

> AC NOT VRF

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An accessory canal (AC) is responsible for this lesion, not a vertical root fracture (VRF). The 35 year-old woman was keen to save her tooth and her adept dentist was not quick to condemn it to a forceps and sunshine future. An emergency pulpectomy was performed to relieve the acute symptoms and then the person was referred to me for further investigation. This tooth has many signs strongly suggestive of a vertical root fracture:

- Heavily restored molar
- Narrow 5mm probing defect on the buccal surface of the mesial root
- Large furcal radiolucency with only mild widening of the apical PDL

Cone beam CT's are powerful diagnostic devices. Nevertheless, I suspect no current 3-D imaging tool would allow one to identify an AC as the definitive source of the radiolucent lesion in this and many other challenging cases.

Catastrophic fractures are easily spotted and diagnosed. But small fractures are a true diagnostic challenge. Sometimes a lack of healing, despite our best efforts, is necessary before one can comfortably diagnose a VRF.

Since a VRF could not be ruled out; I recommended a two-step approach to treatment. The Diapex, placed at the end of the first appointment, clearly delineates the presence of an accessory canal and bolstered the prognosis for success. The patient returned two months later for the 'possible' completion of treatment. The tooth had remained asymptomatic and the 5mm probing defect was no longer present. The positive response to treatment lowered the likelihood a VRF being present to almost nil.

Still hedging our bets I advised both the dentist and patient to forgo a cuspal coverage restoration until after the recall exam. Six months post-op the tooth was asymptomatic and functional with frank evidence of hard tissue healing. It is now reasonable to consider an on-lay or crown.

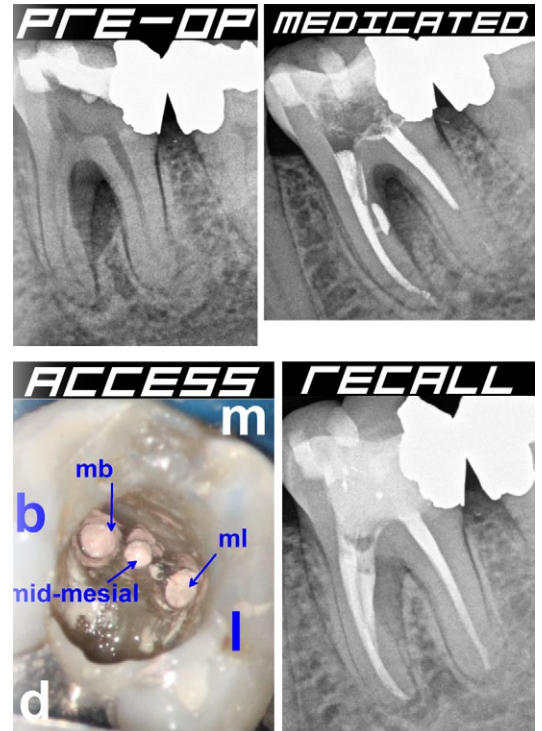
A mid-mesial canal was another unique feature of this case. If I had not located, débrided, medicated, and obturated the mid-mesial canal it is probable the 36 would have not responded well to treatment. A VRF would likely have been blamed for the lack of healing and an extraction or hemi-section would follow.

Do not fall for the wheedling cajolery of those that profess the virtues of titanium over dentine. Implants are great for edentulous areas and healthy teeth are best preserved. A misdiagnosis of this tooth would have a baleful effect on this nice lady's oral health and bank balance.

Regards,



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