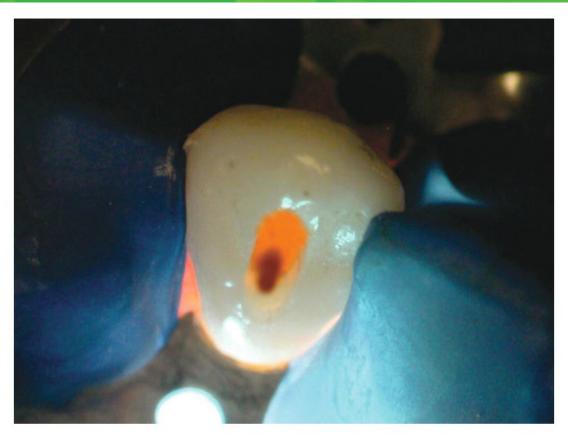


# Maxillary Canine





# Maxillary Canine Access



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### Mandibular Canine

- Mandibular canine is very similar to that of the maxillary canine, except:
  - · Dimensions are smaller
  - · Root canal outlines are narrower in the mesiodistal dimension
  - Mandibular canine occasionally has two roots and two root canals located labially and lingually
- Usually 1 canal-94% according to Vertucci 95% Pineda/Kuttler
- Canal is narrow mesiodistally but usually very broad buccolingually.
- A lingual shoulder must be removed to gain access to the lingual wall of the root canal or to the entrance of a second canal.

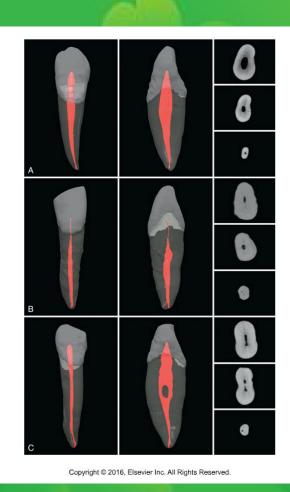
#### Mandibular Canine Access

- · External outline shape is oval or slot shaped
- Mesiodistal width corresponds to the mesiodistal width of the pulp chamber.
- Incisal extension can approach the incisal edge of the tooth for straight-line access
- Gingival extension must penetrate the cingulum to allow a search for a possible lingual canal.

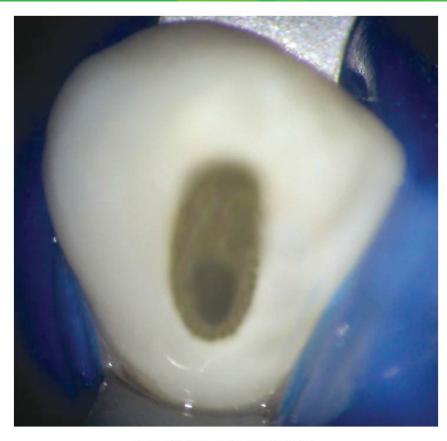
# Mandibular Canine



# Mandibular Canine micro-CT



# Mandibular Canine Access



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- Access
- Working Length
- Clean and Shape
- Obturate

# Radiographs

- · Radiographs (use the sextant holder for preop, working length, master cone, and check films)
- · Preoperative radiographs, B-L and M-D(mounted)
- · Working length- off-angle if mandibular
- · Master cone- angled if mandibular
- · Check film- angled if mandibular
- · Final (without RD), B-L and M-D views

# Instructor Check points

Please complete grading pg 27 and 82

- Halfway access
- Access
- Working length film
- · Apical gauging, master cone fit, plugger fit
- Master cone radiograph
- Check radiograph
- · Final radiograph
- · Swipe "endo working lengths" form

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