

Skookum Cola

This heavily restored 46 had a narrow 8mm probing defect on the furcal aspect of the mesial root and a J-shaped lesion which are almost pathognomonic for a catastrophic vertical fracture. Nevertheless, the patient was insistent all reasonable options for saving this tooth were to be given serious consideration rather than condemning it to forceps and sunshine forthwith. Accordingly, this bloke eventually darkened my doorway to see if anything could be done to save this apparent no-hoper. After an extensive evaluation and resultant discussion, the well-informed gent confirmed his preference to proceed with a diagnostic surgery and almost certain root resection.

The furcally located fracture was not visible despite surgical exposure of the buccal cortical plate. Resection of the apical third of the root was necessary before the dark line portending a fracture was observed between the ML and MB canals. A coronal arm of the buccal cortical plate was preserved by restricting the resection of the crown and root to the supracrestal structures. The apical window in the cortical plate was enlarged and extended coronally. The remaining root structure was then pressed down into the surgical crypt and pulled through the window in the cortical plate. The access to the chamber was prepared with surgical ultrasonic tips and sealed with bonded PermaFlo Purple. The occlusal contact for the newly cantilevered crown was lightened, especially its mesial half. In this state, the tooth can function for only a finite period. Whereas the long-term prognosis is more favourable if the distal root was to serve as an abutment for a bridge. My initial thoughts were if the distal root is to be used as a bridge abutment then it is worth considering placing a post and abutting to both the 47 and 45. As expected the soft-tissue defect was histopathologically confirmed to be a radicular cyst.

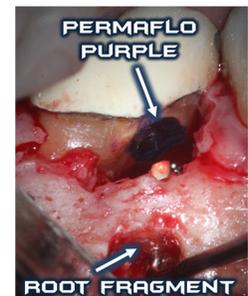
I recently saw this fine fellow for endodontic evaluation of another tooth and did not pass on the opportunity to perform a seven-year recall exam. The fused crown/bridge to the 45 has been asymptomatic and functional for six and a half years. The lack of a post appears to be of no consequence. The patient is well kvelled with the outcome. Restorative dentistry is not my forte but I wager the long-term prognosis for this skookum lacasset restoration is indeed skookum. There are no probing defects for the premolarised 46, its periodontal health is sound. The importance of the restoration not impeding upon the health of the periodontium or its maintenance cannot be overstated.

Extraction of such teeth and placement of an implant is a cynosure treatment oft placed upon a revered bulletproof pedestal. Yet recent studies provide new, less illustrious, evidence regarding the long-term outcome of implants versus teeth as well as the incidence and nature of implant-related complications. A 2019 meta-analysis, in the Journal of Endodontics, reports the overall cumulative outcome rates for resective procedures (root resection and crown resection) to be 85.6%. This is comparable with those identified for primary endodontic treatment (87%–97%), nonsurgical retreatment (89%), and surgical retreatment (88%). Root amputation, hemisection, and trisection are not quaint historical treatments with no rightful place in modern dentistry. Consider how the vast swathe of recent advancements in dentistry can further our ability to save the 'Real Thing'. As Ira C. Herbert of Coca-Cola said, in the 1970s, "research shows that young people seek the real, the original and the natural as an escape from phoniness".

Regards,



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