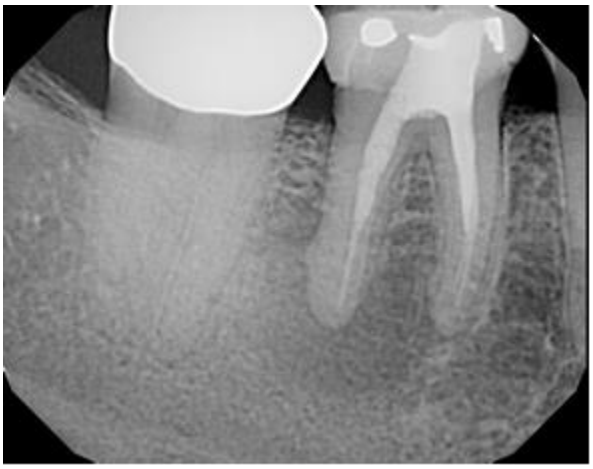
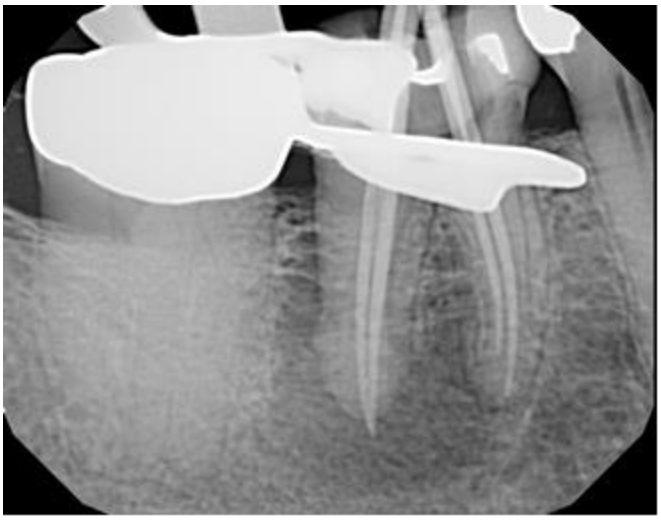
Ready to Quit but the Patient Wasn't

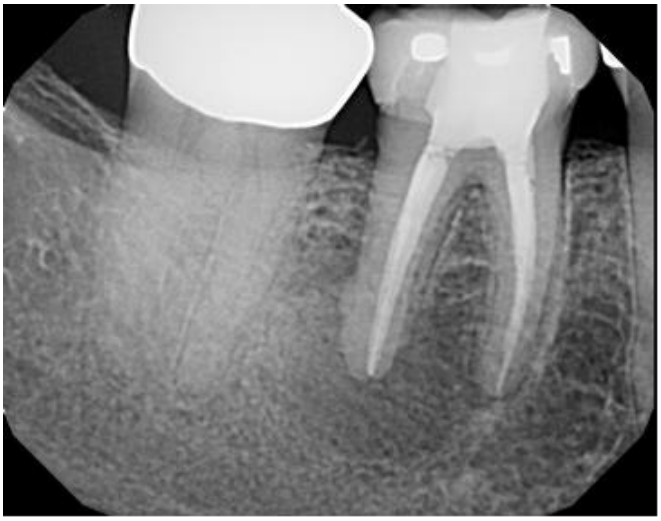
A 70 year old female was referred for prior RCT #30. She reported that the RCT was completed several years ago and never felt the same. She has always had biting issues with the tooth. She went in for her usual dental cleaning and the next day, the tooth was very sore and now she has a large lump. She presented with a firm swelling of the buccal vestibule over #30 area. There was a distobuccal probing of 6mm.



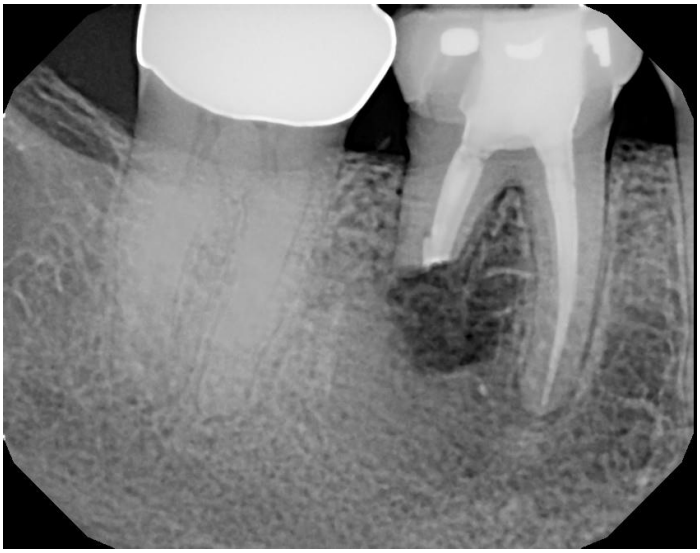
Treatment options were discussed with the patient including extraction, nothing, or retreatment conventionally or surgically. Patient was informed of the deep probing and the chance of root fracture. CBCT's and multiple x-rays may not be able to detect a small crack in the root. I personally do not use CBCT's to detect cracks. All imaging does is give me clues and location of bone loss. Using that information will help to correlate if there is a crack. I personally think the best way to detect a crack is still to visually evaluate the tooth under the microscope. Sometimes, cracks are still undetectable until the case is refractory or there is significant bone loss.

I could tell from the pre-op x-ray that the apical portion of the canals was under shaped and the possibility of a second distal canal. The patient was very motivated to save her tooth for as long as possible so she opted for conventional retreatment. Retreatment was rendered and yes, I found a second distal canal and no internal cracks. One of the mesial canals was blocked out so I could not negotiate it to the apex. Conventional retreatment was completed.

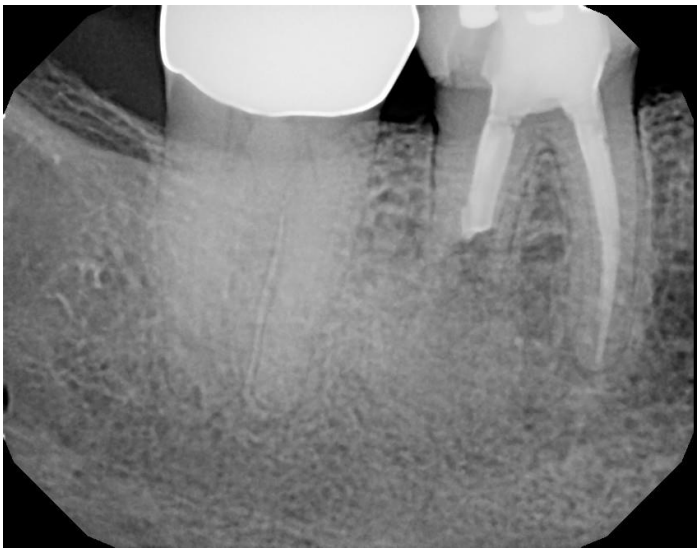




I was quite proud of the case and expected healing to occur. The patient ended up coming in several times with continuous swelling and drainage. I was ready to throw in the towel and advised her to consider extraction. I insisted there must be an undetected crack or the infection is just too large to heal from retreatment. She was ready for extraction and then called back wanting to try surgical retreatment, otherwise known as an apicoectomy!



I was prepared to see a crack when I performed the surgery. Well, I didn't. I just found the distal root to be completely void (denuded) of bone and hence the prior deep pocket. I stained the tooth and no cracks. I resected the root and retrofilled with bioceramic putty and no bone graft. Surgery did go well without any complications.



I kept hearing from the patient and then all of a sudden, nothing until she was back for her 6 month post-surgical check. She was asymptomatic and there were signs of osseous healing! I was pleased with enthusiasm! We are not of the woods yet, but I may have helped to induce her own bone graft which could be helpful in the future!