

WHAT IS SURGICAL TREATMENT?

In some cases, an infection persists or recurs around the tooth even after routine root canal therapy has been completed. In such cases it becomes necessary to surgically access the infection through the gum and bone tissues and clean it out from around the root of the tooth. This is called "Surgical Root Canal Therapy" (SRCT).

There are different types of endodontic surgeries:

- Apicoectomy (most common surgery)
- Root Amputation (selective removal of roots)
- Intentional Replantation (remove and reinsert the tooth)

PROS & CONS OF APICOECTOMY

Apicoectomy is the most common surgery performed. It is apical surgery which involves accessing the tip of the root directly, removing diseased tissue, and preparing and filling the root tip itself.

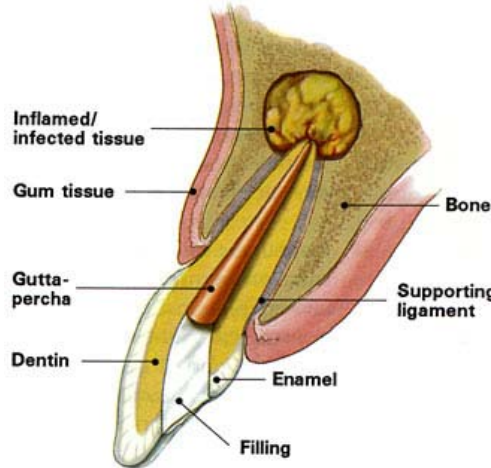
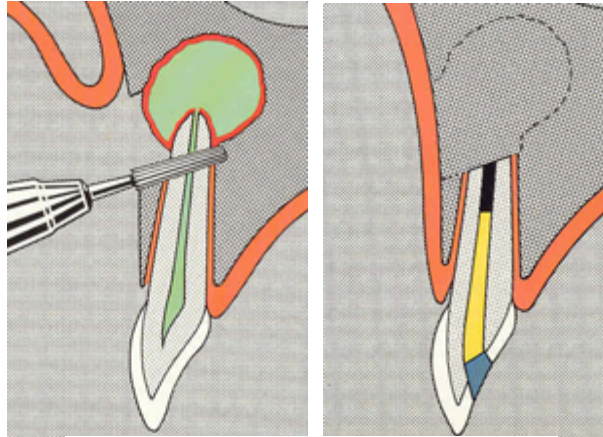


Pros of Apicoectomy

The overall success rate is 80 - 85% when measured at ten years after the procedure. A ten-year success will most likely continue to hold up for the life of the tooth. This is all the more remarkable when one considers that the procedure is typically performed on failing teeth to begin with.

Cons of Apicoectomy

The downside is primarily that it requires a surgical procedure to perform; therefore there is a brief postoperative recovery period to negotiate. While many patients prefer to have only a local anesthetic (the administration of numbing medicine to the area being worked on) more often patients choose to be asleep or sedated. That is a decision best left up to the doctor and patient and can be explored more fully during your consultation visit.



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Perfect Dental® Newsletter

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Perfect Dental® is committed to provide a community of healthy people by providing the finest possible dentistry.

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- Implantation Surgery
- Orthodontic Treatment
- Root Canal Treatment
- Crown, Bridge, & Denture
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- Pedodontic Dentistry
- Gum Surgery



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20 years dental experiences

- Dental School (DDS) of National Defense of Medical Center in Taiwan
- Member of California Dental Board
- Former Director of Perfect Dental Clinic in Taiwan
- Former Director of Gan-Ann Dental Clinic in Taiwan
- Former Dr. of Oromaxillofacial Surgery in 803 General Army Hospital in Taiwan
- Former Chief Resident of Oromaxillofacial Surgery in VGHTC
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REGULAR RADIOGRAPH

CHECKING FOR APICAL LESION

What is apical lesion: Whenever a lesion is observed on a radiograph? We call it "Apical Lesion". Most of time patient won't feel anything wrong over the involved tooth or teeth. And most of time dentist will find it from the regular radiograph checking. This is one of the most important reasons why people need regular radiograph checking. Apical lesion can be found in those tooth or teeth which had been done with root canal therapy, non-treated deep cavity, traumatic teeth or tooth and even can be found in normal tooth and teeth.

Which other kinds of problems or diseases can also cause apical lesion and can be observed on a radiograph? They are Periapical Granuloma, Radicular Cyst, Apical Abscess, Apical Scar, Surgical defect, Periodontal disease, Condensing Osteitis, Osteosclerosis, Socket Sclerosis, Socket Sclerosis, Periapical cemental dysplasia, Cementifying fibroma (ossifying fibroma), Benign cementoblastoma and Florid osseous dysplasia.

Some Dentists recommend patient to redo root canal therapy when they found patient have apical lesion, but we all know the teeth or tooth which had root canal therapy became very weak and easily fracture during the secondary treatment, and very hard to clean root canal filling material from root canal well. If those teeth or tooth had post and crown already then the redo root canal therapy will become much harder to do. Recently, in our office, we found a lot of patients their teeth or tooth had apical lesion and those teeth or tooth had root canal therapy before and some of those teeth or tooth had post and crown already. In this situation, apicoectomy with retrograde filling is the easiest way to solve patient's problems.

APICECTOMY

The procedure of Apicectomy (also called Root-End Resection) with retrograde filling is as follow:

- 1. Remove infected tissue from the root apical region.**
- 2. Resect the tip of the root.**
- 3. Perform the retrograde filling over the tip of the resected root.**

Followings are several real patient cases who received surgery treatment in our office and right now all of them are in good conditions. Most of them don't need to change crown if their crowns are in good condition before the surgery.

CASE STUDY 1

Patient, Miss C-P, 42 Y/O, visited our office for regular cleaning and checking on Aug 29, 2006. From X ray film we found #30 has an apical lesion over mesial root. According to the statement of the patient, who has a crown over #30 with root canal therapy done 6 years ago by a specialist of endodontic. We suggested patient to receive the surgery, apicoectomy with retrograde filling, to solve the problem. On Sep 2, 2006, we performed the surgery on her. The whole procedure was smooth during the surgery and successful. She still keeps her crown now and her occlusion masticatory function are all performing well like before.

CASE STUDY 2

Patient, Mr. K-Y, 40 Y/O, visited our office on Sep 10, 2006 for consultation about his upper front teeth. He stated that his upper front teeth were treated with root canal therapy and post and crown restoration treatment for several years ago. He felt a little be weird over there for sometimes. After we took X-ray for him, we found apical lesion over #9 and #10. Both of them wiggled a little. We suggested the patient to receive the surgery, apicoectomy with retrograde filling, and put some bone grafting material into decayed bone area.

Patient came back to our office on Nov 2, 2006 and received the surgery, but at that time both of the teeth wiggled even worse. Two months later after surgery, the wound condition was good and both of teeth became fewer wiggles than they were.

CASE STUDY 3

Patient, Mr. L-A, 52 Y/O, visited our office on Oct 9, 2006 referred by other dentist. Patient's major complaint was the swell over the gum of upper front teeth on and off for a long time and that bothered him a lot. He wanted to have further examination to find a way to solve his problem. After we took X-ray for him, we found big apical lesion over both #9 and #10 apical regions. We suggested him to receive the surgery immediately. Three months later after surgery, patient's wound condition was good and patient's old crowns were still in place with good function.



Tooth Replantation

Accidents and sports injuries can lead to the avulsion (loss) of a tooth. Once a tooth has fallen out, it can be saved if it is replanted as soon as possible. However, it may not always be possible to see a dentist immediately. To ensure the best outcome, call your dentist immediately. Do not clean or touch the root surface of the tooth. The cells on the root surface must be preserved and kept moist. Place the tooth in a solution of isotonic saline from the pharmacy, or in cold milk to keep it moist. Replantation within two hours provides the best results.



For appointment, please call 408-725-8300
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