Results

The mean time to reach working length was significantly shorter for Guttacore than Thermafil ($p < 0.05$). There was significantly more debris remaining in the apical third compared to the coronal and middle thirds in all groups ($p < 0.05$).

Conclusions

The Guttacore system requires less time than other sealing systems to reach the working length using Pro-taper files during the retreat. However, it was the group obturated with Calamus system which presented less obturation material remaining.

- Oral Presentation 24

TITLE: Orthodontic extrusion, an alternative to reconstitute the biologic width to the anterior sector

AUTHORS: Fernández B, González J, Escribano N, Gomes G, Da Silva D, Fuentes MV, Míguez M, Ceballos L.

SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S12.

* doi:10.4317/jced.17643808
<http://dx.doi.org/10.4317/jced.17643808>

Introduction

The restoration of anterior teeth presenting an invasion of the biologic width implies a challenge to the clinician, since it is essential the reposition of the preparation margin prior to the prosthetic treatment.

One of the possibilities is to perform a forced orthodontic extrusion to allow margin displacement without alteration of the gingival contour of the teeth nor bone elimination.

Case report

We will describe a clinical case of a patient, a 43 year-old woman, that came to the Rey Juan Carlos University Clinic in search of a solution for a chronic gingival swelling in her tooth 11 after an crown had been placed.

Once the exploration was performed it was determined that both the old crown and the preformed metallic post had to be removed and the root canal treatment redone. Once the coronal portion had been restored with composite and a fiber glass post, a provisional crown made of acrylic resin was placed.

Due to the invasion of the biologic width, it was decided that a forced orthodontic extrusion of the incisor should be performed. Following the stabilization period we proceeded to restore the tooth with a zirconia

corecrown. In the subsequent revisions the absence of gingival swelling and the aesthetical integration of the artificial crown were observed.

Conclusions

The orthodontic extrusion is a restorative alternative to crown lengthening for those cases where a change in the gingival contour of the treated tooth is not desirable.

- Oral Presentation 25

TITLE: Pulp revascularization with triple antibiotic paste apropos of a case

AUTHORS: Fernández Pazos G, Fernández Millán D, Souto Míguez A, Rivas Mundiña B, Martín Biedma B, Varela Patiño P.

SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S12.

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<http://dx.doi.org/10.4317/jced.17643809>

Introduction

Pulp revascularization is a treatment that allows the development of roots in permanent teeth with immature apex whose pulp is not vital. It consists of disinfection system of root canals and insertion of a triple antibiotic paste. Subsequently a natural matrix composed of a blood clot is going to provide new cells with the ability to grow and produce the closure of the apical third, achieving the physiological formation of the root canal.

Case report

An 11-year-old boy, comes to consultation for caries in 3.6. The relevant diagnostic tests were performed that confirm the definitive diagnosis: pulp necrosis. The anesthesia of choice is without vasoconstrictor, Mepivacaine 3%. A manual pre-instrumentation was performed with K-files #20 and each canal was irrigated with 20ml of 5.25% NaOCl for 20 minutes. Canals were gently dried with paper points and a triple antibiotic paste was placed inside all of the canals with a K-file size #25: Metronidazole, Ciprofloxacin and Minocycline from 3mm before the apex. The tooth was restored temporarily with Cavit. At the 3-week follow-up, the temporary restoration was removed and the triple antibiotic paste was removed from the canals by 10ml irrigation of 5.25% NaOCl per canal. Apical tissues were irritated until bleeding by using K-file #40 in distal canal and K-file #20 in mesial canals. After 10 minutes, the entry of the canals was filled with MTA. For the final restoration, 2mm fluid composite were placed over the MTA and the direct restoration was performed with composite. The patient was checked at 3, 6, 12, 18 and 24 months. The molar is asymptomatic and functional.

Conclusions

Pulp revascularization by tri-antibiotic paste represents a therapeutic alternative to endodontic treatment under favorable conditions.

Such treatments allow to keep the tooth functional and asymptomatic.

- Oral Presentation 26

TITLE: Reattachment of a metal-ceramic crown using orthodontic extrusion. A case report

AUTHORS: Fernández Sánchez B, González Serrano J, González Serrano C, Ceballos García L.
SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S13.

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Introduction

Orthodontic root extrusion, or forced eruption, was first described by Heithersay in 1973. The target of this movement was to raise the fractured root surface from within the alveolar bone to a yuxta or supragingival position. This is achieved by providing a horizontal component, (usually a wire attached to the adjacent teeth), from which a vertical force is then exerted on the root. It is indicated in any cervical third root problem that involves or extends 0–4 mm below the crest of the alveolar bone, including horizontal fractures, caries, resorption defects and iatrogenic perforations of the coronal third of the root, unattached crowns...

Case report.

A 43 years old woman was seen in Rey Juan Carlos University (Madrid, Spain) with a gingival inflammation due to an unattached metal-ceramic crown around the tooth 11. We proceeded to orthodontic extrusion for 5 months, then a gingivectomy was performed and finally a zirconium fixed prosthesis was placed.

Conclusions

When a subgingival adaptation defect appears, it is difficult to maintain good oral hygiene, making the tooth susceptible to leakage, jeopardizing treatment outcome.

The role of orthodontic extrusion is essential in such situations to achieve a yuxtagingival margin. It is important to maintain a final crown-to-root ratio of at least 1:1, to ensure adequate periodontal support.

- Oral Presentation 27

TITLE: A new system of rotary instrumentation: F360 ®

AUTHORS: Centenera Centenera B, Mena Álvarez J, Rico Romano C, Zubizarreta Macho A.
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* doi:10.4317/jced.17643811

<http://dx.doi.org/10.4317/jced.17643811>

Introduction

The rotary instrumentation is directed not only to the endodontist, but to the general dentist who seeks to improve his results in day after day, and we meet the systematic appearance of new rotary systems.

Case report

Presentation of the sequence of instrumentation of the new rotary files f360®.

to visualize cross-sectional design and tip configuration, by images of sem (scanning electron microscope) to document his use in two clinical cases of lower molars carried out with the clinical sequence recommended by the manufacturer and the possible variations to introducing in the daily clinic.

Conclusions

System formed by two files of the only use with constant rotary movement and packed sterilized. Non-cutting tip with section in S italic, without preflaring's file in the system and with final file with taper 4 % and apical diameter 35.

The system F360 is formed by two file of the only use that make possible a decrease of the index of fracture for his flexibility and avoid the possibility of crossed pollution. The system might need incidental files to be able to carry out a previous glide path and increase taper of preparation to be able to combine with vertical condensation techniques

- Oral Presentation 28

TITLE: Analysis of hypochlorite extrusion based on different final irrigation systems

AUTHORS: Garrido García M, Montalvo Sánchez N, Pérez-Higueras Sánchez-Escalonilla JJ, Reboloso De Barri E, Martín González D, García Barbero E.
SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S13.

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