

牙髓病學 Endodontics

ENDODONTICS and PERIODONTICS INTERRELATIONSHIP

By

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學習目標

All students must be familiar with the development of endodontic theory and practice and an evidence-based approach that permits an intelligent evaluation of current and future technologies and materials.

參考資料

- Principle of Endodontics Pathway of the pulp

Summary

- Rationale of Endodontics
Anatomy and Embryology of the Pulp
Pretreatment and Rubber Dam
- Diseases of the Pulp
- Endodontic diagnosis and emergency management
Endodontic Radiography
- Endodontic Instruments and materials
- The Art and Science of Cleaning and Shaping
- The device and application of the Ni-Ti instrument in the endodontic treatment
- The Art and Science of Obturation—
 - Vertical Compaction of Warm GP Technique
 - Lateral Compaction Technique

Summary

- Surgical Endodontics
- Apexogenesis and Apexification
- Endodontic Traumatology
- Diagnosis and Management of Combined Perio-endo Problem
Treatment planning /Endodontic Mishap /retreatment
- Apex Locator
Tooth Bleaching
- Laser endodontics
digital radiography / CT in Endodontic treatment
- 醫療環境與心理層面
Treatment planning /Endodontic Mishap /retreatment

Mineral Trioxide Aggregate (MTA) and Its Clinical Uses



Fracture Teeth

Symptoms and signs of VRF

- Deep probing depths
- Angular osseous defect
- Mild Pain / discomfort
- Diffuse widening of PDL
- Periodontal Abscess
- Periapical radiolucency
- Widening of root canal space
- Separation of root fragments
- Severe pain
- Sinus tract

Fracture Teeth

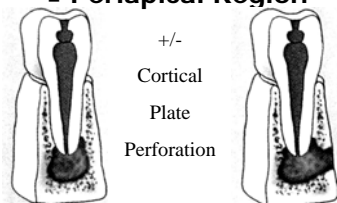
- Dental History
- Subjective Examination
- Tactile examination
- Bite test
- Periodontal probing

Fracture Teeth

- Restoration removal
- Staining
- Transillumination
- Surgical assessment

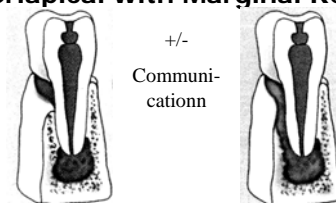
Careful Classification by Defect Location

■ Periapical Region



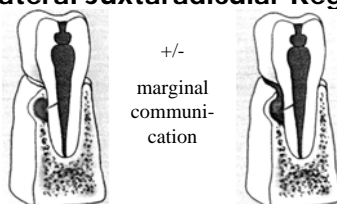
Careful Classification by Defect Location

■ Periapical with Marginal Region



Careful Classification by Defect Location

■ Lateral Juxtaradicular Region



Perio-Endo Interrelationship -6TH "C"-

- Communicated pathways
- Common pathology
- Confused etiology
- Complicated diagnosis
- Careful classification
- Confined treatment sequence

Confined Treatment Sequence

based on condition of the pulp

<u>vitality</u>	<u>treatment</u>
nonvital	endo
	endo+perio
vital	perio

Confined Treatment Sequence

based on complexity

<u>lesion</u>	<u>treatment</u>
combined	endo first
doubt	endo first

Confined Treatment Sequence

based on root integrity

<u>lesion</u>	<u>prognosis</u>	<u>treatment</u>
endo failure	poor	retreat or Ext
perforation	poor	CLP or Ext.
root resorption	poor	Endo/CLP/Ext
cracks/fracture	hopeless	Ext,

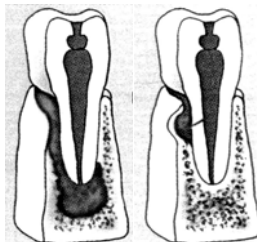
Confined Treatment Sequence

Why Endo First?

1. Significantly better prognosis
2. Dramatically osseous fill-in
3. Minimal post treatment sequelae

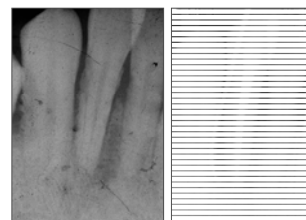
Rationale for Using Guided Tissue Regeneration in communicating apicomarginal lesion

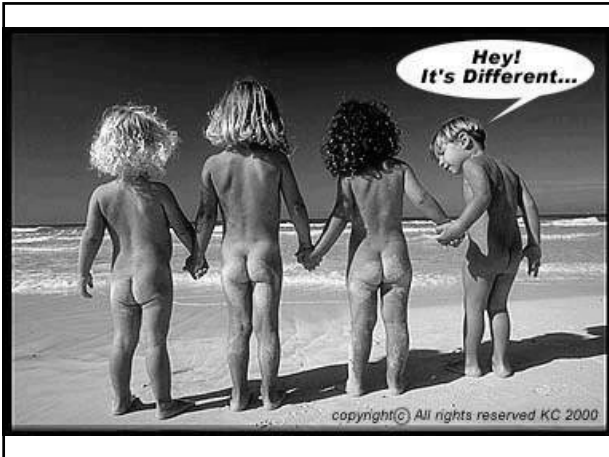
1. Negative influence of buccal bone loss on periapical surgery (1/3)- Skoglund '85
2. New CT attachment and regeneration occurred in a animal study-Douthitt ,96
3. Numerous case reports with convincing results -Brugnami ,99 and Milano ,97



Case Report 1

- Pt: 42 y/o, male
- C.C.: tenderness
- S/S: sinus tract
- PreTX: perio basic & endo





Case Report 2

- Pt: 52 y/o, male
- C.C.: #11 swelling
- S/S: marginal erythema/edema with exudate and deep pocket
- PreSX TX: Endo and basic perio+splinting

