



4-SHADOW?

MAR
2020

This endo crusade began in 2016. The fellow presented with a buccal sinus tract that traced to the apex of the 25. However, upon reflection, the four teeth in the posterior of quadrant two are not unlike the Four Horsemen of the Apocalypse. Tooth 24 represents Conquest, whilst Famine is apt for the 25, there was indeed a War in the canals of the 26, and Death was the ultimate misfortune for the 27.

The endodontic Conquest of 24 was achieved many years ago. As time passes, the canal region is increasingly under the suzerainty of the coronal restoration. Coronal leakage is a looming threat to stability in the canals. Despite the pleadings of his dentist, over the years, and my desultory interjections the past endodontic victory has yet to be secured with a cuspal coverage restoration. Are the foreboding missteps of the 27 to be repeated? Is there an inescapable continuum of decline for three remaining teeth? Is the dismal fate of the 27 and precarious fate of the 24 an apt augur for the hapless 25 and 26? Perhaps not, hope springs eternal.

No endodontic treatment can truly sterilise the canals. Yet with a superabundant culling of the bacterial load (instrumentation, irrigation, medication) followed by entombing the viable stragglers (obturation), a state of pervasive Famine will ensue. The tarried bacteria will not be able to sustain a robust colony to pose a consequential challenge to the immune system. Such was the case with the highly colonised 25. Treatment was completed, over two appointments, with Diapex as the medicament of choice. Fortunately, a sufficient state of Famine was achieved and maintained to starve the extant bacteria to death. A state of normality was re-realised with eventual full healing of the bony defect.

The fate of the 26 brings to mind a Latin proverb, if you always live with those who are lame, you yourself will learn to limp. A lack of an abrupt enhancement of oral hygiene habits ensured the 26 was doomed to suffer a similar fate to that of its neighbours. A battle royale ensued to not only capture but to maintain patency in the decidedly curved canals. The cannon fodder for this onslaught were small, pre-curved, hand files. Over a dozen were sacrificed before the use of a Pro Glider and various Vortex Blue rotary files could be entertained. Mid-treatment, a new 15/04 rotary file was discarded as it had readily unwound in one of the burdensome canals. The considerable technical challenges posed by this tooth demand a bespoke approach to instrumentation. Nevertheless, the long-term success relies heavily upon a more forthright restorative approach and an augmented home care regimen.

The 27 indeed represents Death. These carious root fragments serve no useful purpose and their continued retention directly impugns efforts to stabilise the health of this mouth. Is the gingiva in which these carious root tips now rest sacred ground and their removal such a great affront as to warrant reconsideration? The patient remains inexplicably steadfast in his determination to not have these roots removed from their current oral sepulchre.

Pain motivates this fellow to haphazardly invest in his oral health whereas the lack thereof serves as a formidable disincentive to abjure his historical discombobulated approach to care. If drastic changes are not forthcoming, the 27 will accurately portend a cataclysmic oral apocalypse. Herein lies the true suzerainty relationship between a dentist's ability to reliably treat the soft tissue encased in a mausoleum of dentine and our ineptitude to sublimate the soft tissue housed in a cranial bastille. These four teeth represent different aspects of the same oral tribulation that the general dentist and I have crusaded against for over four years. When is the time to judge if our efforts were in vain?

Regards,



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