Cons 20/part 2

Dr Jamal

Dr show us x-rays ( cases )

Case 1

Broken post, in the past they were extract the tooth ,but we can save the tooth and drill the post then put new post and crown and the patient was happy .

Note :

You have to give your pt the treatment options that he can follow .

Case 2

Upper first premolar failure in treatment because there is missed canal ( not treated )the tooth has 3 canals .

Case 3

Radioopaqe lesion overlapping the apex of roots its condensing ostitis ( all lesions surrounding the apex are radiolucent except (condensing ostitis).

Case 4

X ray for a molar with more than 5 canals ( two mesial roots ,two distal roots and one mid root) ,the dentist should have tactile sensation .

Case 5

3rd molar indicated for RCT, we should save the patient teeth not to take it out and do an implant .

Note

When we have crown and calcified canals these consider as difficult case and we should referrer it to endodontist .

Case 6

Broken instrument sometimes we can’t tack it out and should referred .

Case 7

Bifurcation perforation we wash it and fill the tooth then see how it goes .

Case 8

External resorption we can stop it by RCT if we clean all inflammation .

Case 9

Wide open apex, we have to finalize the treatment ,we do it by vertical condensation we overfill it then open flap and remove the excess GP from the apex .

We can use MTA.