

# ENDONEWS

ENDODONTICS, LLC / HAMDEN & NEW HAVEN / CONNECTICUT / SUMMER 2016 / [WWW.ROOTCANALDRS.COM](http://WWW.ROOTCANALDRS.COM)

## SELECTIVE NON-SURGICAL RETREATMENT (NS Retx)

**CHIEF COMPLAINT:** "My face is swollen and the gum near the last molar in the right side of the lower jaw is also swollen. It is painful to touch the gum and the tooth."

**MEDICAL HISTORY:** 72 year old Caucasian female takes Synthroid .025 mg a day for hypothyroidism, Meloxicam 7.5 mg daily for arthritis and Lexapro 10 mg once a day for depression. She is also using Estrogen patch daily and Restasis drops for dry eyes. She has been taking Prolix injection for postmenopausal osteoporosis since 2006. She is allergic to penicillin, clindamycin and Flagyl. She is a non-smoker and a retired educator.

**DENTAL HISTORY:** The patient started to experience severe pain on tooth #31 and swelling in the adjacent gum tissue 3 days ago on weekend. Then, her face became swollen yesterday. Her general dentist placed her on Keflex 500mg t.i.d. yesterday. The pain and swelling became more tolerable today. The tooth #31 had RCT 11 years ago and the patient was told that the tooth had crack at the distal part of the coronal structure of the tooth.

**CLINICAL EVALUATION:** (Diagnostic Procedures)

**Exam:** EOE: The patient was not in acute distress. The patient face was slightly swollen on the right side. Clinical examination revealed lymphadenopathy in the submandibular area. The body temperature was 98.4 F. The TMJ was in normal limits without symptoms and signs of popping and clicking. However, her opening of the mouth was limited to 32mm. IOE: The gum was swollen at the buccal area of tooth #31 with sensitivity to palpation. Tooth #31 was remarkably sensitive to percussion with 2 degree of mobility. The margin of crown on tooth #31 was intact.

### ENDODONTIC DIAGNOSTIC TESTINGS:

Tooth #	31	30
Percussion	++	-
Palpation	++	-
Swelling	++	+
Mobility	++	-
EPT	NA	NA
Endo Ice	NA	NA

**RADIOGRAPHIC INTERPRETATION:** 2D PA radiograph: periapical radiolucency with loss of lamina dura is present at the apex of the mesial root of tooth #31. A threaded post in the distal root shows 2 mm gap between the root canal filling and the post. 3D Saggital View: the lesion is primarily around mesial root while distal root has intact PDL. 3D Coronal View: the mesial root canal filling is located closer to buccal than lingual, which suggests the missed mesiolingual (ML) canal from the previous RCT.

### DIAGNOSIS #31:

Pulpal: PREVIOUSLY TREATED with MISSED ML CANAL  
Periapical: ACUTE APICAL ABSCESS TREATMENT OPTIONS &

### PROGNOSIS

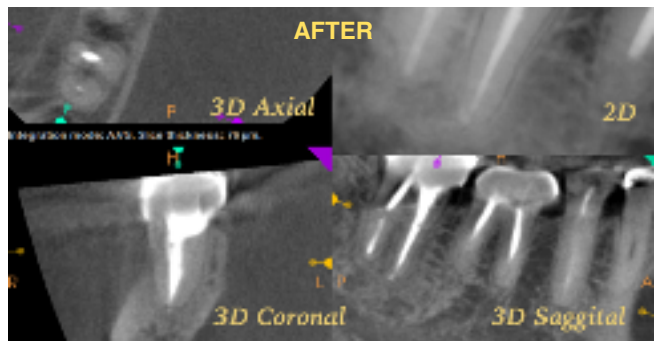
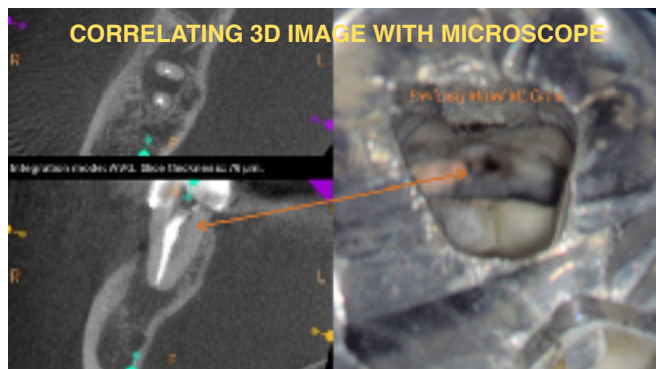
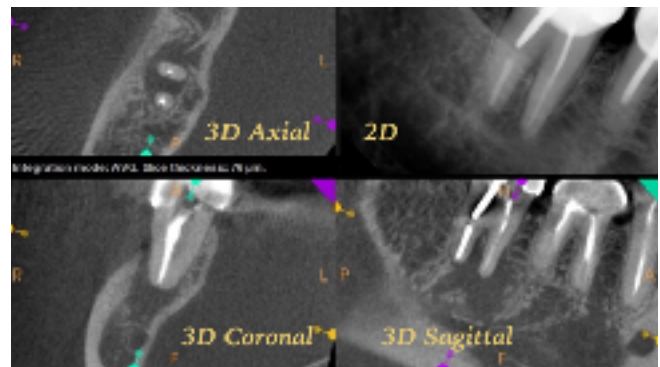
1. NON-SURGICAL RETREATMENT - Recommended with 85% successful prognosis
2. EXTRACTION and IMPLANT- Risks of BONJ (Bisphosphonate Osteonecrosis of Jaw) due to her medication, loss of function and expense of dental implant.
3. APICOECTOMY - Prohibitive surgical access due to thick buccal bone.

### TREATMENT PERFORMED - NS RETREATMENT (SELECTIVE)

(Accepted by the patient): 85% success rate quoted  
**Urgent Care:** Initiate NS root canal retreatment with continuing the current antibiotics regimen to eliminate the source of the infection.  
**Follow Up Care:** Completion of NS root canal retreatment  
Upon accessing the crown with dental operating microscope, previously untreated ML canal was located. ML was instrumented and disinfected along with contiguous MB canal. Distal canal showed no leakage around the post. Based on this finding, selective NS retreatment was performed on mesial root only. Endodontic access was permanently sealed by the referring doctor a month later.

### OUTCOME ASSESSMENT - ONE YEAR FOLLOW UP:

**Clinical Examination:** No percussion and palpation sensitivity. No swelling. No mobility. Patient fully functioning with the tooth.



BRUCE Y. CHA, D.M.D. & JIN JIANG, D.D.S., Board Certified Endodontists  
LINCOLN PLACE, 406 Orange Street, New Haven, CT 06511 (203) 777-6461  
WASHINGTON PLACE 60 Washington Avenue, Hamden, Connecticut 06518 (203) 281-6574