

Persistent Bacteremia in Cases of Endodontic Re-Treatments

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Abstract : The most important stage in deciding whether to re-treat or not endodontically is to find the reason for the clinical in-success. Therefore, endodontic re-treatment aims to eliminate the etiology of the pathology, where the main ones are the bacteria remaining in the inter-radicular spaces or the presence of other irritants that can be not only bacterial toxins but also the elements that keep the batteries fixed or extra-canal toxins such as extraction outside the apex of the canal filling. Shortcomings of endodontic treatment can be corrected, if possible, only with endodontic re-treatment that is initially attempted orthograde, and if clinical endodontic success is not achieved again, it can be performed retrograde or surgically. The elements that do not help in this direction are the anatomical deformations in the canal network of the tooth roots, in the presence of the delta at the apex of the tooth root, in the isthmuses present, all of which can be explained by the endodontic canal anatomical morphology. Actually, even if the causative endodontic bacteria remains isolated and without an exit in the healthy periodontal tissues, then this can also be a clinical endodontic success, regardless of the fact that the endodontic isolation occurred only in the exits such as the apex or the accessory canals. Clinical endodontic in-success occurs only when bacterial residues emerge or provide an exit in the healthy periradicular tissues or along the entire length of the canal where the accessory canals exit.

Keywords : endodontic success, E. foecalis, nanoparticles, laser diode, antibacterial, antiseptic

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