
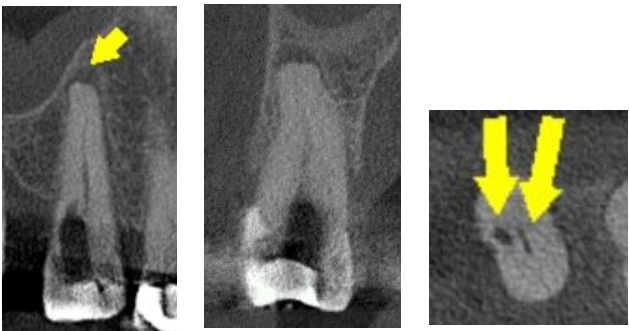


24th November 2023

Dear S,

Re: Ms M R – DOB: xx/xx/1938.

Thank you for asking us to see Ms R. Your patient was seen for a consultation and the observations are listed below.

Tooth	UR5	
Presenting Issue/s	<p>Margaret reported a history of pain related to the UR5.</p> <p>I believe you attempted root canal treatment on this tooth but access to the root canal was complex with the canal/s appearing sclerosed.</p> <p>At the time of the consultation, Margaret reported some discomfort. She has recently completed a course of oral antibiotics (pivmecillinam hydrochloride) for UTI.</p>	<p>Referrer X-Ray</p> 
Examination/ Tests	<p>Clinically, the UR5 was restored with a MOD composite filling. The UR4 had a MOD gold onlay and the UR6 was missing. In general, she had fantastic cast gold restorations on the posterior dentition that were placed more than 60 years ago!</p> <p>Specific tooth examination of the UR4, UR5 and UR7 revealed that the UR5 was tender to percussion and finger pressure. There were no obvious periodontal probing defects noted and the adjacent soft tissues were within normal limits.</p> <p>The UR5 was unresponsive to electric pulp testing (EPT).</p>	
Images/ Radiography	<p>Scan Slices UR5</p> 	<p>The UR5 was a single rooted tooth with a heavily calcified root canal. Previous endodontic access was confirmed slightly misaligned towards the distal aspect. There was a small-size periapical radiolucency associated.</p> <p>There was no obvious pulpal or periapical pathosis related to the UR7, UR4 and UR3.</p>
Diagnosis	Previously accessed and chronic apical periodontitis UR5.	
Suggested Tx Plan	<p>Treatment options were discussed, including leaving alone and extraction with completion of the endodontic treatment for the UR5 recommended. Discussed protection with a full crown once the treatment has been completed.</p> <p>The prognosis was considered to be fair to good.</p>	
Next Stage	M accepted my recommendation, and she has been scheduled an appointment with Richard as he has an earlier availability (and he has treated her daughters).	

Many thanks again for this kind referral and we will keep you updated of the patient's progress.

Kind regards,

Irene

Irene Soriano MSc
Masters Graduate in Endodontics
Academy of Advanced Endodontics

14th December 2023

To Dr L – Via Email

Dear S,

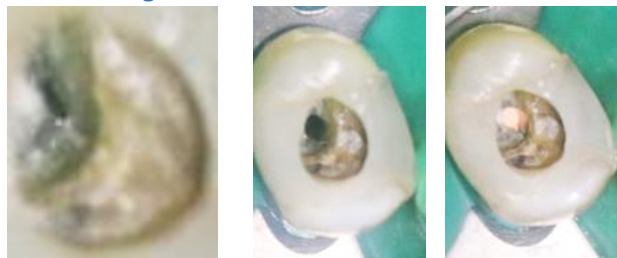
Re: Mrs M R xx/xx/1938

Further to Irene’s report on the 24th of November 2023, I have now completed endodontic treatment of Mrs R’s UR5. M reported the tooth to have remained comfortable and asymptomatic since you initiated root canal treatment.

Access was made back through the GIC restoration and mesial preparation at the base of your access cavity exposed the entrance into the necrotic canal. The canal was negotiated to an Apex locator zero reading and enhanced disinfection carried out using laser assisted irrigation. The canal was obturated with GP and a bioceramic sealer. The access cavity was permanently sealed with a bonded Nayyar style GIC core.

The final radiograph showed a substantial mesial lateral canal that had been cleared and filled with the bioceramic sealer.

Clinical Images



We will review treatments in 6 to 9 months and hopefully healing will be seen both apically and where lateral canal is positioned. M expressed some concern about the colour of the tooth which did look a little greyer than the tooth in front. I very rarely internally bleach second premolars and I suspect that the result will not be that good. There would be a more effective colour improvement with either a veneer or probably better, given the weakness of the tooth, a crown. She was interested in the idea of a bleaching tray to improve the colour throughout.

Post-Op Xray



I will leave you to discuss this with her and keep you updated with the result of the 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 UR5

CANAL OBSERVATIONS

Pulp Status

UR5\Singleroot	Necrotic
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CANAL PREPARATION

	EAL '0' Length (mm)	Ref	Files to '0' reading	MAF
UR5\Singleroot	19	ce	#15	F1

OBTURATION

	Canal Dry	MAP size	Sealer	Materials	Techniques	Notes
UR5\Singleroot	Yes	#20,06	BC paste	Totalfill GP	Single Cone BC technique	sendoseal sealer

