Latest advancements in **Endodontics-I**



Dr Saaid Al Shehadat



Endodontics Progress at 4 levels

- Tools: diagnosis, RCT procedures
- Materials: irrigation, obturation and restoration
- Techniques
- Concepts



Tools



- Pulp vitality test

- CBCT



Pulp tests

Sensibility tests

- Cold Test
- Heat Test
- **Electrical Test**
- Other Tests: cavity test, anesthetic test

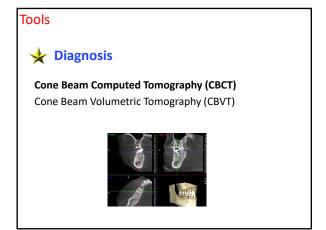
Shortcomings of sensibility test

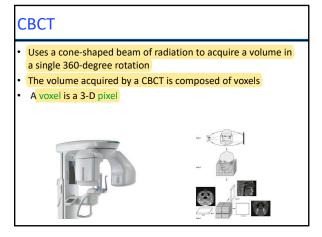
- Accompanied by <u>un-pleasant sensations</u> for the patient
- false-positive response, the nervous system may remain reactive, even if all the surrounding tissues are degenerated
- false-negative response, in cases of calcarous (degenerescent), teeth with recent traumatisms, or teeth with open apices

Recently available pulp vitality tests

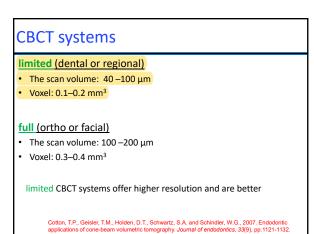
- Laser Doppler flowmetry (LDF)
- Pulp oximetry
- Measurement of temperature of tooth surface
- Transillumination with fiber-optic light
- Dual wavelength spectrophotometry
- Plethysmography
 Detection of interleukin—1 beta
- Xenon—133
- Hughes probeye camera
- Gas desaturation
- Radiolabeled microspheres
- Electromagneticflowmetry

Cohen 2016





With the help of viewer software, the clinician is able to scroll through the entire volume and simultaneously view axial, coronal, and sagittal 2-D sections that range from 0.125–2.0 mm thick Multiplanar reconstruction Axial Sagittal Coronal Right-left Anterior posterior Additary direction Wheel food April 2-D Section State Custom Additary direction April 2-D Section State Custom Section S



CBCT systems Limited CBCT is preferred for most endodontic applications: 1. Increased resolution, for (calcified/accessory canals, missed canals) 2. Focus on anatomical area of interest 3. Decreased radiation exposure to the patient 4. Time savings due to smaller volume to be interpreted 5. Smaller area of responsibility

CBCT has become increasingly important in treatment planning and diagnosis for Implant Oral surgery

CBCT

Orthodontics

Endodontics

CBCT in Endodontics

A drawback of periapical X-ray

The interpretation can be confounded due to regional anatomy as well as superimposition of both the teeth and surrounding structures



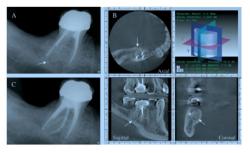
- Curvature (buccal/ ingual)
- Exact length Extension of
- lesions

Potential endodontic applications

- diagnosis of endodontic pathosis
- assessment of pathosis of non-endodontic origin
- calcified/accessory canals, missed canals
- canal morphology
- evaluation of root fractures and trauma
- analysis of external and internal root resorption
- invasive cervical resorption
- pre-surgical planning
- to determine the nature of the peri-radicular lesion (granuloma vs cyst)

CBCT in Endodontics

Missing canal

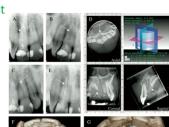


CBCT in Endodontics

Nasopalatine duct cyst

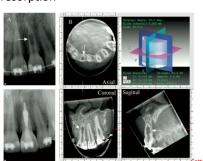
- RCT of 11
- internal resorption on #11?
- 2 PA: radiolucency shifts entirely off the root structure
- external resorptive defect? pathosis within the palatal bone?

CBCT:



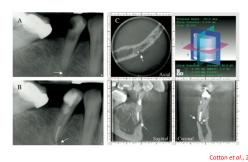
CBCT in Endodontics

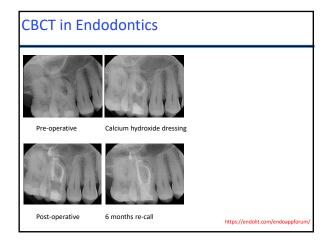
Internal resorption

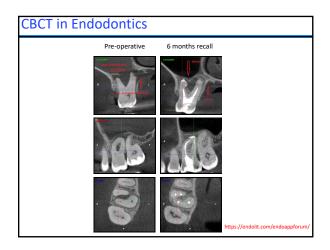


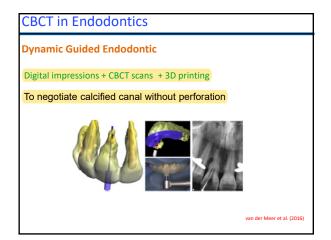
CBCT in Endodontics

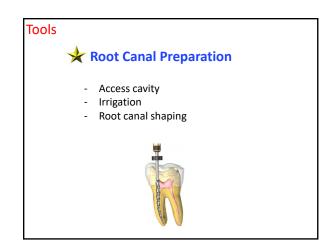
Pre-surgical anatomic assessment

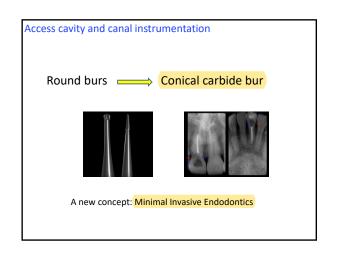


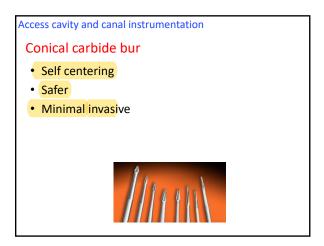


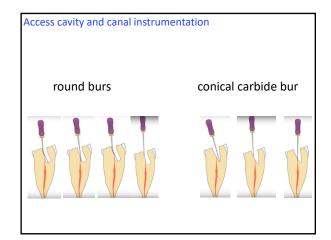


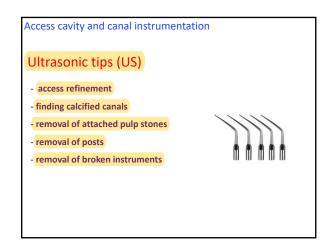


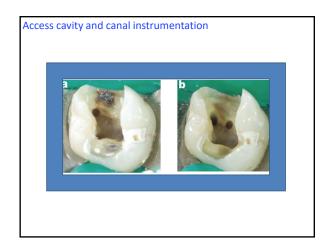


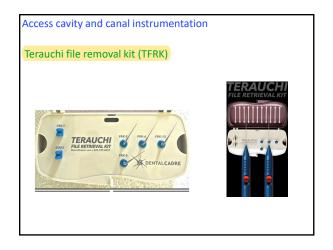


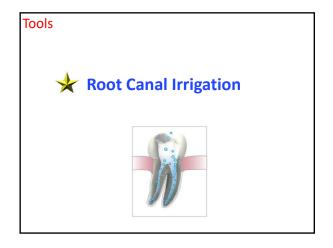


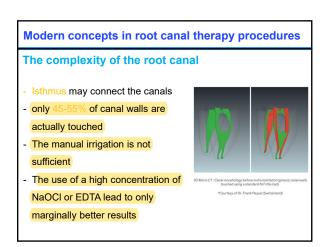












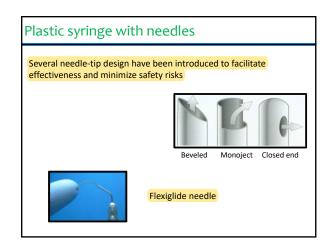
Sodium hypochlorite (NaOCI)

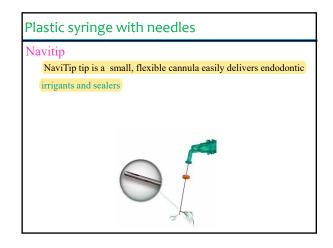
- Concentrations: 0.5% and 6%
- Both lower and higher concentrations are equally efficient in reducing the number of bacteria in infected root canals
- The time needed to inhibit bacterial growth and tissue dissolving effect of NaOcl irrigant is related to it's concentration

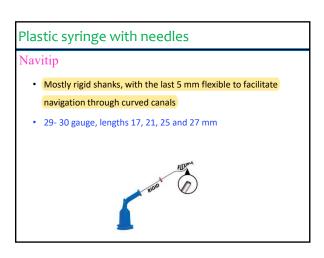


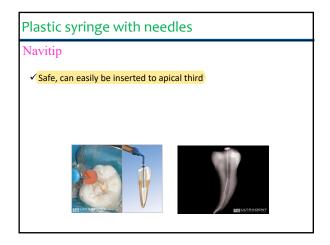
Sodium hypochlorite (NaOCL) Temperature Increasing the temperature of hypochlorite irrigant to 60°C, significantly increases its antimicrobial and tissuedissolving effects Heating devices for NaOCL syringe

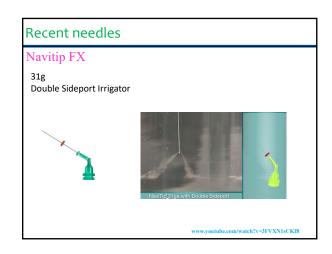
Irrigation Devices In Endodontic Manual 1- Plastic syringe with needles 2- Brushes 3- Manual Dynamic Agitation Machine Assisted 1- Rotary brushes 4- Ultrasonic 2- Continuous irrigation 5- Pressure alternating devices during rotary instrumentation 3- Sonic

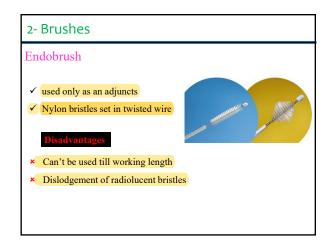


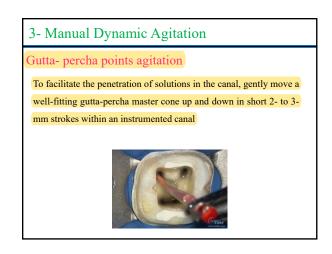








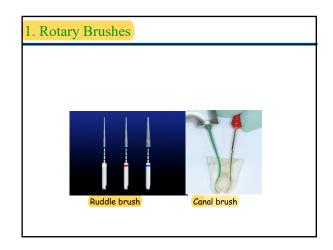


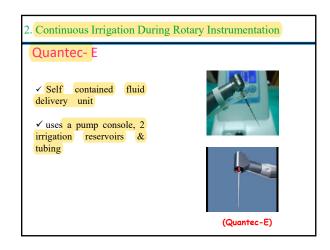


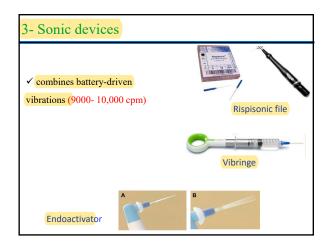


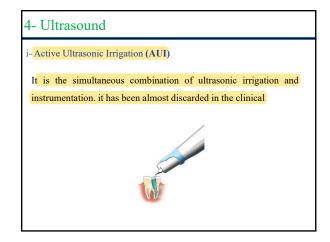
Root Canal Irrigation

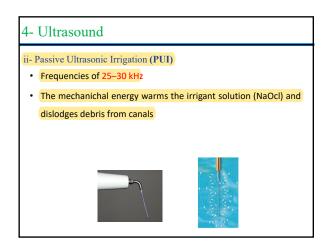
Machine Assisted Devices

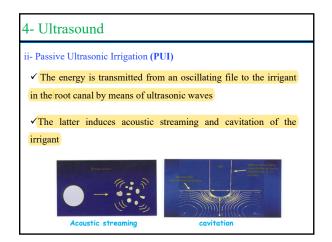


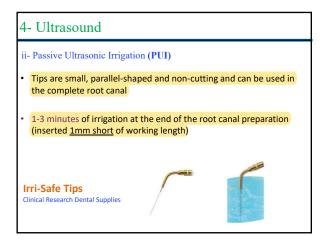




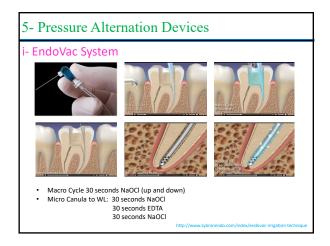


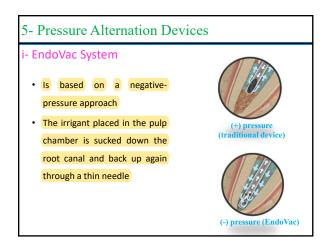


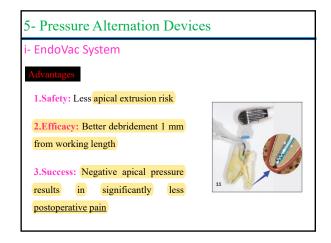


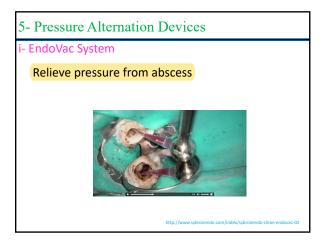












5- Pressure Alternation Devices

ii- RinsEndo System

- ✓ Pressure phase: irrigant oscillating at a frequency of 1.6 Hz is drawn from an attached syringe and transported to the root canal via an adapted cannula.
- ✓ Suction phase (100 times per minute)



* higher risk of apical extrusion of the irrigant

5- Pressure Alternation Devices

ii- RinsEndo System

- Is based on a pressure-suction mechanism
- Contains:
 - * Titanium handpiece
 - * specially designed single-use cannulas
 - * A protective stopper guards against splatter and serves as a positioning device for the saliva ejector.

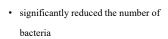




6- Recent Advances in Irrigation System

i- LASERS





- It is inferior to NaOCl irrigation
- effective in removing and melting the smear layer



6- Recent Advances in Irrigation System

ii- Light-activated Disinfection (LAD)

- ✓ Photodynamic antimicrobial chemotherapy
- ✓ Photosensitizer (toluidine blue dye, methylene blue dye, etc)
- ✓ The canal is then filled with a photosensitizer and then illuminated with a light source (laser, white light, red light, or a lightemitting diode)



.FotoSan: come available LAD

