



Happy Hallowe'en! The endo world often debates the merits of one versus two appointments for the best RCT results. There is literature to support both sides of the argument. This newsletter will provide a guideline for single appointment treatments. The November Newsletter will address the rationale for one step treatments of necrotic or retreatment cases.

If all of the cleaning and shaping goals can be met then one step treatment is ideal for vital cases. Vital cases involve pulpitis, be it reversible, irreversible, or asymptomatic irreversible pulpitis. Endodontic treatment can be considered for cases of reversible pulpitis if the patient is fatigued of the discomfort and chooses not to wait for the expected recovery. Irreversible pulpitis is necessary as the pulp will not recover and only endodontic treatment will prevent apical periodontitis. Asymptomatic irreversible pulpitis is when the pulp is healthy but it is expected the necessary restorative treatment will cause irreversible pulpitis to develop. The restorative treatment could be a crown preparation on a mandibular anterior or other small tooth, eliminating a large carious or resorptive defect that extends to the pulp, and the like.

The Pre-Op PA should not have a widened PDL or lesion as this is suggestive of necrotic tissue and apical periodontitis. The two PA's above are examples of typical one-step cases.

A vital pulp has an active immune system that is effective at killing bacteria and preventing colony formation. The canal system can be considered 'clean' and the goal of treatment is to eliminate the soft tissue (pulp) which acts as food for bacteria. No endodontic treatment can eliminate 100% of the soft tissue in a canal system. Thus, we rely on a robust and void-free obturation to entomb organic remnants. To reduce the possibility of coronal leakage (i.e. bacterial contamination) a rubber dam is necessary during treatment and a permanent restoration placed in the access right away. A crown, onlay or inlay preparation can also be considered for now or later.

It is reasonable to consider a second appointment if:

- More time is needed to achieve an ideal cleaning, shaping, irrigation, and obturation of the canal system as well as an adequate permanent seal of the access
- The pulpitis or periodontitis is so severe there are concerns about post-op pain and recovery
- Asepsis was not reliable during the appointment
- Pulpal anaesthesia was not ideal
- The canals cannot be completely dried (i.e. haeme keeps seeping in)
- More time is needed to evaluate restorability

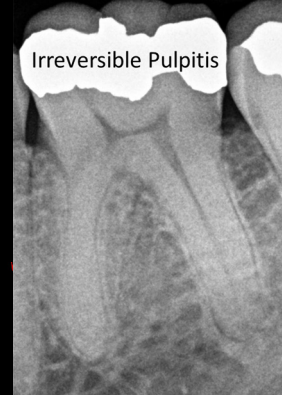
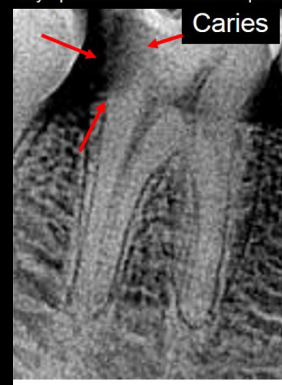
One-step endodontic treatment is ideal in cases where the pulp is vital and one has achieved all of the technical goals necessary to provide the best long-term prognosis. I advise each patient I may require a second appointment if I feel the case requires more time and attention.

Regards,



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Asymptomatic Irreversible Pulpitis



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Extended hours are also available

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