Introduction

The presence of isthmus and anatomic variations on the root canal system causes lots of endodontic failure.

Case report

We present a serial of cases. Patients come to the Alfonso X el Sabio Dental Hospital. Patients arrive with pain when percuted on the root canal treated tooth witch also presents vital response to stimulations. That's the reason why non quirurgical retreatment is the option to solve these discomfort. Lots of endodontic failures are due to diagnostic errors and therefore wrong acces to locate all ducts. Missed ducts will bring symptoms due to a tube that was not promptly located. Endodontic failure due to forgotten ducts rises to 19.7%. These epidemiological rates suggest we are aware of them especially on first superior molars in wich these rates raise up to 96% when searched invitro.

Conclusions

Endodontic treatment should aim to achieve not only symptomatic or radiographic success , but also the histological success. This requires having a good teorical base on the anatomy and morphology of root canals. Also it's needed a good accuracy when the radiographic location of the ducts and anatomical aberrations are present.

- Oral Presentation 35

TITLE: MTA repair of an iatrogenic perforation: a case

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Introduction

Furcal perforations are significant iatrogenic complications of endodontic treatment and could lead to endodontic failure. Mineral trioxide aggregate (MTA) has been regarded as an ideal material for perforation repair, retrograde filling, pulp capping, and apexification; setting aside other materials like the silver amalgam, IRM o SuperEBA.

Case report

This case report describes a furcal perforation in a mandibulary first molar of a female patient aged 22 that came to the Master of Endodontic and Restorative Dentistry of Rey Juan Carlos University. She presented

a metal - ceramic crown, a root canal treatment and a metal screwed pin in distal root of tooth 36. In the X-ray image, it was seen radiolucency in furcation area and distal root. It was made a CBCT to confirm the suspicion of perforation caused by the pin. The proposed treatment plan was endodontic retreatment, perforation sealing with MTA and a temporary crown placed for 6 months to control evolution.

The pin was removed with ultrasonic tips and the gutta-percha was removed with Reciproc 25 (VDW). The mesial root canals were sealed with Elements Obturation Unit (Sybron Endo). The distal root canal was sealed in its apical third with guttapercha and the rest with gray MTA (Angellus). The pulp chamber was sealed and core build with resin composite (Filtek Supreme XTE shade A3, 3M ESPE) and then it was made a provisional crown with Bis acryl Protemp resin (3M ESPE).

Conclusions

After 6 months, the decrease of periradicular radiolucent lesions, the pain absence and the functional tooth stability indicated a successful outcome of sealing perforation. Therefore, MTA may be considered the material choice due to its biocompatibility, antibacterial activity and sealing ability.

- Oral Presentation 36

TITLE: High smile line aesthetics with interdisciplinary restorative-periodontal treatment and digital smile design

AUTHORS: Garcia-Gimenez L, Faus-Matoses V, Faus-Matoses I, Alegre-Domingo T, Faus-Llácer VJ.

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Introduction

A clinician must fully understand the various considerations when treating an excessive gingival display case: the simetric and regular gingival margins, the correct parallelism with the incisal line, the zenith exact position and the shape of the interdental papilla. The Digital Smile Design allowed both interdisciplinary communication between the restorative dentist/ periodontist/ dental technician and the preview of the final result, which helped with treatment plan presentation to the patient, their motivation and acceptance of the treatment.

Case report

A 26-year-old woman presented to the dental clinic for a cosmetic consultation. She had been treated in another