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

AUTHORS: Garci ía Sanz I, Abad Abad A, Reviejo Fragua M.

SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S17.

* doi:10.4317/jced.17643819

<http://dx.doi.org/10.4317/jced.17643819>

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.

SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S17.

* doi:10.4317/jced.17643820

<http://dx.doi.org/10.4317/jced.17643820>

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

dental practice with orthodontic braces for 3 years and with overfilled composite restorations from 12 to 22. An initial approach with Digital Smile Design treatment plan was made, from 15 to 25, as she refused to go through another orthodontic therapy. For an economical reason she decided to proceed just with the 4 upper incisors. It was performed a gingivectomy in order to relocate the zenith position and decrease the excess of keratinization of the attached gingiva. Temporary resin composite, Integrity (Dentsply, De Trey, Konstanz, Germany) was used and replaced later by permanent feldspathic veneers (Norikate, Japan). Calybra (Dentsply, De Trey, Konstanz, Germany) cement was used as a permanent cement, Prime & Bond NT (Dentsply, De Trey, Konstanz, Germany) as a bonding agent and conditioner 36 for the etching procedure.

Conclusions

The interdisciplinary team approach is critical to allow in a predictable way, the diagnosis and the treatment plan in order to execute in a conservative way an excessive gingival display case.

- Oral Presentation 37

TITLE: Ortho-conservative treatment of attrition with microimplants and composites

AUTHORS: Gómez-Pérez P, Faus-Matoses V, Faus-Matoses I, Alegre-Domingo T, Faus-Llácer VJ.
SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S18.

* doi:10.4317/jced.17643821
<http://dx.doi.org/10.4317/jced.17643821>

Introduction

Attrition is the weathering of dentition as a result of the occlusal contact between upper and lower teeth. This process may expose the dentinal tubules causing dentinal hypersensitivity. The treatment consists of sealing the dentinal tubules. An interdisciplinary management allows performing a conservative treatment for dentinal hypersensitivity caused by attrition.

Case report

33-year-old woman presented at the clinic complaining of hypersensitivity during chewing on tooth 1.7. After clinical and radiographic exploration, occlusal attrition and compensatory extrusion of tooth 1.7 was observed, being the cause of dentinal hypersensitivity. A conservative treatment through the intrusion of tooth 1.7 with vestibular and palatine microimplants Abs Anchor (Dentos Co, Taegu, South Korea) was chosen. Vestibular microimplant 8 mm long placed on free gingiva,

palatal microimplant 10 mm long placed distal to tooth 1.7 on attached gingiva.

Intrusion was carried out after 6 months. Free interocclusal space was leaved for the subsequent direct composite restoration avoiding the preparation of the tooth. After removing the microimplants, a direct restoration of the tooth using total-etch adhesive XP Bond (Dentsply De Trey, Konstanz, Germany) and composite resin Ceram-X Duo 3 (Dentsply De Trey, Konstanz, Germany) was done.

Conclusions

After an interdisciplinary and minimally invasive treatment, through the intrusion with microimplants and a direct composite restoration, dentinal sensitivity disappeared, satisfying the expectations of both patient and operator.

- Oral Presentation 38

TITLE: Multidisciplinary planning, the importance of diagnosis. A case report

AUTHORS: Gómez Álvarez G, Gómez Martín C, Zorita García M, Alonso Ezpeleta LO, Mena Alvarez J.
SOURCE: J Clin Exp Dent. 2014 1;6(Supplement1):S18.

* doi:10.4317/jced.17643822
<http://dx.doi.org/10.4317/jced.17643822>

Introduction

Nowadays, a large number of treatments are interdisciplinary in dentistry, that's why the resolution of a case must involve different experts in different fields of dentistry, one of them will guide the treatment plan according to disease that have to be treated

Case Report

25 years old female patient, attended to Alfonso X el Sabio dental hospital, For "fix her teeth" is presented. Following the complete dental check-up is referred to orthodontic and implantology department assessment of class II/II with 15mm projection, periodontal status and replacement of absences respectively. Finally endodontist assessing is required to possible realization of root canal treatment in mandibular incisors in order to preserve alveolar ridge for future implant rehabilitation after orthodontic treatment.

Conclusions

The growing demand for dental treatment by adult patients with multiple disease makes interdisciplinary collaboration essential. This collaboration may results in changes on the treatment plan.