Before orthodontic treatment, the endodontist must diagnose and treat endodontic pathology if it's present. Should also assess the suitability of previous endodontic treatments.

- Oral Presentation 39

TITLE: Endodontic surgery in teeth with apical radiolucent lesion

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Introduction

The endodontic surgery is an alternative of treatment when endodontic therapy has failed. It includes the surgical removal of pathological periapical tissue. Root-end resections of 3 mm are usually done to eliminate possible canal ramifications, and it is done, properly, the sealing of the root canal. Seeks, in this way, create optimum health, tissue regeneration and formation of a new support system for tooth.

Case report

A female, 48 years old, comes to the clinic of the Master of endodontic for a re-endodontic therapy in 1.2. Present, radiographically, an apical radiolucent lesion. Has been done the endodontic retreatment (February 2013). The apicals 6 mm have been sealed with MTA, and the rest of the root canal with thermoplastic guttapercha. In January 2014, it is verified that the apical lesion has not diminished after endodontic retreatment. Therefore, it was decided to perform endodontic surgery, in the following way: incision with surgical knife number 11 and 15; retraction of the flap Luebke-Ochsenbein; osteotomy; root-end resection (3 mm); curettage of periapical cyst; insertion of heterologous bone mixed with tetracycline and serum; placing the membrane for regeneration of vestibular tissue; and, finally, the suture, which is removed the following week. In subsequent revisions, the favorable evolution of the patient was found.

Conclusions

Endodontic surgery is effective. With his embodiment, the periapical lesion was removed, which, in this case, it is independent of the tooth.

In many cases periapical lesions will require surgery in addition to endodontic treatment.

When healing do not occurs with endodontic therapy, we must proceed to surgical treatment of the tooth with apical radiolucent lesion.

- Oral Presentation 40

TITLE: Immediate adhesive properties to dentine of two multi-mode adhesives with different adhesion strategies

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Objectives

“Universal” or “multi-mode” adhesives can be applied either with the etch-and-rinse or the self-etch technique. Objectives: The purpose of this study was to determine the bond strength and nanoleakage of two universal bonding agents using different bonding techniques on human coronal dentine in comparison with a self-etch adhesive.

Materials and Methods

30 extracted caries-free human molars were assigned to five groups: 1- A two-step self-etch adhesive (control), Clearfil SE Bond (Kuraray); the “universal” adhesive Xeno Select-SE (Dentsply), a 2-step self-etch adhesive; 2- Xeno Select-SE (Dentsply), applied as a one-step self-etch adhesive; 3- Xeno Select (Dentsply) applied as a 2-step etch-and-rinse adhesive; 4- the “universal” adhesive Scotchbond Universal Adhesive (3M ESPE), applied as a one-step self-etch adhesive; 5 - Scotchbond Universal Adhesive (3M ESPE) applied as a 2-step etch-and-rinse adhesive. Adhesives were applied following manufacturer's instructions. Crowns were constructed applying three increments of Filtek Z250 resin composite. Specimens were stored in sodium azide (24h, 37°C) and subsequently prepared for μ TBS and nanoleakage testing. Data were analyzed by one-way ANOVA and SNK tests ($p < 0.05$).

Results

μ TBS mean values in MPa (standard deviation, sd) are shown in the table. Clearfil SE Bond resulted in significantly higher mean μ TBS (60,37 MPa), followed by Scotchbond Universal Adhesive applied as a 2-step

Group	Bond Strength (sd) MPa
G1.Clearfil SE Bond	60,37(36,1) 1
G2.Xeno Select- Self-Etch	12,8 (12,7) 4
G3.Xeno Select- Etch-and- Rinse	22,86 (22,6) 3
G4.Schotchbond Universal -Self-Etch	42,1 (31,8) 2
G5.Schotchbond Universal - Etch-and- Rinse	54,57 (31,5) 1