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Direct Pulp Capping With Mineral Trioxideaggregate
( A Case Report )

Wijoyo Sastro S¹., Irmaleny S²

¹ Conservative Dentistry Resident in Conservative Dentistry Department, Faculty of Dentistry, Padjadjaran University
² Lecturer, Head of Conservative Dentistry Department, Faculty of Dentistry, Padjadjaran University

ABSTRACT

Applying pulp capping in an iatrogenic open pulp case with MTA resists bacterial leakage and may provide protection for the pulp. MTA could allow repair and continued pulp vitality in teeth when used in combination with a sealed restoration. A woman aged 45 years came to Unpad Conservation Clinic with chief complaints feeling discomfort and sensitive on the upper left regio since two months ago. Approximately two years ago, the tooth had been filled by a dentist. The patient never had any throbbing pain on the specific tooth. The radiographic examination shows radiopaque appearance with slight radiolucent underneath it. Laminadura is still intact, there is no widening of the periodontal membrane, and no periapical abnormalities. The old filling was removed. Caries were removed by a low speed round carbide bur. Following the cleanse of the cavity, one spot of pulp area is exposed. MTA was applied on the perforated spot as a direct pulp capping procedure along with a humid cotton pellet and GIC as a temporary filling. After 8 weeks, GIC were removed, followed with preparation for onlay composite as the final restoration. MTA can be a pulp-capping material on a direct pulp exposure in permanent teeth with a good predictable result.

Key words: Mineral Trioxide Aggregate, Direct Pulp Capping, Reversible Pulpitis.

INTRODUCTION

Preservation and maintenance of pulpal vitality is one objective in endodontics. Historically, the placement of a medicament or material against a direct pulpal exposure during caries excavation has been considered controversial, and instead conventional endodontic therapy has been recommended. The reluctance to place a direct pulp cap on an exposure in a carious field is based on unpredictable outcomes using traditional materials and treatment protocols.¹