

Penn Endo Consortium Case Series

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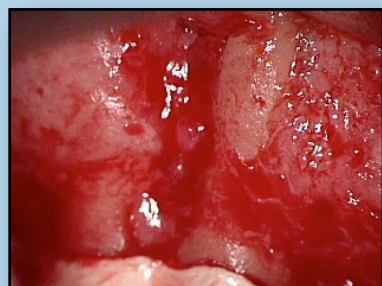
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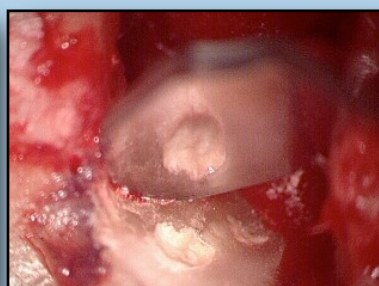
A consortium of endodontic practitioners from around the world affiliated with the University of Pennsylvania (Endodontics) have joined together to create this educational newsletter to highlight the capabilities of microsurgical endodontic therapy. These case presentations will highlight the effectiveness and applicability of modern endodontic techniques to augment patient treatment planning.

CASE: This case represents the adaptability of endodontic microsurgery to treat a perio-endo lesion. The root canal was failing with a lesion around MB root. Periodontal pocket of 9-10mm could be probed along the MB root.. Upon reflecting the flap no cortical bone was seen covering the root. Decision was made to resect. There is a separate MB2 root present. The root end preparation and root end filling with white MTA was done. A resorbable membrane was placed over the resected site. One year follow up shows complete bone regeneration with no periodontal disease. Radiograph shows formation of lamina dura along the resected surface. A successful treatment rendered for a tooth with questionable prognosis.

Complete Fenestration



MTA root-end filling



Collacote membrane



Pre-op



Post-op



1 year follow-up

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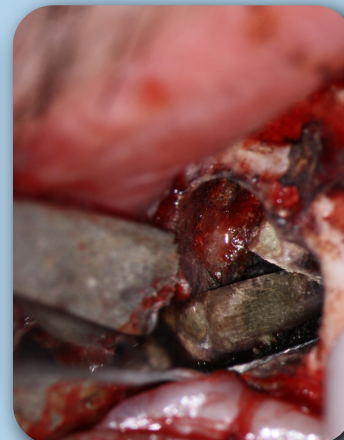
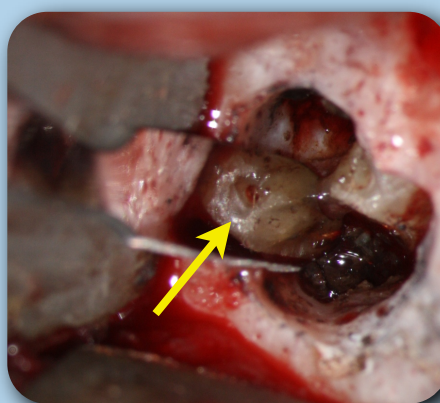
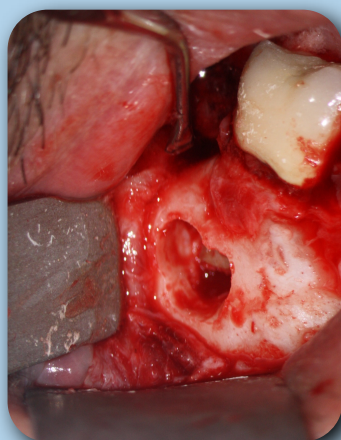
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CASE: This case represents the advantage of exploratory surgery before condemning a tooth for extraction. Patient presents with a sinus tract associated with a lower molar. Vertical root fracture was one of the differential diagnosis however in absence of periodontal pocket decision was made to reflect the flap and explore the area. Upon reflection of the soft tissue and resection of the root to the level of the lesion, a perforation was detected on the buccal surface of the distal root. Root end filling and perforation repair was done with grey MTA. One year follow up shows complete bone regeneration with uneventful healing of the sinus tract. A successful treatment rendered once the cause of failure is diagnosed and effectively treated.

Pre-op

Post-op



Surgical field

Buccal perforation

MTA repair



1 year follow-up