The significance of radiographs in endodontic therapy

The success of any endodontic therapy depends on adequate chemical and mechanical debride-ment of the infected root canal. This requires basic knowledge of the canal anatomy and the ability to identify any aberration in it. Studies have shown that micro-organisms in the root canal system reside in the main canal, the canal's ramification, the access-ory or lateral root canal, and even the dentinal tubules. Therefore, optimal debride-ment can only be achieved if the clinician is able to identify the presence of additional canals prior to or during treatment (Table 1).

Currently, the only method available to assess the root, the root canal anatomy and its peri-radicular area preoperatively is through dental radiographs. Whether radiographs are per-formed intra-orally (periapical) or extra-orally (dental panoramic tomogram or cone beam comput-terized tomography, CBCT), fractures, resorptive defects or procedural errors can also be identified this way. Thorough examination of radiographs is important, as it can provide an indication of the complexity of the treatment, including anticipated difficulties (Table 2).

The use of CBCT has been widely explored and its advan-tages are well documented.1,2 While its benefits for diagnosis in endodontic treatment cannot be

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### Table 1: Factors and rationales when using a 2-D radiograph for diagnostic purposes.

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### Table 2: Types of radiographs and their advantages and disadvantages.

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**Malaysia**

Dr Safura Baharin

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The use of CBCT has been widely explored and its advantages are well documented. While its benefits for diagnosis in endodontic treatment cannot be
Intra-oral radiographs, such as conventional and digital periapical radiographs, are still routinely used as one of the important investigative tools during endodontic examination and the diagnosis stage. Even though it has a few limitations, an appropriately taken and processed periapical radiograph can still provide enough information and evidence to aid in diagnosis. An acceptable periapical radiograph must have adequate contrast and no or minimal processing error and include at least 3 mm of the surrounding periapical area to allow accurate assessment of the tooth of interest and its surrounding area. Additional periapical radiographs at different angulations (10–50 degrees horizontally or vertically) could be taken to determine the location of a periapical lesion or any resorptive defect present on the root and its surface (internal or external). An earlier study has shown that accuracy in detecting the presence of twin canals increased using a periapical radiograph with a horizontal shift. Another conclusion that the detection of periapical lesions was more accurate with an angulated radiograph. However, the degree of angulation should not be excessive, as it would result in overlapping of the image or changes in the image size, thus reducing the diagnostic quality of such a radiograph.

Periapical radiographs taken at different angulations may be necessary in order to determine the number of root and root canals of a tooth, especially in premolars and molars. Several studies have shown that radiographs taken at a horizontal angle of 30 degrees improves the ability to determine the canal type in premolar teeth. Periapical radiographs can be taken either by using the parallelizing or bisecting angle technique. Dental radiographs are needed for the assessment of the crown, pulp chamber, root(s) and periapical area of a particular tooth. Clinicians should make it a routine to assess the entire radiograph thoroughly (i.e. the adjacent teeth and its surrounding tissue) before focusing on the tooth of interest. It is essential to ensure that the radiograph is mounted correctly prior to assessment. This is to prevent misdiagnosis or misinterpretation of the radiograph. Use of magnification, such as a magnifying glass, could aid in detailed assessment of the radiograph. Restoration status and the presence of a carious lesion or periapical pathology on any tooth should be identified, documented and included in the treatment plan. When assessing the radiograph of the tooth of interest, the clinician should start from the crown then move towards the root and its periapical area. Any findings must be included in the documentation and considered when deciding on the treatment option.

Dental radiographs are important in endodontic therapy to determine tooth morphology and certain the cause of the dental problem and provide an early assessment of the tooth of interest. Based on a radiograph, the restorability of a tooth and the complexity of the treatment can be assessed. Proper radiographs may be present a Chinese patient with a C-shaped canal or other Mongolia trait with an aberrant root or root canal anatomy. Thus, thorough assessment of the radiograph is necessary to ascertain the presence of additional roots or root canals and thereby establish treatment difficulty.

Since endodontic therapy involves the treatment of the root canal, which is not visible to the naked eye, radiographs aid in determining whether treatment was carried out satisfactorily and adequately.

**Preoperative assessment**

Dental radiographs are important in endodontic therapy to determine tooth morphology and ascertain the cause of the dental problem and provide an early assessment of the tooth of interest. Based on a radiograph, the restorability of a tooth and the complexity of the treatment can be assessed. It also helps clinicians decide whether he or she has the skills to perform the treatment or should refer the patient to a specialist. The presence of a pulp stone in the pulp chamber or another obstruction within the tooth or root canal (e.g., a post, a pin, a separated instrument or root filling material) can be determined prior to treatment (Fig. 2).

Dental radiographs must have minimal distortion and magnification, as any elongation or foreshortening would result in incorrect measurement of the root canal length. Careful assessment of the root is essential to identify any root aberration that may be present (Fig. 1). It is quite common to find a Chinese patient with a C-shaped canal or other Mongolia trait with an aberrant root or root canal anatomy. Thus, thorough assessment of the radiograph is necessary to ascertain the presence of additional roots or root canals and thereby establish treatment difficulty.

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<thead>
<tr>
<th>Area</th>
<th>Factors assessed</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crown</td>
<td>• Size, shape, location of the pulp horn</td>
<td>Ensures the depth and direction of the bur during access</td>
</tr>
<tr>
<td></td>
<td>• Distance to the occlusal surface of the crown</td>
<td>Prevents iatrogenic perforation of the tooth during access penetration</td>
</tr>
<tr>
<td>Pulp chamber</td>
<td>• Number of roots</td>
<td>Determination of the number of roots and root canals is important to avoid missed and untreated canals, which would result in endodontic treatment failure.</td>
</tr>
<tr>
<td>Root</td>
<td>• Number of root canals</td>
<td>The presence of extensive root curvatures would indicate the level of difficulty of the treatment.</td>
</tr>
<tr>
<td>Root canal</td>
<td>• Presence of accessory roots</td>
<td>The clinician must pay extra attention when treating a crossed or obliterated canals. Use of magnification, such as dental loupes or a microscope, is recommended in this situation.</td>
</tr>
</tbody>
</table>
important, as it will give the clinician some indication of the prognosis and any difficulties that might occur during treatment. All of these factors must be discussed with the patient prior to treatment, so that he or she can decide whether to proceed with the endodontic therapy.

While the use of a periapical radiograph alone may be sufficient in most cases, supplementary radiographs may be needed if the clinician finds that the tooth may have additional roots or to ascertain the root curvature. Taking another periapical radiograph at a different horizontal angulation (10-50 degrees) may therefore be necessary. Again, care must be taken to minimise the extent of superimposition on adjacent teeth. The SLOB rule (same lingual, opposite buccal) can be used to determine the location of an additional root or root canal.

The size of the root canal can also be assessed from the radiograph. This information will provide some indication of the complexity of the treatment and the choice of the obturation material and technique. A tooth with an open apex may require placement of a calcific barrier, such as mineral trioxide aggregate, apically prior to obturation.

The status and quality of the existing coronal restoration must be assessed radiographically and clinically. All defective restorations must be removed and replaced with either permanent or temporary restorations. Any cavities or additional round preparations must be removed, and the depth of the lesion must be determined clinically. This is important in order to ensure that the tooth is deemed restorable prior to treatment. The clinician must decide on how to restore the tooth after completion of endodontic therapy prior to initiation of treatment.

Posts, separated instruments or root filling material within the root canal may complicate the endodontic treatment (Fig. 1). The size and type of post will determine the feasibility of removing such a post. A separated instrument in the apical third of the root and below the curved root may be more difficult to remove than a more coronally located fragment.

Operative assessment (treatment phase)

Working length is confirmed and quality of obturation is assessed during treatment to ensure the treatment is carried out satisfactorily. A periapical radiograph may also be taken to ascertain the correct angulation of the bur or endodontic file when negotiating a blocked or calcified canal, during post space preparation and even during access preparation through a calcified pulpal chamber (Fig. 4). This is essential for preventing procedural errors, such as perforation of the pulpal floor or canal wall.

During obturation, it is important that the root canal be obturated to the predetermined working length and have no voids. This can be confirmed by taking a periapical radiograph during treatment. Obturation that is shorter or longer than the working length may affect the treatment outcome.

Post-operative assessment

After therapy has been completed, a periapical radiograph should be taken to ensure that the treatment was carried out adequately. This will function as a baseline when reviewing the patient six to 12 months later. From this immediate post-operative radiograph, the quality of the final coronal restoration can be ascertained and the size of the periapical lesion, if present, can be assessed. At the recall appointment, a new periapical radiograph of the endodontically treated tooth is taken to monitor the healing of the periapical lesion and to confirm the success of treatment. The presence of a new periapical lesion or the enlargement of an existing one should be noted, and necessary measures should be taken to identify the cause of treatment failure.

Conclusion

Using intra-oral radiographs is the only method in endodontic therapy that allows the clinician to make an assessment of the root and its supporting tissue. In order to gain the full benefit of this radiograph, clinicians have to ensure that it is appropriately exposed, shows no processing errors and has no or minimal image distortion. It also has to be correctly mounted, labelled and dated. Clinicians must be able to select which radiograph is necessary to aid in their endodontic diagnosis based on the patient’s history and clinical examination.

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**Contact Info**

Dr Safura Baharin is Head of Clinical Services at the Faculty of Dentistry of the National University of Malaysia near Kuala Lumpur in Malaysia. She can be contacted at safurabaharin@ukm.edu.my.
“Our aim is to be a leading provider of evidence-based endodontic CE”

An interview with APEC President Dr Ibrahim Abu Tahun, Jordan

Amman for the 18th time to attend the scientific congress on the 18th APEC conference (APEC), which is APEC, which is going to be held under the theme “Next generation endodontics”. Dental Tribune Asia Pacific had the opportunity to speak with Dr Ibrahim Abu Tahun, President of APEC and Assistant Professor of Endodontics at the University of Jordan's Faculty of Dentistry, about the congress and the current state of the specialty in his own country.

Dental Tribune Asia Pacific: Political tensions in the region remain high, particularly after the Charlie Hebdo massacre in Paris earlier this year. How is the current security situation in the country and especially in the capital?

Dr Ibrahim Abu Tahun: The travel warnings released by Western foreign offices did not include Jordan or any part of it at any stage. Our country has officially condemned this crime and Their Majesties the King and Queen of Jordan led world leaders in the march against terrorism in Paris.

Decades of political stability, moderation and tolerance under His Majesty’s wise leadership have made Jordan an oasis of peace and one of the top ten countries worldwide in terms of security.

Could you give us an accurate view of the current status of endodontics in Jordan?

There is a general surplus of dentists, both general practitioners and specialists, entering the Jordanian market each year. The total number of registered dentists with the Jordanian Dental Association at the end of 2011 was slightly over 7,000, and 10 per cent of these were specialists. The kingdom currently prides itself on having the highest number of highly qualified dental professionals with postgraduate qualifications compared with any other country in the Middle East. Many of them have been trained in Western Europe, North America and Australia.

Is endodontics therefore a recognised specialty in your country?

In the past, Jordanian endodontists were members of the Jordanian Society of Conservative Dentistry and had to practise under the umbrella and regulations of the Jordanian Dental Association. 2007 saw the establishment of the Jordanian Endodontic Society. Endodontics is one of the eight dental specialties recognised by the Jordan Medical Council, which is the highest medical authority responsible for the organisation of the medical profession and specialisation in the country. Since then, endodontics has experienced significant progress in Jordan.

 Ranked number one in scientific research in the Arab world and 50th overall worldwide, the Jordanian educational system attracts a large number of foreign students. It is also home to many foreign universities’ campuses. The country is the region’s top medical tourism destination, as rated by the World Bank, and fifth in the world overall, having everything from highly skilled doctors to state-of-the-art facilities. Clinics here cater for all dentistry needs. Plans are currently underway to make it a regional hub for the training of medical staff in the Middle East and North Africa.

How many visitors do you expect for the APEC congress?

Around 1,000 participants are expected to attend this large international event. Organised for the first time in our part of the world, the 18th APEC conference is going to attract dentists from all over the Arab world and the entire Asia Pacific region.

What are the main topics, and who is the conference aimed at?

The theme of the conference is “Next generation endodontics”. The scientific programme, with emphasis placed on Asian Pacific experience, provided by speakers from the respective countries, will have two parallel sessions with world-leading experts in the field, original clinical and scientific research posters, as well as pre- and post-congress hands-on sessions, covering the recent advancements and issues in the field.

Our aim is to be a leading provider of evidence-based continuing endodontic education for the entire dental team and anyone with a general interest in endodontics. How do you think the congress is going to affect endodontic treatment and diagnostics in the future?

Such international meetings always constitute a platform for scientists and practitioners to update their knowledge and interact with the latest endodontic innovations worldwide to improve their knowledge and answer the ultimate question: where do we stand?

In addition to the scientific programme, what can participants look forward to in Amman?

This pioneer event in the Asia Pacific region is intended to connect colleagues from around the world to generate and update knowledge and foster friendship. A wide range of dental products, including instruments and other equipment, will be on display by our industry partners.

It is a great pleasure and honour to welcome participants to the country where some of the earliest chapters of human civilisation were written. Travelling to Jordan, with its rich heritage of biblical and historical sites, will provide visitors with a unique opportunity to enjoy the warmth and hospitality of our country and its people.

Thank you very much for the interview.
Endodontic imaging mode available from Planmeca

Planmeca has introduced a new imaging mode that was developed especially for use in endodontics and in cases dealing with small anatomical details, such as imaging of the ear. The new mode, which produces extremely high-resolution images with a very small voxel size of only 75 μm, is available for all Planmeca ProMax 3D imaging units.

According to Planmeca, the new mode provides clinicians with perfect visualisation of even the smallest anatomical details. Owing to new intelligent noise and artefact removal algorithms, noise-free and crystal-clear images can be produced, the Finnish dental equipment manufacturer said. With Planmeca ARA, for example, artefacts resulting from metal restorations and root fillings in the patient’s mouth that cause shadows and streaks in CBCT images can be removed effectively. In addition, the new Planmeca AINO Adaptive Image Noise Optimiser is intended to reduce noise in CBCT images resulting from a particularly low radiation dose or small voxel size without losing valuable details. The company said that the filter particularly improves image quality in the endodontic mode, where noise is inherent due to the extremely small voxel size. It has also proven useful when used in accordance with the Planmeca Ultra Low Dose protocol, where noise is induced by the particularly low dose.

Planmeca AINO also allows the reduction of exposure values and consequently the radiation dose in all other imaging modes, according to Planmeca.

Irrigatys

With endodontic treatment, there is the risk of superinfection. The French laboratory ITENA Clinical claims to have solved this problem with its revolutionary Irrigatys handpiece. This two-in-one device is used for both irrigation and agitation of the cleaning solution inside the root canal. To achieve this, the laboratory put a perforated metal tip at the top of the handpiece to deliver the cleaning solution in an oscillating movement. A removable tank allows the root canal to be treated successively using sodium hypochlorite and EDTA. The irrigation line directs the cleaning solution through the metal tip.

The patented technology, achieved after six years of research, optimises the results of a very complex procedure, according to the company. Ambidextrous, light and flexible, the device has excellent ergonomics, providing intuitive handling. Irrigatys recharges on a charging station that can be fixed to the chair.

Irrigatys is available with all of its accessories in a starter kit. The metal tips are available in two sizes, 17 mm and 21 mm, to cover all clinical cases.

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Endodontic treatment in the future will be simpler and standardised

An exclusive interview with Drs Laurent Bataillard and Didier Lakomsky, MICRO-MEGA

Since 1905, MICRO-MEGA has been at the heart of great technological revolutions in the field of dentistry. Today, the French pioneering company is still delivering turnkey endodontic solutions to practitioners around the world. At the start of a series of innovations, Dental Tribune International recently travelled to Besançon in France to meet Managing Director Dr Laurent Bataillard and Endodontics Business Unit Director Dr Didier Lakomsky to discuss how their company intends to reassert its global reputation of French expertise, which it established in 1997 when it introduced its first nerve broach.

**Dental Tribune: Dr Laurent Bataillard, you have been the Managing Director of MICRO-MEGA for almost a year now. What is your background?**

**Dr Laurent Bataillard: I am a physics engineer with a specialisation in metallurgy. The subject of my doctoral dissertation was in fact phase transformation in nickel-titanium wires for use in endodontics. After my doctorate, I worked in the metalworking industry for several years and held various positions in research and development, production, operations and management until Sanavis recruited me. That is how I came to join MICRO-MEGA—kind of a return to the roots.**

**Dental Tribune: Dr Didier Lakomsky, what is your role in the company?**

**Dr Didier Lakomsky: My role is to manage the company’s international operations and sales.**

**Dental Tribune: Laurent, you took over as Managing Director in August 2014. What were the benefits of the company’s takeover by the Sanavis Group in 2009?**

**Dr Laurent Bataillard: The Sanavis Group is one of the ten most important dental equipment suppliers in the world. The grouping of the companies MICRO-MEGA, SeiCan and SycoTec is now able to offer practitioners worldwide a comprehensive range of innovative solutions: endodontic files, micro-motors, and complete re-treatment and hygiene systems, to the country of origin of the products they buy. What does “made in France” mean to you?**

**Dr Didier Lakomsky: We are currently strengthening our presence all over the world through conferences and training for dentists. Our aim is to continue our strong development in Asia while consolidating our position in Europe and the US.”**

**Dental Tribune: How do you intend to implement your international development strategy?**

**Dr Didier Lakomsky: Our aim is to continue our strong development in Asia while consolidating our position in Europe and the US. We invest in research, innovation, marketing, design and training for the men and women who are to become the main role-players of future innovations. Training for these innovations and the acquisition of new skills needed for future professions within the company are a central part of our strategy. Each new development in dentistry and technology leads to training sessions for our staff. That is why our employees are strongly committed to their company and the turnover rate is extremely low.**

**Dr Laurent Bataillard: Furthermore, all production stages, from the product design to the delivery of the final product, take place under one roof. This results in great flexibility and quick response, an important synergy between the various entities, perfect control of the entire production process, as well as optimised traceability and follow-up.**

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Dr. Didier Lakomsky: MICRO-MEGA’s reputation is based on technical expertise combined with comprehensive networking with dental professionals. My role is to define and implement high-performing products in close co-operation with endodontic specialists, general practitioners and distribution partners worldwide. Ensuring benefit from these exchanges with practitioners, anticipating future market needs and transforming them into relevant technical solutions are also part of my function at MICRO-MEGA. A structural consequence of my work is the grouping of the marketing and the research and development departments concerning product planning in the short, medium and long term. In this regard, I encourage and support synergies.

*What do you think endodontic treatment will look like in the future?*

Above all, it will be simpler and more standardised. Continuous rotation and reciprocating motion are currently enjoying irrefutable success. This evolution—one could even call it a revolution—has enabled general practitioners to increase the number of endodontic treatments performed in their practice. Increasing endodontic treatment is a trend that is likely to continue in the coming years.

In the future, endodontic treatment will be quicker, but will still respect bacterial prevention standards. Sodium hypochlorite may be replaced by a new irrigation solution that offers the same efficiency while reducing the irrigation time.

We can expect solutions that are more sophisticated and that have scientifically proven effectiveness. The technological evolutions will extend gradually over the next three to five years. Practitioners will work with increasingly flexible and resistant materials, allowing the treatment of even complex root canals, and with imaging techniques like CBCT, offering an extremely precise 3-D visualisation of the root canal structure and enabling practitioners to choose the appropriate treatment method according to the anatomical and clinical complexity. This is often referred to as stratification. In the longer term, the introduction of pulp regeneration techniques according to the clinical case is expected, with diagnostic methods allowing the evaluation of the reversibility of a case of pulpitis.

*What are MICRO-MEGA’s objectives today?*

Our goals are to provide general practitioners with solutions that make endodontic treatment reproducible and as simple as possible, to enable them to increase their number of cases and to improve their success rate significantly. The last is a fundamental condition for our company’s success.

Thank you very much for the interview.
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