

When is one appointment treatment ideal for a tooth with a necrotic pulp or a retreatment case? There is no blanket answer that will satisfy every scenario. This newsletter will focus on the rationale I rely on when making such decisions. As a general rule, I tend to two-step teeth with necrotic pulps. The cases that I might consider a single treatment appointment of teeth with necrotic pulps are summarised below:

- No apical lesion
- Minimal tenderness to percussion or palpation
- Unremarkable pain history
- Recent history of thermal sensitivity, but pulp test results indicate necrosis
- Impending time constraints such as the patient is leaving on lengthy holiday
- Preponderant restorative demands (i.e. coronal seal and aesthetics are not reliable with temporary restorations)
- Technical demands for adequate cleaning and shaping can be achieved in one appointment
- Anxious patient who is motivated to minimise number of appointments and is aware of possible post-op pain and tenderness
- Cost, in time and dollars, of light, moderate, or heavy sedation is prohibitive for the patient

The radiographs above are of a 46 with a necrotic pulp and slight tenderness to percussion. The PDL is widened slightly apically. The patient was motivated for treatment in one appointment. Even though there were five canals I was able to achieve all of the technical goals to promote full healing in one appointment and the long-term prognosis is excellent.

Single appointment retreatments are even less likely. Most of the points above are also relevant to this decision. Below are some other situations I may consider a one-step retreatment:

- Blatant coronal leakage
- Shortcomings of original treatment are obvious and I was able to adequately address them (i.e. missed MB2 canal, short obturation, etc...)
- Endodontic microsurgery is needed for full healing but initial orthograde retreatment is required to tackle some discrepancies that cannot be addressed by the surgery alone

I am loath to perform a single appointment retreatment if there is spontaneous pain, an obviously wide PDL, a radiolucent lesion, or pronounced swelling. There are few absolutes in dentistry but a single appointment retreatment of a case with fascial space involvement is as close to an absolute no that I can think of.

If all the goals of cleaning and shaping can be achieved and there are few mitigating circumstances then a single appointment treatment of a necrotic case or one visit non-surgical retreatment can be considered. Despite our best efforts and intentions sometimes reality demands we reconsider our choice to complete a case in one appointment.

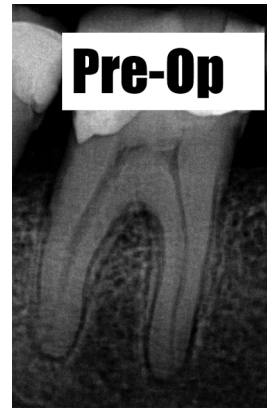
Regards,



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*Lest we forget
Jour de Souvenir*



Pre-Op



Post-Op



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