

Severely Decayed Teeth: Are they salvageable? Are they worth the effort?

In the recent past, specially the last 10 years, implants have changed the calculus when it comes to the fate of the natural dentition as far as treatment and tooth retention is concerned. Because of the reported high success rate of implant treatment, heroic dentistry aka “herodontics” was no longer necessary. Periodontally involved teeth, those that had failing root canal treatment, or teeth that had questionable prognosis due to decay, no longer needed to be “salvaged”. Implants were showing a high degree of success, with studies quoting successes over 95%. Implants were here and they were here to stay.

While there is no question that implants are an excellent treatment modality, more recently, it seems that extracting teeth that are savable and replacing them with implants has become almost vogue! Judicious treatment planning and consideration of all viable options of saving a patient’s natural dentition, at times, is being replaced with teeth just being extracted and replaced with implants due to factors unrelated to the natural tooth’s prognosis.

There are certainly instances where implants should be the first treatment option when it comes to treatment of the tooth in question: Teeth that have vertical root fracture (VRF), or fractures that run through

the pulpal floor; teeth that have advanced periodontal involvement; patients who have a high caries rate; an unfavorable crown to root ratio, and teeth that have poor restorability due to extensive decay. There are also many instances where implants should not be considered as the best option for dental treatment: Contributory medical history; inadequacy of osseous support (where bone grafting is contraindicated); proximity to a neural bundle; esthetic limitations; and failing root canal treated teeth that exhibit adequate remaining tooth structure and bone.

Whether a patient is taking Bisphosphonate medication for osteoporosis, has uncontrolled diabetes, is a heavy smoker, or has hematologic or cardiac issues, plays an important role in determining whether a patient should be treatment planned for an implant. If a tooth in the esthetic zone on a demanding patient with a high smile line and a highly scalloped gingival presentation, endo-restorative treatment or retreatment should be carefully weighed in lieu of extraction.

A failing endodontic treatment is not a cause for a tooth to be extracted and replaced with an FPD, or an implant. There are a finite number of reasons why a root canal treatment could be failing: a missed canal by the original

treating dentist; inadequate C&S or obturation of the root canal system; recontamination of the root canal system due to an inadequate coronal seal, or recurrent decay, fractures, infections associated in biofilm and others. These (notwithstanding fractures) are inappropriate reasons to condemn a tooth that may very well be treatable with good long term prognosis, to be extracted! Other reasons for extracting a tooth may include: challenges with the root canal treatment; anatomical challenges such as severe curvature, severe calcification, inadequate access due to minimal patient opening, position of the tooth in the arch, difficult patient, challenging medical or dental history, a perforation, a separated instrument, non-healing lesions, among others. These challenges can be appropriately and predictably dealt with by your endodontist, and do not form the basis for extracting a tooth. Practicing dentistry at a high level takes time, energy and effort, even if it can get to be frustrating for the clinician at times. The question we must ask ourselves is: Are we making decisions that are in our patients’ best interest? Is the treatment we are providing what we would choose if the patient was our parent, or offspring?

(See photos on reverse side)

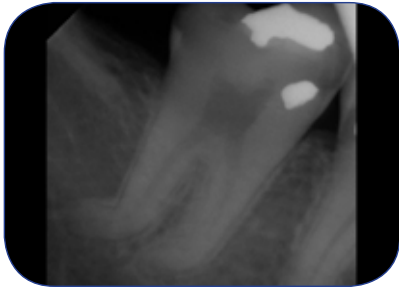


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Presented case: Tooth #31 has severe dilaceration on distal root, severe "wrap around" disto-bucco-mesial caries on a patient that is severely anxious.



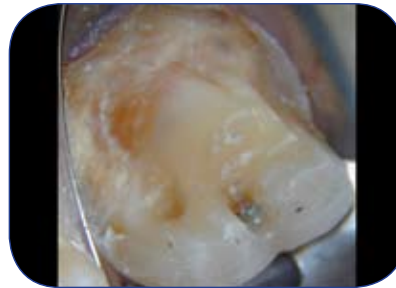
Initial Radiograph



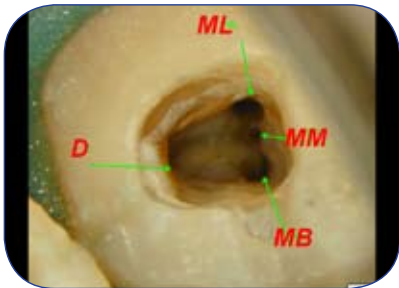
Bitwing Radiograph



Initial Clinical Photograph



Decay Cleaned



Canals C & S



Canals Obturated



Build Up Placed



Post Operative Radiograph



One Year Recall



Five Year Recall

