



Internal resorption treatment using MTA-based endodontic sealer: Clinical Case Report

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Clinical Case Report

Male patient, 32 years old, presented with clinical classification of pulp necrosis of dental elements 11 and 12 (Figure I), associated with the presence of internal resorption, being subjected to endodontic treatment on both elements. He reported a history of dental trauma in childhood, and had previously undergone an urgent intervention in element 21 by another professional, due to edema and pain in the apical region. Due to the presence of fistula in this region, it was traced and found to originate from dental element 21 (Figures II and III).

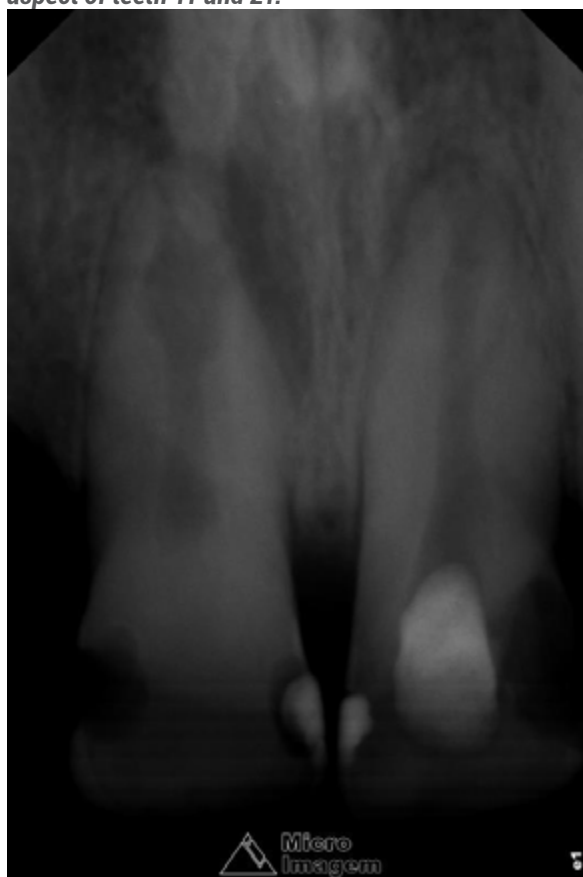
After the initial approach of the patient, he was anesthetized and absolute isolation was prepared. Afterward, the coronary access was made, during which the pulp necrosis of both teeth was clinically identified. A crown-down disinfectant penetration was done, using NaOCl at 5% as an irrigating agent, with odometry performed by the X-ray method (Figure III) due to the infeasibility of using a foraminal locator in these anatomical conditions, which could influence its precision. The preparation was done by the step-back preparation technique, using K Files (Maillefer/Switzerland) and NaOCl 2.5% as an irrigating agent, seeking to dilate the whole root canal formation. With each change of instrument, ultrasonic irrigation was done with smooth inserts (Irrisonic/Helse/Brazil) using the PUI and CUI concept (Figure V). As a complement

to the intra-canal decontamination process, two fifteen-day exchanges of calcium hydroxide were done (Ultracal/Ultradent/USA), also aiming at analysis of the quality of cleaning obtained in the area of resorption by the radiopacity of this medication (Figure VI).

The obturation was done using the Tagger Hybrid thermomechanical technique (Figures VII and VIII), through the use of GutaCondensor (Maillefer/Switzerland), cones of TP gutta percha (Dentsply/Brazil), and Fillapex MTA-based sealer Angelus/Brazil) (Figure IX). After the thermocompaction, the cut of the obturation, vertical condensation with the use of CLC, cleaning of the pulp chamber, and immediate provisional restoration were done (Figure X). The sealing of the ramifications and resorptive areas was observed radiographically, as well as the presence of silent postoperative.

The preservation was done after three months. It demonstrated resorption of the Fillapex sealer and new bone formation in the apical region of both teeth (Figure XI).

Figure I - Initial radiographic aspect of teeth 11 and 21.



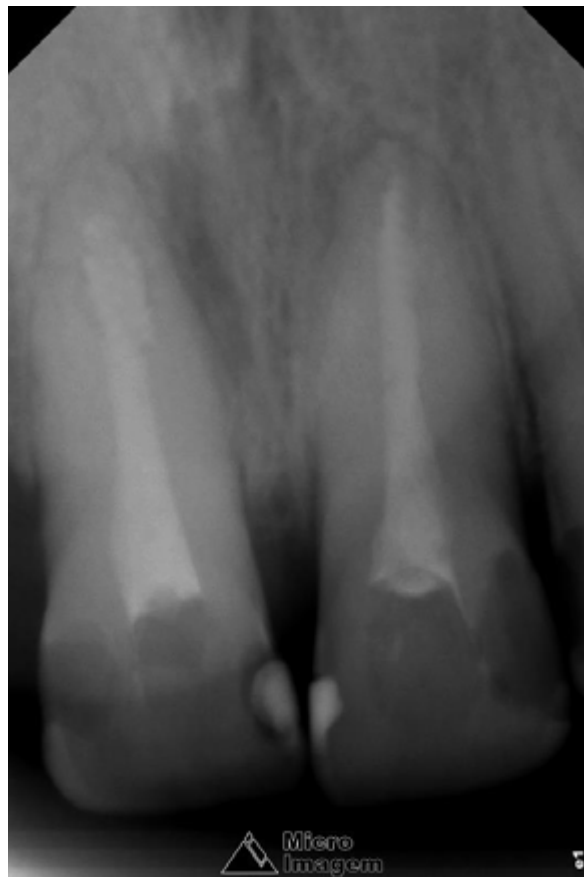
Figures II and III - Tracing of fistula of dental element 21.



Figure IV - Odontometric radiography.



Figure V - Complementation of the cleaning process using ultrasonic irrigation.



Figures VII and VIII - Wearing down of the cone and technique of thermomechanical obturation.

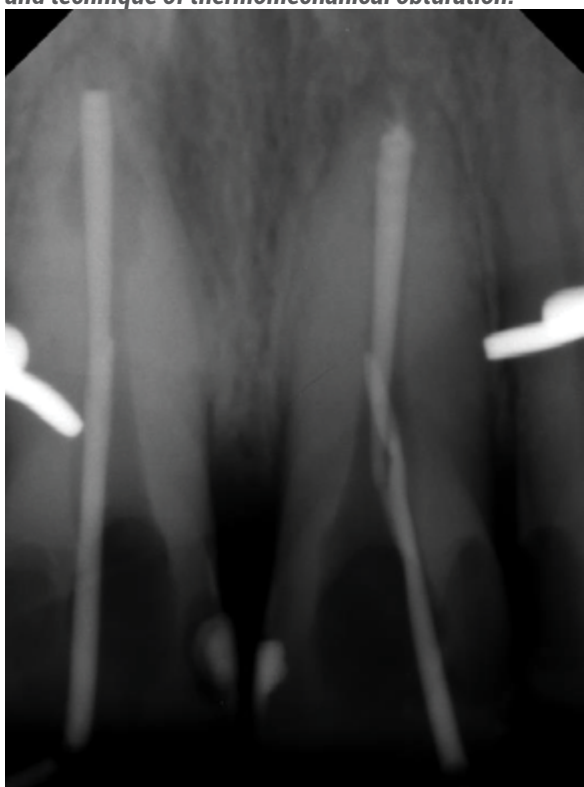


Figure IX - Fillapex M.T.A.- based endodontic sealer.

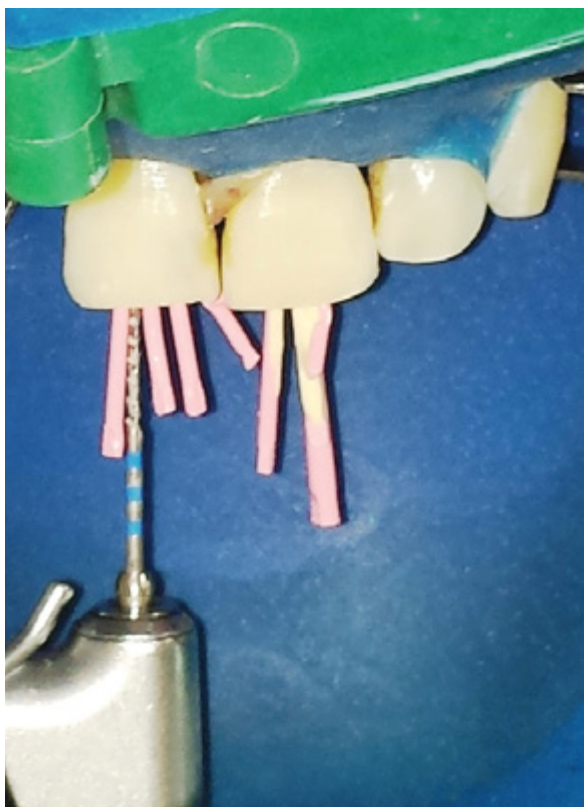


Figure X - Final radiography.

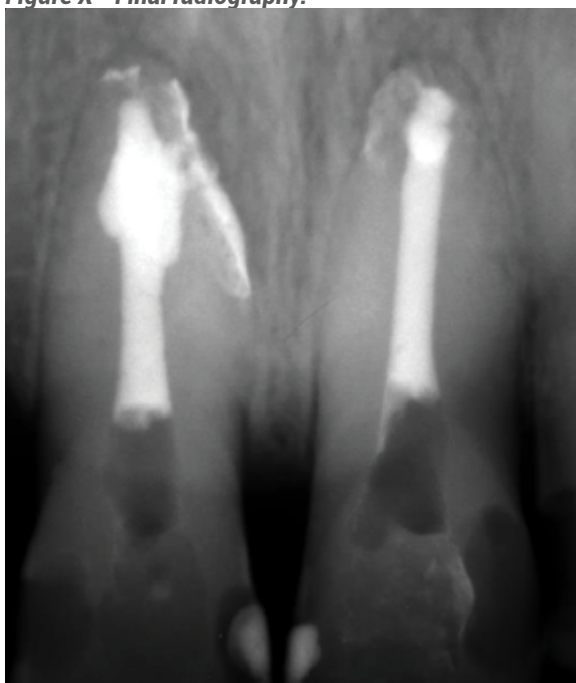


Figure XI - Proservation after 3 months.

