Root Canal Treatment on Central Incisivus and Lateral Incisivus Maxila with Pulpa Status-Differences

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A 44 years female patient, had caries in the mesial tooth of the mesial 21 section extending to incisal and palatal with dentin depth. Sondation (-), percussion (+), palpation (-), CE (+), color.

Early diagnosis prior to investigation suggests pulp necrosis. After cavity cleansing of the carious tissue with a round bur, the patient feels the presence of cavity (+) and CE (+) tests, so the diagnosis of dental work 21 is asymptomatic irreversible pulpitis with chronic apical periodontitis.

In addition, caries are also found in teeth 21 which have caries in incisal to mesial extended to pulp. soudation (-), percussion (-), palpation (-), CE (-). On dental investigation 11 diagnosis is pulp necrosis.

CASE MANAGEMENT
Pulpectomy
The patient performed anesthesia around the labial and palatal mucosa on the tooth 21 using Lidocaine HCl 2%-1: 100 (2 ml) followed by pulp tissue removal using an extirpation needle. Combination irrigation is done by using 2.5% saline and NaOCl. Giving medication to the pulp chamber using Ceresophen and restored with temporary filling.

Treatment of Root Canal teeth 11 and 21
Measurement of working length using Electronic Apex Locator (EAL), and confirmed using periapical radiograph taking to obtain Initial Apical FILE (IAF) # 15, to obtain suck bag sensation. Biomechanical preparation performed using step back technique. Medication using Ceresophen for 3-7 days and using pure calcium paste for 1 week before obturation. Bacterial testing performed using a hydrogen peroxide- papier point, will be negative results if show no bubbles, odorless, and no color changes. Obturation performed using gutta percha MAC #45 with an Endomasteran spiral material that is cut below the cervix. The root canals that have been obturated are restored as long as they use SIK lining. Follow up and evaluation is done after 3 months.

Treatment of Root Canal tooth 12
Teeth 12 found the caries cavity conditions of pulp depth with condensation (-), percussion (+), palpation (-), TF (=) Clinical appearance: swelling of the palate. After investigation, a working diagnosis of pulp necrosis with a periapical abscess was established
Administration of antibiotic medication accompanied by removal of infected pulp tissue.

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