How Will You Solve This Case?

Prof. Beena Rani Goel, MDS, FIARE (USA). She is the founder of the Steve Senia Rotary Endodontics Training Center located in Belgaum, India, as well as the President of the International Academy for Rotary Endodontics which offers a fellowship to raise the bar for Rotary Endodontics. She maintains a private practice in Belgaum and conducts regular training programs to promote quality Endodontics.

Dr. Beena Rani Goel

Case History

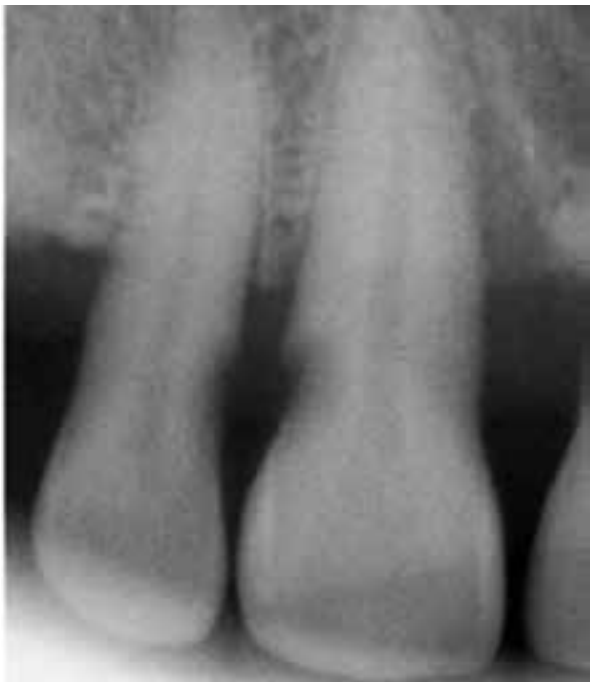
A 65 year old female patient reported with pain and palatal swelling in relation to maxillary right lateral incisor. The swelling was small in size, was not fluctuant and there was proximal caries on 11 and 12. Generalized gingival recession was present but the teeth were not mobile. There was tenderness to 12 and negative response to heat and cold tests. The diagnosis was acute apical abscess and root canal treatment was planned for 12. 11 tested positive to the tests and restoration was planned for the distal caries.

Radiographic Evaluation For The Treatment

The caries on 12 was not very deep in the radiograph, there was horizontal bone resorption almost to the mid root. There was haziness around the root tip on the distal side of 12 and the apical foramen was exiting to the distal side of the root.

Treatment Procedure

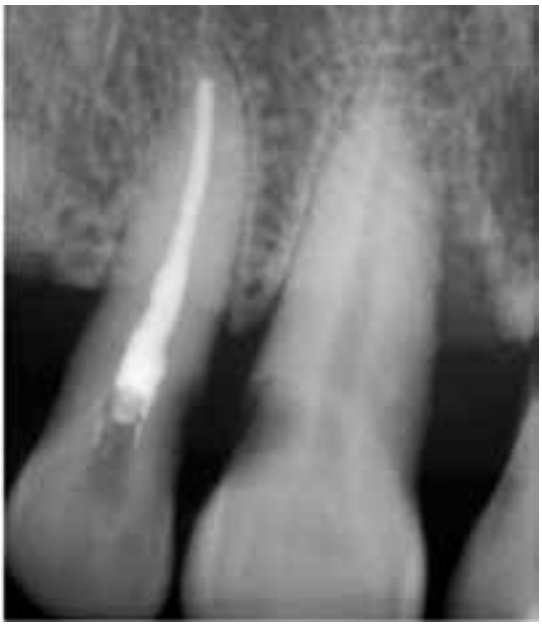
Access was gained without local anesthesia, pus was present in the root canal. Working length was determined with **Root ZX** foramen locator and canal instrumentation completed with **LightSpeed LSX**. Calcium hydroxide dressing was given and antibiotic prescribed for three days.



On the second visit, the swelling was absent and the tooth was free from pain. Obturation was done with **SimpliFill** # 60 and **HotShot** thermoplasticized GP.

Patient Review

On follow up, the patient was comfortable; there was complete resolution of problems.



Why I chose LSX ?

In the present case of periapical abscess, thorough debridement and disinfection are critical for healing. Addressing the working width is therefore crucial and this is obtainable only with a non tapered instrument as **LightSpeed LSX**. At the same time it retains the critical cervical tooth structure.

According to Tronstad, "…historically speaking, endodontic treatment of the maxillary lateral incisor has failed more than in any other tooth." (Clinical Endodontics pg. 204. Leif Tronstad. 2nd Ed. 2003). The buccolingual diameter of the canal is more than the mesiodistal width, and it is only the latter that is seen in the radiograph. Lack of optimal canal enlargement and disinfection necessitates apical surgery later.