Root canal treatment is a therapy as old as time. Truly, it is still a fast-evolving science, even now improving. The main objective of the treatment is to block the access of any kind of aggression to the supporting tissue, as well as to remove what has already infiltrated the pulp complex. Once this has been achieved, the human body will be able to heal itself.

Sometimes, it is not easy to establish a final diagnosis, and this is where many of today’s clinicians commit their first error: by not listening attentively to one’s patient, it is very easy to mistake simple sensitivity for cervical restoration or pulp inflammation. Small clues in the patient’s account, the right questions to clarify the story in combination with basic diagnostic tools, such as cold and hot pulp testing, as well as bite testing, are the pillars of diagnostics for endodontics. Only by knowing and properly applying them can one make proper use of the detailed knowledge of complex pulp innervation systems and their potential modification due to pathology. When the basics are covered, additional tools, such conventional radiographic examination and CBCT scans, or 3-D radiographic exploration, provide certainty and new data. Relying only on technology can sometimes be problematic, as endodontics is a science that deals not only with dental and bony structures but also with vessels and nerves, which do not appear in our radiological findings.

An endodontist can be best described as a medical artist who handles nerves, vessels and bone in a very delicate area where one’s medical knowledge is put to the test and state-of-the-art technologies, including the microscope, rotary files and ultrasonic waves plus chemicals are to be properly used to biologically shape, clean and seal the complex system so that the human body can accept this treatment and heal itself.

We should never underestimate the healing power of the human body once it is given the opportunity. Dentists need to trust this great gift and provide the body with this opportunity based on the correct diagnostics and appropriate treatment. Both primary endodontic treatment and retreatment have high success rates reported in the literature, and it is irresponsible to deny our patients what is best for their health, and potential financial gains from alternative treatment, such as dental implants, should not determine the decision on whether to preserve or extract a natural tooth.

Be a doctor to find it, be an artist to fix it and let nature do the rest.

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