Assessing previous endodontic treatment radiographically: making clinical decisions

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Length control is vital at all stages of canal preparation.

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Ideal, coronal seal is placed after the root canal treatment. There should be no delay in the placement of coronal seal. With the rubber dam on and under the SOM, the tooth can be etched and sealed with a flowable composite at the time of treatment. What is ironic in this clinical case is that even with the flaws in treatment, had the tooth been sealed at the time of obturation the probabilities of a clinical success would have been much higher. Instead, having left the tooth unsealed to coronal microleakage, the clinical failure was virtually assured, especially with the perforation. Perforations should be repaired and sealed immediately to optimise the chances for clinical success. Once exposed to leakage, especially over the two-year period from the time the perforation occurred to the patient’s visit in my office, there was no other option.