

ALWAYS Perform to the Best of your Ability

Thoughts:

I entered Dental School at 20 years old. I was required to take the Hippocratic Oath: One of the oldest binding documents in history. It was written by Hippocrates and is still held sacred by physicians: to treat the ill to the best of one's ability, to preserve a patient's privacy, to teach the secrets of medicine to the next generation, and so on. We are not medical physicians but we are dental healthcare providers: Doctors of Dental Surgery (DDS) or Doctors of Dental Medicine (DMD). Through my many experiences as a resident, working general dentist, working in HMO clinics, and private practice, I have taken this seriously that another human being would trust me to provide invasive care in their mouth! I look at Dentistry as physiologic mechanics with biologic consequences. That is why the science of healing is so important and why the specialty of Endodontics is not a weekend course or perhaps the 4 root canals required in Dental School to graduate. It is a field that requires extreme patience, focus, attention to details, handskills, and a thorough scientific understanding for each individual's capacity to heal. As I advance in my career, I realize that this all comes with experience too. There is no guarantee in health but with that understanding, we should always provide the best care that is scientifically evident and capable in our hands before we make the decision that a tooth cannot be saved.

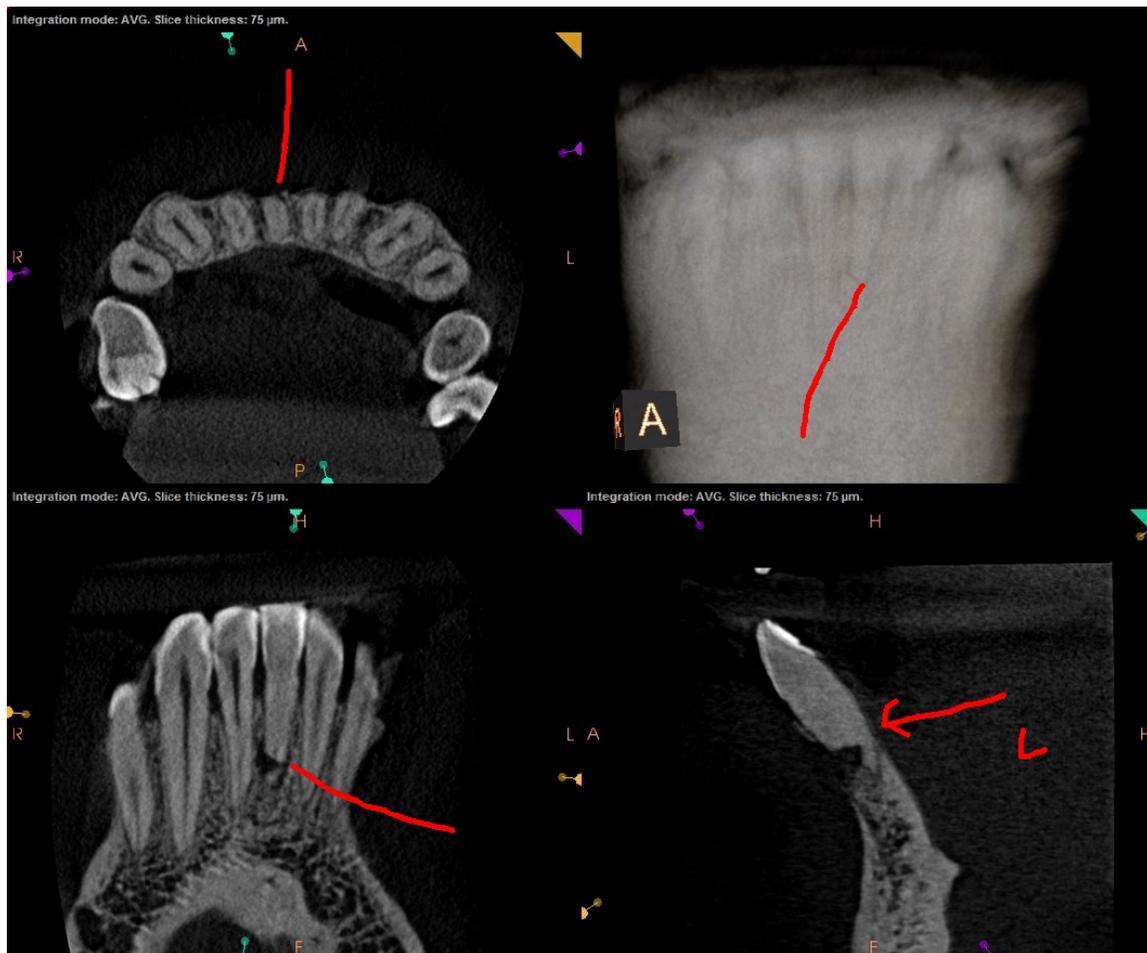
Case Presentation:



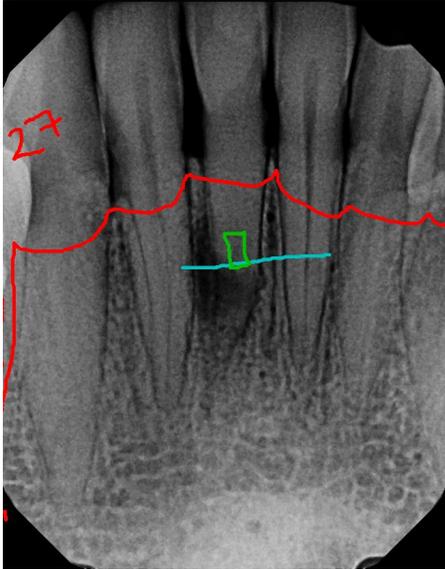
A healthy 39-year-old female was referred by a general dentist for evaluation of swelling over her lower anterior tooth. An x-ray and pano were sent digitally to the office beforehand to help triage the case. The x-ray raised a red flag in my head and I wasn't sure what to make of it. The x-ray was a PA of tooth #25. I noted radiolucency (darkness) not in the apical of the root but a few mm above the apex and it was not continuous with the PDL. This seemed strange. Before I even saw the patient, I ordered another PA x-ray in my office and a limited CBCT for efficient planning. This is when CBCT can be so valuable! Yes, I could have

taken a few more angles to complete the story of this tooth but the CBCT described it in better detail for treatment planning and to the patient!

The patient reported that she was referred to an Endodontist 2 years before for treatment on her tooth but wasn't sure what was done. She did recall some stitches after I became inquisitive about her experience. She then recalled that the Endodontist told her a "normal RCT" could not be completed and something else was performed. She presented with swelling over tooth #25 that was tender to pressure.



CBCT was taken and it was very obvious that a root end surgery (apicoectomy) was attempted due to a calcified canal system (anticipation of inaccessible infected canal space). This procedure is common, even in my practice. I just think the root was not completely resected (cut straight across). The goal is to remove any possible infected tissue with a portion of the attached root tip. The other goal is to seal the root end with a biologically compatible cement (a reverse root canal filling). Well, there was no root end filling in the canal either. I am always perplexed by cases that aren't completed. Yes, it is difficult and I do not know the circumstances of the clinical situation, but you have to complete it to the best of your ability. If you can't, you should refer.



I went over the treatment options with the patient and the fair prognosis since surgery was attempted once before. The patient understood her options and wanted to try to save the tooth. Surgery was planned and performed several weeks later. The surgery was routine and uneventful (medical term for no issues). I just finished cutting off the root end, used ultrasonics to retroprep the apical canal space and placed bioceramic root repair putty. Interesting thought while I was performing the surgery is that I think a normal RCT could have been completed under the microscope, but I had to finish the procedure that was already started. The final x-ray showed some putty at the root end that I eventually washed out. The patient returned in one week with no swelling and healing of the soft tissues. I hope to see evidence of osseous healing in 12 months!

One tooth at a time,
Dr. Phan

