



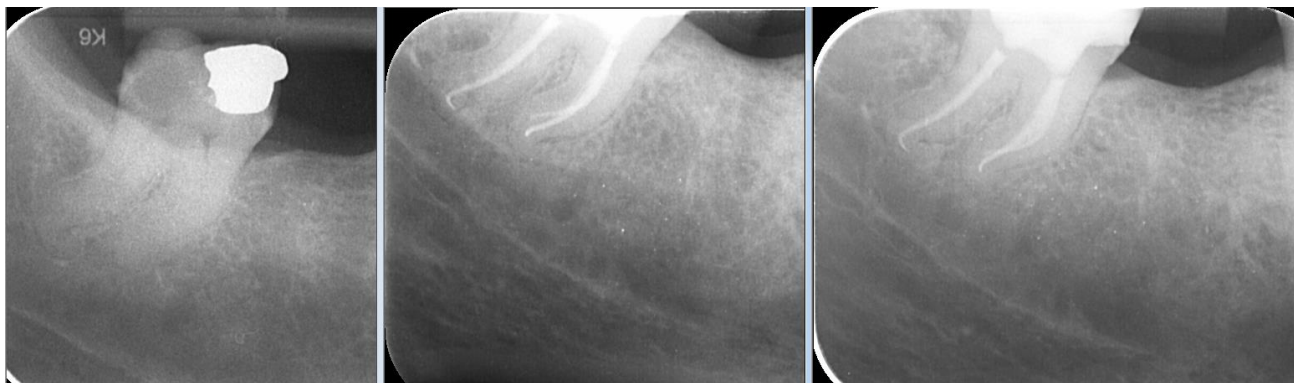
12 month healing final image (36)



Primary RCT 36 and re-RCT 35 37



RCT 26 – crown to follow



RCT 48 severe apical curvature



Cracked UR7 AAA, restoration out, cusps down, 4 canals obturated with hydraulic sealer and customised GP cones, back to GDP for crown.



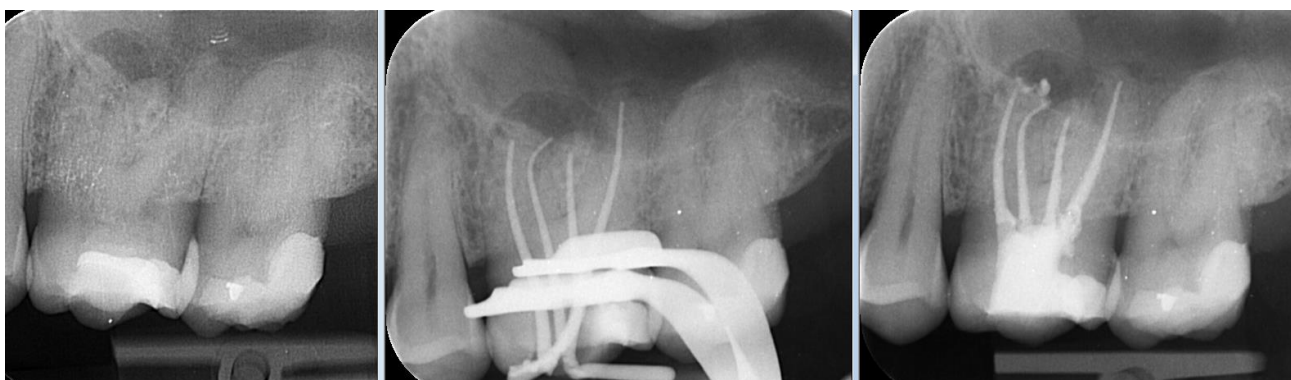
Acute apical curvature on MB



Crack into pulp, restoration out, cusps reduced, 12/12 good healing.



Healing at 6/12 review RCT 46 after crown with GDP

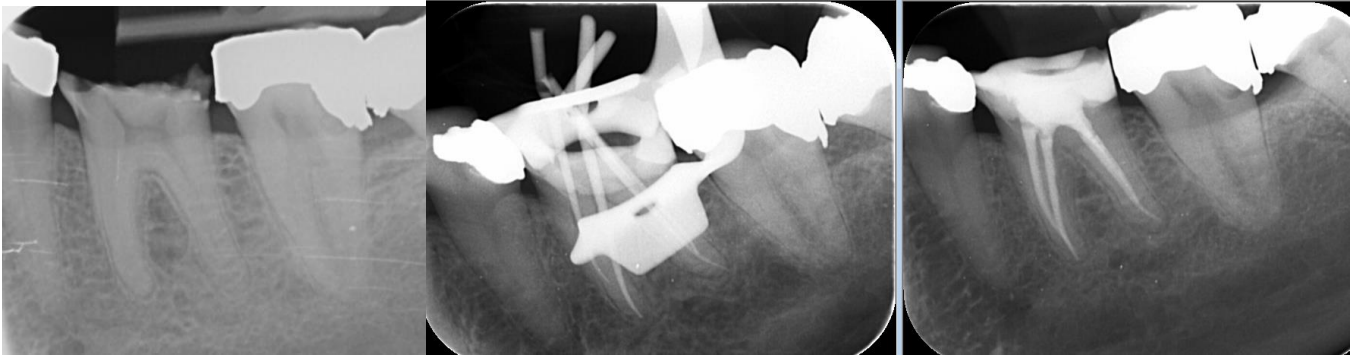


26 Necrotic pulp and chronic apical abscess: Wave One gold NiTi



Necrotic pulp and acute apical abscess 46, obturation PA and then 18/12 healing – crowns needed.





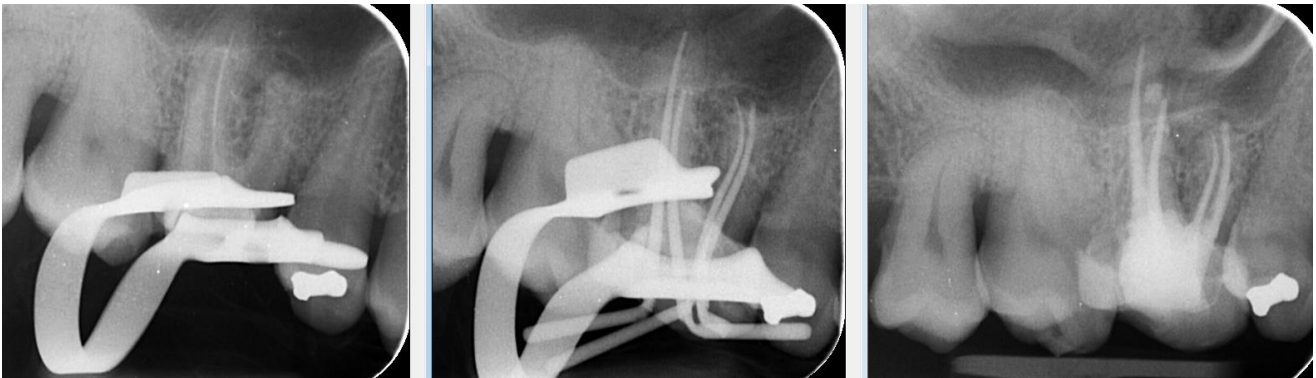
Previously initiated endodontic treatment 36, referred, pre-endo resin, RCT in single visit, 4 canals.



RCT 46 WOG, BC hydraulic sealer.



Re-RCT 16. Crown removed and old GP to check restorability



Re-RCT 16, GP removed, MB2 located, Wave One Gold, treatment over 2 visits



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

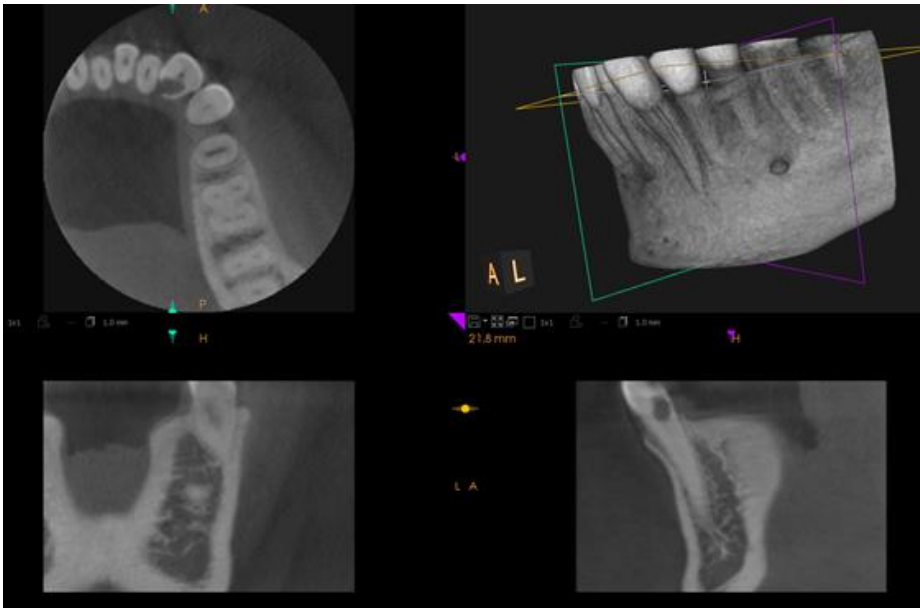


Pulpitis from sagittal fracture 26 > RCT 4 canals with separate portals of exit > direct composite onlay > back to GDP for cast cuspal coverage



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

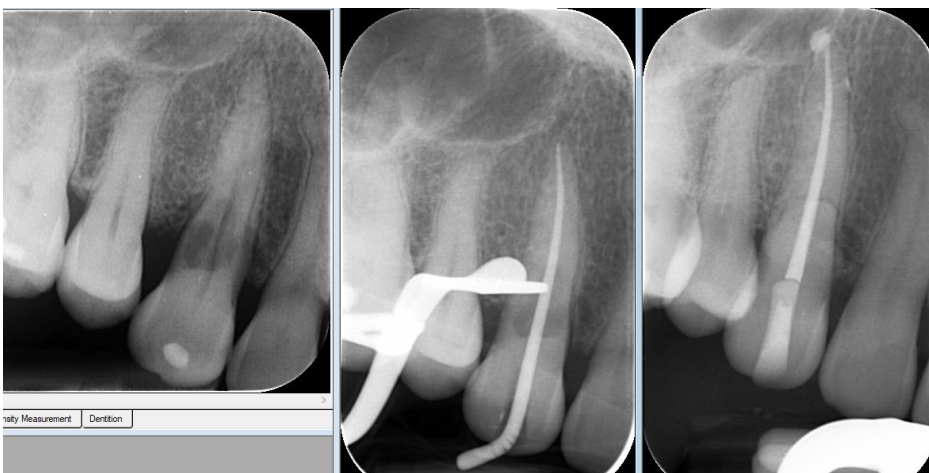
External cervical root resorption LL3: CBCT scan



Endodontic treatment first after CBCT

Removal of resorptive lesion with aid of ultrasonic, internal repair with biodentine and transgingival resin.

External cervical resorption from palatal aspect UR3, necrotic pulp, acute apical abscess UR3



Endodontic treatment followed by surgical repair using biodentine





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



RCT 46 with composite dowel in canal orifices



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



Facial swellings, signs of antimicrobial resistance after numerous courses of a/b's 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



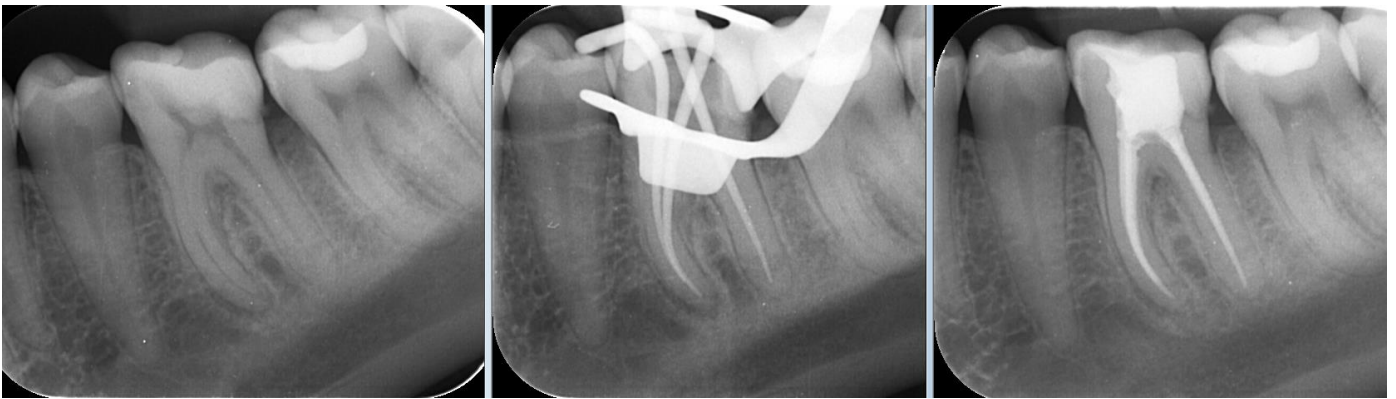
Necrotic pulp 15, pre-endo resto with SDR, RCT with WOG, hydraulic sealer, sealer visible in lateral canal.



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.



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



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

Complex Medical History

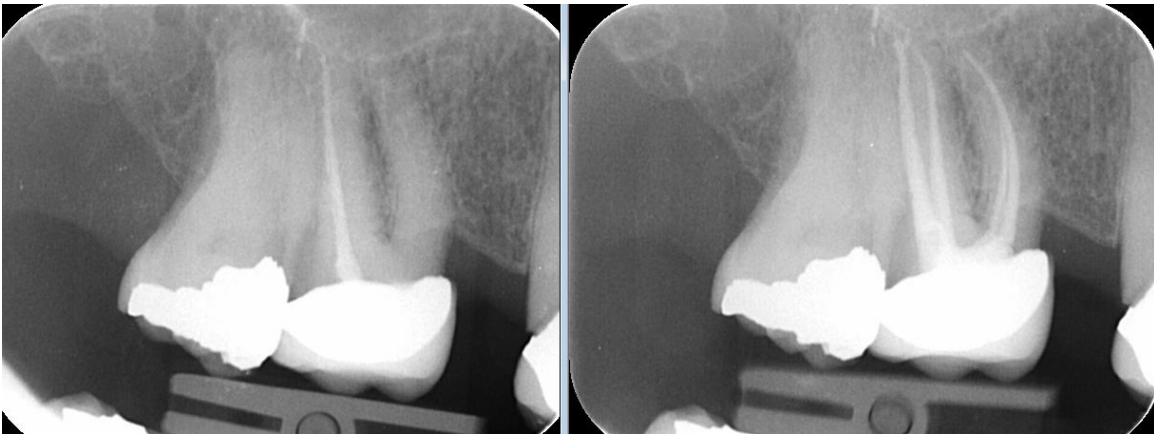


IV bisphosphonates and warfarin – high risk of MRONJ

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

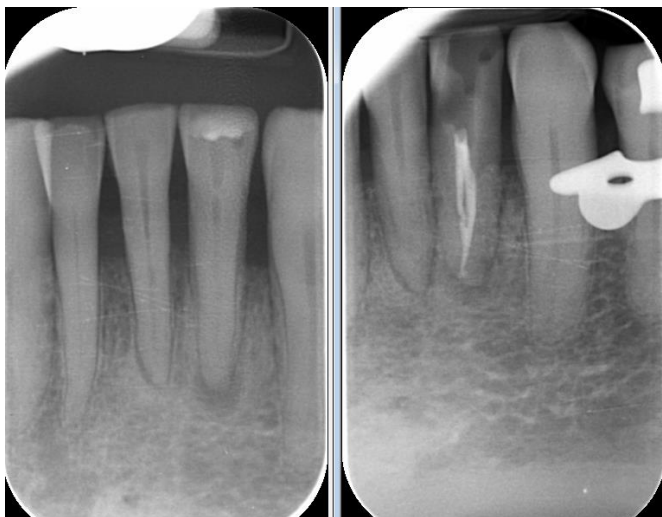
Caries not accessible along distobuccal aspect as too subgingival, approached caries thru endodontic occlusal access, temporised and then RCT completed WOG, hydraulic sealer, distal canal GP sealed well below caries, SDR core. To review and consider decoronation.

Referred as only palatal canal located of 16:

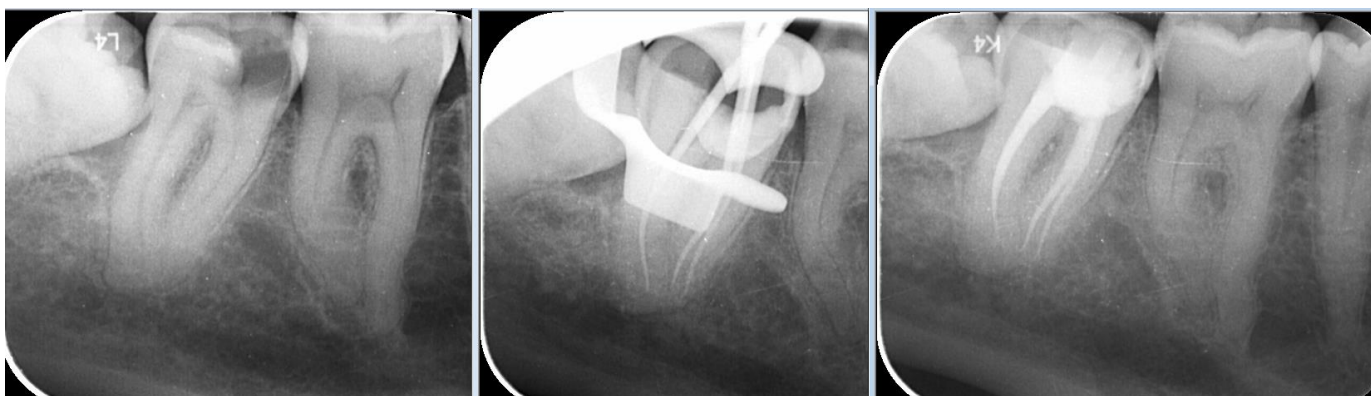


Limited opening: no check PA, hand file insulated to use EAL through crown, removed old GP, 4 canals WOG, hydraulic sealer and back to referring GDP.





32 AAA, labial and lingual canals, Wave One Gold.



Pulpitis 47, caries to pulp, urgent referral – WOG, hydraulic sealer, apical patency all canals, (but conservative apical preparation due to pulpitic symptoms only)

#### Re-RCT 37



Pre-endo restoration with SDR - WOG



2y review apical radiolucency healed



2y healing