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Dr. Beena Rani Goel

Case History

A 27 year old female patient came with the complaint of sensitivity to cold and heat and pain on chewing in relation to the lower left second molar. These complaints started eight months back. She got root canal treatment done for that tooth seven months back with another Dentist but the complaints still persisted. On examination, 37 was having a temporary restoration and it was tender to percussion.

Radiographic Evaluation

Radiograph revealed a faulty root canal treatment of 37 (Fig.1). The roof of the pulp chamber was intact, there was a ledge on the distal wall in the mesial canal. The canals were curved, the gutta percha was present only in the coronal half and there was space between the GP and the canal walls.



Patient Review

The patient was comfortable after the treatment and she did not have to take any analgesics. Old records were checked and the 36 radiograph of 2008 compared with the latest one (Fig 3). The periapical radiolucency is completely resolved now



36, which was having a crown, showed root canal obturation and had normal periapical region. The patient told that 36 root canal was done by me seven years back. It was clinically comfortable. ReRCT for 37 was planned.

Treatment Procedure

Under local anesthesia, the temporary restoration and the gutta percha were removed from 37. Complete de-roofing of the pulp chamber was done and the canals negotiated. To bypass the ledge and negotiate the mesial canal, Mani's #10 and 15 D-finders were useful. Working length was determined with Root ZX. LightSpeed LSX was used for canal preparation. Obturation was done by lateral condensation, with # 60 and # 50 master cones in the distal and mesial canals respectively (Fig. 2).



Why I Chose LSX ?

In this case with curved canals and initial larger canal diameter, LSX is the only flexible instrument that can do biologically optimal preparation without transporting the apical foramen.

How Will You Solve This Case ?

Get back to us with your reviews and queries. We will be publishing a few of the same in a future issues of Famdent with answers from the International Academy for Rotary Endodontics- USA.

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