



BIG AND SCARY

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Is a large (>5mm) radiographic lesion less likely to heal? A radiographic lesion is a break in the continuity of the lamina dura and widened PDL spaces or radiolucent areas. There are three ways a lesion can respond to endodontic treatment: 1) Heal, 2) Remain unchanged, or 3) Enlarge.

The European Society of Endodontology suggests further treatment is necessary if a periapical lesion associated with a canal-filled tooth has been present for 4 or more years. However, studies suggest complete resolution of a radiolucent lesion may occur even 20+ years after treatment. Perhaps a non-healing lesion is actually a slow healing lesion.

It is reasonable to assume the majority of lesions will heal within 4 years of treatment. If the lesion is enlarging or if there are clinical signs of problems (bite sensitivity, spontaneous pain, swelling, coronal leakage, etc...) then further treatment is necessary. A lack evidence of healing of the radiographic lesion is not sufficient to warrant treatment on its own at the 4 year mark.

A lesion can be considered non-healing if it is 5mm or greater and been present for 10 or more years.

A delay in healing of the radiographic lesion is typically due to extrusion of obturation material from the apex. Research indicates that completing obturation of canals to length with an adequate seal increases the odds of full healing of a lesion by 2.7 times. So the old rules for optimal endodontic success still apply –get patency, clean and shape, irrigate, obturate without voids, and provide a coronal seal. Interestingly, some people showed a lower rate of healing even if the technical standards of treatment were not sufficient to explain the result. It is suspected there may be a genetic predisposition for some people to respond less favourably. This is a recent development and further research is necessary.

In conclusion, in the absence of any clinical signs of problems the size of a lesion only matters if it is big (>5mm) and it has been present for 10 or more years. The large asymptomatic lesion exists and need not be scary; it may just be slow to heal! We at the Richmond Endodontic Centre hope that you enjoy this Hallowe'en and look forward to working with you and your team.

Regards,



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It is possible for an endodontically treated tooth to have lesion that has not healed over many years remain in state of asymptomatic function. Continue to monitor such teeth with annual periapical radiographs. With that in mind, it is prudent to consider endodontic retreatment or surgery for such teeth in the following circumstances:

- A new crown is planned for the tooth or an implant is to be placed next to the tooth
- The patient is about to undergo extensive medical treatment
- The patient is moving to a remote region with limited access to modern endodontic care
- There is a familial history of metastatic cancer
- The patient has a history of radiographic lesions not healing

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8am to 5pm - Monday to Saturday
Extended hours are also available

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If you have any questions about this or other newsletters please contact our office.