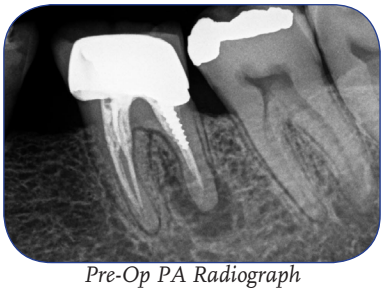
Endodontic Failure and Retreatment as a treatment option

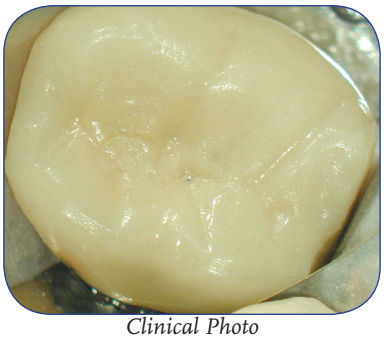
Endodontic treatment failure can create a frustrating situation for both patient and dental practitioner. For the patient's part, it can mean persistent symptoms including pain, unresolved sinus tract, intra/extraoral swelling, frustration and inconvenience. On the dentist's part, it creates a similar anxiety, as well as possibly re-accessing the tooth for endodontic re-treatment, a disruption in the day's schedule, having to explain why the patient is still in pain after endodontic treatment, and or a referral to an endodontist, as well as the issue of why the tooth was not referred to a specialist in the first place. Endodontic treatment failure may be due to a finite number of reasons, among them: A fractured root, a missed canal, inadequate debridement of the root canal system, a perforation, bacterial contamination due to isolation issues or incomplete removal of caries, bacterial recontamination due to less than ideal coronal seal, poor obturation, an ovefrill, occlusal trauma, and in yet other cases a different offending tooth, or pain due to non-odontogenic reasons, such as neuralgias, TMJ disease, etc.

As is the case with initial treatment, the decision to retreat an endodontically failing tooth should be based on a foundation of sound diagnosis. Radiographs, diagnostic clinical examination as well as a thorough dental history are paramount in reaching the correct diagnosis. If an endodontically treated tooth fails, treatment options that should be considered are retreatment, apical surgery, extraction and replacement with an implant, or extraction with no replacement.



Pre-Op PA Radiograph

Post-Op PA Radiograph



Clinical Photo

1 year Recall PA Radiograph

There are numerous situations where retreatment is the best approach to salvage the tooth without subjecting the patient to unnecessary surgical procedures, maintain the crown to root ratio, and maintain the natural tooth in lieu of an implant. The use of the surgical microscope (SOM) is essential in being able to address the complete anatomy of the root canal system, Especially when performing retreatment procedures. An implant is a viable option in certain situations, such as a tooth with a vertical root fracture (VRF); however, maintaining a natural tooth, when possible is the best option. The above case illustrates the case in point.

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Dr. Odabashian has been practicing dentistry for 20 years, the last ten years as an endodontist. He is active in teaching (part time lecturer at LLU, Department of Graduate Endodontics); organized dentistry (Dr. Odabashian is a member of many professional associations, and serves on several standing committees including the AAE, CSAE, IAE, ADA, SFVDS). Dr. Odabashian serves on the CDA Peer Review Committee and is an expert witness in Endodontics for the State of California. He is married to Lilit and has three children, Galia, Se'rge and Noah.

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