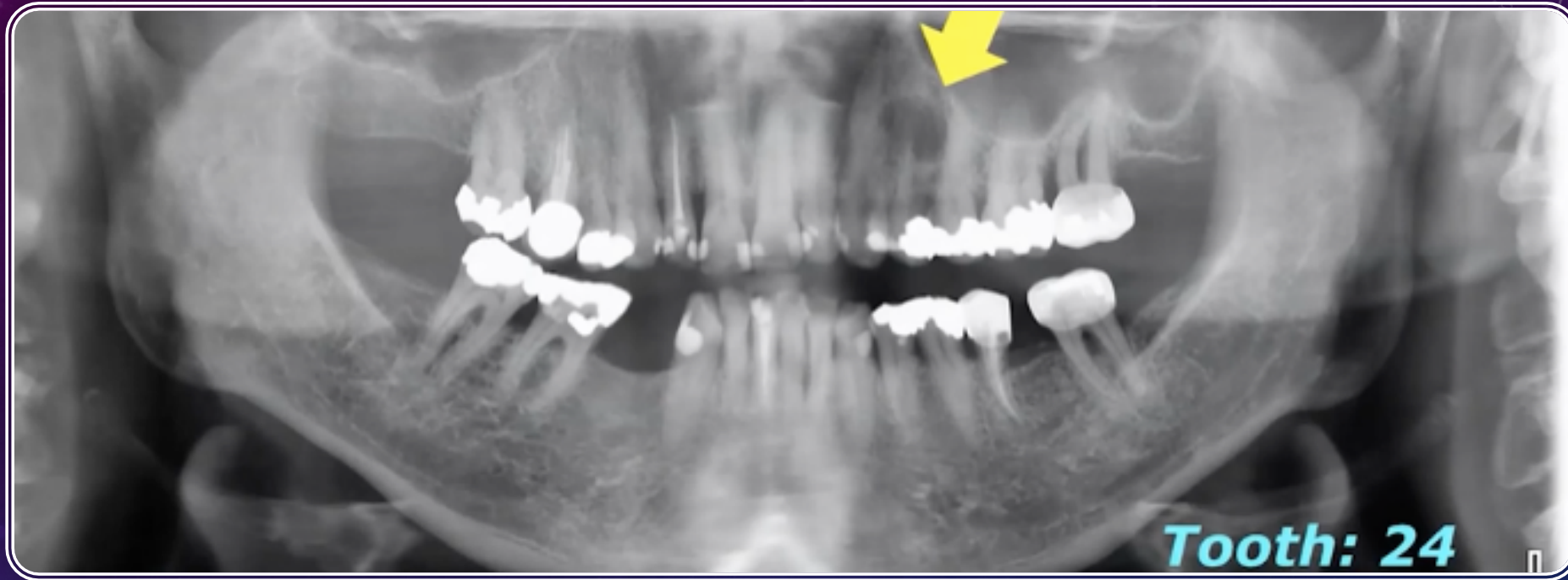


THE IMPORTANCE OF THE ENDODONTIC DIAGNOSIS

Case 1

DR. JACKIE LOPEZ GROSS
ENDODONTIST, LONDON ON



PRESENTATION

- 54 year old female patient with mild pain that is spontaneous and episodic in maxillary left posterior area
- Comfortable when chewing
- Comfortable with cold/hot
- Patient unable to identify the offending tooth
- Patient originally referred for root canal treatment in tooth 24 due to pulpal necrosis

RADIOGRAPH

- Radiographic investigation showed that the tooth had a different anatomy
- Radiolucency associated with the root apices
- Could see that there were probably 3 roots in tooth 24

*“Yes it is about what is going on,
but it’s also about why and
how.”*

DR. JACKIE LOPEZ GROSS



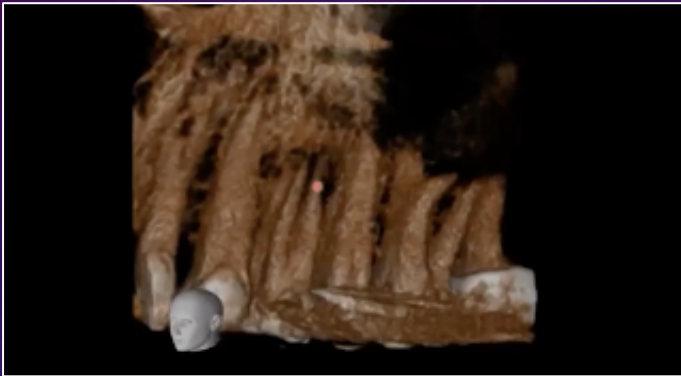
CLINICAL EXAM

- Slight tenderness on percussion of 24 and 25
- Teeth responding to cold within normal limits
- No signs of cavities or cracks

- ✓ IO and EO Tissues WNL
- ✓ Clinical Examination WNL

Test	24	25	26
Probing	WNL	WNL	WNL
Percussion	Slightly tender	Slightly tender	-
Palpation	-	-	-
Cold	+	+	+
Bite test	-	-	-

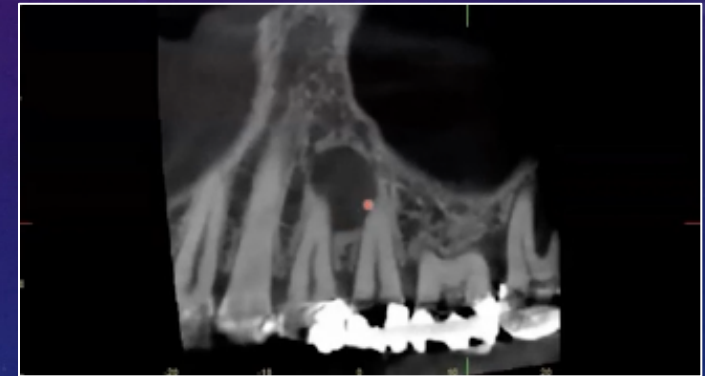
CONE BEAM CT



CT confirmed three-rooted premolar tooth



Axial view showed unilocular, well-defined radiolucency that expanded the palatal cortical plate



Sagittal view showed the epicenter of the radiolucency to be between the two roots and not in the periapex

DIAGNOSIS



Endodontic Diagnosis

- Pulpal - normal Pulp
- Periapical - Symptomatic Apical Periodontitis

Differential Diagnosis

- Lateral Periodontal Cyst
- Dentigerous Cyst
- Radicular Cyst

Biopsy Result

- Odontogenic Keratocyst