SO WHY ENDODONTIC SURGERY?

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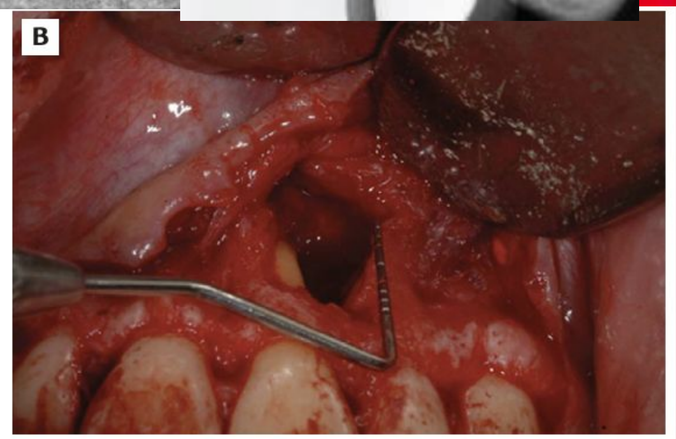

Figure 2. (A) Persistent sinus tract over tooth 21 after endodontic retreatment. (B) After flap elevation and removal of apical cyst-like tissue, a bony defect over the apical region of tooth 21 was noted. (C) Apicoectomy was performed to remove 3 mm of the root tip. (D) After retrograde cavity preparation, white mineral trioxide aggregate was used for retrograde filling. (E) Radiographic examination after apical surgery of tooth 21.

Intraoperative photographs and radiographs A. Master cone PA B. PA taken immediately following root canal treatment. The composite core was placed apical to the resorptive defect C. LR3 was held using forceps abo the CEJ. The ECR defect was removed and cavity repaired using GIC D. Curettage of alveolar defect assoc with ECR E. PA radiograph taken immediately following replantation to check LR3 has been correctly repositioned F. Periodontal (Coe-Pak) dressing

PRE-CLINICAL EVALUATION OF THE PATIENT

PROBLEMS

- Physical condition of the patient/ may have to communicate with patient's physician
- Psychological and emotional status
- Past dental history and experiences
- Awareness and assessment of patient's appearance

REFERENCES

- Arens' Practical lessons in Endodontic Surgery (1998)
- Friedman S., Endodontics Topics, 2002; Prognosis of Initial Endodontic Therapy
- Oops! Mishaps and prevention guidelines for your endodontics procedures by Stacey L. Simmons