EDITORIAL

Apical limit preparation: A paradigm in endodontics

Deviation between dentin canal to cementum canal and fear about touch and flush irrigants to the apical area has been for a long time a paradigm for apical preparation in many endodontic philosophies around the world. However, with the advent of nickel titanium instruments the importance and the possibility of the apical enlargement preparation improves root canal disinfection.

In vital pulps, this apical debridement is not so important when you have a very constrict cementum canal and no infection evidences, specially in areas in contact with maxillary sinus or well blood irrigated regions, once you can have a transitory large hemorrhage. In infected pulps is indicated to pass the apical foramen at least 1 mm to promote disorganization on the infected area, also enlarging well this foramen. This procedure requires more attention at two points: Apical debris and solution extrusion also post-operative pain; Thus, we have to prescribe antibiotics and anti-inflammatories to control this possibility in case of pain and swelling.

Why to be more aggressive? Endodontic infection is more or less like an osteomyelitis, which is one very hard disease to heal; increasingly we know we need to improve the disinfection in infected pulps increasing our success. We also know that debridement requires ability and experience otherwise may you will have a perforation.

My opinion is that always we have to find a balance among the apical limit, apical enlargement, irrigant solution concentration, irrigant solution volume, anatomy complexity and degree of infection of each case.

Finally, this approach creates the possibility to finish infected teeth treatments in one visit, always remembering that one visit is a result of successes in all steps, not your main goal.

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