#### **Endodontics**

## Pulpal and periodontal diseases – diagnosis, therapy, prevention



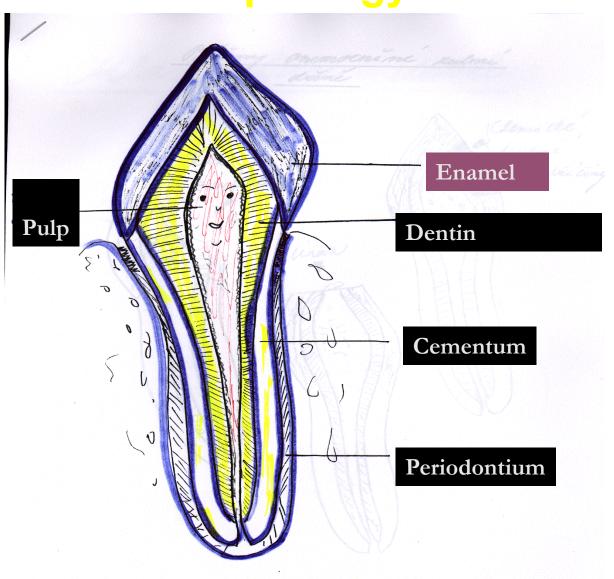
#### Aim of endodontic treatment

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

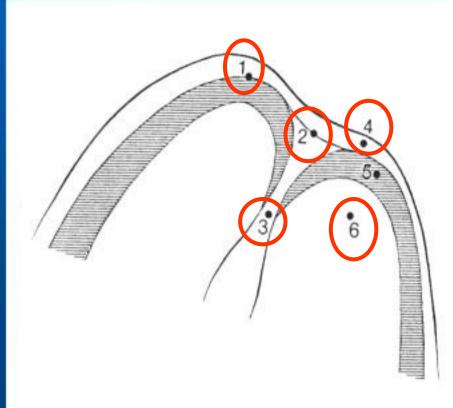


### **Morphology**



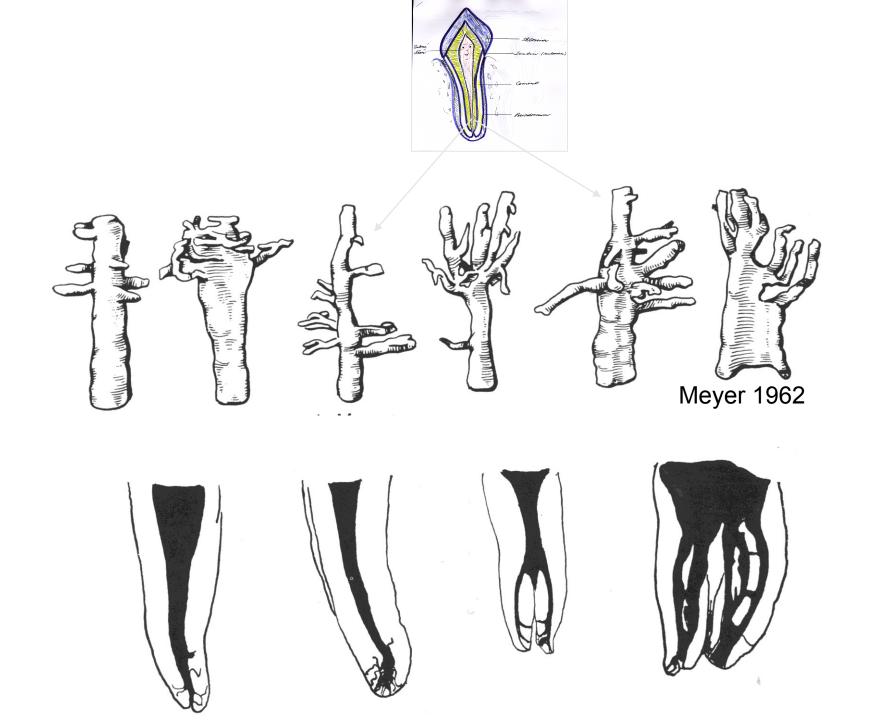


#### **Apical morphology**



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







**3D** 

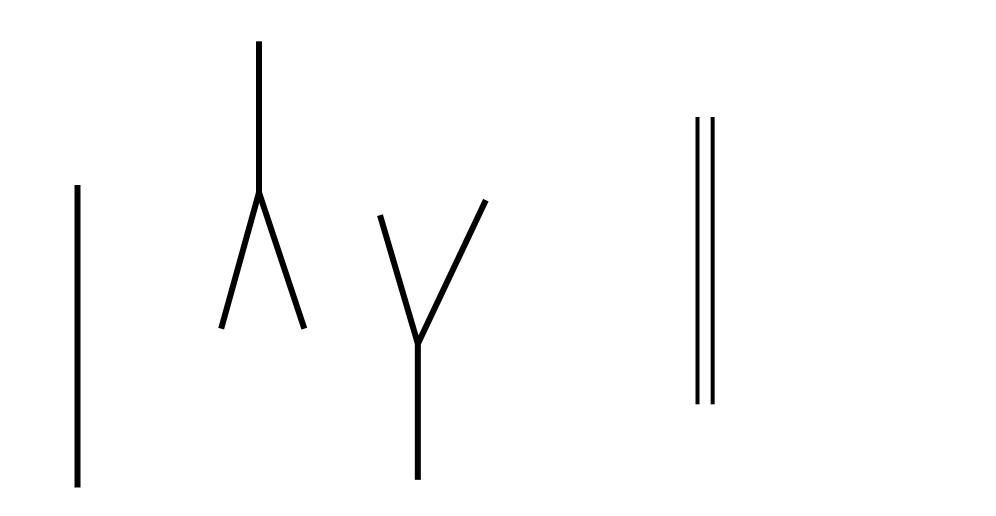
## Meyers conclusions

- ➤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

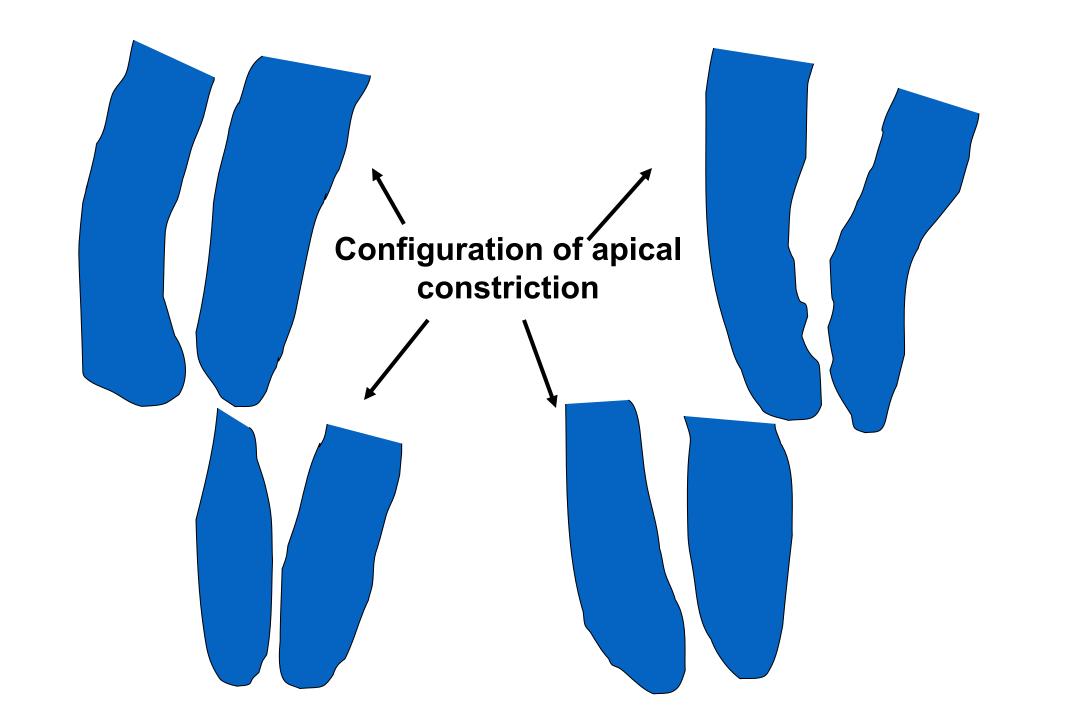
### Basic forms of the root canal system (Weine)





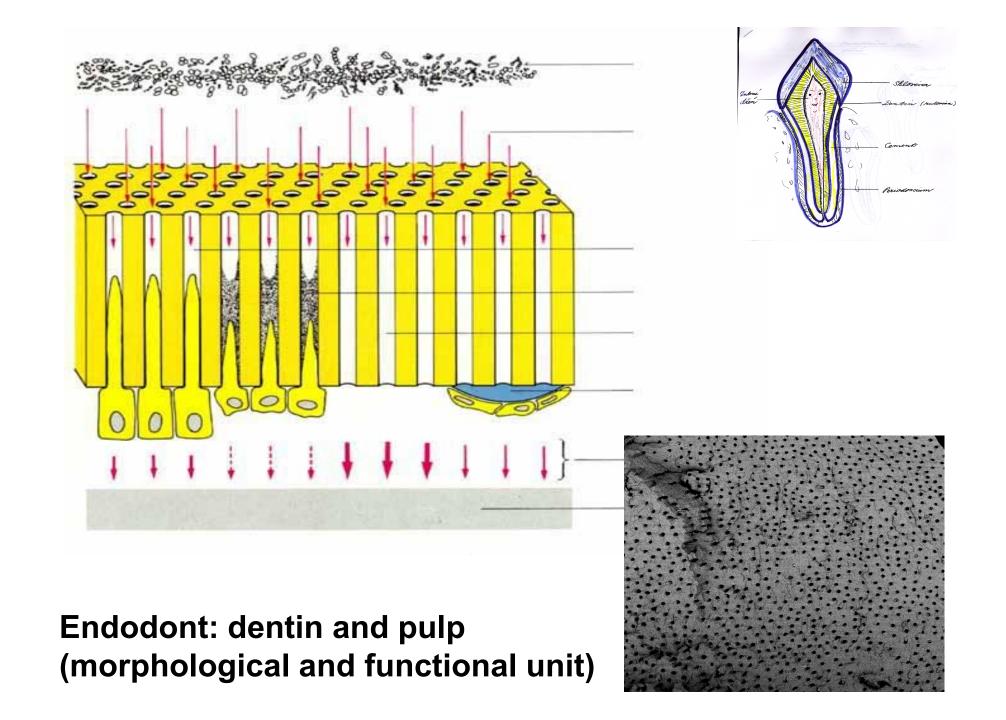
# Canal shaping terminates in apical constriction

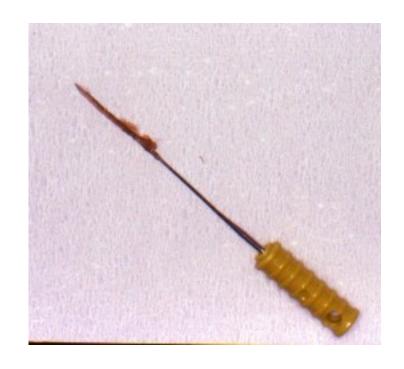
- Small communication
- Less risk of periodontal damage
- Prevention of overfilling
- Prevention of apical transport of infectious material
- Possibility of good bacterial decontamination
- Possibility of good condensation of the root filling



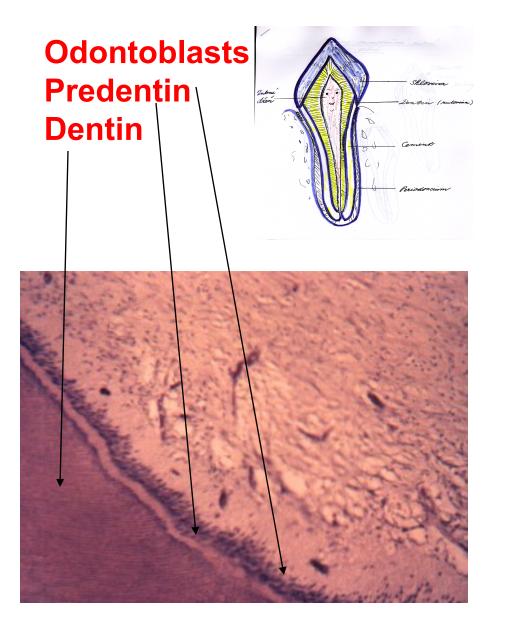
Macrocanal systém – root canals

Microcanal systém – dentine tubules





**Dental pulp** 



### 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

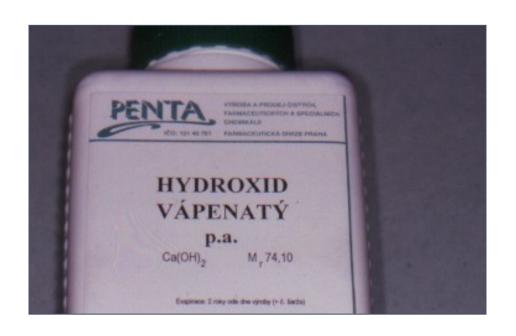
Root canal treatment

## Vital pulp therapy VPT

Indirect pulp therapy IPT

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

#### Calcium hydroxide



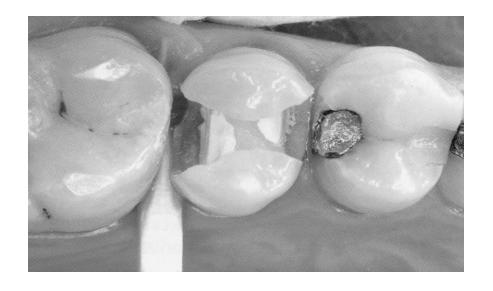
Antiflogistic

Dentinogenic

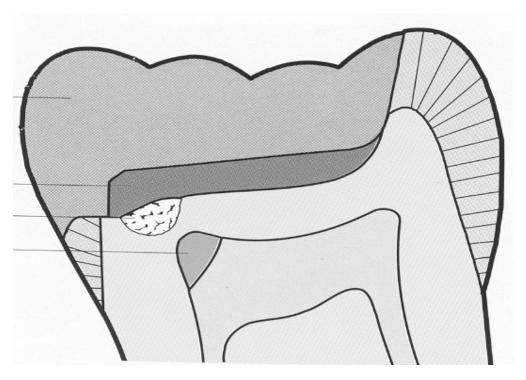
Antimicrobial effect

Dry soft dentine

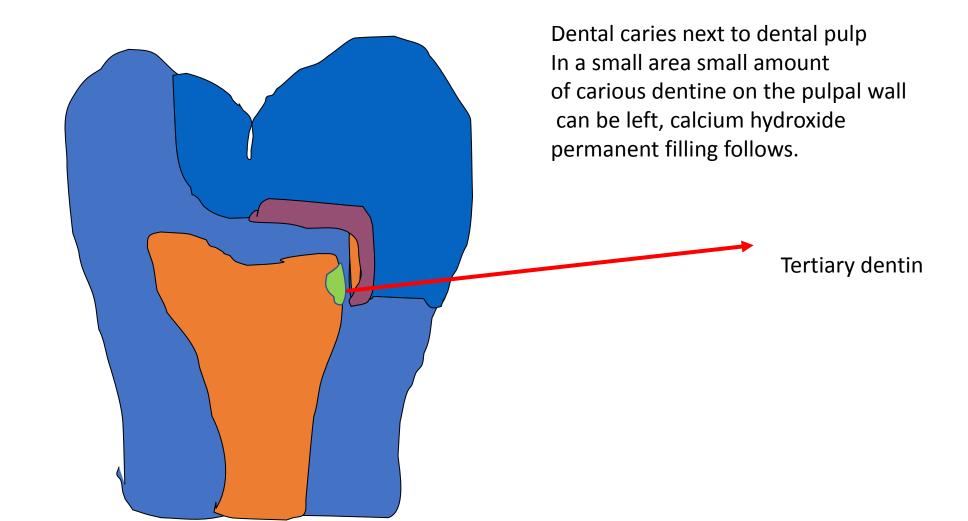




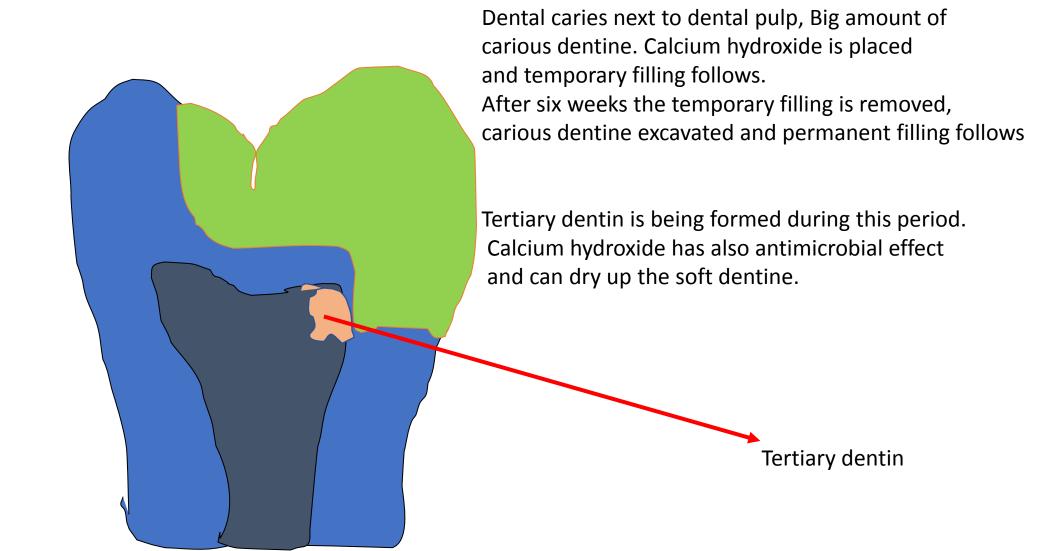
#### Indirect pulp capping



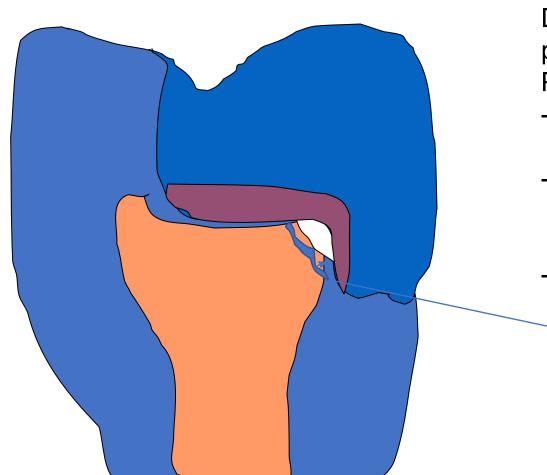
## Indirect pulp capping



#### Intermittent excavation



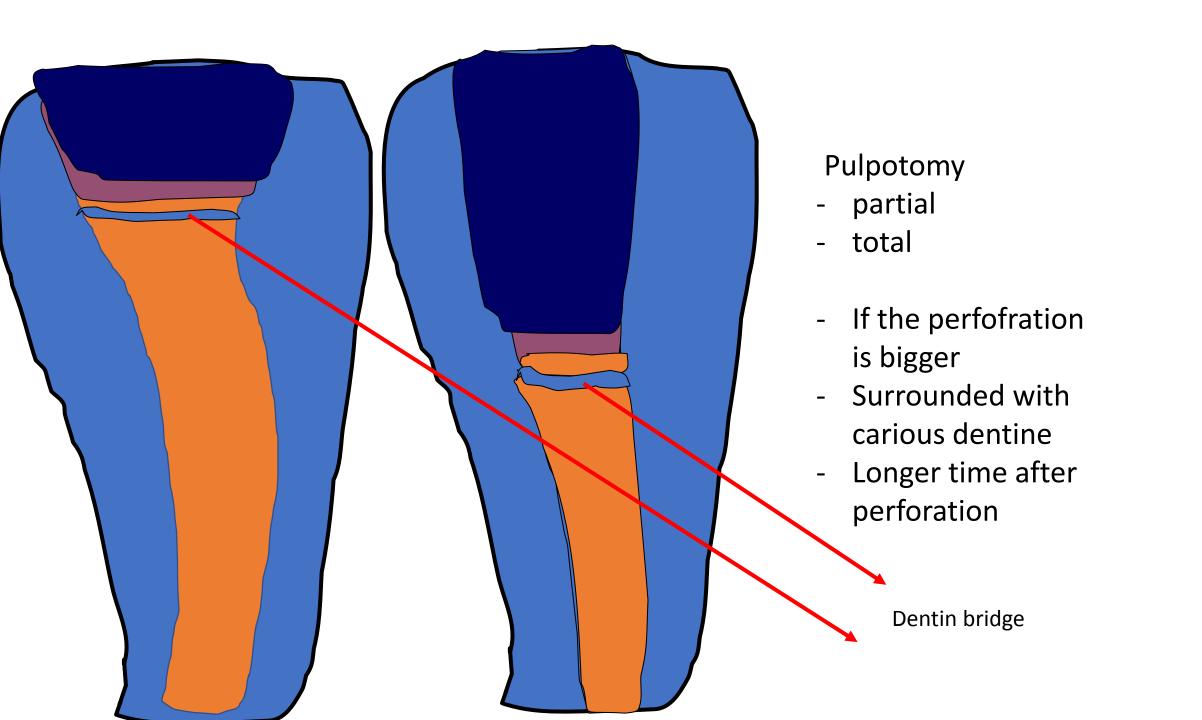
## Direct pulp capping



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