

Another Routine Case for an Endodontist, Routine Doesn't Mean Easy Either!

A 78-year-old female was referred for an intraoral swelling over tooth #3. The patient reported pain on biting and pressure. After the clinical exam, the tooth was determined to be necrotic with an acute apical abscess. CBCT was taken to further evaluate the periradicular of #3 as well as review the previous RCT on tooth #2. The periapical x-ray showed a questionable radiolucency around the mesiobuccal root of #2 (Figure 1). Tooth #2 was asymptomatic at the clinical exam and was not the chief complaint of the patient.

CBCT showed a definite radiolucency of the MB root of tooth #3 (Figure 2) and a significant radiolucency of the MB root of #2 with prior RCT (Figure 3). The patient reported that an Endodontist completed RCT on tooth #2 six years before. After further manipulation of the CBCT, I determined the mesiobuccal roots of both #2 and #3 had a second canal that were not visible until the middle half of the root. I discussed how difficult it could be to locate these canals even though I could detect it on the CBCT! I am sure that the prior RCT was conscientiously performed so I gave her my concerns for the challenges of retreatment of #2 and RCT #3. She wanted treatment on both teeth with the understanding of the outcome potential.

I treated RCT #3 first due to the acute symptoms and signs. As expected, location of 3 canals was routine. I knew I had to trough deeper to find the MB2. The CBCT was helpful in guidance but I had to use my own knowledge of the calcification, color variations of dentin, and tooth anatomy to locate the MB2. It was halfway down the MB root and it had a separate exit so it needed to be located! Patient reported 90% relief with resolution of the buccal swelling when she returned for retreatment of tooth #2. I was prepared for a challenge since I knew another Endodontist performed the case. When we can't usually find an extra canal, I know it means it is going to be a challenge! I studied the CBCT well before she returned for #2. Mentally, that helped me visualize my plan and I immediately located the MB2! This canal also had a separate exit (Figure 4)! Patient was pleased and relieved that I did my best to save her teeth!



Figure 1

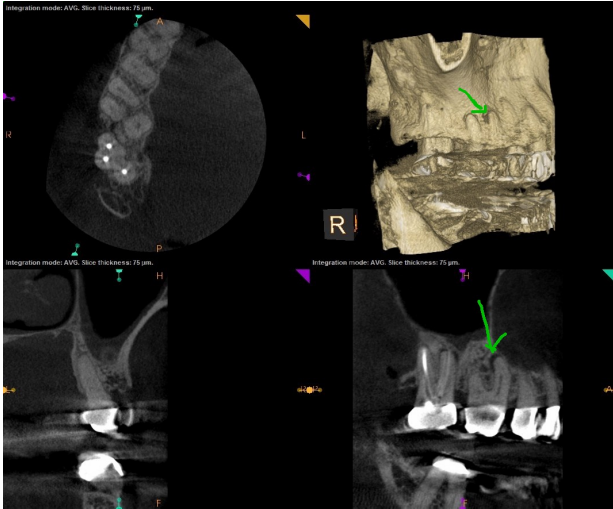


Figure 2



Figure 3



Figure 4