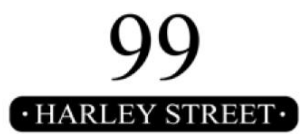

5th April 2023

To Dr T– Via Email

Dear E

Re: Ms WX DOB: XX/XX/90

Thank you for asking us to see Ms WX. I saw W for an endodontic consultation of her UR6.

Tooth	UR6
Presenting Issue/s	No presenting pain. The tooth was root treated and crowned more than 10 years ago. An area of infection was noted as an incidental finding about 5 years ago during W's routine dental examination. The tooth remained asymptomatic until about a year ago when she started feeling localised mild pain. Since then, the pain has been constant. There have been two incidents of intense pain, mainly during night. Last incident was about 2 prior to our consultation. A course of antibiotics was prescribed, and the symptoms settled. No pain on biting.
Examination/ Tests	The UR6 was restored with a full ceramometal crown. The tooth was not tender to percussion and palpation of the adjacent soft tissues elicited normal responses. The UR5 and UR7 gave positive responses to cold testing with Endo Ice and to the electric pulp tester, in comparison to the UR6 which gave negative responses. Periodontal examination revealed 3mm gingival recession buccal to the UR6 and 3mm probing depths mesial and distal to the UR6.
Radiography / Image Scan Slices UR6	
CBCT Report	The UR6 is restored with a post-core supported crown. There are two short posts within the buccal canals and a longer one in the palatal canal. The root fillings are undercondensed and underextended and there is evidence of an untreated MB2 canal. The scan showed advanced external inflammatory resorption at the palatal root apex. There were medium-sized periapical radiolucencies at the DB and palatal root apices and a larger radiolucency at the MB root apex which extended mesial to the UR5 root apex. The latter perforated the buccal cortical plate in-between the UR5 and UR6 root apices. The floor of the maxillary sinus appeared hypertrophic. The scan showed no clear evidence of a fracture with the PDL space around the tooth's cervix being normal.
Diagnosis	Diagnosis of chronic apical periodontitis was made for the UR6 due to canal (re)contamination from bacteria within the untreated canals' spaces.

Suggested Tx Plan Prognosis	The different treatment options for the UR6 were discussed with W including monitoring, endodontic retreatment, and extraction. Endodontic retreatment was recommended subject to restorability assessment upon removal of the coronal restoration and posts. I have advised W that in case the tooth is found to be unrestorable after further investigation, its extraction will be recommended. If restorable, we will proceed with its endodontic retreatment. Prognosis would be considered to be fair to good although possible persistent bacteria at the resorbed palatal root apex could sustain the infection.
Next Stage	W accepted the recommendations, and an appointment has been arranged with Richard on her request for further investigation and treatment.

We will keep you updated of our progress.

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

Kind Regards

Stella

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