

What You See Is Not Always What You Get

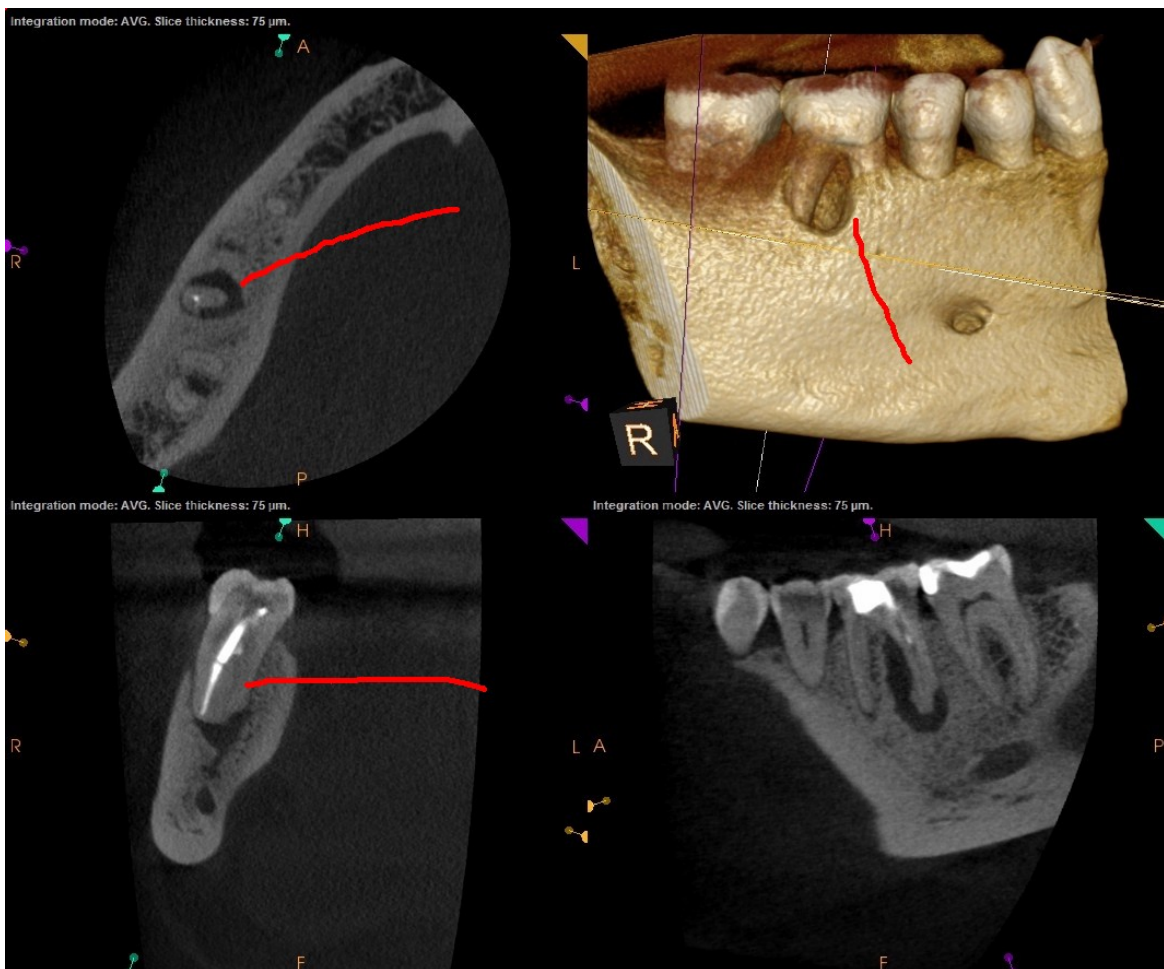
In January of 2018, a 50-year-old male was referred to my office for evaluation of his lower molar (#30) that had a root canal completed. I prefer all previously treated teeth to have an in-house CBCT image of the tooth so that I can present my recommendations and consider the probability of success with treatment. When I first looked at the 2-D X-Ray image of the molar, I noted a lateral or J-shaped radiolucency of the distal root (dark shadow around the root end). There was an associated 6+mm furcation pocket noted clinically. I suspected a second distal canal but with the presentation of the J-shaped shadowing and the deep pocket with a prior root canal completed, there was a high chance of a fractured root. CBCT was taken which confirmed the missed distal canal! Now that I know there was a missed canal never treated, this gives the tooth a better chance to heal in my mind. There was still significant bone loss, which may hinder healing. I discussed in detail my thoughts to the patient and informed him that it was more of a 50/50 chance of working so his options were to try to save the tooth with a retreatment, do nothing, or extract the tooth. He left the office and actually called several times on the prognosis rate. He really wanted to try to save the tooth and with an informed consent, I planned for treatment. Retreatment was uneventful with finding the missed canal. The procedure and the permanent build up (filling for a crown) were completed in one visit. I advised him to return for a follow up to evaluate healing before the crown would be placed. Well, he returned 27 months later on my last day before we immediately closed down due to the COVID-19 pandemic in March. His tooth made my day despite what we were going through with closing down! I noted significant osseous bone healing and no more probing! The problem is that he had no pain so he never got the crown remade and now there is recurrent decay! I hope he can get the tooth restored in time! Most of the time, I can diagnose from a patient's history and the x-ray. I would have immediately diagnosed this tooth as a fractured tooth without the CBCT. From this case, there are times when we should always try our best to save the tooth with a retreatment.

One tooth at a time,

Dr. Phan



Pre-Treatment X-ray showing one distal root canal and the “J” shaped shadow.



Pre-Treatment CBCT showing the missed canal in the distal root and the bone loss (red lines).



Immediate Post Retreatment with permanent core build up showing 2 fillings in the distal root.



27 months post retreatment showing significant bone healing.