牙髓病學 Endodontics

Endodontic Trea In Interdisciplinary I

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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.

参考資料

• Principle of Endodontics Pathway of the pulp

Summary

- Rationale of Endodotnics
 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

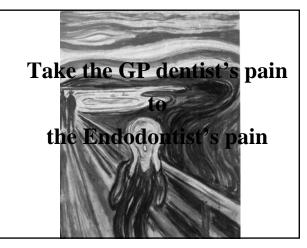
- · Surgical Endodontics
- · Apexogenesis and Apexification
- · Endodontic Traumatology
- Diagnosis and Management of Combined Perio-endo Problem
 Treatment planning /Endodontic Mishap /retreatment
- Apex Locator

Tooth Bleaching

- Laser endodontics
- digital radiography / CT in Endodontic treatment

 醫療環境與心理層面

Treatment planning /Endodontic Mishap /retreatment



Should this tooth be saved?

- Evaluate the periodontal status
- Evaluate restorability before retreatment
- Consider the impact of retreatment on the overall treatment plan
- Assess the patient's concerns
- Consider practice productivity

Evaluate the periodontal status

pocket depth, mobility crown-to-root ratios

Be sure that the attachment apparatus is sound.

Periodontal disease
Pocket
Even an excellent retreatment result will not improve a questionable periodontal prognosis.

Failing endodontic therapy Pocket

An excellent retreatment result will improve a periodontal prognosis.

Evaluate restorability before retreatment

Except in cases of a fractured or split root, most teeth can be successfully retreated. It is important, however, to have a predictable restorative treatment plan.

If retreatment is chosen, this decision should be as good or better than any other treatment options.

Crowns must not be cemented on core foundations without completely covering the core and extending at least 2 mm onto sound tooth structure—the ferrule effect.

Consider the impact of retreatment on the overall treatment plan

If this tooth were extracted, how would the overall treatment plan change?

Will the restored tooth function for this patient?

If the patient is a bruxer or clencher, will the additional burden on the dentition be detrimental?

Will the retreated tooth be an adequate support for the final restoration?

Post placement errors can cause the loss of teeth with otherwise successful root canal treatments.

Assess the patient's concerns

Will the patient be happy with the outcome following treatment?

The treatment results should also justify the expense both from your perspective and from the patient's point of view.

Retreatment can be more cost-effective and timesaving than extraction and replacement.

Consider practice productivity

There are no shortcuts.

Difficulty----

removal of crowns, posts, gutta-percha or silver points during retreatment.

separated instruments, perforations, ledges and obstructions.

Refer to an endodontist

Evaluate the challenges

Can you perform the necessary procedures at an adequate skill level?

Have you mastered the technology that will assure the best result?

TO DO OR NOT TO DO

PROSTHESIS CONSIDERATION SYNPTOM? SIGN? LEAKAGE?

Four reasons of non-surgical endodontic failure

- Inadequate cleaning and sealing of the root canal system
- Apical extension of periodontal disease
- Diagnostic errors
- Fractured teeth

Fracture Teeth

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

Fracture Teeth

- Restoration removal
- Staining
- Transillumination
- · Surgical assessment

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Why this tooth needs retreatment?

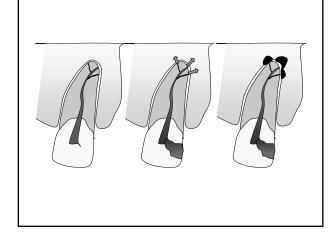
Analyzing what happened

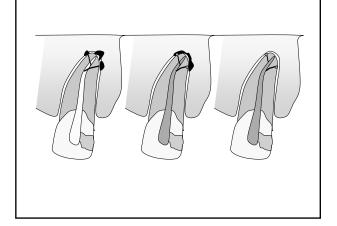
- Cleaning and Shaping?
- Sterilization?
- Three-dimensional Obturation ?

Predictably Successful Endodontic Treatment



Dr. Herbert Schilder 1962





The Schilder Study - 1962 Conclusion

Healing capacity is 100%

100% -X = Healing Capacity

"X" is our ability to cope with the root canal system