Caribbean Institute of Endodontics Ltd.

Excellence in Endodontic Treatment and Training

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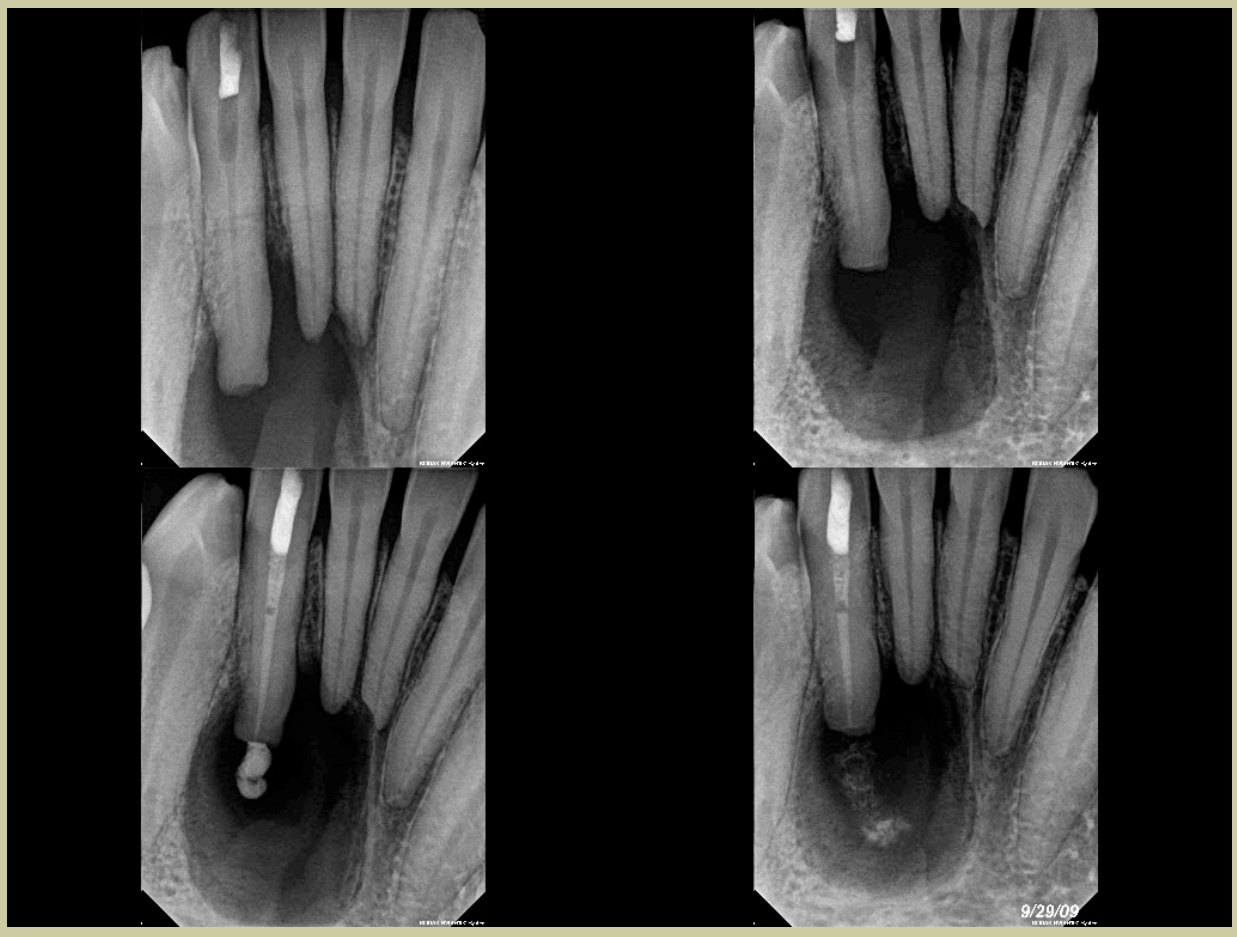
CASE REPORT 2-9-2010

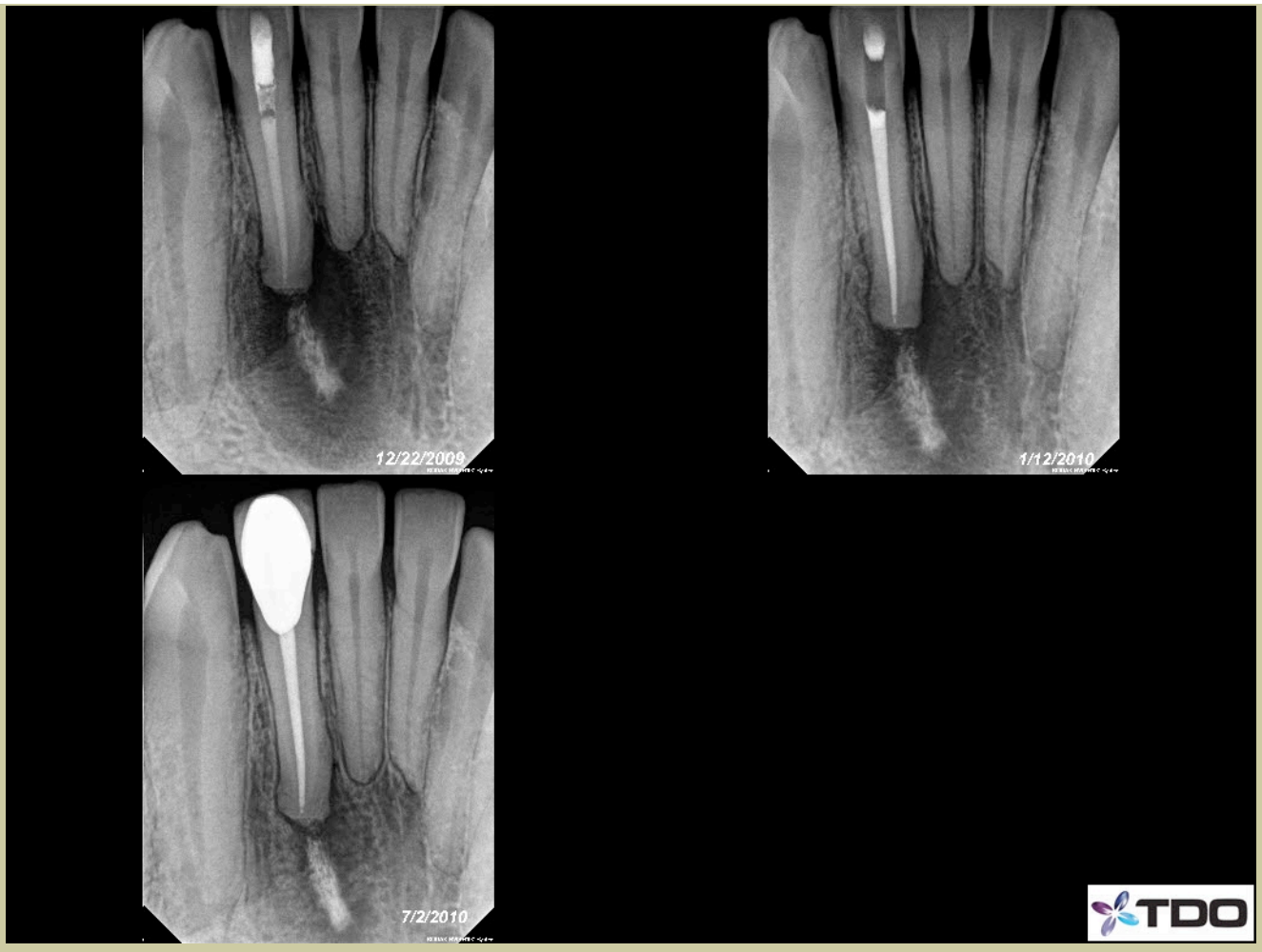
Patient is a 36 YHM.
Reported to his GP with a discolored tooth 26.(LR Lateral Incisor)
Surprisingly he never had any pain or swelling in the area.
The GP diagnosed the tooth as non vital and opened the tooth. There was significant drainage from the tooth. Patient was referred to me for further management.

Here is my management for this type of lesions.
7/2009 : Started treatment, obtained a lot of serous drainage, placed CaOH.
9/2009 : More serous drainage was obtained, and more CaoH was placed in the canal.
12/2009: Definitely the lesion is shrinking.
1/2010 : Canal was found dry. I obturated the tooth. Bleached it internally with Sodium Perborate.
7/2010: AT 6 months recall, 90% osseous healing seen.
Unfortunately RD never saw my recommendations and crowned the tooth. It wasn't necessary to crown the tooth.



Top row: Preoperative images show a larger periapical rarefaction.

Bottom row: Interim images show intracanal medicament CaOH in the canal. You can see the lesion shrinking in size in the bottom right image taken 2 months after the initial treatment.



Top row left: Further shrinking of lesion seen at 5 months after initial treatment.

Top row right: Immediate postoperative view.

Bottom row: 6 month recall shows excellent healing.

The important take home message for this case is, DO NOT get alarmed by the size of the lesion. Making a correct diagnosis is important before initiating treatment. It was established that it was a Lesion of Endodontic Origin (LEO) from the facts, history of trauma, discoloration of the tooth, RD reporting drainage from tooth. My first reaction was to try the most conservative approach, even though the size of the lesion and the root resorption on 24 made me suspicious to the nature of the etiology. Open the tooth, drain and apply CaOH and wait. If lesion shrinks and canal canal be dried, obturate, and follow up. If lesion does not shrink or canal cannot be dried after multiple CaOH applications, do a surgery and send the specimen to the lab for biopsy to rule out non-odontogenic etiology, or refer to an able Oral Surgeon. I prepared the patient for both RCT and surgery. At the end, I didn't have to do surgery.

Please remember, time is of essence when you are following up the case. Neoplasias of the jaws can be very aggressive lesions and need to be dealt with immediately. So, an assessment needs to be made if the tooth is responding to non-surgical endodontic treatment or not expediently. Usually, 3 months will be a good period to wait to make that assessment. Referral to an endodontist or an oral surgeon shall be an option for more effective management of the patient.

Please email me at sashi@cwjamaica.com with any comments or questions.

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