



Post-Endodontic Stress and Trepidation (PEST) can occur when dental treatment is performed without Pre-Endodontic Testing and Scrutiny (PETS). Without charted pre-operative pulp and periradicular test results and definitive diagnoses one is bound to encounter PEST, be it at the behest of a tenacious lawyer or a College investigation. All endodontic treatment requires a properly attained, documented, and defensible diagnosis in order to avoid PEST. But what other clinical circumstances require PEST control? Below is the rationale for PETS prior to a processed restoration or large filling.

Every time a spinning bur cuts into enamel or dentine it is an injury. Unfortunately for all involved the reaction of the pulp is unpredictable but there are some things we can hang our hats on. Teeth with pre-operative reversible pulpitis or symptomatic apical periodontitis are higher risk candidates than teeth with healthy vital pulps, recessed pulp horns, normal PDL, and no tenderness to bite. Knowing and charting the pre-op pulp and periradicular status of a tooth is a professional requirement prior to a larger restoration. It is not just being PETS friendly. Officialdom is clear, no defensible pre-op endodontic diagnosis puts one at risk of PEST after any large restoration.

From a practice management perspective, it is advantageous to embrace PEST control. PETS will allow you to categorise the risk of post-op pain and problems to a patient pre-operatively. They find that informative and pro-active. It is a surprise to us all if an 88 year-old chronic grinder develops irreversible pulpitis after replacing his 55 year-old pinned MODBL amalgam with a gold on-lay. But performing PETS and informing the patient of the low risk of an adverse reaction will give you PEST control. Advising a person, for the first time, of the chance of reversible or irreversible pulpitis 24 hours after a crown prep appointment leads to precious few rave reviews on social media.

A severely risk-adverse person with reversible pulpitis may opt for prophylactic endodontic treatment prior to a crown preparation. Consent is no safeguard from PEST unless it is informed consent and the definitive pre-op diagnosis is defensible.

The radiograph above is of a recent referral to my office. The lady is scheduled to have the poor fitting crowns, with frank open margins, replaced. Due to concerns about coronal leakage prophylactic retreatment is recommended for 26 (previously treated with normal apical tissue). The 24 was unresponsive to cold and EPT; its pulp is necrotic and a proactive orthograde endodontic treatment is necessary. Sometimes pulps die quietly, remain quiescent for decades, and give few if any radiographic clues. The 27 has a narrow probing defect on the mesial (8mm), class II mobility, and a necrotic pulp. It is at high risk of having a vertical root fracture. Attempts to save 27 without PETS will lead to PEST. In fact, endodontic, periodontal, and restorative concerns make it prudent to inform the patient that 27 may be beyond redemption. Failure to embrace PETS in this quadrant will invite a PEST infestation that could be expensive to eliminate.

Pulp and periradicular testing is a billable procedure that can be performed by certified dental assistants in British Columbia. It is a learned skill and with practice everyone improves. My CDA's are better at pulp and periradicular testing in 2017 than they were in 2016 and should be even better now. The same, hopefully, applies to us as well. Please note, it is the sole purview of the dentist to provide the defensible diagnosis.

A dog may be a man's best friend but PETS are the friends of dentists as they are our best form of PEST control throughout the year.

Regards,



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