99 HARLEY STREET

THE HARLEY STREET

ACADEMY OF ADVANCED ENDODONTICS

24th November 2023

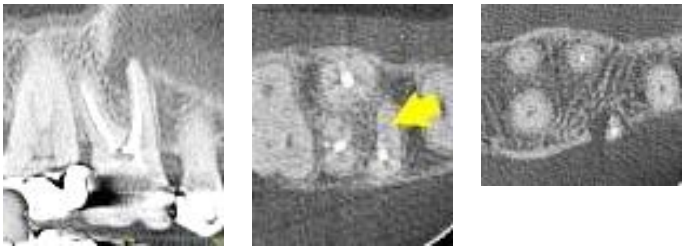
To Dr K – Via Email

Dear R,

Re: Mrs A G xx/xx/xxxx.

Thank you for asking me to see A again this time regarding a swollen gum above her UR6. Alison noticed this about a month ago with some tenderness to finger pressure above the tooth. There were no other symptoms, and the tooth was comfortable in function.

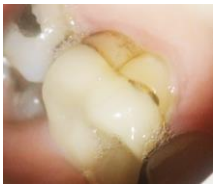
Scan Slices



The UR6 was root treated and crowned in Saudi Arabia more than 10 years ago.

On clinical examination the UR6 was restored with a ceramic onlay. The palatal margins were stained and seemed slightly deficient, but there was no evidence of decay or leakage. There was no tenderness to percussion, but a diffuse tender buccal swelling was present extending from the UR5 to the UR7. There was no deep pocketing or bleeding on probing.

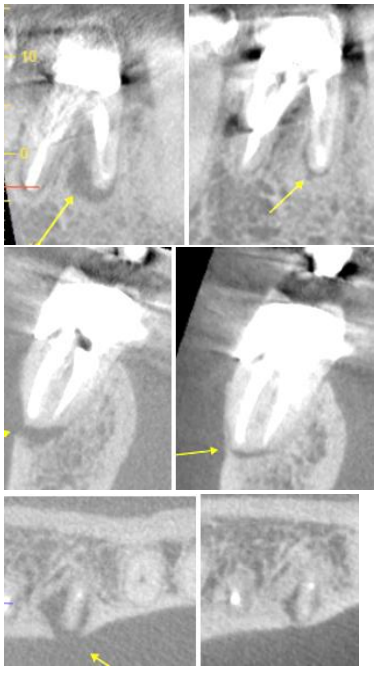
Clinical Image



CBCT scan analysis confirmed the presence of root filling materials in the three roots of the UR6. The fillings appeared substantial and well extended. A 3-4mm diameter radiolucency was present around the mesiobuccal root apex. An untreated MB2 canal is present in the mesiobuccal root, and it is likely to terminate at a separate apical foramen. There was no pathology associated with the apices of the distobuccal or palatal roots.

Comparative Scan Slices LR6

01/2019 11/2023



LR6

A diagnosis of chronic periapical periodontitis was made for the UR6 due to untreated MB2 canal anatomy with contaminated pulp material.

Treatment options were discussed including leaving alone and extraction with conventional endodontic re-treatment of the mesiobuccal root recommended likely to have a fair to good prognosis as long as I can find the untreated canal.

Whilst scanning the UR6 I also got a view off of the LR6 mesial root re-treatment carried out in January 2019. The buccal swelling had long since disappeared and the review scan showed periradicular healing to have continued with almost complete healing present.

I will keep you updated with the progress addressing the UR6.

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

14th December 2023 To Dr K – Via Email

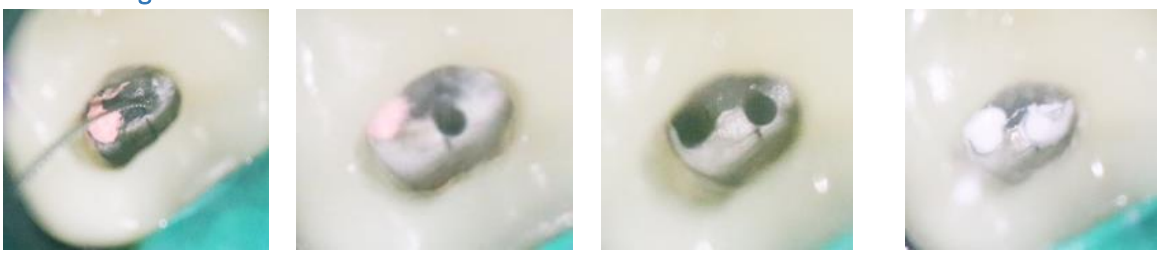
Dear R,

Re: Mrs A G xx/xx/xxxx

Further to my email report of the 24th of November 2023 I have now initiated endodontic retreatment of the mesiobuccal root of A's UR6. The tooth had remained uncomfortable to bite on.

Access was made through the crown which turned out to be composite rather than ceramic. The mesiobuccal root filling was located and the MB2 canal found and negotiated to an apex locator zero reading. I removed the root filling material from the MB1 canal, and both canals were disinfected using laser assisted irrigation. Pulsed laser energy creates cavitation and shockwaves, energising the irrigants and pushing them into canal complexities. Calcium hydroxide was placed as an intra appointment medicament, and the access cavity sealed with a cotton pellet and IRM.

Clinical Images



Hopefully this will help to settle the tooth and I will review radiographically in 3 to 4 months.

I will keep you updated with the result of our review.

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

Treatment Grid/s

UR6

CANAL OBSERVATIONS

	Pulp Status	Foreign Material
UR6\MB\MB2	Necrotic	
UR6\MB\MB	Infected	GP

CANAL PREPARATION

	FM	EAL '0' Length (mm)	Ref	Files to '0' reading	WL (mm)	Worked to
UR6\MB\MB2		18	mce	#10		F1
UR6\MB\MB	Removed		mce	#10	18.5	F1

CANAL DRESSING

	Medicament
UR6\MB\MB2	Ultracal
UR6\MB\MB	Ultracal