

**NEWSLETTER**

*You are about to place a new crown on an endodontically treated tooth. Should the root canal therapy be retreated?*

When placing a new restoration on a tooth that has had prior endodontics, you need to assess whether the current situation provides a good foundation, or if we are going to have a 'predictable failure'.

Make sure you expose a well angulated PA radiograph, and probe the tooth circumferentially.

The following questions/ factors need to be considered:

- Is the tooth asymptomatic? Percussion or palpation sensitivity may indicate peri radicular pathology.
- Does the tooth have a healthy attachment apparatus? (Isolated, deep pockets may be a sign of root fractures).
- Does the radiograph exhibit any peri radicular pathology? Ensure that the PDL around each root is symmetrical, and that the lamina dura is intact.
- Are all canals obturated? Remember over 90% of upper first molars have four canals (MB2). Over a third of lower molars have two distal canals.
- Is the root canal filling of an acceptable radio density? Poorly obturated canals are not as radiopaque, and typically harbor bacteria.
- Is the obturation material of an acceptable length? Again, studies have shown that canals that have been cleaned, shaped and obturated more than 2 mm short of the apex harbor a significant amount of bacteria and are likely to fail in the long run.
- How clean is the case? This is tough to assess, but even a radiographically excellent root canal that has been exposed to the oral cavity, or under long standing decay is likely to be contaminated.

If the tooth is not faring well on one or more of these areas, then it is important that you encourage (or at least discuss) non-surgical retreatment. Dealing with an endodontic flare up shortly after a new crown has been placed is challenging both clinically and politically!