



Retreatment

Contributed By: Dr. Richard Komorowski – March 2003



Figure 1: Patient presented with a chief complaint of "this tooth hurts and I get swelling sometimes." Patient points to tooth # 46.

Clinical exam shows caries and exposure of root canal system to oral cavity. Periodontal probing was W.N.L. A diagnosis of necrotic pulp with chronic apical periodontitis was made and endodontic treatment was advised. Treatment was performed over two appointments with the placement of intracanal calcium hydroxide. The distal canal was enlarged to a size # 50.



Figure 2: At a recall appointment several months later a radiograph was taken and the clinical examination revealed the presence of a sinus tract which was subsequently traced to tooth # 46. Several options were presented to the patient and it was decided that retreatment of only the distal canal would be carried out. The initial enlargement of the distal canal was inadequate.



Figure 3: The gutta percha was removed in the distal canal and calcium hydroxide was again placed between appointments. This radiograph demonstrates the presence of the calcium hydroxide in the distal canal. The canal was subsequently enlarged to a size # 120 and obturated.

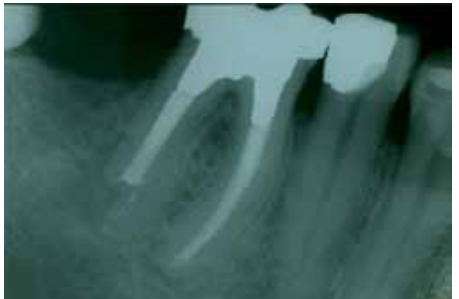


Figure 4: Recall radiograph taken more than one year following retreatment of the distal canal. Patient was asymptomatic, no sinus tract present. Radiographic evidence of the lesion healing.