



How Will You Solve This Case?

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Dr. Beena Rani Goel

Case History

A 56 year old male patient came with the complaint of pain on chewing on lower right premolar region since one month. He also reported that it pained while pressing the buccal mucosa over the root region of 44. Clinical examination revealed a deep class V lesion on the 44, it was slightly tender to percussion. Cold test gave negative response from 44, indicating possibility of necrosed pulp.

Radiographic Evaluation

Periapical radiograph (Fig.1) showed the presence of a supernumerary premolar in between and at the mid root level of 44 & 45. There was definite radiolucency associated with the root tip of 44, which revealed a curved canal.



A diagnosis of pulp necrosis with apical periodontitis was made and the tooth planned for RCT.

Treatment Procedure

Access was gained for 44 under local anesthesia and the pulp chamber and root canal were found empty. Working length was determined with

Root ZX. BT Race 1, 2 and 3 were used to prepare the root canal and then **LightSpeed LSX** used for apical preparation. Endodontic irrigation was done and the canal obturated with #55, 0.02% GP to the working length. The lateral space was packed with #35, 0.04% GP (Fig.2).



Patient Review

The patient was comfortable after the treatment and he didn't have to take any analgesic.

Why I Chose LSX ?

The BT Race 1, 2 and 3 instruments are #10, .06 taper, .04 taper, without taper and #35, .04 taper. They help to remove middle third interferences fast and then it is much easier to work with LSX to clean and shape the apical third to the biologically optimal size. Literature shows the success rate of RCT cases comes down by about 24 % when the case has apical periodontitis at the time of RCT. Well, this case with apical periodontitis and biologically optimal preparation with LSX will ensure its success.