



LONDON DENTAL
SPECIALISTS

CASE OF THE MONTH

ENDO /IMPLANT

SAVING PATIENT'S NATURAL TEETH IS ALWAYS PRIORITY

1ST WE AIM TO SAVE THE TOOTH AT NO ADDITIONAL COST TO PATIENT



Root canals are over 90% successful, but do occasionally fail. If your referred endo patient loses that tooth within 1 year of completion, we will deduct the cost of the RCT from the implant fee. This warranty assumes that the final restoration is placed on tooth, immediately following root canal treatment and that the implant is placed at London Dental Specialists

ENDO WARRANTY

In this edition we present 4 cases that illustrate why we offer an endodontic/implant warranty at London Dental Specialists.

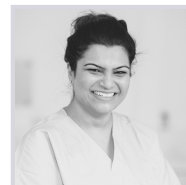
The patients were referred to us by a member of our excellent network of general dentists for a variety of reasons.

We selected these cases following reasons:

1. We believe in saving teeth and we find that most of our patients want to save their teeth as well.
2. The increasing incidence of peri-implant diseases and predictability of treating periodontal diseases leads us to subscribe to the general consensus in the profession that saving teeth represents the best way to keeping our patients smiling for the rest of their lives.
3. We would like to remind you that Ope (specialist periodontist), Neha (specialist endodontist) and Gui (specialist orthodontist) are here to use our expertise to support you and your patients.



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The patients' dental wishes were the same:

1. To deal with the pain.
2. To keep as many teeth as possible.
3. To be able to eat and smile with confidence.

The diagnoses were:

Patient 1: Apical periodontitis and fractured instrument in mesial canal.

Patient 2: Failing bridge URq and Apical periodontitis LL6

Patient 3: Severe periodontitis and furcation involvement LL6

Patient 4: Severe periodontitis and furcation involvement UL6 and LL6



Patient 1

Patient 1 The image shows a fractured spiral filler in mesial canal (they are particularly difficult to remove).



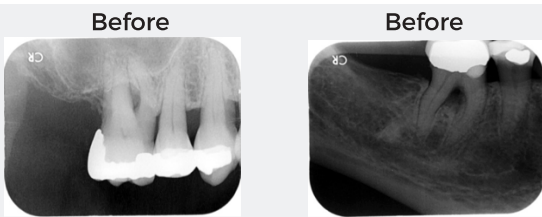
Patient 2

Patient 2 Suboptimal root fillings in the upper right and lower left with apical pathology.



Patient 3

Patient 3 The images show a deep infrabony defect coupled with a furcation involvement LL6



Patient 4

Patient 4 furcation involvement in the UR6 and LR6

Figure 1: Pre-op data for all the patients. Top row: patient 1 and the image shows a fractured spiral filler in mesial canal (they are particularly difficult to remove). Second row: patient 2 with suboptimal root fillings in the upper right and lower left with apical pathology. Third row: patient and the images show a deep infrabony defect coupled with a furcation involvement LL6. Bottom row: Patient 4 as furcation involvement in the UR6 and LL6

Definitive treatment options discussed for all cases were:

1. Replacement of all the affected teeth with dental implants
2. Root canal treatment where possible and only replacement of teeth where absolutely necessary.

Pertinent Pre-Treatment Assessment

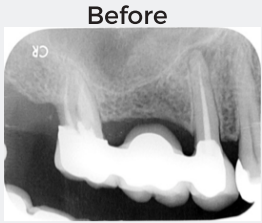
1. In patient 1, the restorability of the tooth and apical position of spiral filler really caused us some concern but we were willing because we had the patient's support. We promised that the cost of the root canal treatment will be deducted from the cost of a dental implant if the treatment fails within 12 months.
2. In patient 2, root treated teeth are not predictable bridge abutments. We therefore opted to section in the bridge, retreat RCTs UR5 and LL6 in 2 visits.
3. Patients 3 and 4 were sold on the benefits of saving their teeth where possible on the understanding that the cost of an implant will be reduced if the treatment fails within 12 months.

Treatment sequence

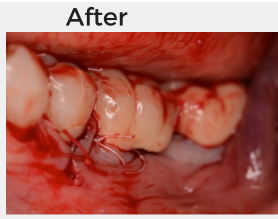
1. Consent process took 2 visits in all cases
2. In patients 1 and 2, the RCT of the LR6/LL6 took 4-5 hours in total **per patient per tooth**. This was gruelling for Neha and the patient. It is therefore important to consider specialist referral at the earliest available opportunity.
3. In patient 4, the root canal treatment took 1.5-2 hours per tooth which was certainly far less gruelling for both parties.
4. The root resections were also performed in 1 visit in 45-60 minutes.
5. Hygienist visits at London Dental Specialists every 3 months for life.
6. General dental care with referring dentists.



Patient 1



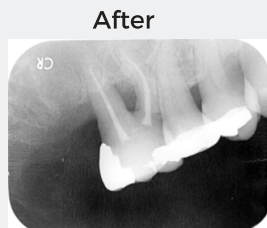
Patient 2



Patient 3: LL6, I chose a root resection (as opposed to regenerative surgery) because of the furcation involvement.

Patient 3

Figure 2: The results of the root canal treatments and periodontal surgery are self-evident. Although the root treatments were gruelling for Neha and the patient, we were all glad about the results. In patient 3's LL6, I chose a root resection (as opposed to regenerative surgery) because of the furcation involvement.



Patient 4

Figure 2

Patient 3. Root fracture 12 months after root resection. Dental Implant placed - cost of RCT deducted from the implant fee



Figure 3

Figure 3: shows patient 3 in the top row whose tooth fractured 12 months after root resection. The cost of the root canal treatment was deducted from the cost of the dental implant (1st row). In the second row, the patient developed root caries in the LR6 (but not UR6) 4 years after the root resection and the patient was satisfied with the full price for the dental implant.

Post treatment results

1. The patients were very happy with their results.
2. As expected the endo/implant warrantee proved to be very popular with dentists and patients alike.
3. All PPDs were 2-3mm at the end of treatment.

DISCUSSION POINTS FOR THIS CASE

The results were achieved without the use of antibiotics locally or systemically. There is no evidence that they are effective. Antibiotic resistance is increasing and we all need to play our role in reducing resistance.

Uncomplicated root canal treatments are more predictable than complicated root canal treatments e.g. teeth that require perforation repair, fractured instruments etc and the predictability of the outcome has obvious impacts on patient satisfaction.

We will always be here to try to help our colleagues deal with complications (as this is our role). We assume that our colleagues will strive to make our lives uncomplicated where possible.

The main risk of failure in her case is root caries (not further attachment loss) due to the extensive recession. Due to the ubiquitous nature of refined sugar in the western diet, I tend to recommend duraphat 2800ppm fluoride toothpaste for life.

The root resections and tunnel preparations are really useful because if the patient is able to clean the furcations effectively (and patients 3 and 4 has managed to do so) their prognosis is essentially the same as other single rooted teeth.

The patients' wishes list has been granted.