

Comparative study between the modern and clasics techniques of vertical condensing heat

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ABSTRACT. Endodontics is a key area in dentistry or failure of endodontic treatment may depend on complex treatment plans. Root canal treatment is one that many times "decide" the fate of a tooth in the arch. In this paper we analyze the vertical condensation obturation techniques hot in terms of difficulty of each clinical application according to the few clinical cases we considered significant. Perhaps even more than other stages, it can cause long-term success of the treatment.

KEYWORDS: endodontics, root canal, lateral condensation hot needles Kerr, gutta-percha.

INTRODUCTION

Although endodontic treatment steps, beginning with access to continuing to negotiate, and establish working length, cleaning and compliance roots and then fillings are critical to long term success, in this paper we focus on root canals . Study Washington, on endodontic success and failure shows that the most frequent cause of endodontic failure is the exudate leaching peri-radicular endodontic space incompletely blocked. Almost 60% of all endodontic failures discovered in this study were due to incomplete occlusion endodontic space.

In the history of endodontics, many materials have been used to root canals. Grossman wrote in 1958: "I doubt that there is another body cavity to be filled over time with many different materials as well as root canal."

The semi-solid material used in endodontics is currently gutta-percha material is a derivative of a natural rubber derived from some tropical species of plants belonging to the Sapotaceae family. This material has found wide applications and a very wide acceptance in the last 100 years. Although there are still practitioners who insist that this material is outdated and call it "pseudo-queen root filling materials," yet the vast majority of authors in the literature agrees that the gutta-percha is the material of choice for root canal obturation.

Methods and materials: We conducted a comparative study between modern and classical techniques warm vertical condensation. We shall

illustrate in the following 5 cases considered to be representative of this study.

Case 1: T. D., 27 years, tooth 2.1

We had to do with treatment of a tooth previously blocked "technical" monocon that this chronic apical periodontitis.

After isolation of the tooth and to create access to the cavity, the tooth was unclogged was prepared by ISO 30 at the apex, the system ProTaper, F3. Root canal was performed Thermafil technique.

On postoperative radiographs can be seen not only overcome the apex sealer, but with gutta-percha, a phenomenon later met and ex-vivo study presented below. However, although the patient had left the country and we could not get an X-ray inspection six months or a year, it announced the complete disappearance of symptoms after about two weeks.



1. Radiography immediate post-operative control

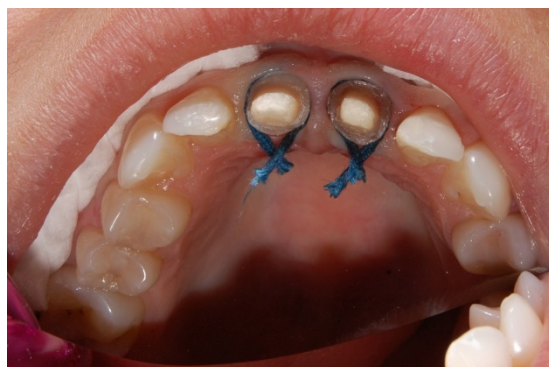
Case 2: V. C., 20 years, teeth 1.1 and 2.1

After a sports injury, the patient had fractured two incisors maxillary anterior. Avital teeth were prepared mechanically ProTaper system, irrigation with 5% sodium hypochlorite and obstruct the classic Schilder technique.

Because fractures occurred relatively close to the package teeth chosen for reconstituting prosthetic abutments with radicular pivots fiberglass, cement glue and implementing two esthetic ceramic crowns supported on aluminum oxide technique attempt, InCeram technique.



2. Root canal fillings



3. Reconstitution of prosthetic abutments with radicular pivots fiberglass



4. Achieve both esthetic ceramic crowns



5. The final aspect of the two crowns after cementation coating.

Case 3: K. T., 29 years old, tooth 1.1

After removal of the previously root canal filling, the tooth was prepared with the rotary ProTaper

up to F4, namely ISO 40 apical. After positioning the lesion on preoperative radiographs (which unfortunately got lost) we suspect there is a side root canal. We ultrasonically vibrated the irrigant (5% NaOCl) for 1 minute to allow penetration into the finest anatomical details. The tooth was then blocked with continuous wave obturation method Buchanan and postoperative radiograph was observed lateral filling system successfully. Although we could not get an x-ray control, the patient stated that symptoms had improved and disappeared in the first week after treatment.



6,7. Immediately after surgery

Case 4: S. T., 38 years old, tooth 1.6

The patient presented with symptoms of pulpitis, the inspection noted the presence of a deep

cavity in the tooth 1.6. The root canals were prepared with ProTaper system and plugged Thermafil for ProTaper system.



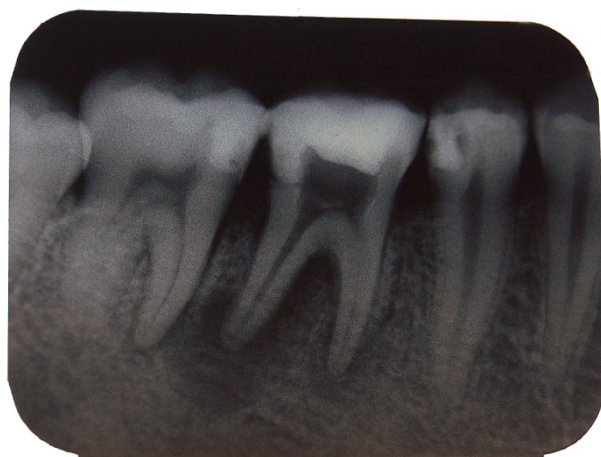
8. Filling through the Thermafil system for ProTaper

Case 5: I. A., 24 years old, tooth 4.6

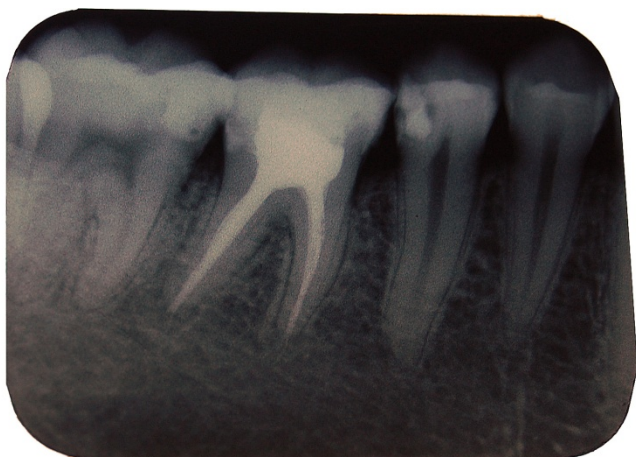
4.6 tooth cavity was cleaned, sealed with rubber dam, and Class II cavity was converted into one Class I through proper reconstitution distal wall, after which they started to root canal treatment itself.

The tooth was prepared with Kerr needles up to ISO 15 on mesial root canals and ISO 20 on distal root canal, then with Dentsply ProTaper, up to F2 on mesial root canal and F4 distal canal. Root canal was done with micro McSpadden compactor after inserting several accessories cones beside master cone.

Periapical healing is observed at one year, and in the interdental bony septum 4.6 - 4.7 (following an airtight fillings).



9. Preoperative radiological image.



10. Radiological control at 1 year after treatment.

RESULTS AND DISCUSSION

We want to compare in terms of different practical techniques and observe clinical outcomes. A technique or another may look good on paper may look good in tests can have good results especially in presenting the various manufacturers, but in practice often proves to be difficult to apply. In our case, symptoms resolved following treatment instituted and radiological healing is noticeable (which could verify).

CONCLUSIONS

The literature has shown that the vast majority of endodontic failures due to incomplete occlusion endodontic space. The ultimate goal of root canal treatment is three-dimensional obturation of the root canal space after it has been thoroughly cleaned and disinfected complied. The aim is to seal the filling is all "gates out" so as to prevent any communication or exchange between endodontium and periodontium. Must therefore completely fill the canal space and durable, so that there remains no gap.

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