

Management of Endodontic Failure
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Endodontic success rates vary considerably around the world from about 50 – 90%. These figures suggest that many endodontic treatments are failing. The management of endodontic failure is one of the biggest challenges in modern dentistry as many teeth are unnecessarily extracted and replaced with implants.

Failure to address all the canal anatomy and failure to eliminate as much as possible intra- canal infection are the primary causes of endodontic failure. These goals are difficult enough to achieve when treating cases initially but even more problematic as part of the retreatment procedure.

New scientific information along with technological advancements have expanded to a considerable extent the scope and potential of non surgical endodontic retreatment, enhancing predictability in the management of failures. Endodontic retreatment is time consuming and complex but can also be rewarding both clinically and financially. This lecture will look at ways to address these issues and ensure predictable successful outcomes with tooth retention as the primary goal.

Whilst the future of endodontics lies in the management of endodontic failure, the relentless advance of implant dentistry has significantly reduced the impact of endodontic retreatment as a distinct and successful treatment modality. Many practitioners would rather extract a tooth that would otherwise benefit from endodontic retreatment. The primary goal should surely be tooth retention and functionality not tooth loss. Most patients would rather save a tooth than lose it, given the chance.

If general practitioners do not feel confident in tackling difficult and complex endodontic retreatment cases then they should consider referral to a competent endodontic specialist. The endodontist should have the final say on treatment planning. Sometimes the retreatment is not viable and extraction with bridgework and /or implants is the only answer. At least give your patient this option.

This multimedia lecture will include topics that are within the scope of general practitioners and others that are not. It is up to the individual to decide accordingly which case can be tackled and which ones to refer.

Topics to be addressed are as follows:

1. The anatomical and biological understanding of success and failure
2. The role of illumination and magnification in the retreatment procedure.
3. Crown / bridge and post disassembly procedures.
4. The use of ultrasonics and retrieval devices to:
 - Remove Posts
 - Locate missing canals
 - Remove broken instruments
 - Remove silver points
5. Eliminating pastes, gutta percha and carrier based devices
6. Re establishing patency
7. Perforation repair and the role of MTA in general practice