

> RESORPTION INTERNAL v. EXTERNAL

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Resorption is internal if the resorption starts in the pulp with odontoblasts becoming odontoclasts, and external if the resorption initiates in the PDL with osseous cells becoming osteoclasts.

Internal resorption results from chronic pulpitis with trauma and infection as important aetiological factors. The pulp often remains vital and symptomless until later stages when the wall of the root is perforated. Early diagnosis and treatment are important as the prognosis for success is less for more advanced lesions. There is no benefit to delaying treatment as the defect will continue to grow. Internal resorption occurs in all teeth, but the incisors are most commonly affected. Radiographically, a smooth widening of the canal walls will be seen.

There are three types of external resorption: Inflammatory, Replacement, and Extra Canal Invasive Resorption (May Newsletter). Inflammatory resorption results in root structure being obliterated and a radiolucent lesion is evident. Replacement resorption results in tooth structure being replaced with bone. External resorption most often requires both non-surgical and surgical endodontic treatment. Early diagnosis and intervention are critical for success. Radiographically, it is possible to distinguish external resorption from internal as external does not alter the walls of the canal.

Similarities of internal and external resorption:

- Asymptomatic vital tooth
- Pink discolouration of the clinical crown is possible
- Diagnosis is often by a chance radiograph
- Early non-surgical endodontic treatment is ideal
- In later stages it is not possible to distinguish between internal/external resorption

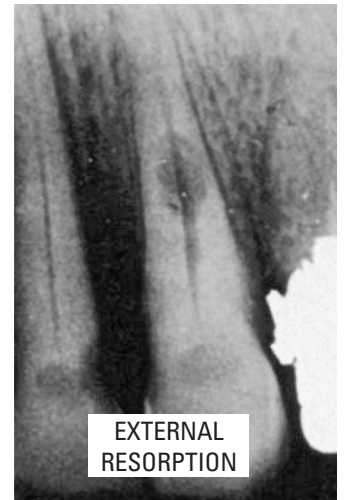
Differences between internal and external resorption:

- Canal walls remain intact for external resorption
- Defect remains centred on the root for internal resorption
- Surgical intervention is almost always necessary for external resorption

Regards,



Dr. Joel N. Fransen
BSc(OT), DMD, FRCD(C)
Certified Specialist in Endodontics



Richmond Endodontic Centre
Dr. Joel N. Fransen

110-11300 No.5 Rd
Richmond, BC V7A 5J7
office@endodonticcentre.com
T 604.274.3499
F 604.274.3477

Office Hours
8am to 5pm - Monday to Saturday
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