SEMINAR ILMIAH INTERNASIONAL
IKATAN KONSERVASI GIGI INDONESIA

AEC 2016
ASEAN ENDODONTIC CONGRESS

INNA GRAND BALI BEACH, 18 - 19 NOVEMBER 2016

Getting to The Roots of Endodontic
Towards Asean Economic Community

BUKU PROSIDING

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Apexification on Right Upper Incisor Tooth with Periapical Lesions Suspect Radicular Cyst ( Case Report)

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ABSTRACT

Background: Open apex cases occur when trauma or caries cause pulp exposure and or with periapical involvement before roots are fully developed. Apexification or root-end closure is recommended as an alternative root canal treatment to prevent overfilling during obturation in the absence of constriction on the apical region of young adult teeth. Case: A 19 year old lady came to RSGM FKG Unpad with the chief complaint that her front right prosthetic tooth was faulty and painful. Intraoral examination revealed that the crown of tooth 11 was not in a good condition, with negative vitality, positive percussion and palpation. Radiographic examination revealed that there was widening of the root canal with an open apex and a clearly defined radiolucency at the apex. The diagnosis was Suspect periapical cyst with open apex. Management of case: The endodontic treatment was initiated with apexification with calcium hydroxide, followed by obturation and all porcelain crown restoration. Conclusion: Apexification using calcium hydroxide on cases suspected with radicular cysts are produce encouraging results.

Keyword: Apexification, Radicular Cyst, Calcium Hydroxide

Introduction

Open apex cases occur when trauma or caries cause pulp exposure and or with periapical involvement before roots are fully developed. Teeth with incomplete closure of apices are an adversity for the closure of tight apical areas. The absence of a narrow apex due to necrosis in young adult teeth may pose a difficulty in controlling root filling materials. Apexification or root-end closure is recommended as an alternative root canal treatment to prevent overfilling during obturation in the absence of constriction on the apical region of young adult teeth.¹² Apexification is a treatment method that induces apical improvement with hard tissue barrier or calcified barrier on open apices caused by pulp necrosis.³⁴

Case

A 19 year old lady came to RSGM FKG Unpad with the chief complaint that her front right prosthetic tooth was faulty and painful. Intraoral examination revealed that the crown of tooth 11 was not in a good condition, with negative vitality, positive percussion and palpation (Figure 1).