# CASE PRESENTATION

CATEGORY: PULP REVASCULARIZATION (REGENERATIVE ENDODONTICS)

PRESENTED BY Dr.Sopida Thipung

#### **General information**

Female, Age 11 years

### **Chief complaint**

Toothache

### **Medical history**

- No history involved
- NKDA

### **Dental history**

• 1 month ago

Tooth 25: Spontaneous pain for 1-2 minutes, 1-2 times/day, No drug therapy

### Clinical Evaluation

#### **Extraoral examination**

WNL, no facial asymmetry, no swelling, no lymphadenopathy

#### **Intraoral examination**

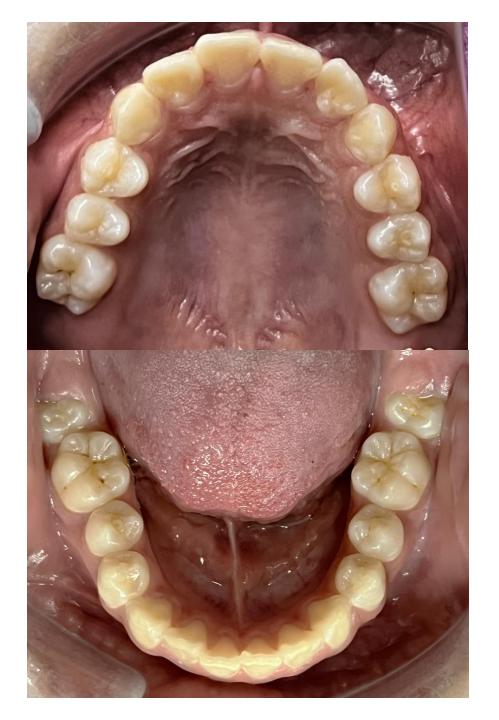
Soft tissue: No sinus tract opening, no swelling

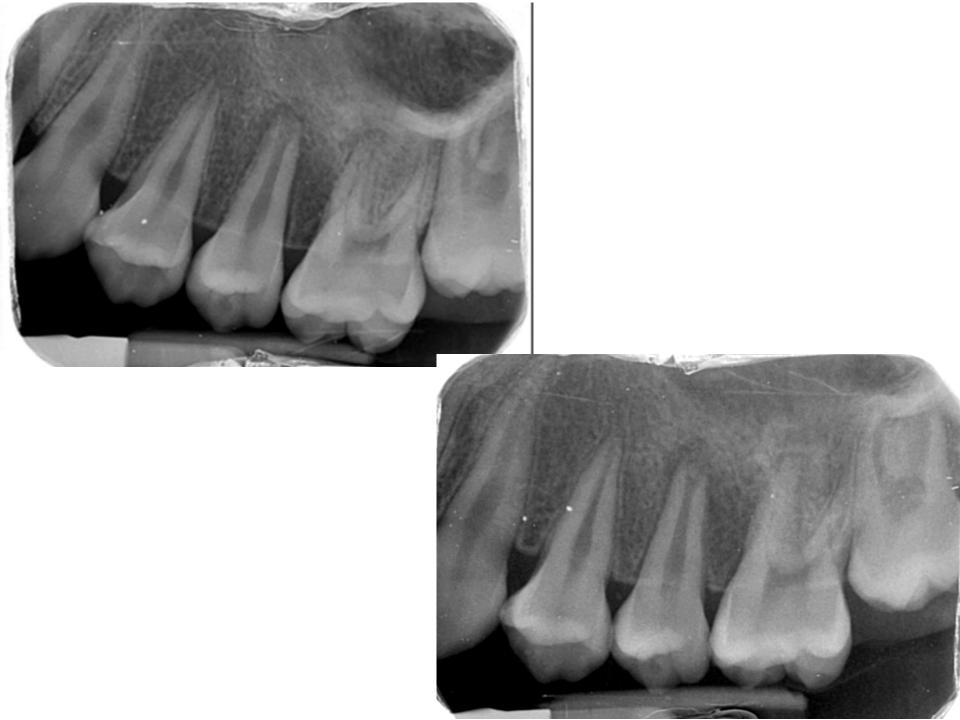
Tooth 25: Tubercle fracture,

No traumatic occlusion

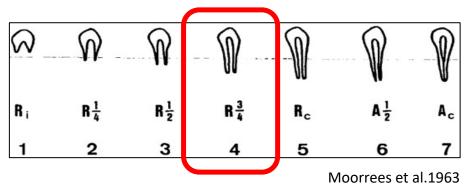


Tooth	EPT	Cold test	Percussion	Palpation	Mobility	PD		
25	-ve	-ve	+ve	+ve	WNL	2	2	2
						3	2	2











Stage 4 Stage 3

6

## **Diagnosis and Treatment Plan**

Diagnosis: 25 Pulp necrosis with symptomatic apical periodontitis

Emergency treatment: None

• Ideal treatment: Regenerative Endodontics

Alternative treatment: Apexification

Extraction

Definitive treatment: Regenerative Endodontics

Pre-operative treatment: none

Restorative after Treatment: Resin composite

## **Prognosis**

#### **Apical Periodontitis**

The presence of periapical radiolucency is not an absolute indicator of a poor long-term prognosis. The vast majority of teeth with apical periodontitis can be expected to heal after nonsurgical or surgical endodontic treatment. Data indicate the presence of a lesion prior to treatment only decreases the prognosis slightly.

#### **Favorable**

Pulp necrosis with or without a lesion present that responds to nonsurgical treatment

#### Questionable

Pulp necrosis and a periapical lesion is present that does not respond to nonsurgical root canal treatment but can be treated surgically

#### Unfavorable

Pulp necrosis and a periapical lesion is present that does not respond to nonsurgical root canal treatment or subsequent surgical intervention

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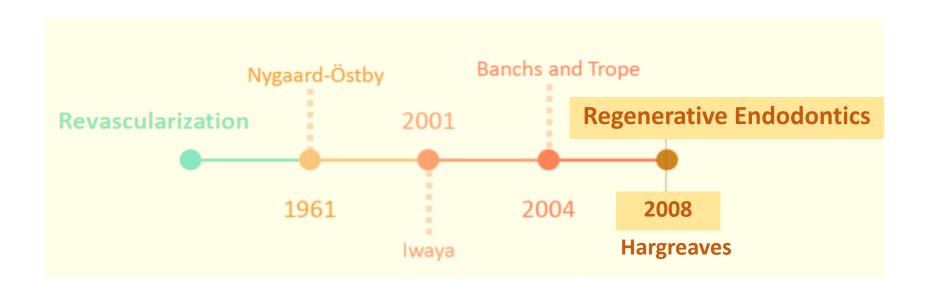
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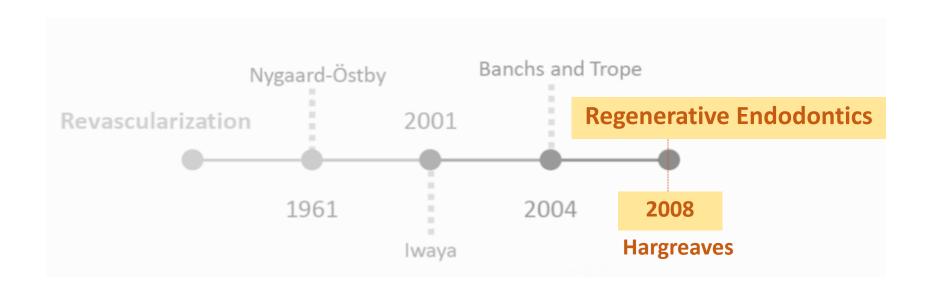
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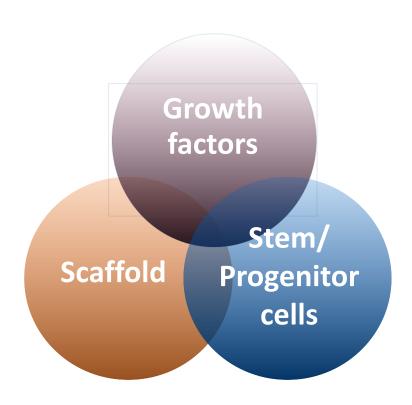


#### Definition:

Biologically based procedures designed to replace damaged tooth structures, including dentine and root structures, as well as cells of the pulp-dentine complex

#### • Aim:

To regenerate the pulp—dentine complex damaged by infection, trauma or developmental anomaly of immature permanent teeth with necrotic pulp



### **Case Selection:**

- Tooth with necrotic pulp and an immature apex
- Pulp space not needed for post/core, final restoration
- Compliant patient/parent
- Patients not allergic to medicaments and antibiotics necessary to complete procedure (ASA 1 or 2)

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### **First appointment**

LA, RD, Access



Copious, gentle irrigation with 1.5-3% NaOCI (20 ml/canal, 5 min) + saline or 17% EDTA (20 ml/canal, 5 min) (positioned about 1 mm from root end)



Dry canals with paper points

 Place Calcium hydroxide or low concentration of triple antibiotic paste

(mix 1:1:1 ciprofloxacin: metronidazole: minocycline a final concentration of 1-5 mg/ml.)

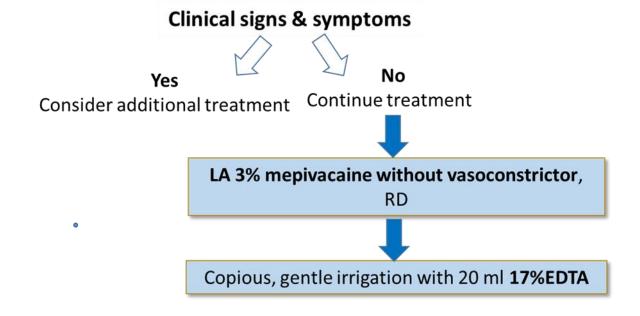


Seal with 3-4 mm. temporary restoration

Kim et al. 2018

AAE Clinical Considerations for a Regenerative Procedure Revised November 2022

**Second appointment** 1-4 week after 1st appointment



### **Second appointment**

Dry canals with paper points.



Create **bleeding** into canal system by over-instrumenting

Stop bleeding, 3-4 mm. for restorative material



Place a resorbable matrix over the blood clot if necessary



Place a Capping materials



RMGI, composite or alloy

**Follow-up:** (6, 12, 24 months)

#### **Clinical examination**

No pain or soft tissue swelling Positive pulp vitality test response

#### **Radiographic examination**

Resolution of apical radiolucency (6-12 month) Increased width of root walls (12-14 month) Increased root length

### The degree of success

**Primary goal:** The elimination of symptoms and the evidence of bony healing

Secondary goal: Increased root wall thickness and/or Increased root length (desirable, but perhaps not essential)

**Tertiary goal:** Positive response to vitality testing (which if achieved, could indicate a more organized vital pulp tissue)

### 1st visit



LA
2%lidocaine
with 1:100,000 epinephrine
RD

OC

IR

1.5% NaOCl (20 ml, 5 min)
+ Saline (20 ml, 5 min)

MED Calcium hydroxide DS

20

### **2nd visit**



LA
3% mepivacaine
without epinephrine
RD

IR 17% EDTA 20 ml **Create bleeding** 

Biodentine

### **2nd visit**



### **2nd visit**



Restorative: Resin composite





**Initial** Final





Initial

Follow-up: 7 months

## **Conclusion**

# Thank you