

Root Tips

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Apicoectomy

It's Worth Saving a Tooth

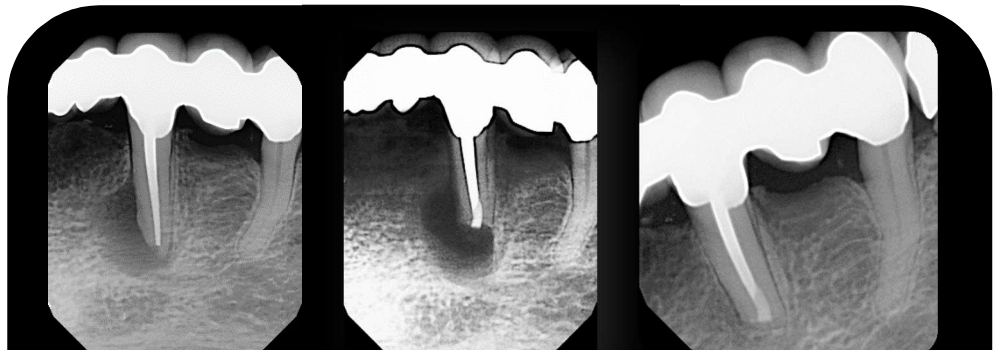
Non-surgical endodontic therapy can be very successful, however, certain situations can require further intervention – this is where an apicoectomy comes to the rescue.

Indications for apicoectomy:

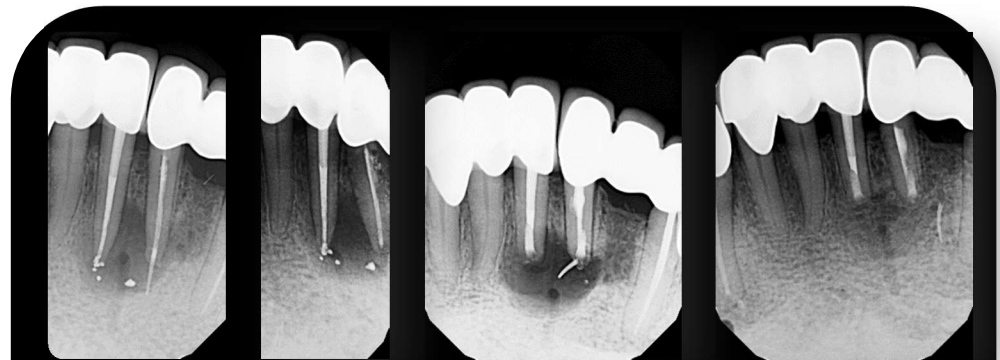
1. Adequate non-surgical endodontics with a persistent periapical radiolucent lesion (PARL) or unresolved, constant pain
2. Apical transportation, ledges, and other iatrogenic problems
3. Large post and/or crown present
4. Calcified canals
5. Irretrievable broken instruments
6. Failed traditional surgery without root end treatment or with amalgam
7. Overfilled canal persistent PARL
8. Complex apical curvatures.

Advancements in surgical microendodontics allow for a success rate of 96.8% within the first year and a 5-7 year recall showing 91.5% remaining healed.¹

1. Rubinstein RA, Kim S. Long-term follow-up of cases considered healed one year after apical microsurgery. *Journal of Endodontics* 2002;28(5):378-383.



Large lesion with a multiple unit bridge. Retreatment would be an acceptable choice but patient did not want any chance of damaging her bridge. Apicoectomy and Bioceramic retrofill placed; followed by the 1 year recall showing nice healing and a very happy patient.



Extruded gutta percha and #24 had a perforation out the buccal. Apico's completed at the apex and repaired perforation with Bioceramics. Unable to locate and remove extruded material from soft tissue, but successful outcome and osseous healing observed.



Calcified canals can limit treatment with non-surgical endodontics. Apicoectomy of both lesions completed.

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