T BERGLUNDH et Al. 2002

A SYSTEMATIC REWIEW OF THE INCIDENCE OF BIOLOGICAL AND TECHNICAL COMPLICATIONS IN IMPLANT DENTISTRY REPORTED IN PROSPECTIVE LONGITUDINAL STUDIES OF AT LEAST 5 YEARS

J Clin Periodontol 29(3): 197-212

51 lavori su 1310

2,5-3% perdita dell'impianto

6-19% disturbi sensoriali

1-4% diminuzione della cresta ossea

3% complicazioni tecniche della sovrastruttura

6,5% periimplantiti

J Clin Periodontol 29(3): 197-212

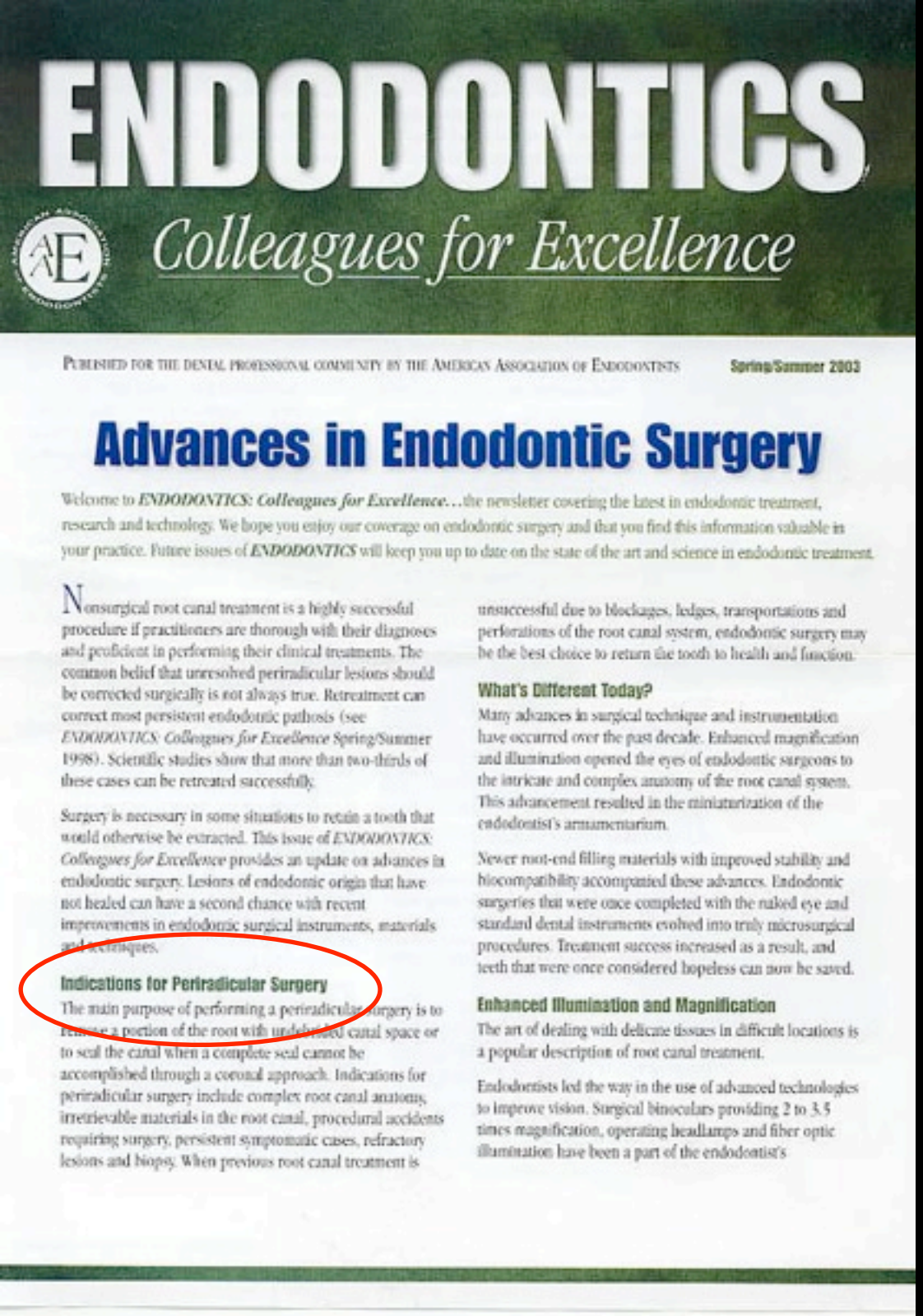
ARYANPOUR S et Al. 2000

ENDODONTIC RETREATMENT DECISIONS: NO CONSENSUS

Int Endod J, 33: 208-18

14 casi sottoposti a studenti ed insegnanti di 10 università europee di lingua francofona.

NESSUNA UNIFORMITA' NEI CRITERI DECISIONALI PER IMPOSTARE UNA TERAPIA E NEMMENO NEI PARAMETRI PER VALUTARE LA DIFFICOLTA' DEL RITRATTAMENTO



ENDODONTICS

Colleagues for Excellence

PUBLISHED FOR THE DENTAL PROFESSIONAL COMMUNITY BY THE AMERICAN ASSOCIATION OF ENDODONTISTS Spring/Summer 2003

Advances in Endodontic Surgery

Welcome to ***ENDODONTICS: Colleagues for Excellence***...the newsletter covering the latest in endodontic treatment, research and technology. We hope you enjoy our coverage on endodontic surgery and that you find this information valuable in your practice. Future issues of ***ENDODONTICS*** will keep you up to date on the state of the art and science in endodontic treatment.

Nonsurgical root canal treatment is a highly successful procedure if practitioners are thorough with their diagnoses and proficient in performing their clinical treatments. The common belief that unresolved periradicular lesions should be corrected surgically is not always true. Retreatment can correct most persistent endodontic pathosis (see *ENDODONTICS: Colleagues for Excellence* Spring/Summer 1998). Scientific studies show that more than two-thirds of these cases can be retreated successfully.

Surgery is necessary in some situations to retain a tooth that would otherwise be extracted. This issue of *ENDODONTICS: Colleagues for Excellence* provides an update on advances in endodontic surgery. Lesions of endodontic origin that have not healed can have a second chance with recent improvements in endodontic surgical instruments, materials and techniques.

Indications for Periradicular Surgery

The main purpose of performing a periradicular surgery is to remove a portion of the root with undebrided canal space or to seal the canal when a complete seal cannot be accomplished through a coronal approach. Indications for periradicular surgery include complex root canal anatomy, irretrievable materials in the root canal, procedural accidents requiring surgery, persistent symptomatic cases, refractory lesions and biopsy. When previous root canal treatment is unsuccessful due to blockages, ledges, transportations and perforations of the root canal system, endodontic surgery may be the best choice to return the tooth to health and function.

What's Different Today?

Many advances in surgical technique and instrumentation have occurred over the past decade. Enhanced magnification and illumination opened the eyes of endodontic surgeons to the intricate and complex anatomy of the root canal system. This advancement resulted in the miniaturization of the endodontist's armamentarium.

Newer root-end filling materials with improved stability and biocompatibility accompanied these advances. Endodontic surgeries that were once completed with the naked eye and standard dental instruments evolved into truly microsurgical procedures. Treatment success increased as a result, and teeth that were once considered hopeless can now be saved.

Enhanced Illumination and Magnification

The art of dealing with delicate tissues in difficult locations is a popular description of root canal treatment.

Endodontists led the way in the use of advanced technologies to improve vision. Surgical binoculars providing 2 to 3.5 times magnification, operating headlamps and fiber optic illumination have been a part of the endodontist's

ritrattamento ortogrado

prima scelta terapeutica

SJOEGREN U et Al. 1990

FACTORS AFFECTING THE LONG TERM RESULTS OF ENDODONTIC TREATMENT

JOE Journal of Endodontics

16: 498-504

356 pazienti 635 denti 849 radici
8-10 ANNI

VERGINI NO LESIONI	96%
VERGINI LESIONI	86% 87% 83%
RITRATTAMENTI LESIONI	62% 65% 38%

ALLEN RK et Al. 1989

A STATISTICAL ANALYSIS OF SURGICAL AND NON SURGICAL ENDODONTIC RETREATMENT

JOE Journal of Endodontics

15: 261-6

1300 pazienti con ritrattamenti
Controlli almeno a 6 mesi

SUCCESSI	**65,6 %**	**18,3%**
SUCCESSI ORTOGRADI	**72,7%**	**12,1%**
SUCCESSI RETROGRADE	**60%**	**22,9%**
SUCCESSI APICECTOMIE	**57,4%**	**27,2%**

PROGNOSI TRATTAMENTO ENDODONTICO NON CHIRURGICO

TABELLA 4 – PERCENTUALI DI SUCCESSO TERAPIA ENDODONTICA

			Percentuale di successo (%)		
	Casi osservati	Follow-up	Guariti	In guarigione	Funzionali
Strinberg 1956	60	0.5-10	80		
Engstrom 1964	147	4-5	73		
Kerekes 1979	172	3-5	90		
Bystrom 1987	79	2-5	85	9	94
Eriksen 1988	12	3	82	9	91
Sjogren 1990	204	8-10	86		
Orstavik 1993	133	4	Non definite		
Orstavik 1996	126	4	75	13	88
Sjogren 1997	53	5	83		
Trope 1999	76	1	80		
Weiger 2000	67	1-5	78	16	94
Abitbol 2001	72	4-6	74	4	96
Cheung 2002	107	4-10			80
Peters 2002	38	1-4.5	76	21	97

ANALISI PREVALENZA DELLA PATOLOGIA PERIAPICALE

- Informazione che permette di stabilire la necessità di terapia in una popolazione
- Fornisce importanti indicazioni sulle terapie già effettuate
- Utilizzo della ortopantomografia come strumento di indagine

De Cleen et al., *Periapical status and prevalence of endodontic treatment in an adult Dutch population (1993)*

2.3% denti trattati endodonticamente

39.2% persistenza radiotrasparenza periapicale

50.6% casi trattati in maniera soddisfacente

ANALISI PREVALENZA DELLA PATOLOGIA PERIAPICALE

- Informazione che permette di stabilire la necessità di terapia in una popolazione
- Fornisce importanti indicazioni sulle terapie già effettuate
- Utilizzo della ortopantomografia come strumento di indagine

Chen et al., *Prevalence and quality of endodontic treatment in Northern Manhattan elderly (2007)*

4.8% denti trattati endodonticamente

37.5% persistenza radiotrasparenza periapicale

26% otturazione canalare giudicata adeguata

VALUTAZIONE EPIDEMIOLOGICA DEL TRATTAMENTO ENDODONTICO

- Valutazione di una grande popolazione di pazienti
- Possibilità di studiare l'associazione di variabili

- Lazarski, *"Washington study" (2001)*

  44,613 pazienti, successo a 3.5 anni nel 91.5% dei casi con denti "funzionali"
- Salehrabi, *Endodontic treatment outcomes in a large patien population in the USA: an epidemiological study (2004)*

  1,126,288 pazienti, 97% dei denti trattati ritenuti nel cavo orale a 8 anni