

> **NOVEMBER BLOW-OUT** | **SEP**
APRIL SURGERY | **2012**

I apologise that this newsletter is late; hopefully you find it worth the wait. The images on the right are of a 68 year-old woman who had a RCT on tooth 35 in November 2011 followed shortly by a crown. The tooth remained tender despite numerous occlusal adjustments, rounds of antibiotics, and waiting several months. The patient was seen at the Richmond Endodontic Centre in April 2012; the tooth was tender to buccal palpation and percussion. The other teeth in the quadrant were asymptomatic and functional.

Endodontic microsurgery was recommended for three reasons:

1. The coronal seal was intact and the canal was obturated to length with no voids.
2. The extruded sealer is the suspected source of pain.
3. Retreatment may worsen the symptoms if more material is extruded.

The proximity of the mental foramen and inferior alveolar nerve are major obstacles to a successful surgical outcome. The surgery involved removing the extruded sealer. No resection of the root or retro-preparation was done as the current RCT appeared adequate; I thought a more conservative surgery would have a good chance of success and less chance of nerve damage than a more aggressive approach. The surgery was a success; the tooth is asymptomatic and functional. There was some post-operative numbness of the left lip and cheek which has since resolved.

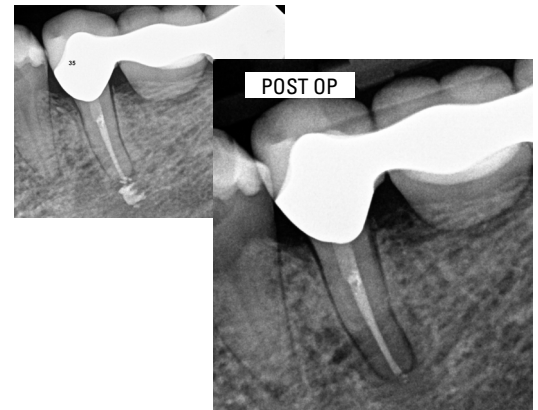
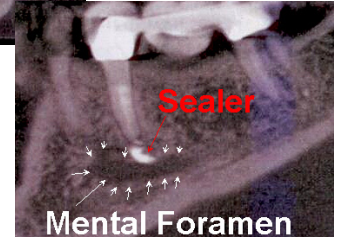
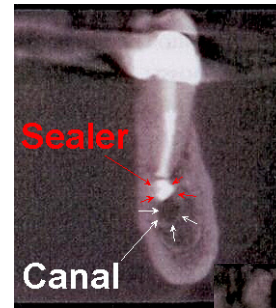
Many of our materials are well tolerated but physical contact can cause damage regardless of biocompatibility. Sealers that do not contain eugenol or paraformaldehyde are associated with quicker and more profound recoveries from extrusion incidents. Both sodium hypochlorite and EDTA have cytotoxic effects that will cause pain and retard healing if extruded. However, this is not sufficient to justify avoiding these useful irrigants during endodontic treatment.

When vital anatomical structures are near be careful to not extrude any materials. Nevertheless, despite our best efforts unforeseen incidents can occur. If this happens to you, inform the patient and consider a referral to an endodontist. I hope you and your team think of the Richmond Endodontic Centre when seeking endodontic care for your patients.

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
Extended hours are also available

This newsletter and all of the previous newsletters are posted on our up and running website, www.endodonticcentre.com and the BCDA Discussion Forum Blog.

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