Endodontics

Pulpal and periodontal diseases – diagnosis, therapy, prevention



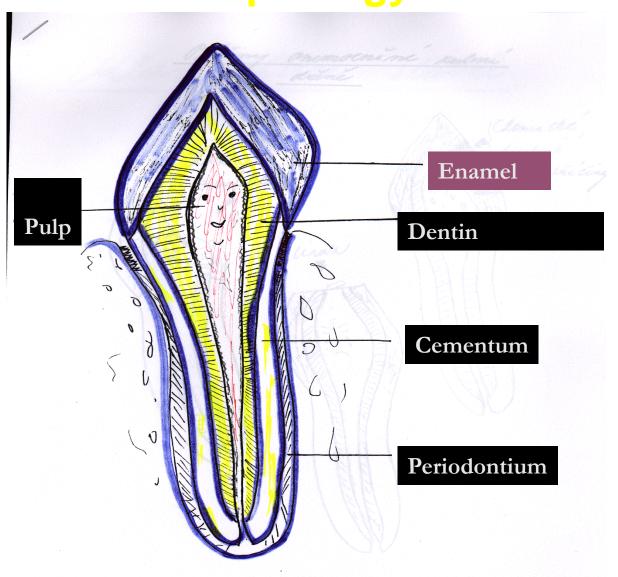
Aim of endodontic treatment

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

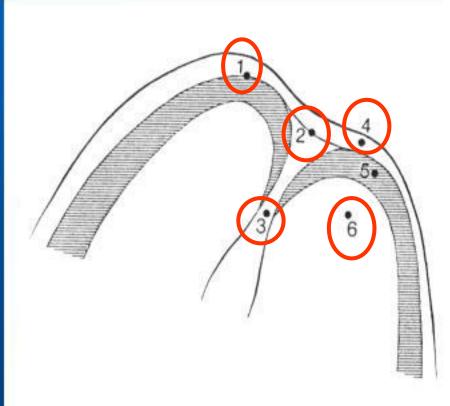


Morphology



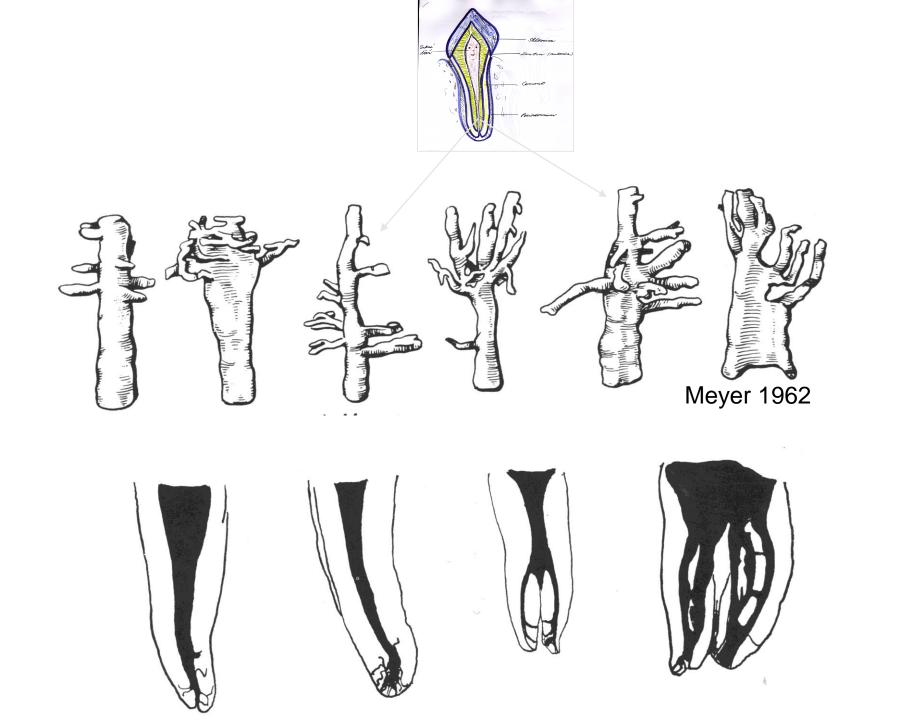


Apical morphology



- 1. X ray apex
- 2. Foramen apicale spical foramen
- 3. Apical constriction
- 4. Periodontal ligament
- 5. Root cementum
- 6. Dentin







3D

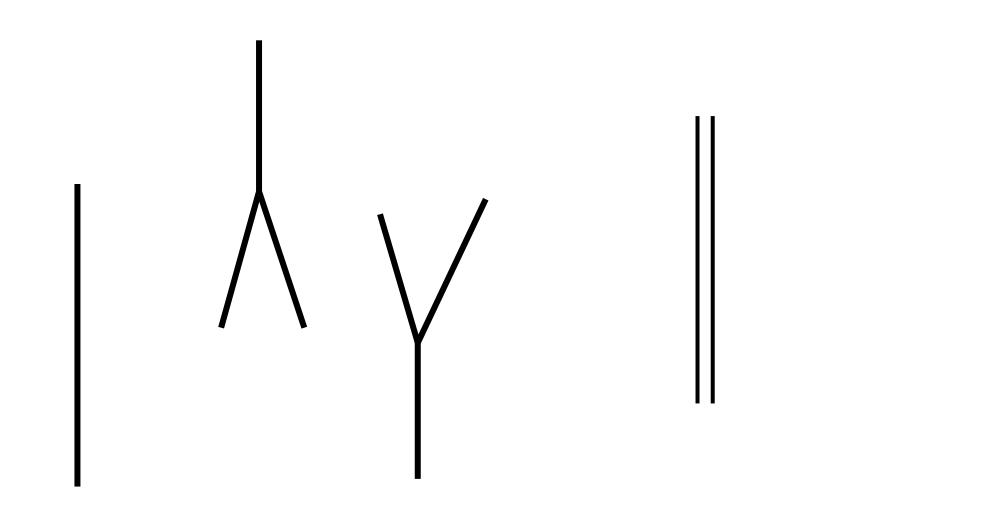
Meyers conclusions

- ➤The root canal is not round but oval (long axis vestibuloral direction)
- The root canal does not go straight but it deflects distally
- The apical foramen is not on the top of the root but below it (distally or distoorally)

Meyer's conclusions

- The walls of the root canal between apical constriction to apical foramen are divergent
- The root canal system has usually more apical foramina (side branches accessory root canals—ramifications)
- ➤ The ramifications are situated mostly in apical area (first apical mm)
- > All foramina are situated in cementum

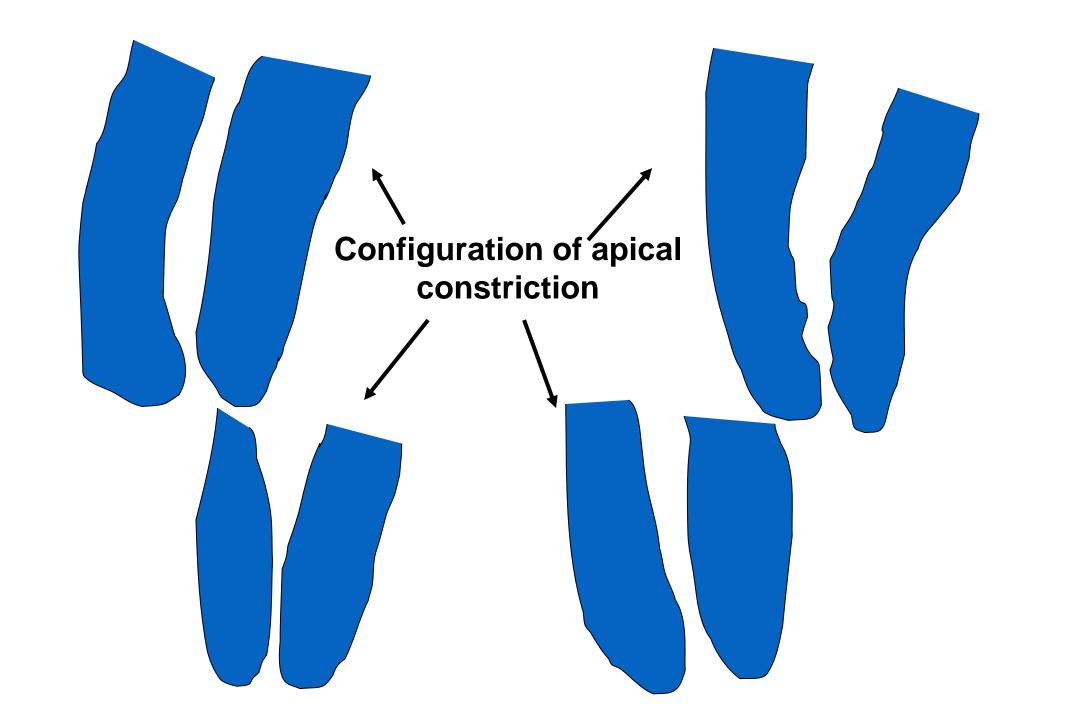
Basic forms of the root canal system (Weine)





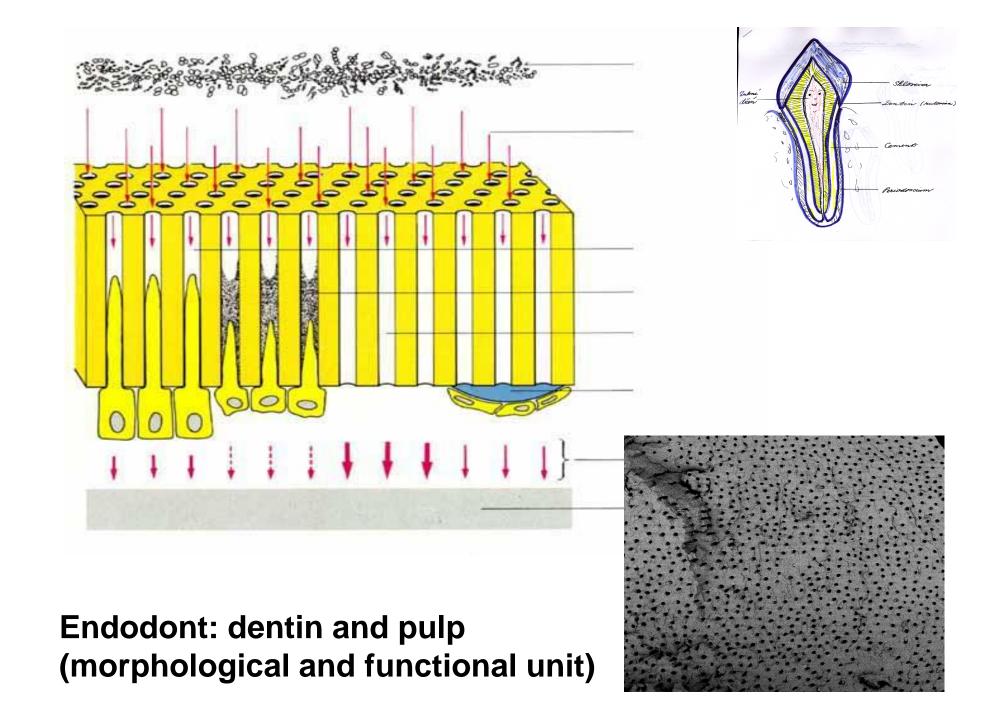
Canal shaping terminates in apical constriction

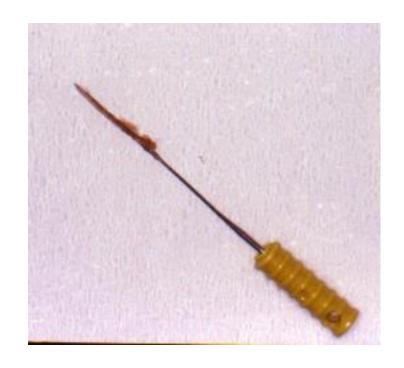
- Small communication
- Less risk of periodontal damage
- Prevention of overfilling
- Prevention of apical transport of infectious material
- Possibility of good bacterial decontamination
- Possibility of good condensation of the root filling



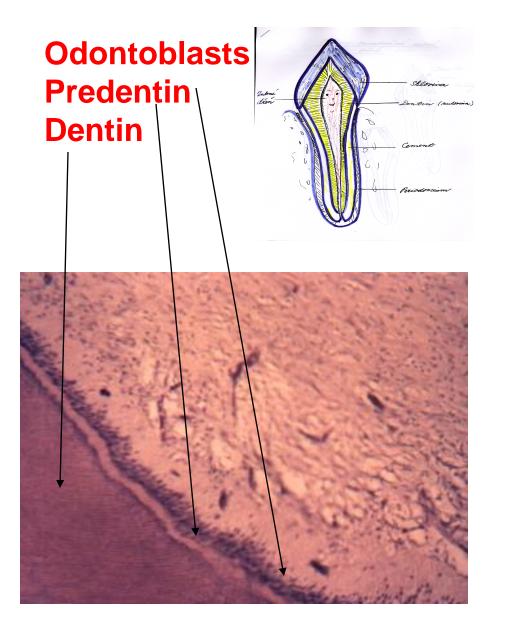
Macrocanal systém – root canals

Microcanal systém – dentine tubules









Pulpal response to the irritation

• Sclerosis

Tertiary dentin

Dentin bridge

Endodontic diseases

- -Pulpitis reversible, irreversible
- Necrosis (Dental pulp lost its vitality)
- Gangraena (Necrotic pulp became infected)
- Apical periodontitis (inflammation that originates in dental pulp and spreads to the periodontal space)

Reasons

Bacteria

Mechanical irritants (overinstrumentation, trauma)

 Chemical (esp. phenolic based inracanal medicaments, overfilling, irrigants)

Two basic approaches in endodontic treatment

Vital pulp therapy

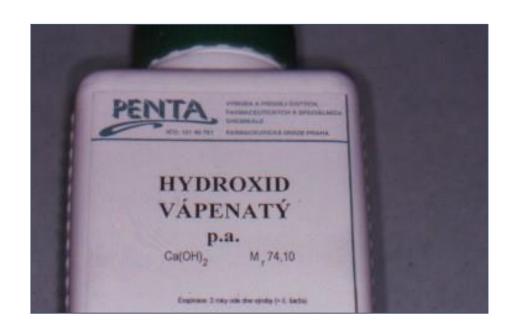
Root canal treatment

Vital pulp therapy VPT

Indirect pulp therapy IPT

- ➤ Indirect pulp capping
- >Intermittent excavation
- Direct pulp therapy DPT
- ➤ Direct pulp capping
- **≻**Pulpotomy

Calcium hydroxide



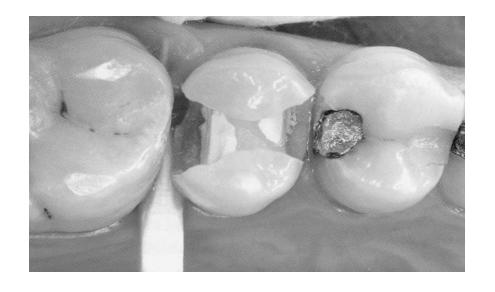
Antiflogistic

Dentinogenic

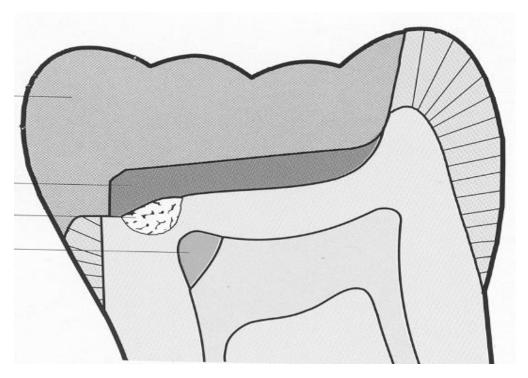
Antimicrobial effect

Dry soft dentine

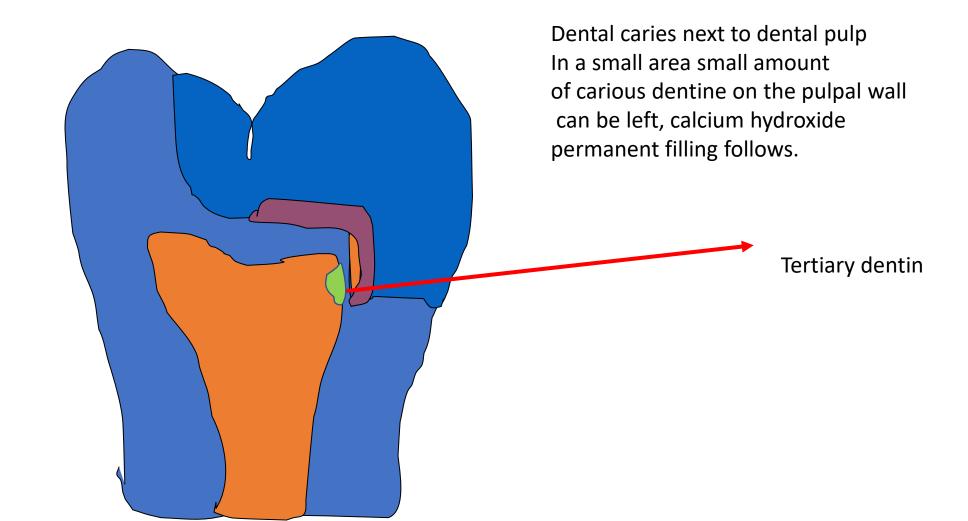




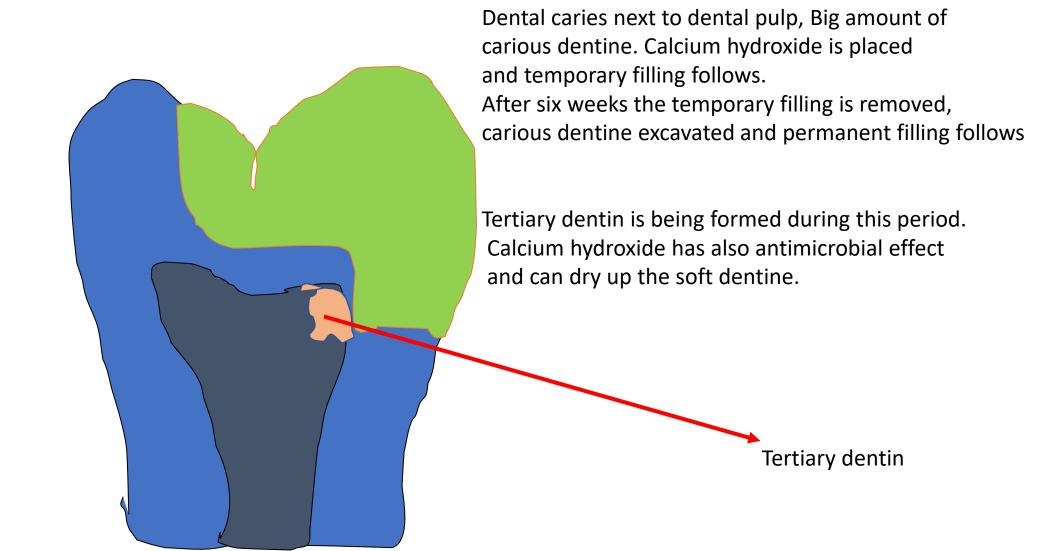
Indirect pulp capping



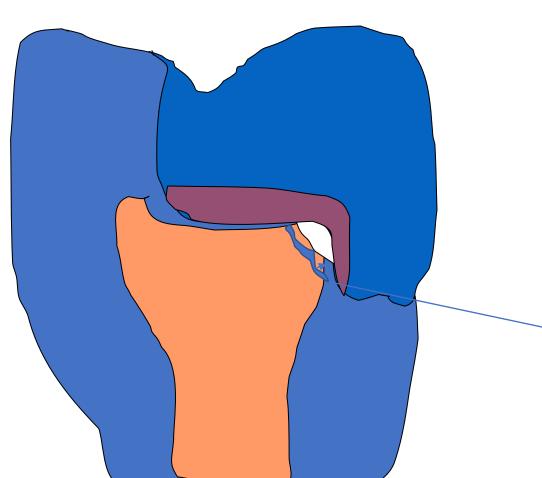
Indirect pulp capping



Intermittent excavation



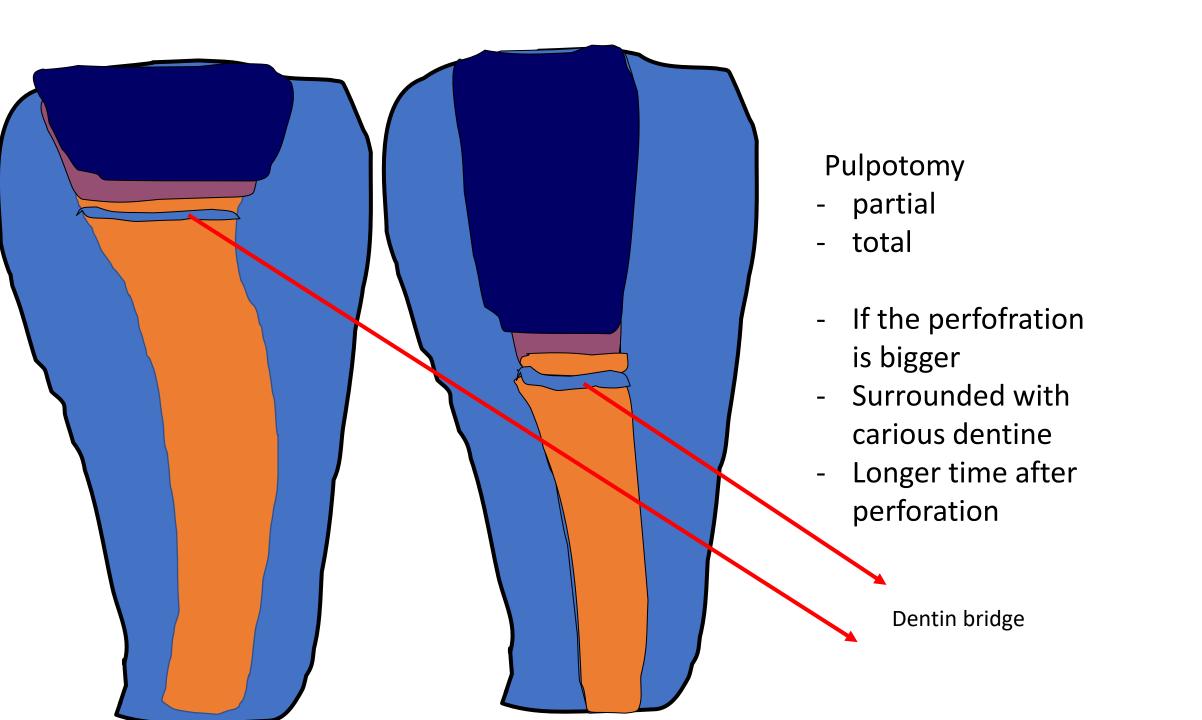
Direct pulp capping



Directly on dental pulp, permanent filling.
Perforation must

- be small (1mm ane less)
- surrounded with intact dentine no carious
- treated immedietaly

Dentine bridge – new odontoblasts are differenciated



Dentin bridge

• Dentin bridge :

New dentin that is produced by new odontoblasts That differentiate from stem cells in dental pulp



Root canal treatment - RCT

- Preendo treatment
- Access opening
- Root canal shaping
- Root canal cleaning
- Root canal filling
- Postendo treatment