

## Endodontic Pretreatments, Clinical Opportunities and Challenges

**Authors :** Ilma Robo, Manola Kelmendi, Saimir Heta, Megi Tafa, Vera Ostreni

**Abstract :** Preservation of a natural tooth, even if endodontically treated, is more indicated than its replacement with an artificial tooth placed in prosthetic ways or with implant treatment. It is known how technology and endodontic treatment procedures have evolved significantly. It is also known that significant developments have been made in both dental prostheses and implant treatments, and again, in both specialties, it is emphasized that both the tooth placed with dental prostheses and the tooth placed with implant treatment cannot replace the natural tooth. The issue is whether long-term periapical tissue healing is achieved after a successful endodontic treatment, and for this, clinical data should be collected. In the cases when the apical closure or "apical filling" with the endodontic filling was carried out correctly clinically, but for various reasons, the healing of the periapical tissues did not occur, but also for those cases when the endodontic treatment did not reach the "apical filling" of the root canal. Teeth Endodontic retreatments have their clinical difficulty, but knowing the reason why endodontic treatment success has not been achieved clinically, the clinical endodontic approach is easier. In this process, it is important for the dentist to recognize the clinical and radiographic signs of persistent apical periodontitis or renewed apical periodontitis. After this initial procedure, dentists must know and evaluate the possibility of clinical endodontic retreatment by reporting, not precisely, but with very approximate values, the percentage of clinical success of endodontic retreatment. Depending on the reason for the performance, endodontic re-treatment may also need more specialized equipment or tools, for which even the professional who undertakes the re-treatment must be equipped with the relevant knowledge of their use and clinical application. Evaluating the clinical success of endodontic re-treatment is actually a more difficult process and requires more clinical responsibility since it must be considered that the initial treatment was performed by the same specialist as the specialist who undertakes the same endodontic re-treatment. Tooth So, the clinical endodontic re-treatment of a tooth should not be seen as a fund of clinical practice only of a good successful endodontist, but as part of routine endodontic treatments, nor should it be seen as a typical case where the tools and the most advanced technological devices in the endodontic field. So, the clinical picture of endodontic re-treatments offers the possibility of finding endodontic malpractice, the possibility of more accurate assessment of dental morphological anomalies, and above all, the cognitive and professional possibilities of the diagnosis of persistent apical periodontitis. This study offers the possibility of evaluating these three directions by presenting in numbers and in percentage the frequency of the reasons why the endodontic success of the root canal treatment is not always achieved.

**Keywords :** apical periodontitis, clinical susccess, endodontics, E.faecalis

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