

NEWSLETTER

*Pulpal–Periapical Interactions:
Some Frequently Asked Questions*

1. Can a periodontal infection cause pulpal inflammation and necrosis?

Yes, bacteria from a periodontal pocket can access the root canal system via the apical foramen of the main canal, accessory (lateral) canals, dentinal tubules, resorptive defects or cracks.

2. Should teeth be pulp tested prior to periodontal treatment?

Yes, prior to treatment and periodically after periodontal treatment, especially if restorative procedures are planned.

3. Will all teeth that have extensive periodontal disease or periodontal treatment require root canal treatment?

No, treatment will be required only if significant changes occur in the health of the dental pulp. (Lingering thermal sensitivity, pulpal necrosis, or periapical pathology)

4. If a periodontally involved tooth needs a hemisection or root resection (amputation), is root canal treatment necessary?

The dental literature provides a number of case reports that cite evidence for short-term success with “vital resections.” Long-term success is poor and valid prognostic data are unavailable. Root canal treatment is recommended in all cases—and when possible, *prior* to the resective procedure.

5. Does rapid furcation bone loss secondary to an acute periradicular lesion require periodontal curettage?

No, the rapid breakdown of the bone in the furcation is due primarily to the coronal extension of the periradicular lesion, or the movement of toxins from the acute inflammatory process in the dental pulp chamber into the furcation region. Root canal treatment only is indicated.

6. Does chronic draining sinus tract through the gingival sulcus require periodontal treatment?

A draining sinus tract indicates that the pulp is likely necrotic. There, root canal treatment is indicated. Periodontal treatment may be indicated after the root canal treatment if the sinus tract fails to heal, indicating a secondary periodontal problem. This can often be identified if there is calculus present in the defect created by the sinus tract.

7. On a tooth with periodontal disease and a symptomatic pulp, does it make any difference if the two processes are related?

No, both root canal treatment and periodontal therapy are necessary for an optimal prognosis.

8. How can probings be used to indicate whether there is any endodontic pathology?

Narrow channel probings usually indicate 1.) the presence of a draining sinus tract of pulpal origin that has penetrated into the gingival sulcus; or, 2.) the possible presence of a vertical fracture.