



DIAGNOSIS and treatment plan of pulp

Clinical pulpal diagnosis

- Medical history
- Extra-and intraoral examination
- Pain characteristics
- Sensibility tests
- Preoperative diagnosis of deep caries lesions
- Operative diagnosis

Medical history

- Immunocompromised patient
radical treatment plan

Close monitoring for sign of pulp degenerations.



- Intraoral : soft tissue/ hard tissue
- Mobility and sensitivity to percussion
- Interdental papilla inflammation v.s acute pulpal inflammation

Pain characteristics

- Parents than children
 1. Stimuli-related=provoked =elicited pain
 2. spontaneous pain =persistent =lingering =throbbing= disturbing sleep=preventing regular activity

Sensibility tests

- Thermal /EPT
- Percussion and sensibility test
- Tip of finger+ tell show do contralateral nonaffected

Preoperative diagnosis of deep caries lesions

Percussion and palpation tests +RG

BITE WING /PA

0 /1 FILMS

Lamina dura+ trabecular bone in bifurcation

Maxillary RGs

Asymptomatic primary teeth+ sound dentin

Stepwise excavation/incomplete caries removal

Operative diagnosis

- Final diagnosis
- Quality =color +amount bleeding
- Profuse bleeding or purulent exudate
- 5min cotton pellet

ro

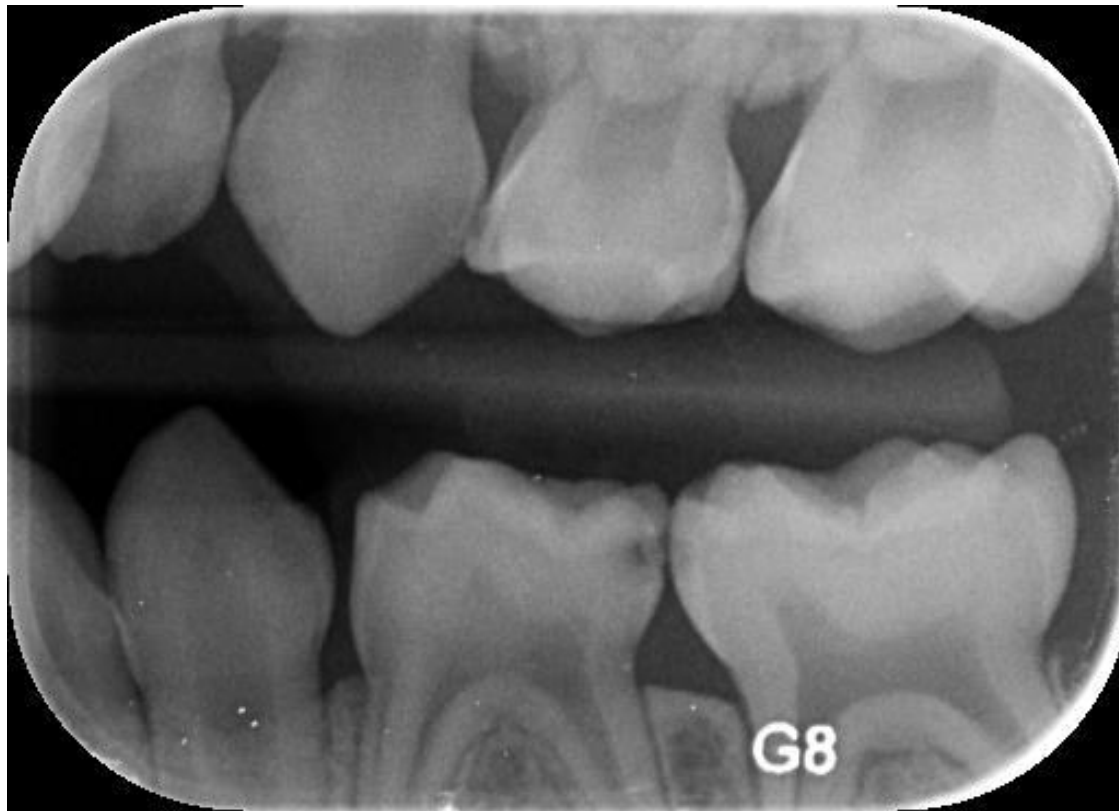


R

radiography



radiography





Vital pulp therapy for reversible pulpitis

- Traditional concept

Contraindication of pulpectomy

- gross loss of root structure,
- Advanced internal or external resorption,
- Periapical infection involving the crypt of the succedaneous tooth.

PK Prognosis IN PRIMARY TEETH

- Difficulty in preparation of root canal
- Efficacy instrumentation, medications and filling material
- Behavior management

Pulpectomy in cases with non-ideal prognosis

- Before eruption of first permanent molar
- Missing of second premolar

Ideal root canal filling material for primary teeth

- should resorb at a rate similar to that of the primary root,
- be harmless to the periapical tissues and to the permanent tooth germ,
- resorb readily if pressed beyond the apex,
- be antiseptic,
- fill the root canals easily,
- adhere to their walls,
- not shrink,
- be easily removed if necessary,
- be radiopaque,
- and not discolor the tooth.

Most commonly filling materials

- ZOE paste

Success 65%-100

Foreign body reaction

- Iodoform-based pastes

KRI, Maisto paste

- Calcium hydroxide

- Calcium hydroxide and iodoform

Vitapex (silicone oil)

Diapex

Endoflas

Machida : ideal filling material in primary teeth

Pulpectomy technique

- The walls need to be more flared than pulpotomy
- Barbed broach
- 1-2 mm shorter than radiographic length]
- Purpose of filing : remove of organic debris
- Sodium hypochlorite or CHX
- NiTi , ultrasonic or laser therapy

Lesion sterilization technique

- Goal : sterilize the lesion and avoid use of mechanical instrumentation

- Three antibacterial drugs

Metronidazole , ciprofloxacin, minocycline

Propylene glycol

Criteria for radiographic success

- Traditionally: no pathologic resorption associated with bone rarefaction
- Payne limited degree of radiolucency or pathologic root resorption in absence of clinical signs and symptoms

Acute problem

Recall every 6 months

Fuks: 69% - pathologic lesion was not completely healed

Any question ... ?

