



Some recent pandemic endodontics:



LR8 chronic pulpitis, ultrasonic cleaning of distal pulp horn, minimal access for dentine preservation as minimal crown height for cuspal coverage.



Pulpitis from sagittal fracture 26 > RCT 4 canals with separate portals of exit > direct composite onlay > back to GDP for cast cuspal coverage



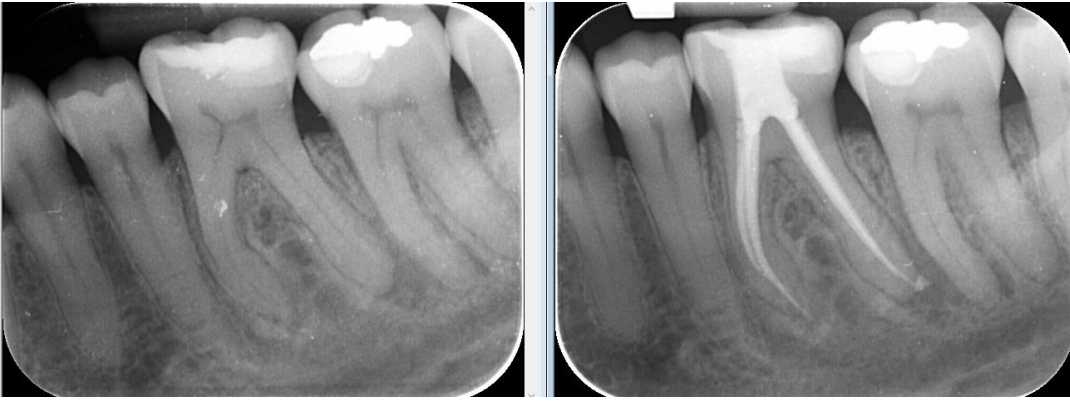
26 chronic pulpitis: conservative access, pal pulp horn cleaned with u/s, Wave One Gold, hydraulic BC sealer/GP and composite core



Subgingival caries 17, SDR pre endo restoration and then RCT single visit.



RCT 46 with composite dowel in canal orifices



Acute apical abscess over lockdown – Wave One Gold and composite core



Necrotic pulp and apical periodontitis 37 – endodontic treatment and composite core.



Facial swellings, signs of antimicrobial resistance after numerous courses of a/bs during lockdown

Dx: Necrotic pulp 36, repeated acute apical abscesses – 2 visit RCT.



Single visit RCT, necrotic pulp, apical periodontitis 26, manual dynamic agitation of 5.25% NaOCl, WVC.



Sagittal fracture, necrotic pulp, apical periodontitis 26, no periodontal pocketing associated with crack, crack removed RCT and composite onlay – guarded prognosis.



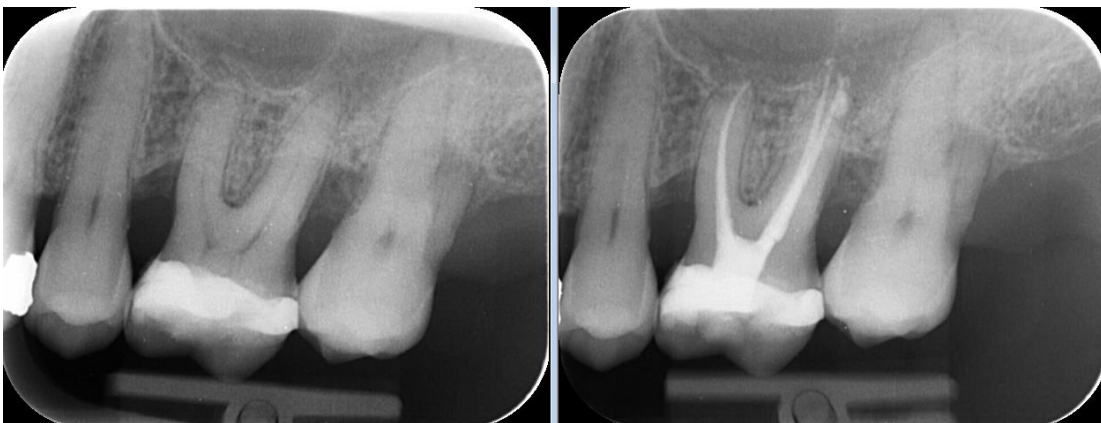
Re RCT 46



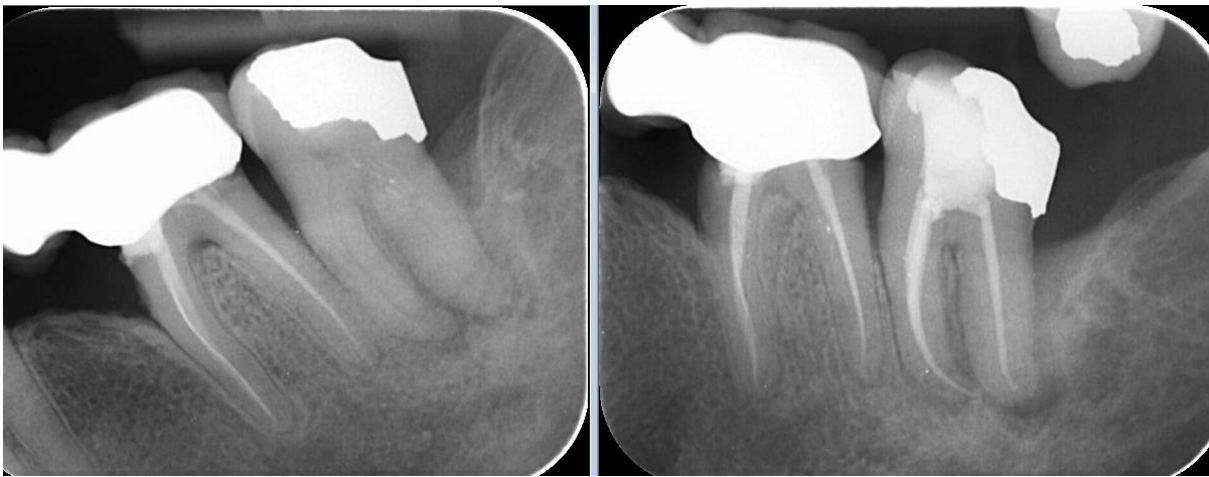
Necrotic pulp 15, pre-endo resto with SDR, RCT with WOG, hydraulic sealer, sealer visible in lateral canal.



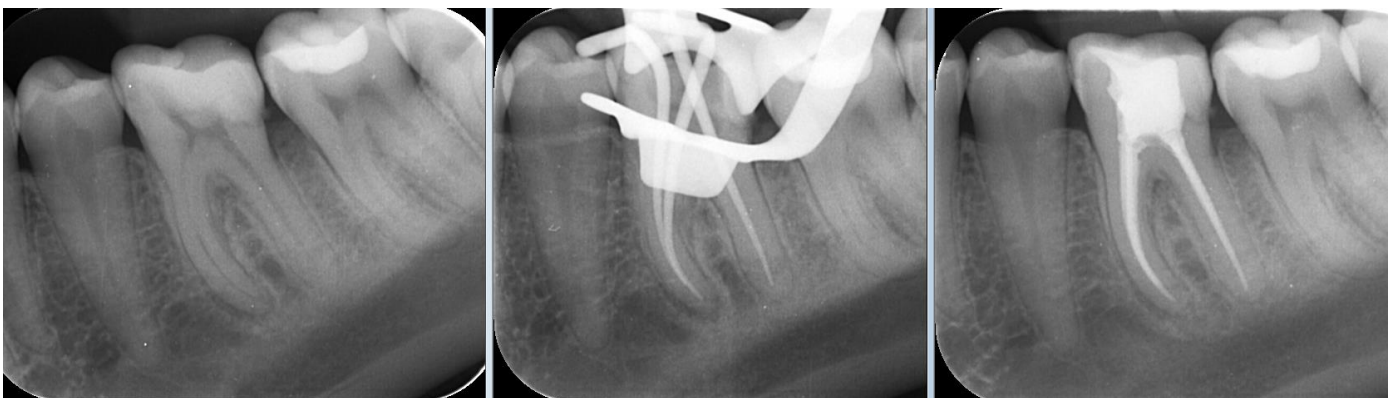
Chronic apical abscess 16, Re-RCT 16 – signs of apical inflammatory resorption, hydraulic sealer.



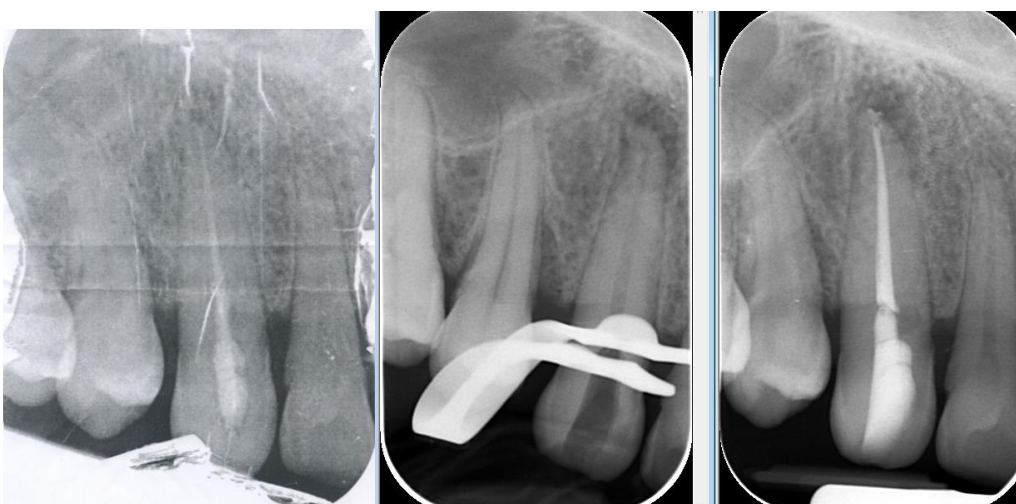
Necrotic pulp, apical abscess 26, C&S with WOG, 5.25% Manual Dynamic Agitation, 4 canals obturated with hydraulic sealer and master cones.



RCT 37, restrictive opening.



Chronic pulpitis and apical periodontitis 36, WOG, hydraulic sealer and master GP cones, composite core.



Pre-op (not our sensor!)

GP removed

Obturation 13

Chronic apical abscess RF'ed 13 – 2 visit, old GP removed, u/s and manual dynamic agitation of 5.25% NaOCl, CaOH dressing, sinus resolved at 2nd visit, hydraulic sealer, single cone obturation.



Necrotic pulp, acute apical abscess with intraoral swelling – 2 visit RCT WOG system.



WOG, hydraulic sealer – some sealer/GP thru mesial apices.

Complex Medical History



IV bisphosphonates and warfarin – high risk of MRONJ

Extensive subgingival distal caries 37, horizontally impacted 38, pulpitis 37

Caries not accessible along distobuccal aspect as too subgingival, approached caries thru endodontic occlusal access, temporised and then RCT completed WOG, hydraulic sealer, distal canal GP sealed well below caries, SDR core. To review and consider decoronation.