



## **Intentional Replantation**

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**Figure 1:** Patient presents with a chief complaint of "I had a root canal several months ago and my tooth is still very sore." Patient points to tooth # 47. Patient was given treatment options and retreatment was selected. Patient was told of the need to remove and replace the bridge given the open distal margin, and the difficulty of the proposed retreatment because of the possibility of ledging and transportation of the mesial canals.



**Figure 2:** Radiograph of the retreatment which was performed over two appointments with placement of intracanal calcium hydroxide. The mesial canals were not negotiable past the lengths to which they were previously treated, but were considerably enlarged at those lengths. Patient was seen several months following the retreatment with the same chief complaint. Treatment options were given to the patient including intentional replantation or extraction. Surgery was not considered given the difficulty of this procedure because of specific anatomical considerations. Intentional replantation was chosen as the treatment.



**Figure 3:** Post operative radiograph showing the tooth immediately following replantation. Apicoectomy was performed on the mesial and distal roots, with only a retrograde filling placed in the distal canal. This was not by choice since retrograde fillings were intended for both the mesial and distal canals. More than 10 minutes had elapsed since the tooth was extracted and it was decided that the tooth should be replanted immediately instead of placing retrograde fillings in the mesial canals.



**Figure 4:** Clinical slide demonstrating the placement of sutures to help stabilize the tooth.



**Figure 5:** Recall radiograph approximately six months following intentional replantation. Patient was asymptomatic. Radiographic evidence of the lesion healing. Patient was planning to proceed with the placement of a new bridge.