Endodontics I.

Morphology
Pulp disease
Indication
Contraindiction
Instrumentarium

Endodontics

Pulp and periodontal diseases – diagnosis, therapy, prevention

Aim of endodontic treatment

Healing of pulp diseases or removal bacteria from the root canal system and regeneration of damaged periodontal tissues. (Canal shaping, cleaning and filling)

„ Endodontist helps nature only “

W.D.Miller

Endodontics I.

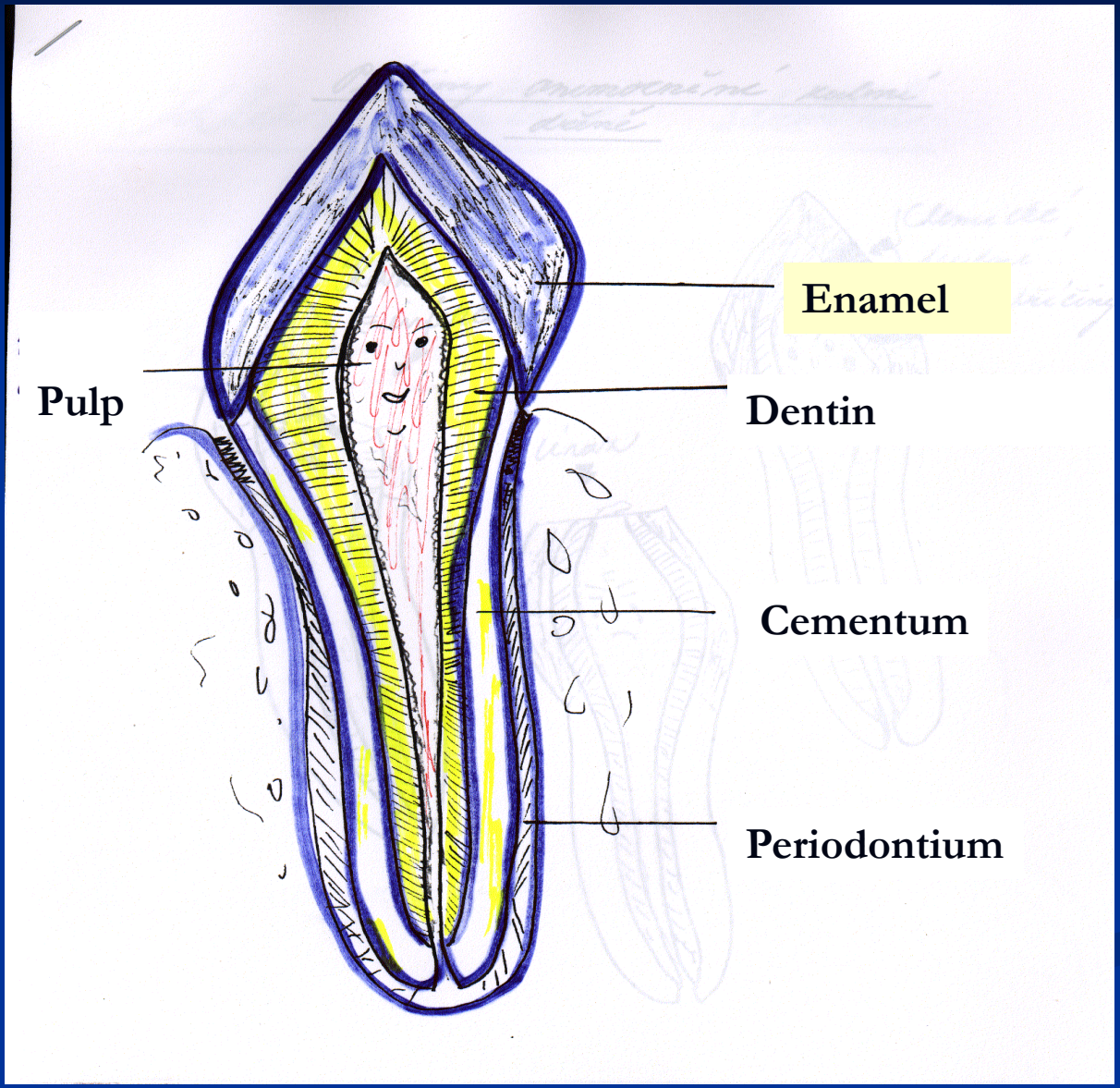
Morphology

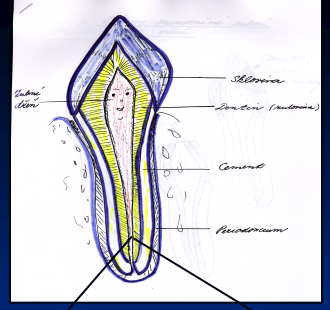
Onemocnění zubní dřeně

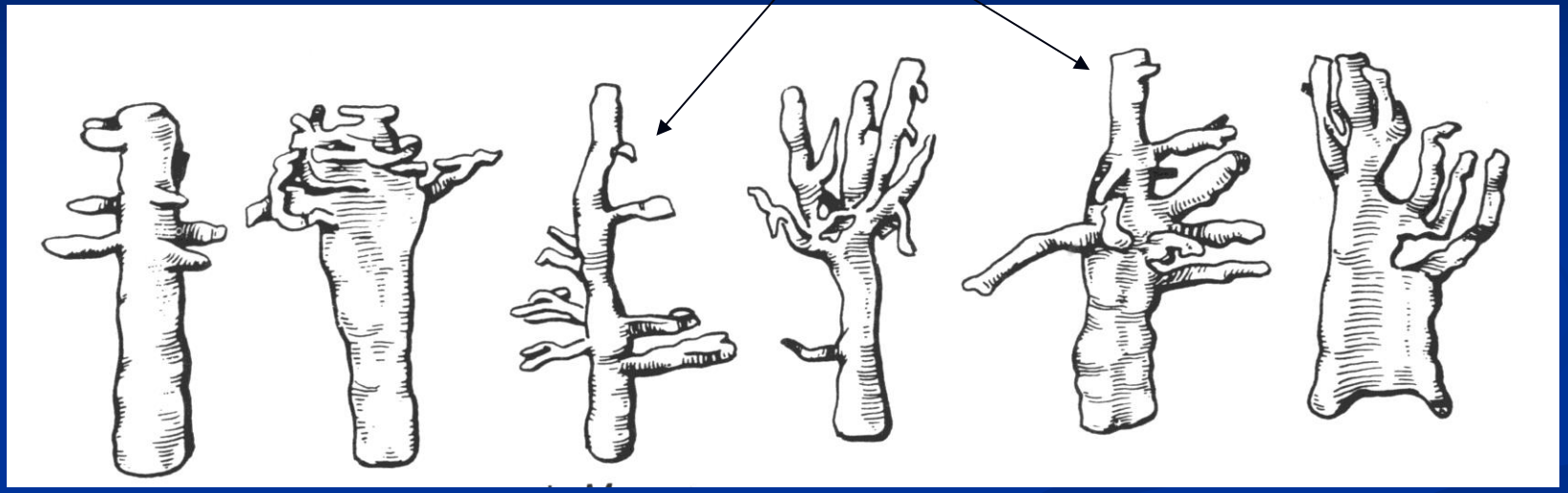
Indikace a kontraindikace endodontického ošetření

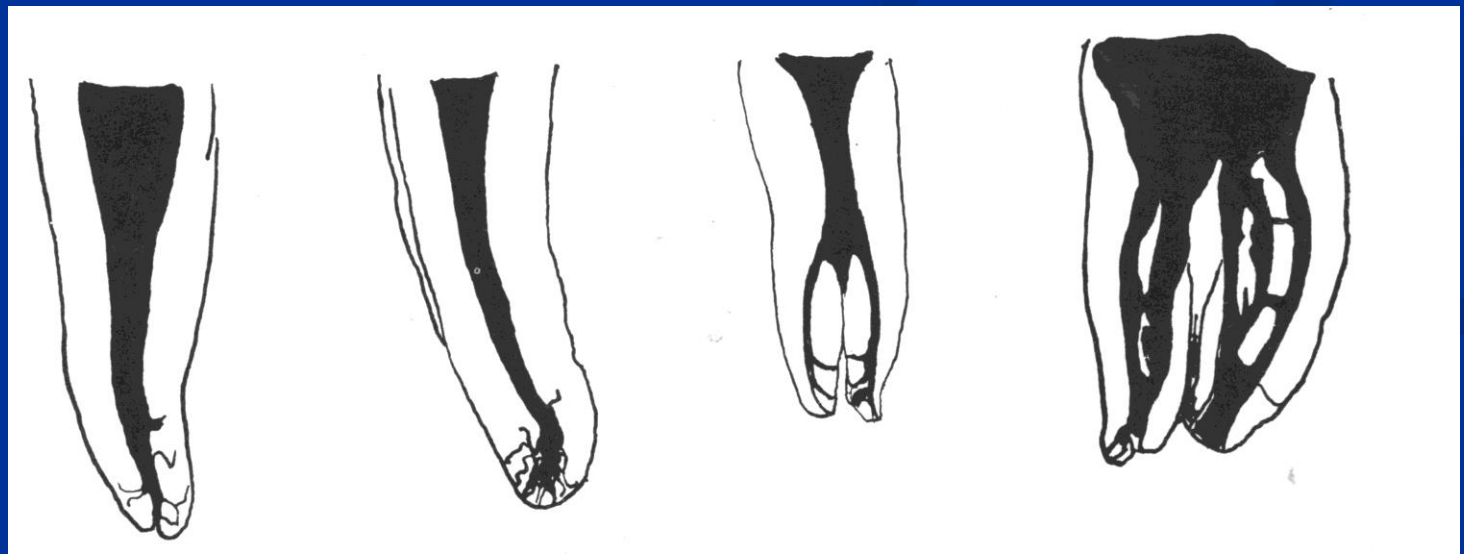
Instrumentarium

Morphology




Sklovina
Dentin (substance)
Cement
Parodontium





3D

Meyer´s conclusions

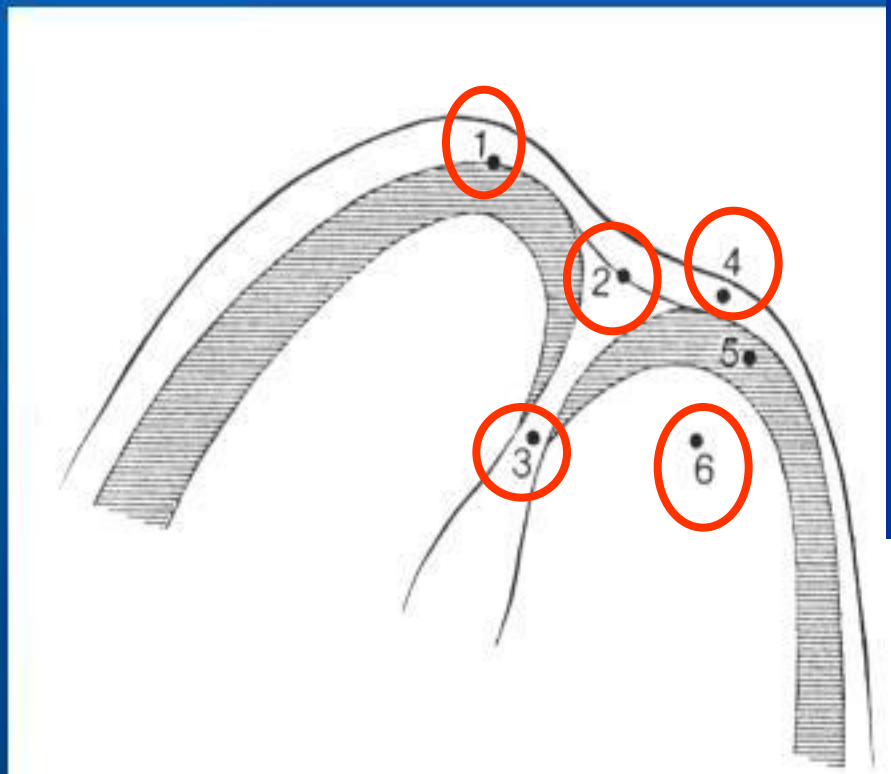
- The root canal is not round but oval (long axis mesiodistal)
- The root canal does not go straight but it deflects distal
- The outfall is not on the top of the root but below (distal or distooral)

Meyer ´s conclusions

- The form of the outfall is funnel - shaped
- The root canal system has usually more outfalls (ramifications)
- The ramifications are situated mostly in apical area (first apical mm)
- All outfalls are situated in cementum

Basic forms of the root canal systém (Weine)

Apical morphology

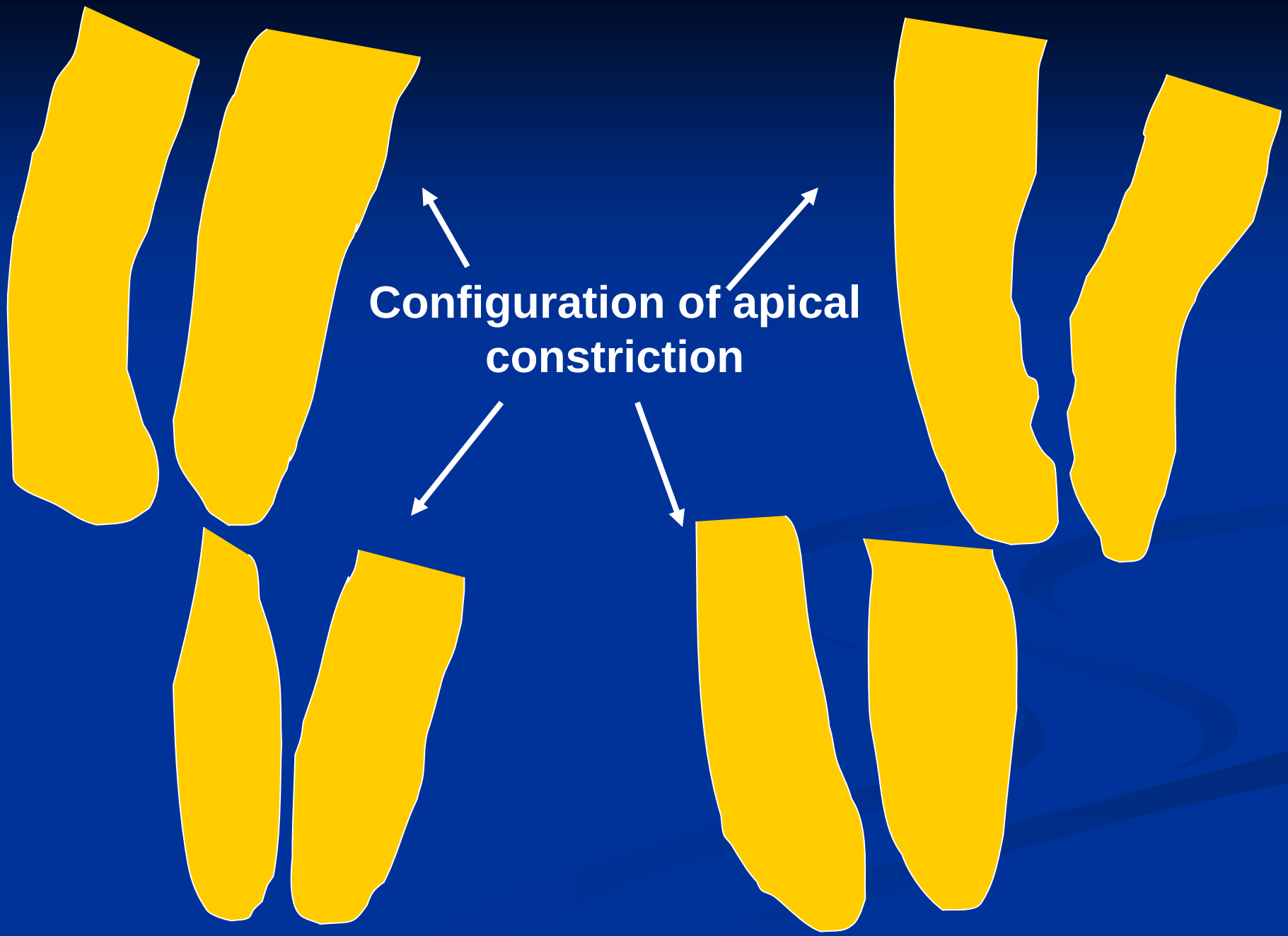


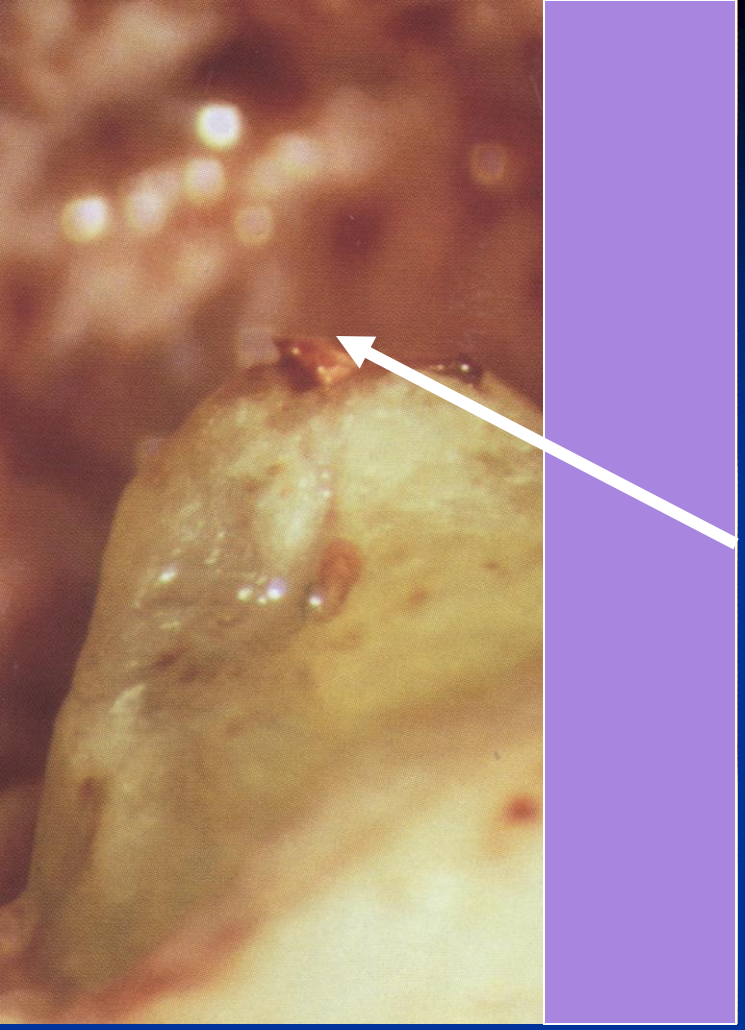
1. X – ray apex
2. Foramen apicale
3. Apical constrictionA
4. Periodontal ligament
5. Root cementum
6. Dentin

Acc. to Guldener a Langeland

Canal shaping terminates in apical constriction

- Small communication
- Less risk of periodontal damage
- Prevention of overfilling
- Prevention of apical transport of infectious material
- Possibility of good bacterial decontamination
- Possibility of good condensation of the root filling

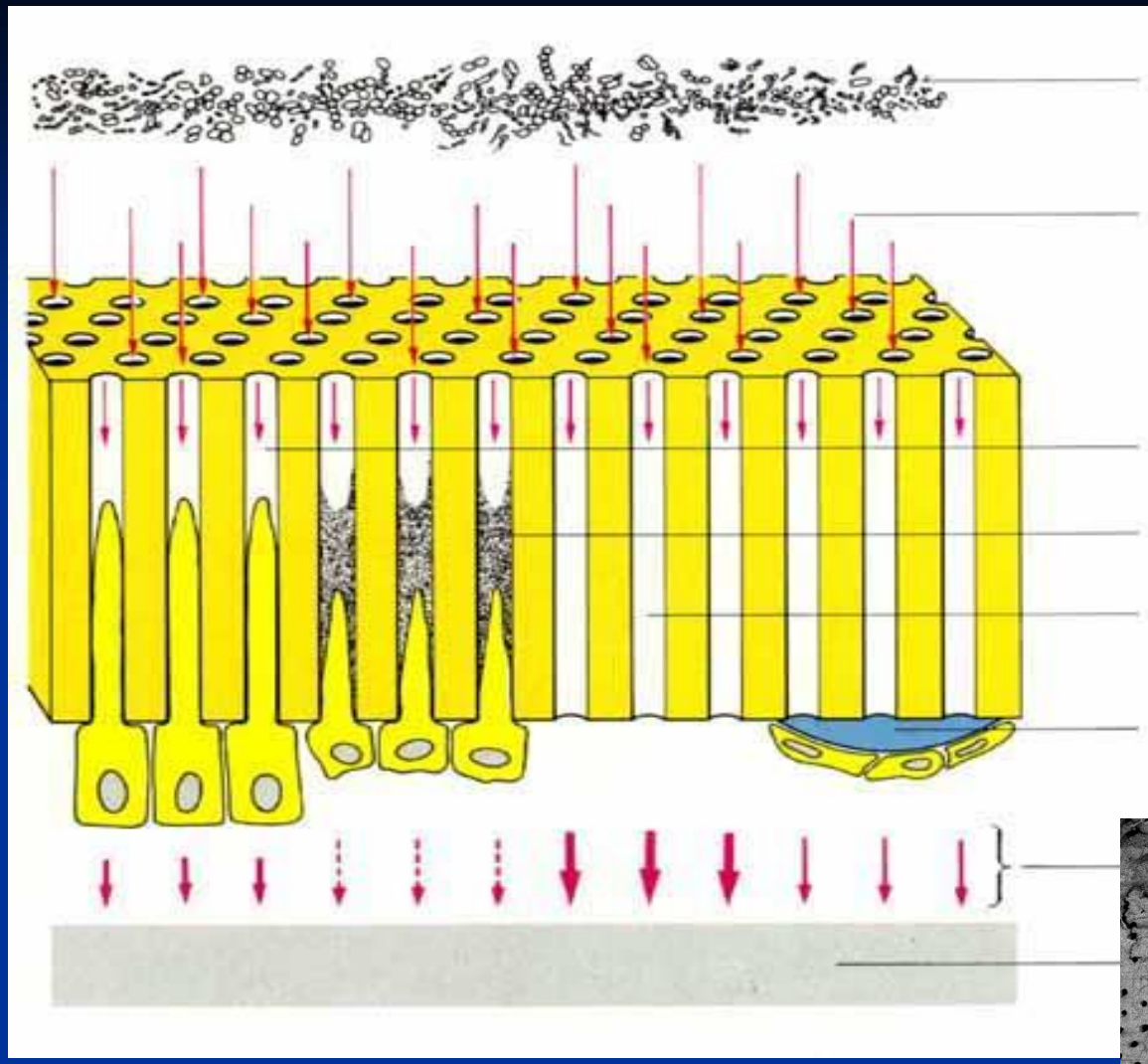

Configuration of apical constriction

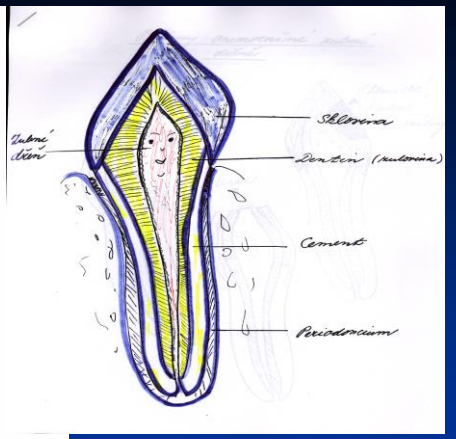


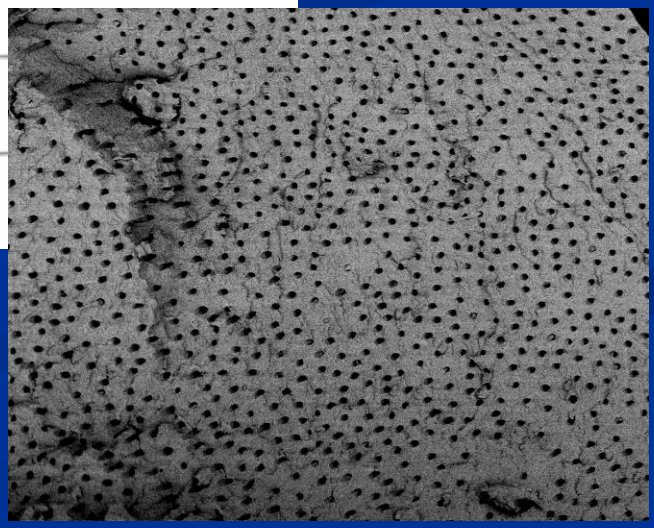
Real situation

X- ray apex

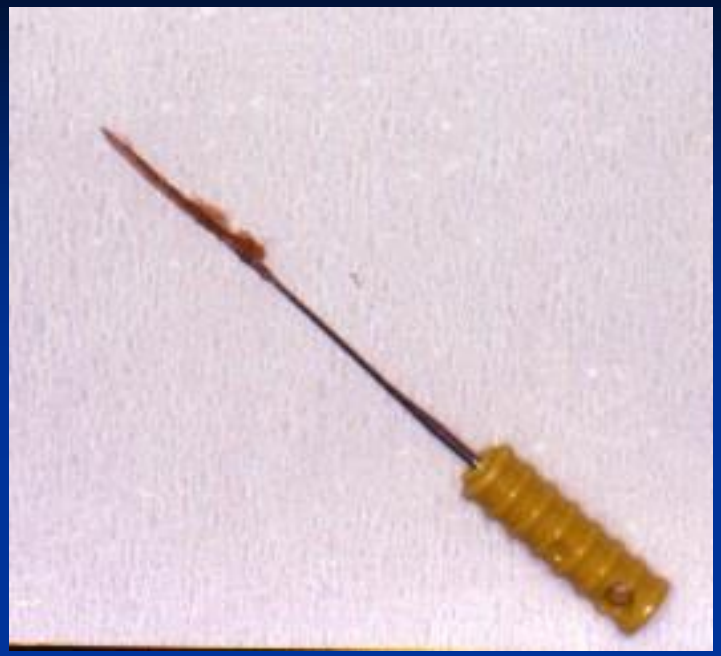
- Macrocanal system
- Microcanal system



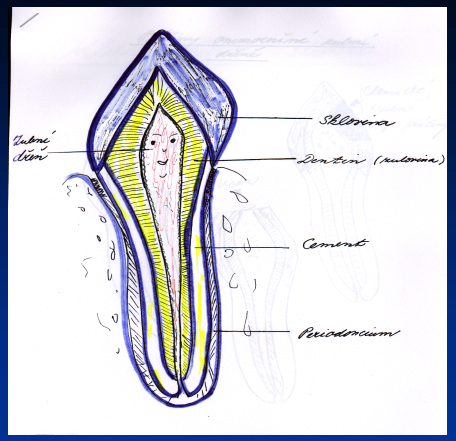


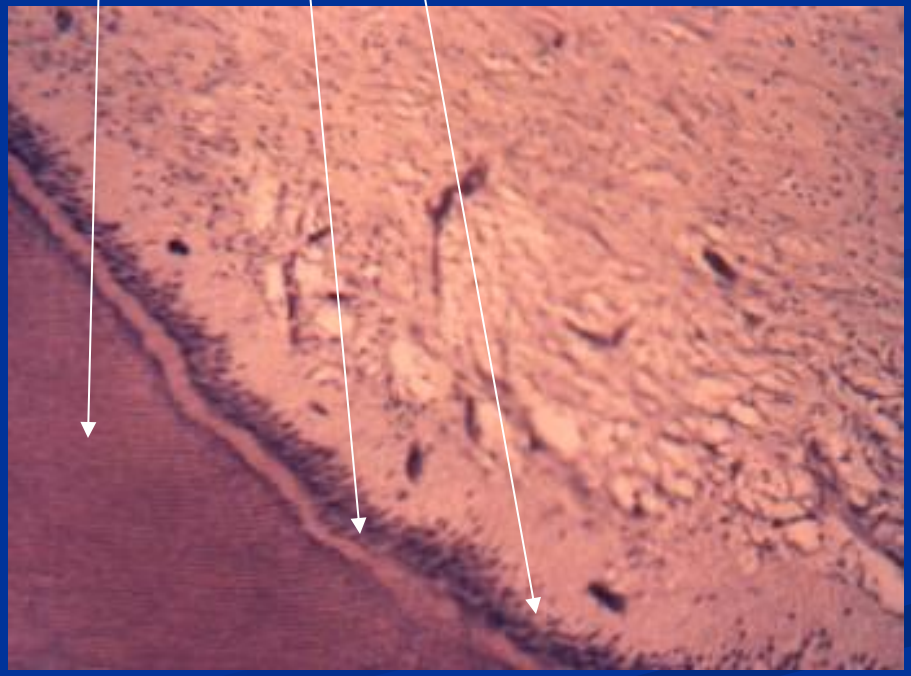


Endodont: dentin and pulp (morphological and functional unit)



Odontoblasty
Predentin
Dentin

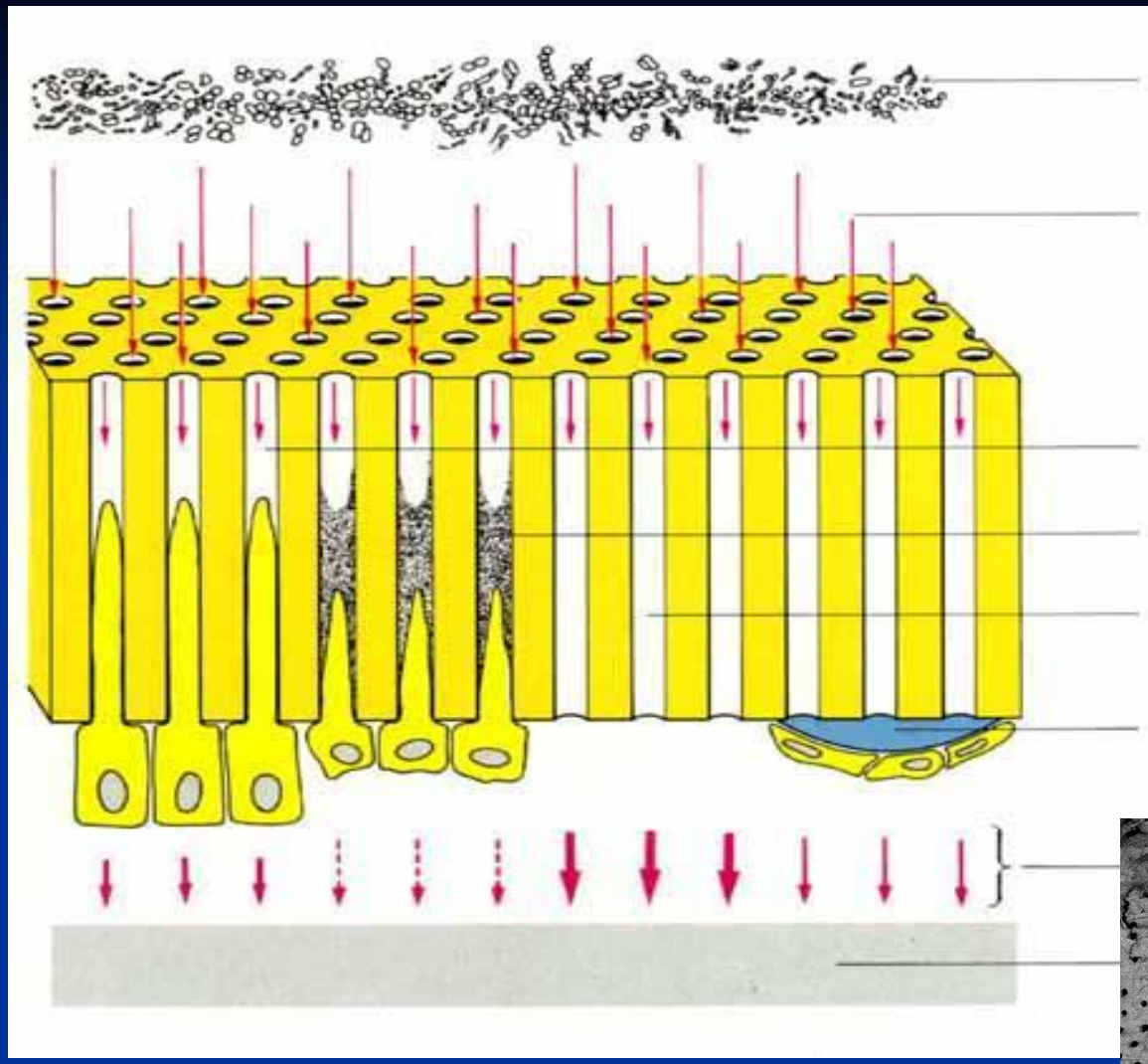


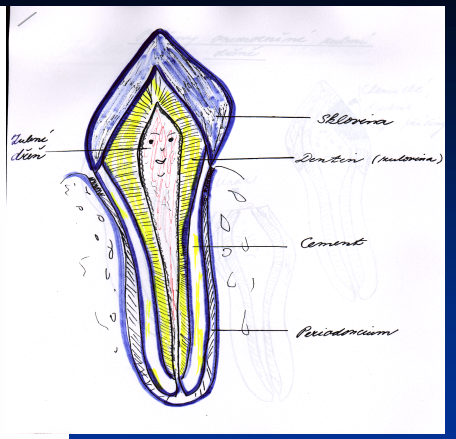


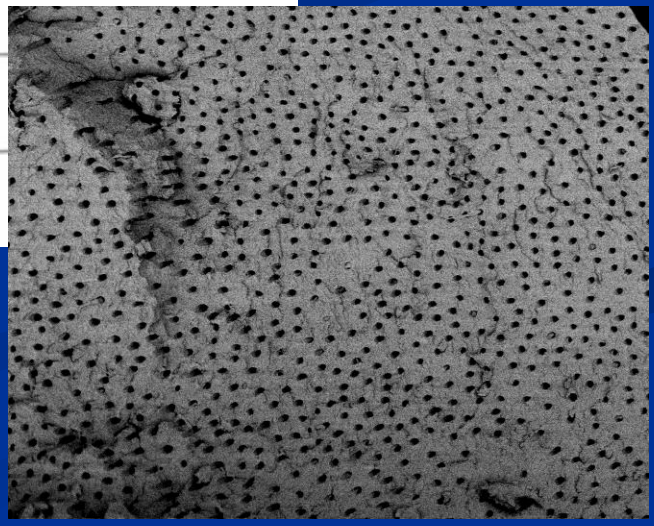
Dental pulp

Defense mechanisms of the pulp

- Sclerosis
- Tertiar dentin
- Dentin bridge







Pulpodentinální orgán - endodont

Pulp diseases

Inflammation - pulpitis

Consequences

- Necrosis
- Gangraena
- Apical periodontitis

Reasons

- Bacteria
- Mechanical irritants (overinstrumentation, trauma)
- Chemické (esp. phenolic based inracanal medicaments, overfilling,irrigants)

Classification of pulp diseases

- **Histopatological**

Hyperemia pulpae

Pulpitis acuta serosa partialis

totalis

Pulpitis acuta purulenta partialis

totalis

Classification of pulp diseases

- Histopatological

Pulpitis chronica clausa

aperta

ulcerosa

polyposa

Classification of pulp diseases

Clinical

Reversible pulpitis

Pain does not linger after stimulus is removed

Pain is difficult to localize

Normal periradicular appearance

Teeth are not tender to percussion

Classification of pulp diseases

Clinical

Irreversible pulpitis

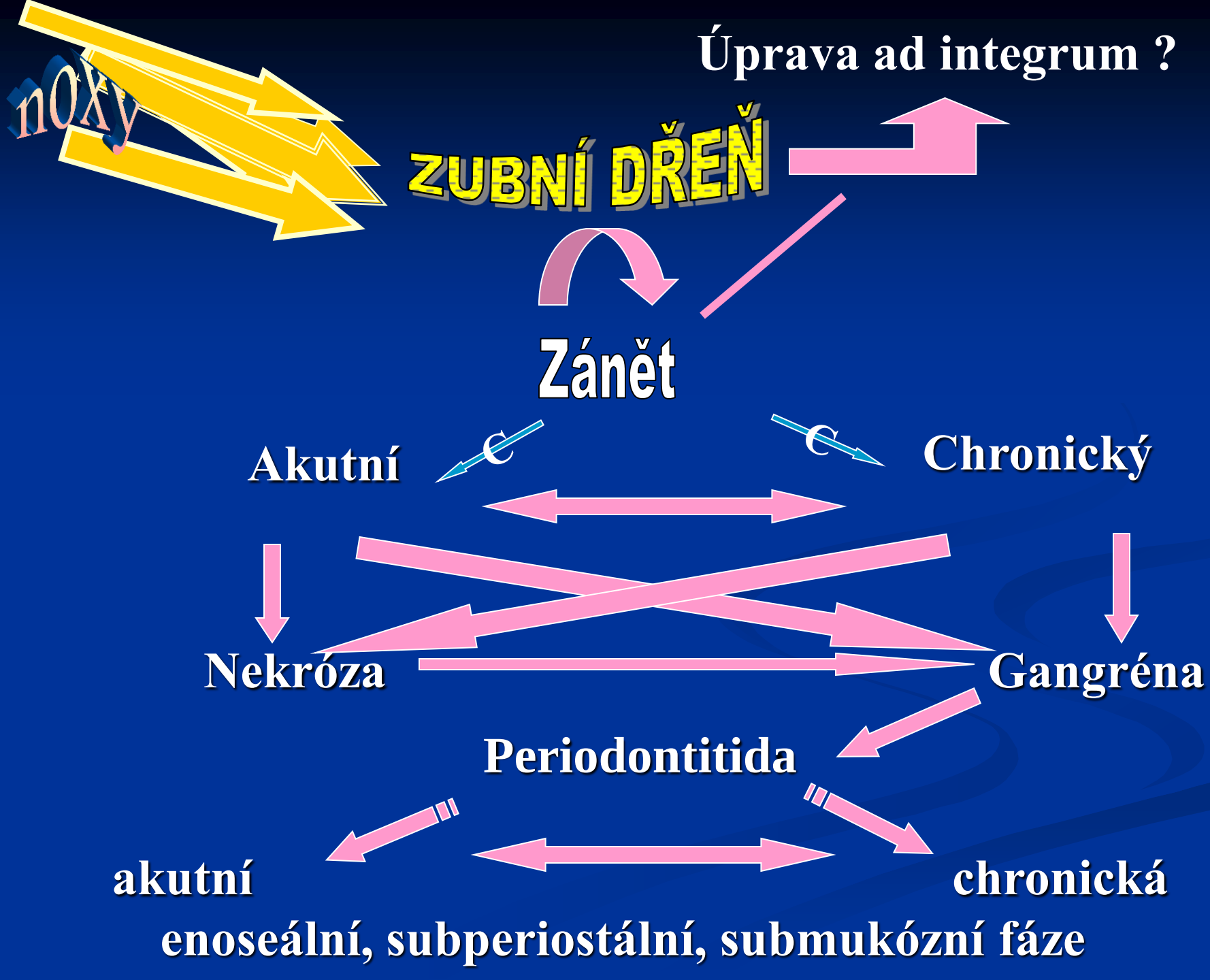
Pain may develop spontaneously or from stimuli

In later stages heat is more significant

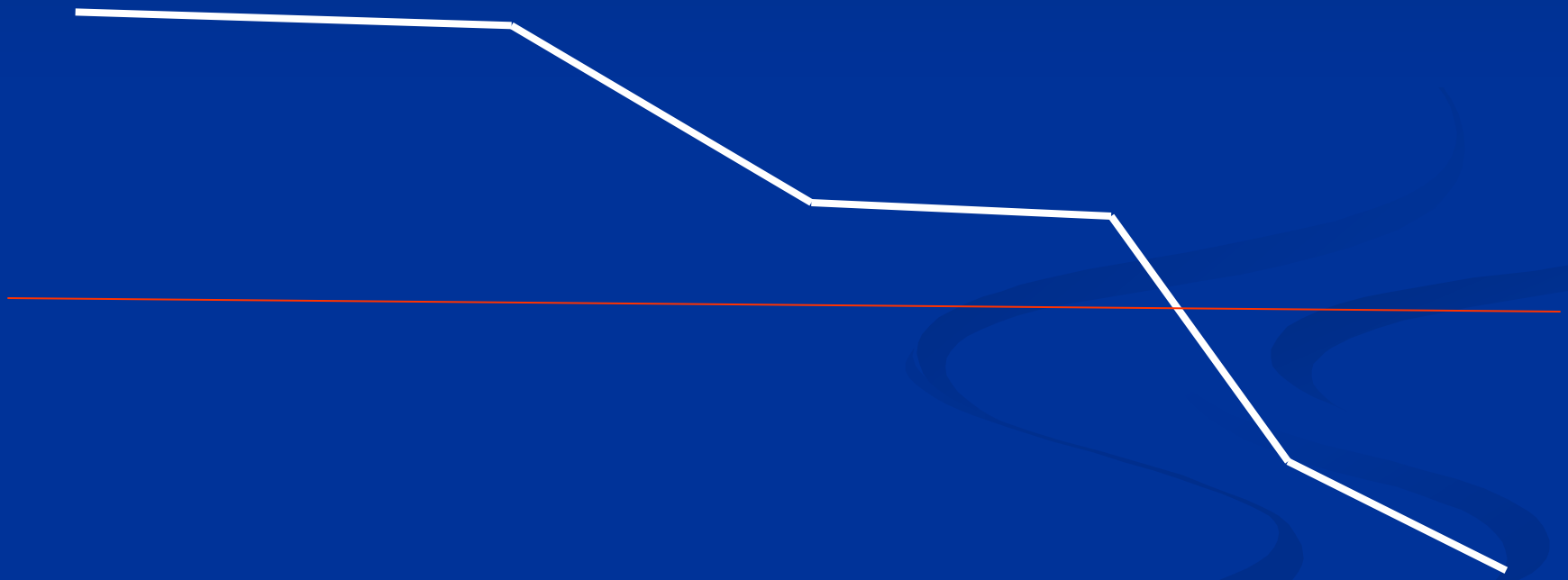
Response lasts from minutes to hours

When the periodontal ligament is involved, the pain is localized

A widened periodontal ligament may be seen in later stages


noxy
Úprava ad integrum ?
ZUBNÍ DŘEŇ
Zánět
Akutní
Chronický
Nekróza
Gangréna
Periodontitida
akutní
chronická
enoseální, subperiostální, submukózní fáze

Cummulative trauma pf dental pulp



Diagnosis

- History

Presenting complaint

Medical history

Dental history

Pain history

Location

Type and intensity of pain

Duration

Stimulus

Relief (analgetics, antibiotics, sipping cold drinks)

Diagnosis

Clinical examination

Extraoral (swelling, redness, extraoral sinuses, lymph nodes, degree of mouth opening)

Intraoral examination

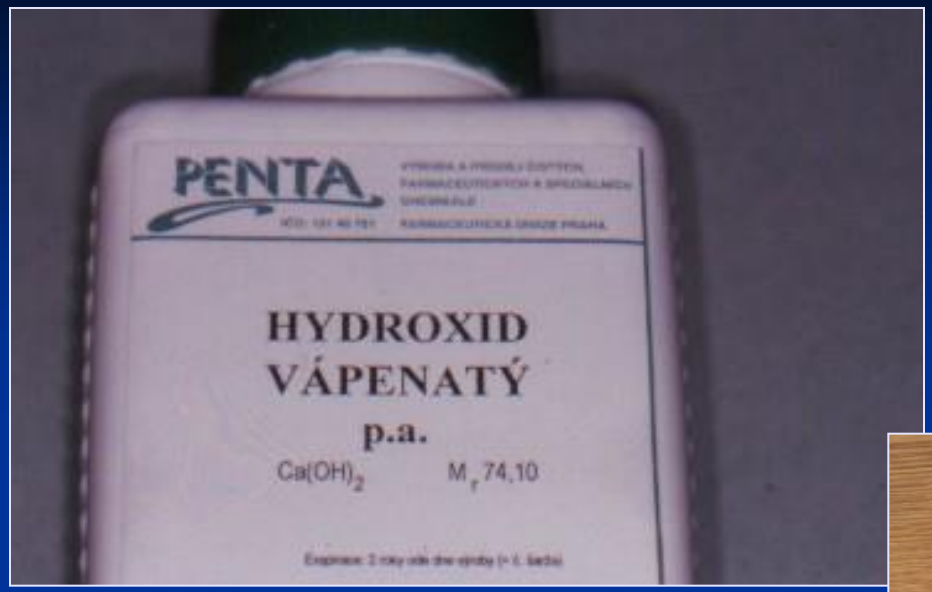
Swelling, redness,palpation, percussion, sinus tract examination, teeth mobility,pockets

Diagnosis

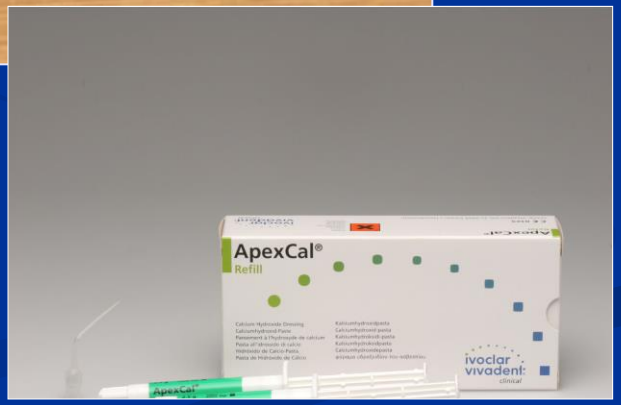
Clinical examination

Pulp sensitivity tests, radiographic examination, transillumination.

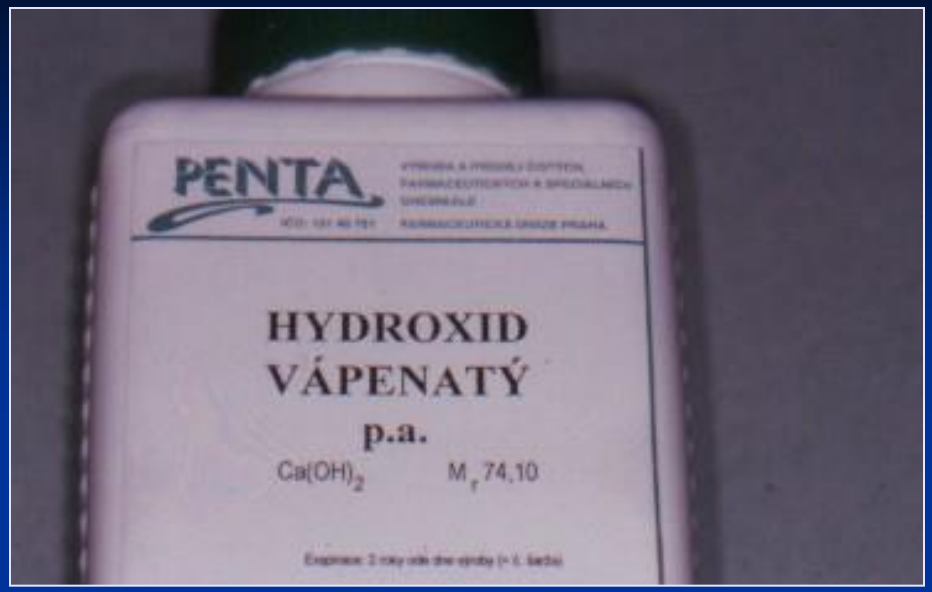
Metody zachovávající vitalitu dřeně a podporující tvorbu vlastních tvrdých tkání


PENTA
HYDROXID
VÁPENATÝ
p.a.
Ca(OH)2
Mr 74,10

$Ca(OH)_2$


ApexCal®
Refill
ivoclar vivadent

pH 12,5

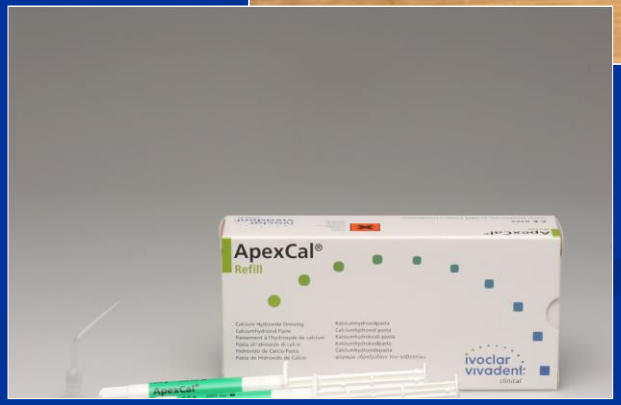


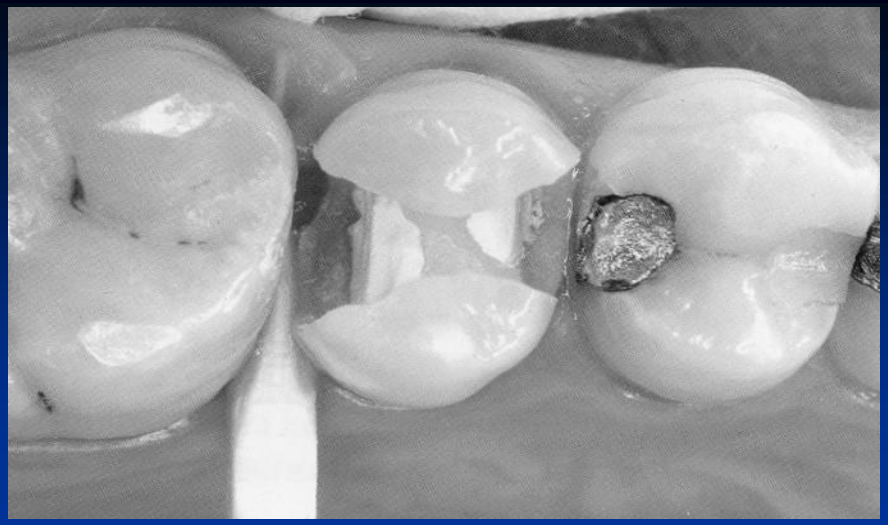
Antiflogistický

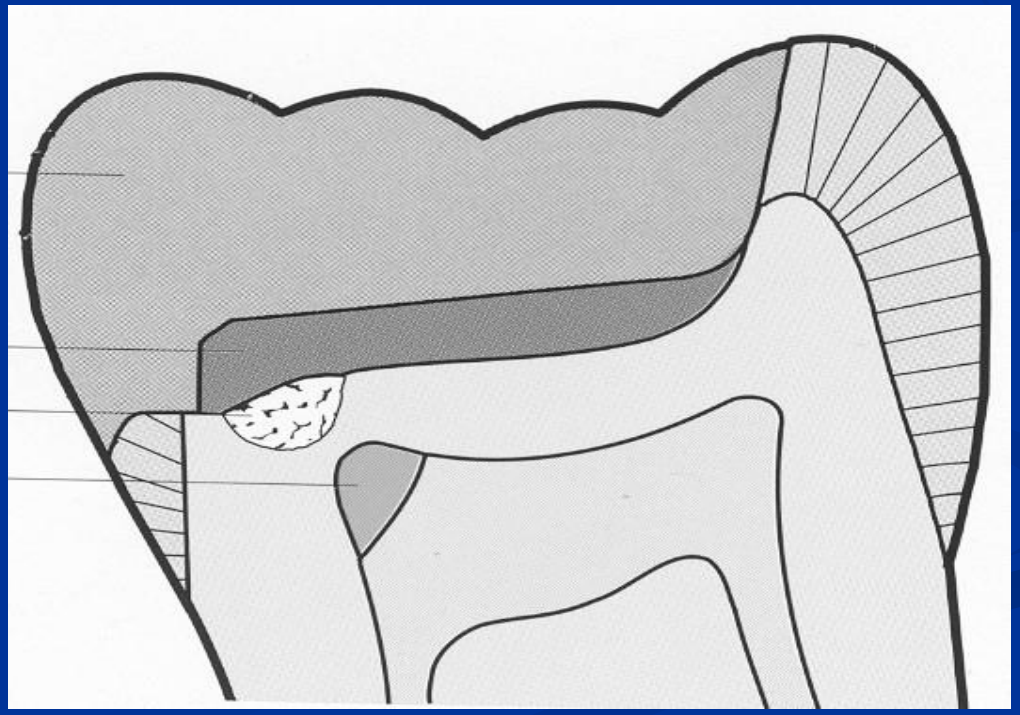
Dentinogenní

Antimikrobiální efekt

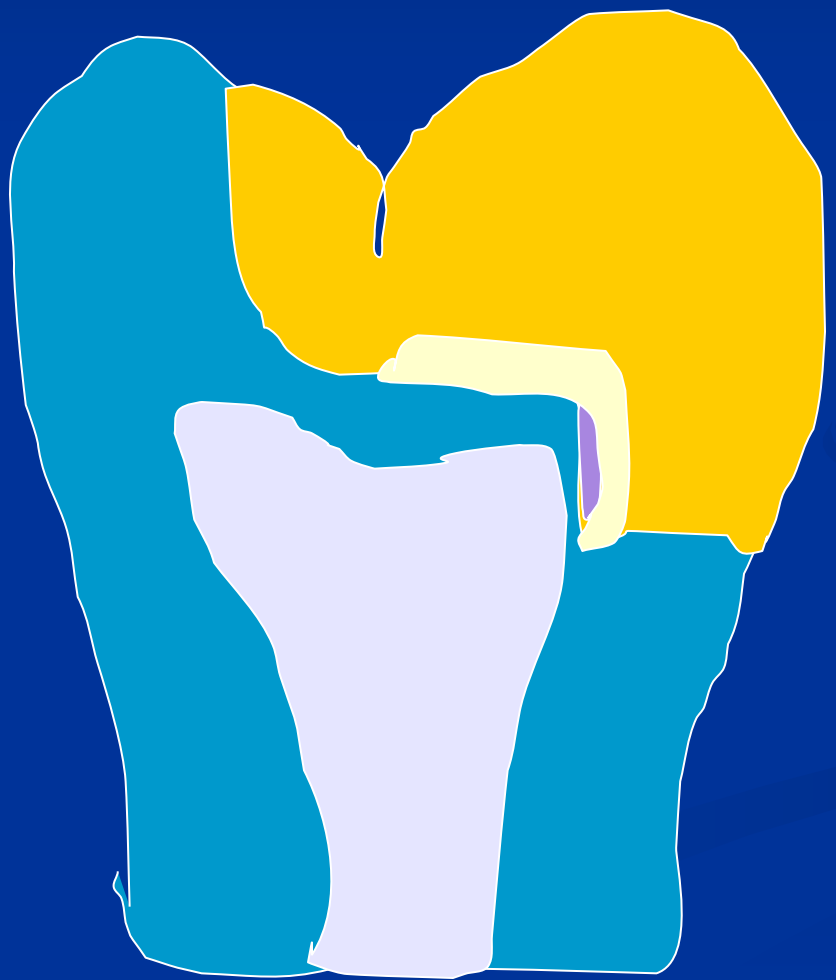
Suspenze
Cementy
Subbase
Kořenová výplň
- krátkodobě
- střednědobě
- dlouhodobě







Nepřímé překrytí zubní dřeně

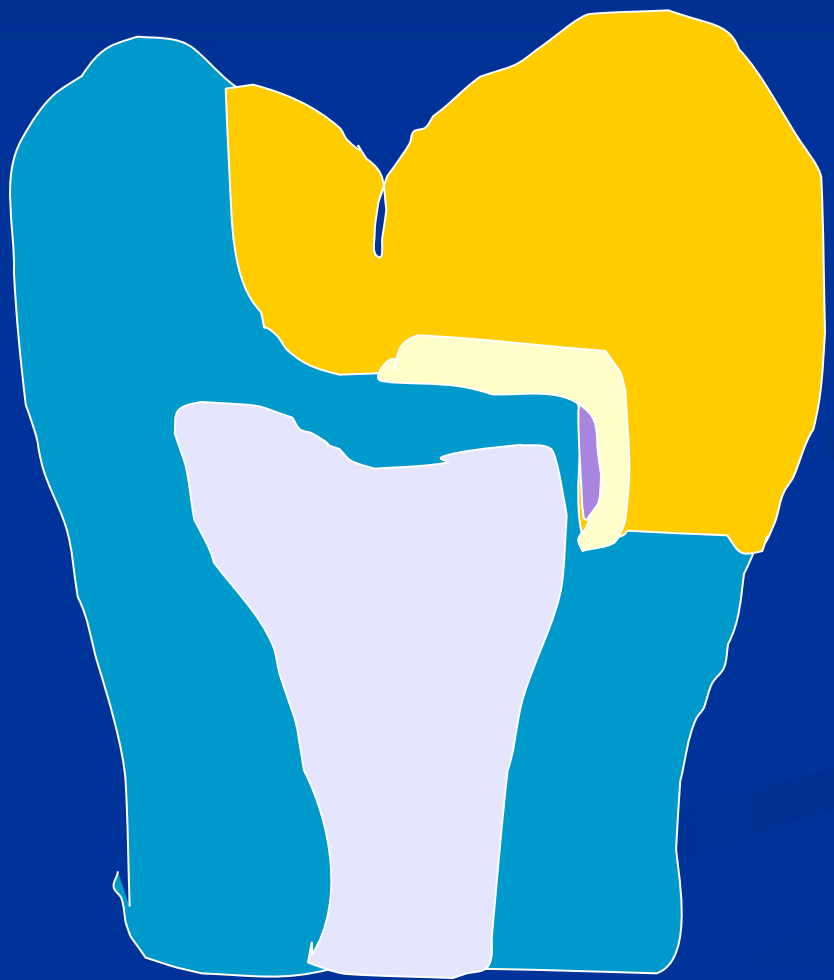


Nepřímé překrytí

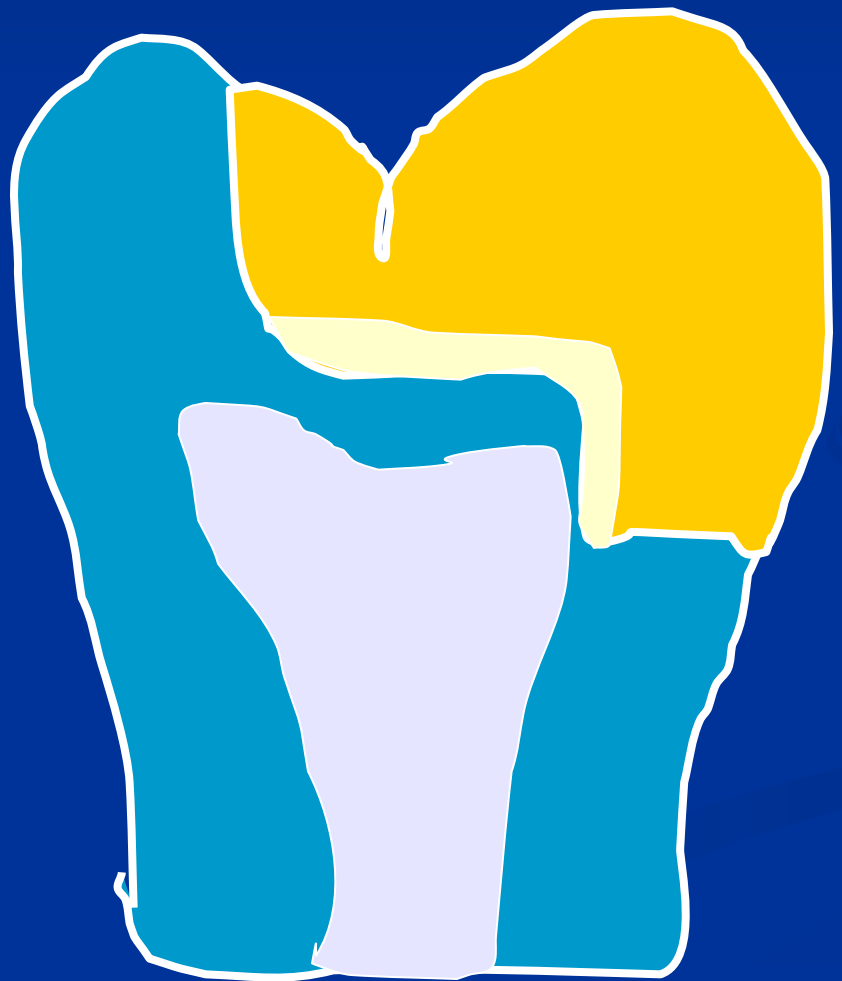
cement

suspenze

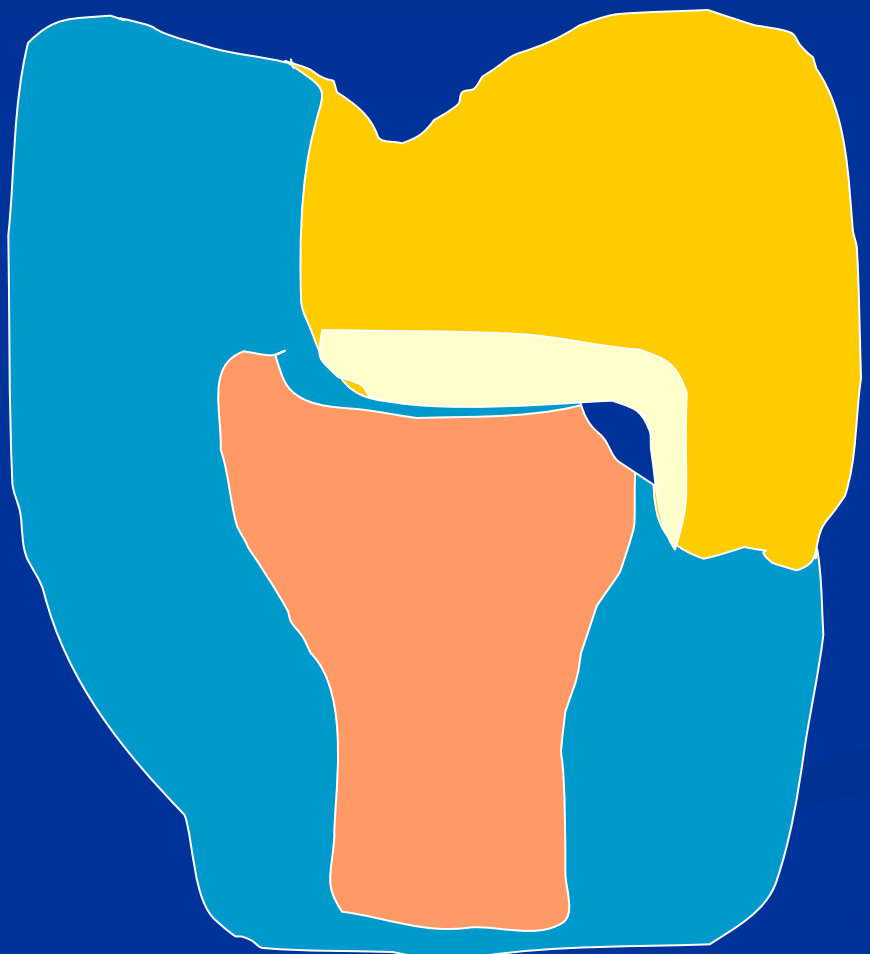
Intermitentní exkavace



Podložka s dostatečnou mechanickou odolností, nedráždivá, pokud možno s remineralizačními vlastnostmi



Přímé překrytí zubní dřeně

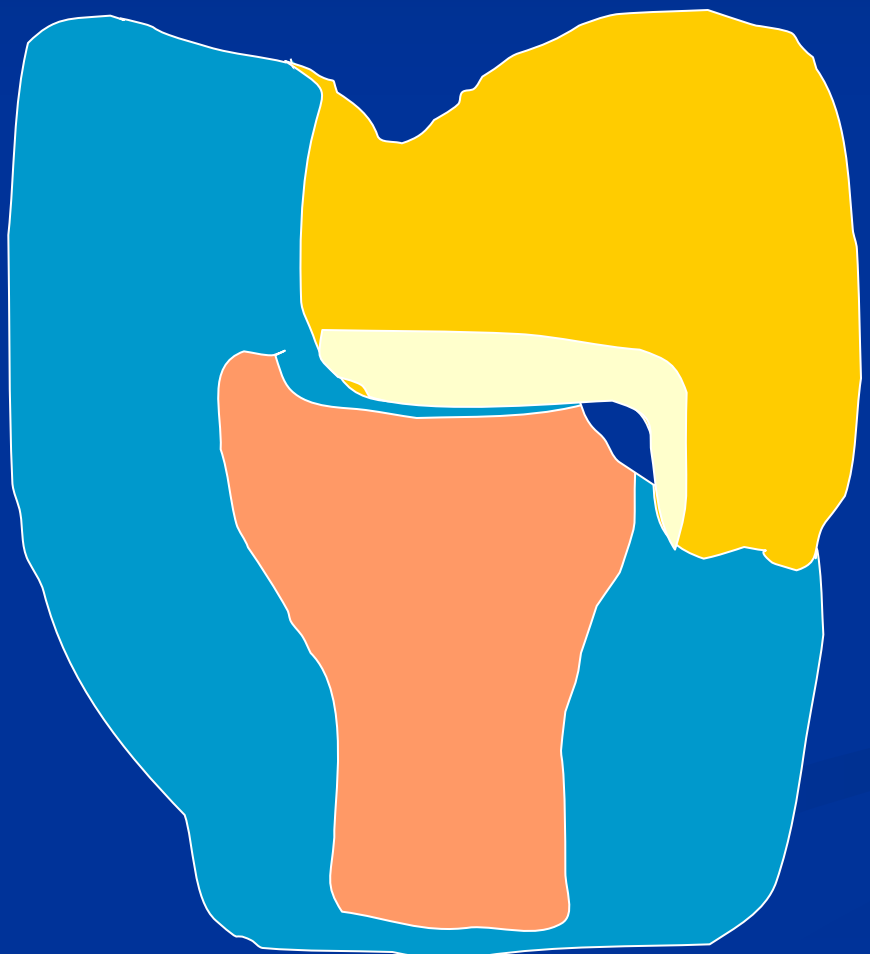


Nekróza
Reparativní zánět
Dentinový můstek

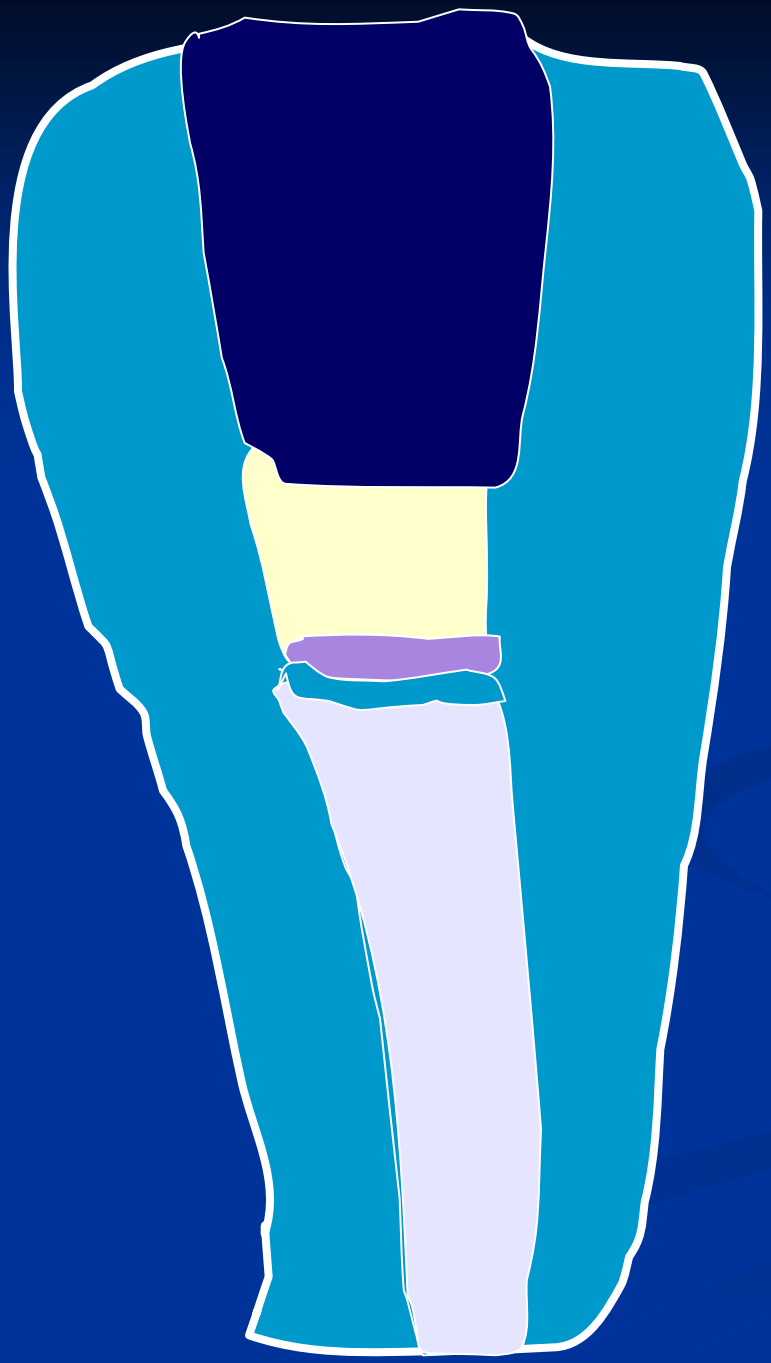
Dentinový můstek

- Zbytky preparátu
- Kalcifikované vazivo
- Dentin
- Predentin
- Odontoblasty

Přímé překrytí zubní dřeně



Přímé překrytí – bodová preforace ve zdravém dentinu, okamžitě po vzniku. Zvážit rizika!



Vitální amputace

Phases of the endodontic treatment

- Diagnosis
- Consideration
- Local anaesthesia
- Removal of old fillings ane caries
- Access to the pulp chamber