

Restore or Remove?

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One of the most difficult treatment planning dilemmas is the decision to restore or to remove a tooth that needs or has already received endodontic treatment. Confusing the decision making process is the non-apologetic attitude toward success and failure in endodontic treatment from the European Society of Endodontology.¹ Numerous studies have been published with success rates varying from 53%-95%. Using these figures as a beginning polemic, the ESU has expanded the post endodontic observation period and the criteria for success and failure in endodontic treatment.

This stricter attitude from

across the Atlantic suggests that endodontically treated teeth may need monitoring for four years rather than one. Perhaps a more aggressive conservative re-treatment regimen needs to be adopted. If occlusal access can be regained by using materials in the root canal that are removable, the door opens to retreating only the failed root in a multi-rooted situation. Patients must be told that even though the tooth, in some cases, will receive a permanent restoration to protect from fracture and prevent leakage, re-treatment may be necessary up to four years post-operatively. This re-emphasizes the need for retrievability and more conserva-

tive treatment approaches.

Guidelines² have been published that help determine the advisability of endodontic treatment as opposed to removal. In the May issue of Oral Health, I did a Product Profile on the Light Post by RTD. This post system is one of the most successful manufactured today. It is aesthetic, biocompatible, virtually fracture resistant and, unlike metal, easily removed.

CASE STUDY

This case study helps to illustrate the decision making process for retention and restoration versus removal of two teeth. One tooth



FIGURE 1A



FIGURE 1B

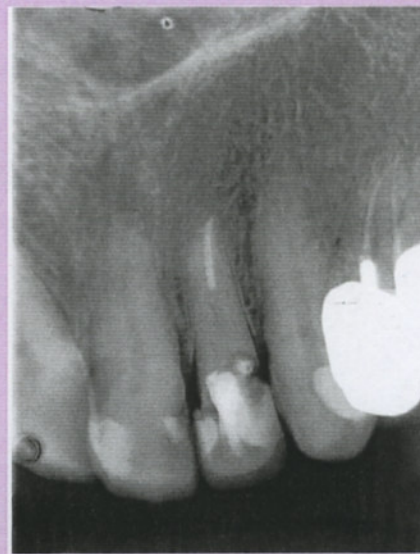


FIGURE 2