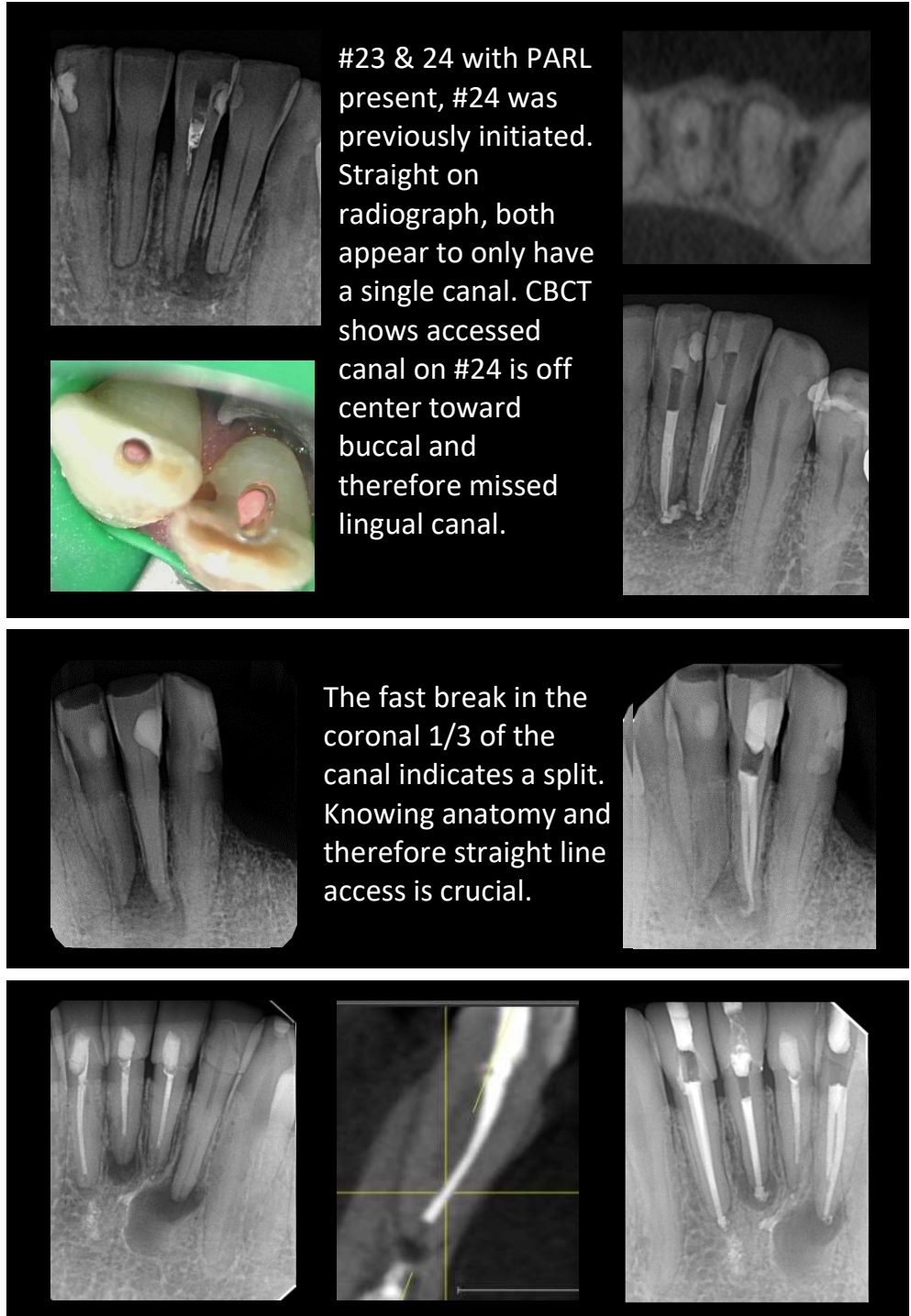


# Root Tips

## Mandibular Incisors: Access Matters

Due to their small size and internal anatomy, mandibular incisors may be the most difficult access conservatively and treat. Studies show that two canals may be present up to 40% of the time.<sup>1</sup> The two canals usually join and exit through a single apical foramen, but they may persist as two separate canals. Traditional access preps were of triangular shape located on the lingual just above the cingulum. I find that this can make for a rather large access and create difficulty when it comes to locating a second canal. Of course when a canal is missed, it tends to be the lingual canal due to the buccally aimed access. I have gravitated towards accessing the tooth as close to the incisal edge. This will make for a more straight line access leading to an increase in the ability to locate a 2<sup>nd</sup> canal and less stresses on the file.

1. Benjamin KA, Dowson J: Incidence of two root canals in human mandibular incisor teeth. Oral Surg Oral Med Oral Pathol 38(1):122, 1974.



#23 & 24 with PARL present, #24 was previously initiated. Straight on radiograph, both appear to only have a single canal. CBCT shows accessed canal on #24 is off center toward buccal and therefore missed lingual canal.

The fast break in the coronal 1/3 of the canal indicates a split. Knowing anatomy and therefore straight line access is crucial.



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