Caribbean Institute of Endodontics Ltd.

Excellence in Endodontic Treatment and Training

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CASE REPORT  1-9-2010

Patient is a 42 YHF. Extremely nervous and scared.
Prior endodontic treatment and apicoectomy in both 7 and 8.
Large lesions that are palpation sensitive.
1/2008: Retreatment started with with long term CaOH.
5/2008: CaOH replaced
8/2008: MTA to seal 8 and Custom fit GP (impression technique) to seal the apex of 7.
Her orthodontic treatment is almost complete. She is now changing crowns for both 7,8.

This case highlights that when endodontically treated teeth fail, often, apicoectomy is not the answer. Most RCTs fail because the canal space was not properly cleaned and disinfected in the first treatment. By doing an apicoectomy with or with out a retrofill on these teeth may only give a short term success. In the long term most of these cases may fail. Quite a few times there is coronal leakage into the canals which contaminates the canal space. By not addressing this contamination with retreatment, and by choosing to do only an apicoectomy, you are risking a late failure. Eventually the contamination gets past the retroseal resulting in a periapical lesion. With newer materials like MTA and time old techniques of Gutta-Percha impression, sealing teeth with blunderbuss /open apex is not a challenging issue any more.
This case shows the clinical handling of such chronic infection with long term CaOH till healing is observed as well the use of MTA and GP impression to seal the larger apical openings. 19 month recall justifies the treatment effort.

For any questions or comments please email  sashi@cwjamaica.com

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