99 HARLEY STREET

THE HARLEY STREET | ACADEMY OF ADVANCED ENDODONTICS

Dear Richard ,

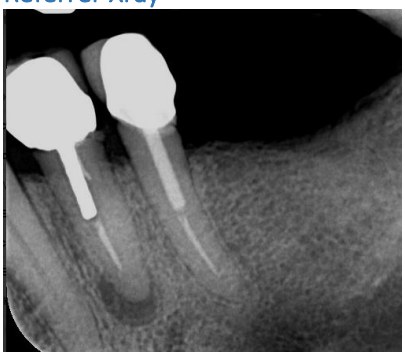
Re: Mr XXXX Dob: 1953

Rel. med. Hist : Cardiac : stents placed .
High BP. …controlled
Medication: Statins, Betablockers, Aspirin, Rampirol

Re… tooth 34. Please note chronic peripaical abscess (> 2014 …old root filling) . He has had an acute v.painful episode in the last few days .

Immed Rx : 1000mg Amoxicillin stat , then 500mg tds for 5 days .

Referrer Xray



Treatment options …

i) Notwithstanding that there is inevitably a mental nerve foramen probably just distal to the root apex , do you think it is realistic to carry out periapical surgery on this tooth , in tne attempt to salvage it ?

ii) The alternative is obviously removal of the tooth and its replacement with and implant supported crown .

I look forward to hearing back from you as soon as possible. Many thanks

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12th Oct 2023 To Dr XXXXXX – Via Email

Re: Mr XXXXXX

Thank you for asking me to see xxx regarding the episode of pain he suffered recently at his LL4. He described 3-4 nights of severe pain keeping him awake, with a dull ache during the day and tenderness to biting. The antibiotic you prescribed took five days to settle the tooth. At the time of our consultation, it was comfortable and asymptomatic. He was however avoiding the area due to an issue with the tooth above that you are aware of.

The LL4 was root treated many years ago and has not given any previous issues. The post crown is probably more recent.

On clinical examination, the LL4 what is restored with a satisfactory, porcelain bonded to precious-metal crown. It was quite tender to percussion in both an occlusal and buccal direction. There was no deep pocketing, but there was mesial and lingual bleeding on probing. It is a very strategic tooth with all the lower left molars missing.

CBCT scan analysis showed the LL4 to be a single rooted premolar with two root canals probably joining close to, or at the root apex. A parallel sided metallic post is positioned in the buccal canal extending to mid root level. Beyond the post, the root filling material terminates 3mm from the root apex. The symmetry of the canal system indicates a lingual canal, but this is not visible. A 4mm diameter radiolucency was present below and mesial to the root apex. The mental foramen is below the LL5.

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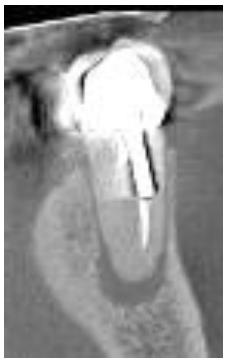

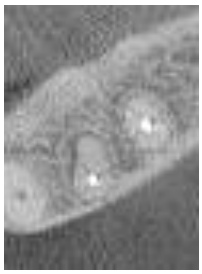

The position of the LL4 root apex is close to the buccal cortical plate and favourable for surgical access. However, the presence of necrotic and contaminated material within a lingual canal makes the retro-seal challenging but very important. It will limit long-term prognosis.

Although I am not certain it will be feasible, my idea would be to see if I can find, negotiate, and disinfect the lingual canal, working through the existing post crown. I have managed this on a few occasions, and it is a rather impressive trick! Even if doing so, does not lead to healing of the apical radiolucency, perhaps because of the material left in the buccal canal, it would decrease the contamination within the canal system, and apical surgery would have a better success if required.

I will set aside some time to attend to this shortly and will keep you updated with our progress.

Many thanks again for this kind referral and the opportunity to work with you.

Best Wishes,

Richard S. Kahan
Specialist Endodontist
Director, Academy of Advanced Endodontics

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