

Vision:

To consistently deliver exceptional endodontic care, with a very clear commitment to the success of all friends in the dental community, in any way possible.

ACCESS CAVITY VITAL STATISTICS

From the literature, measurements of the dimensions of the pulp chamber and its morphology have given rise to four measurements which are **universally** consistent and which can help us make **safer access cavities** and lessen the chances of furcal floor perforation. In the maxillary and mandibular, **molars and premolars:**

1. The **CEJ** corresponds **98%** of the time with the **roof** of the pulp chamber.
2. The distance from the cusp tip to the roof of the pulp chamber was consistently **6.5 mm**.

Clinical Tip:

- Mark the straight shank of a surgical length #2 round bur with a rubber stop (measured at 6.5 mm from the tip). In the vast majority of cases this will get you close to the roof of the pulp chamber.

3. The pulp chamber height was **1.5 to 2 mm**.

Clinical Tip:

- This explains why you can only feel the “drop” into the pulp chamber when the vertical dimension of the chamber is larger than the head of the #4 round bur (1.5 mm). The danger is mostly in calcified cases where the distance is less than 1.5 mm, therefore you cannot feel the “drop”.

4. The thickness of the pulpal floor and the furcation was **3.0 mm**.

Clinical Tip:

- Furcal perforations are undesirable iatrogenic complications. Immediate repair using MTA in a sterile field is indicated.

** MTA (mineral trioxide aggregate), received approval from the FDA 1998. It is marketed as ProRoot MTA by Dentsply Tulsa Dental. MTA has many desirable characteristics including biocompatibility with periradicular tissues, resistance to dissolution or breakdown by tissue fluids, and can also be closely adapted to dentinal walls, which when set achieves a relatively impervious root seal.*