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Ketua Program Studi

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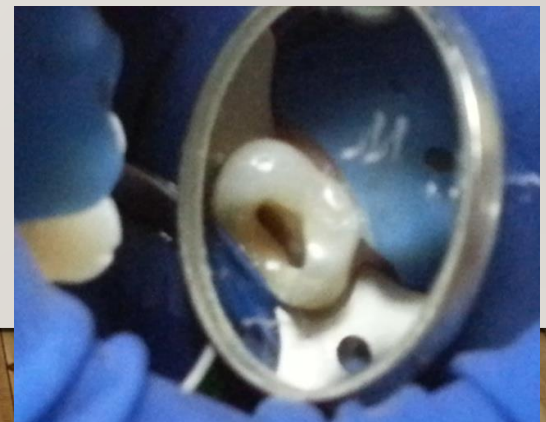
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DIAGNOSE IN ENDODONTIC

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DIAGNOSE

- PULPAL DIAGNOSE
- PERIAPICAL DIAGNOSE

PULPAL DIAGNOSIS

- NORMAL PULP
- REVERSIBLE PULP
- IRREVERSIBLE PULP
- NECROSE PULP
- PULPLESS

(Cohen in Pathway of the Pulp, 2016)

PERIAPICAL DIAGNOSE

- Normal Periradicular Tissues
- Acute periradicular periodontitis
- Acute periradicular abscess.
- Chronic periradicular periodontitis
- Subacute periradicular periodontitis (chronic periradicular periodontitis with symptoms)
- Chronic periradicular abscess (suppurative periradicular periodontitis)
- Focal sclerosing osteomyelitis (condensing osteitis)
- Focal osteopetrosis (periapical osteosclerosis)

NORMAL PULP

- A normal pulp is symptom free
- normally be responsive to the electric pulp tester (EPT)
- the normal pulp produces a positive response that is mild and subsides immediately when the stimulus is removed

REVERSIBLE PULPITIS

- Caries, cracks, restorative procedures or trauma may cause a pulp to become inflamed
- an exaggerated response to thermal stimulus but once the stimulus is removed
- EPT results are responsive

IRREVERSIBLE PULPITIS

- Patients may have a history of spontaneous pain
- complain of an exaggerated response to hot or cold that lingers after the stimulus is removed
- EPT results are usually responsive
- The involved tooth will often present with a history of an extensive restoration and/or caries
- the patient may arrive at the dental clinic sipping a glass of ice water or applying ice to the affected area
- cold actually alleviates the patient's
- pain as the dental pulp has developed allodynia and is hyperalgesic.
- Irreversible pulpitis can also present as an asymptomatic condition
- Internal resorption and hyperplastic pulpitis (pulp polyp) are
- examples of asymptomatic irreversible pulpitis.

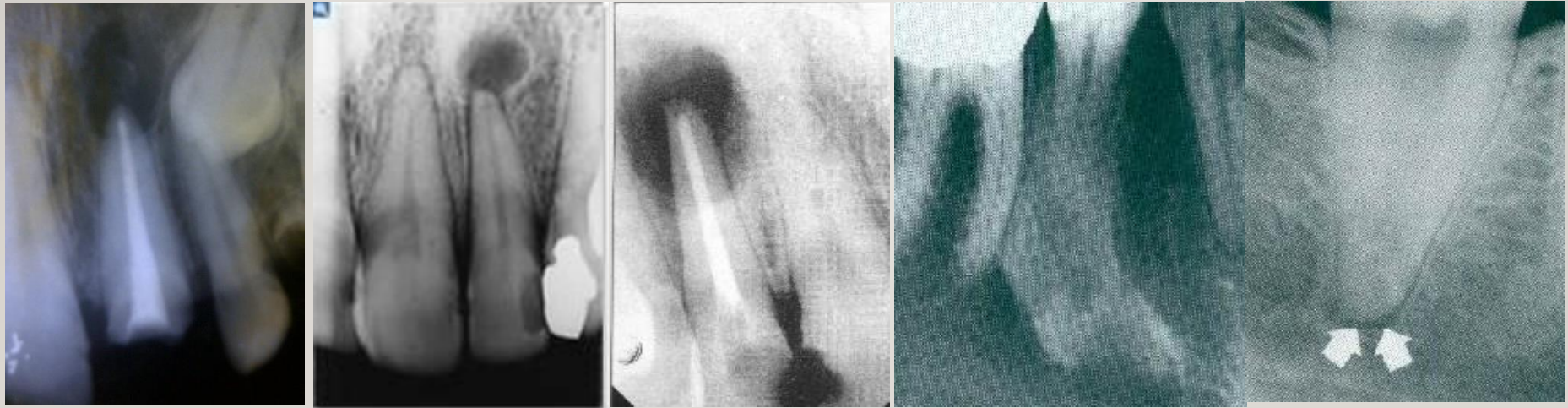
NECROSE PULP

- Teeth with total pulpal necrosis are usually asymptomatic unless inflammation has progressed to the periradicular tissues
- The pulp will not respond to the EPT, no response (NR) over 80.

PULPLESS TEETH

- A tooth from which the pulp has been removed
- For example, a tooth with previous pulpotomy/pulpectomy/root canal debridement

PERIAPICAL / PERIRADICULAR DISEASE



NORMAL PERIAPICAL

- Normal periradicular tissues will be non-sensitive to percussion and palpation testing.
- Radiographically periradicular tissues are normal with an intact lamina dura and a uniform periodontal ligament (PDL) space.
- Acute periradicular periodontitis .Acute periradicular periodontitis

ACUTE PERIRADICULAR PERIODONTITIS

- Acute periradicular periodontitis occurs when pulpal disease extends into the surrounding periradicular tissues and causes inflammation
- the result of occlusal traumatism.
- complain of discomfort to biting or chewing
- Sensitivity to percussion is a hallmark diagnostic test result of acute periradicular periodontitis
- The PDL space may appear normal, widened, or there may be a distinct radiolucency

ACUTE PERIRADICULAR ABSCESS

- rapid onset
- spontaneous pain
- pus formation
- Swelling
- Percussion and palpation sensitive
- Radiographically the PDL space may be normal, slightly widened
- distinct radiolucency
- necrotic pulp or a pulpless tooth

CHRONIC PERIRADICULAR PERIODONTITIS

- a periradicular radiolucency on the radiograph
- Clinically, the patient is asymptomatic.
- Percussion and palpation non-sensitive responses.

SUBACUTE PERIRADICULAR PERIODONTITIS

- *chronic periradicular periodontitis with symptoms*
- Mild to moderate symptoms that may include spontaneous pain or discomfort on biting or chewing
- Percussion testing produces a mild sensitive
- Palpation testing may or may not be sensitive
- *Clinical symptoms are not as severe as acute periradicular periodontitis*
- *Radiographically* the tooth will present anywhere from a *normal periradicular appearance to a distinct radiolucency.*
- the condition can quickly progress into *acute periradicular periodontitis or an acute periradicular abscess.*

CHRONIC PERIRADICULAR ABSCESS

- *Suppurative periradicular periodontitis*
- An inflammatory reaction to pulpal infection and necrosis
- *Symptom* : gradual onset, little or no discomfort, intermittent , discharge of pus through an associated *sinus tract*.
- *Clinically* the patient is usually asymptomatic, EPT and thermal testing ,percussion and palpation non-sensitive
- *Radiographically*, a periradicular lesion is associated with the involved tooth.

FOCAL SCLEROSING OSTEOMYELITIS

- *condensing osteitis*
- a true lesion of endodontic origin (LEO)
- *asymptomatic*
- EPT and thermal tests may or may not be responsive.
- Percussion and palpation testing may or may not be sensitive.
- *Radiographically*: the involved tooth will present with increased *radiodensity* and *opacity* around one or more of the roots
- they have a pulpal diagnosis of irreversible pulpitis

FOCAL OSTEOPETROSIS

- *Periapical osteosclerosis*
- This entity is **not** LEO.
- The patient will be *asymptomatic*.
- EPT and thermal testing are responsive and normal.
- Percussion and palpation non-sensitive.
- The involved tooth is usually a virgin tooth or has a normal pulp.
- *Radiographically*, the tooth will present with increased radiodensity and opacity around one or more of the roots.
- No treatment is necessary and the tooth should simply be monitored at periodic recall

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