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Management Of Maxillary First Premolar With Three Root Canals: A Case Report

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ABSTRACT

Endodontic management of root canals with anatomic variation of root canal configuration may be challenging. Treatment failure may occur due to procedural errors such as over extension of pulp chamber and perforation of pulp chamber floor and orifice canal wall as a result of misaligned preparation while exploring canal orifice, and also undetected canal. Proper knowledge of dental anatomy and its variations is essential for the success of endodontic treatment. A 22 years old male came with large decay and had history of spontaneous pain on his maxillary posterior tooth. Clinical examination showed the tooth had weak response to vitality test, tender to percussion with no mobility and abnormalities in the surrounding tissues. Radiographic examination showed three separated roots with two buccal roots and one palatal root. The mesiobuccal root showed curvature at middle third with widening periodontal membrane at periapical tissues. A diagnosis of pulp necrosis associated with chronic periapical periodontitis was determined. Root canal treatment was performed with modified access cavity preparation. The obturation was done with warm vertical compaction using Genesis system. The post-obturation restoration was done with fiber post and zirconia crown. Anatomic variation of root canal configuration associated with addition root canals may cause difficulties in cleaning, shaping, and obturation. A thorough knowledge in internal anatomy of the tooth, appropriate instrumentation techniques, and customized treatment planning depending upon the anatomic variation will help in managing root canal treatment, prevent complications, and enhance the quality of the treatment.

Keywords: Three roots, maxillary premolar, anatomic variation.