Crisis in endodontics

There has been an alarming increase in the number of retreatments of endodontically treated cases recently. I have even heard an endodontist proudly proclaiming that he performs many retreatments for failed root-canal cases.

Having practised endodontics for more than three decades, I know that if the basic principles of endodontic treatment are adhered to, the majority of root-canal-treated cases can remain asymptomatic for many years.

There are two aspects to the crisis we are facing. First, working width has become a totally forgotten dimension. In the past, we only had stainless-steel hand instruments with which to work and attempts were made to enlarge the canals to at least a size 55 or 40. The current trend is to stop instrumentation at a size 20 or 25 tip with tapered rotary NiTi instruments and perform a single-cone obturation. A science-based treatment protocol is replaced by corporate dictated norms that go against all the principles of surgical treatment, which prescribes the removal of all infected dentine from the root-canal walls, particularly in the apical third. It is non-ethical not to address the biologic width because there are now instruments that can help us do it. I was shocked to hear a University of Pennsylvania staff member recently advocating size 35 for all canals.

The second aspect is that the number of years for which an endodontically treated tooth remains functional in the oral cavity is seriously decreasing. This is due to the stripping of critical healthy cervical dentine owing to the use of instruments with larger tapers. An increasing number of patients are therefore returning to their dentist with horizontal fracture of the root-canal-treated and crowned teeth at the cervical area. For how long can we remain complacent about this deteriorating situation? It is time that the conscientious stalwarts of the profession set things right and lead less-experienced dentists.

"Let's take a look at your gums"