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## RAJAS DENTAL COLLEGE & HOSPITAL

(Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Accredited by NAAC)  
Kavalkinaru Jn. Tirunelveli District - 627105

**Dr.Alex Mathews Muruppel.,MDS**

**Principal**

### 9. ACADEMIC COUNCIL

#### Examination Cell (University & Internal Examinations)

Designation	Name	Department
Controller	Dr.V.Thirumalai., M.Sc.,Ph.D	Pharmacology
Deputy Controller	Dr.K.U.Goma Kumar., MDS.	Oral Pathology
Members	Dr.R.S.Naveen Rajesh., BDS.	OMFS
	Dr.Basim Burhan K B,MDS	Periodontics

### 10. Ph.D. BOARD OF STUDIES

Designation	Name	Department
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Co Convenor	Dr.J.Johnson Raja,MDS	Periodontics
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	Dr.Arvindkumar A, MDS	Conservative
	Dr.K Venkateswaran, MPharm., Ph.D	CRL
	Dr.M.S.Ravisankar., MDS	Conservative Dentistry
	Dr.Sindhuja Devi S., M.D.S.	Oral Surgery

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Co Convenor	Dr.Alex Mathews Muruppel, MDS	Implantology
Members	Dr.V.Thirumalai., M.Sc.,Ph.D	Pharmacology
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### OSPE (OBJECTIVE STRUCTURE PRACTICAL EXAMINATIONS)





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**OSCE (OBJECTIVE STRUCTURE CLINICAL EXAMINATIONS)**



Page 4 of 14



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**Case Report**  
**A Conservative Approach to Surgical Management of Root Canal Perforation**

Rigo Augusto Alcino Alves, André Luiz Gomide Moraes, Thábata Frederico Izelli, Cynthia R. A. Estrela, and Carlos Estrela

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Received 8 October 2020; Accepted 12 January 2021; Published 21 January 2021

Academic Editor: Giuseppe Alessandro Scardina

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This study describes a conservative approach to surgical management of root canal perforation in maxillary lateral incisors. A patient was referred for retreatment of a maxillary lateral incisor. Her chief complaint was discomfort in the buccal mucosa. Periapical radiography showed radiopaque material consistent with sealing material inside the root canal. A CBCT scan was acquired and revealed a gutta-percha cone outside the root canal, from the middle third to beyond the root apex. The image examination showed that the pulp cavity had not been affected. Thus, we took the clinical alternative of surgically managing a perforation by sealing with MTA, thereby avoiding endodontic treatment, and followed up with only clinical and radiographic control. At the two-year follow-up, after the surgical procedure to remove the extruded filling material, we observed bone loss formation and positive response to pulp tests, without any clinical signs or symptoms. Root perforation is considered a significant error in an operative procedure. Once a perforation is properly diagnosed, located, and sealed with biomimetic favorable prognosis is often achieved. MTA offered good sealing of the perforation, with promising results. Decision-making using the CBCT scan enabled us to adopt a conservative approach and favored more reliable treatment predictability.

**1. Introduction**

Root perforation results in communication between the root canal system and the external tooth surface [1]. When completing the last steps of the endodontic therapeutic protocol, all care must be taken to avoid accidents that may risk losing teeth [2].

In clinical practice, pathological perforations are frequent. Iatrogenic root perforations may occur at any time in root canal treatment, during access cavity opening, root canal preparation, or post preparation. All these procedural operative errors may lead to treatment failure [3–6].

In this respect, previous planning for root canal treatment becomes essential, particularly clinical and radiographic examination. Operative procedures prior to access cavity preparation involve removal of all carious tissue, restoration of defects, and weakening of the dentin structure, actions which could change the coronal references. Careful analysis of the coronary chamber based on 3-dimensional imaging exam,

well-planned selection of a drill compatible with the coronal volume, and good lighting and magnification are essential procedures, because they favor visualization of the cavity during coronary opening, and prevent unpleasant accidents [2,6].

The advent of new technologies incorporated into imaging exams in endodontics, such as cone beam computed tomography (CBCT) [7–9], have impacted the outcome of root canal treatment. Better diagnostic accuracy across several clinical conditions [8–12] and better predictability in the decision-making process in clinical practice have allowed establishing more conservative therapeutic protocols. In this respect, the present study describes a conservative approach to surgical management of root canal perforation in a maxillary lateral incisor.

**2. Case Presentation**

An 11-year-old female patient in good general health sought treatment at the Public Dental Specialty Center, Brazil, with



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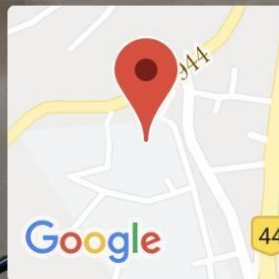
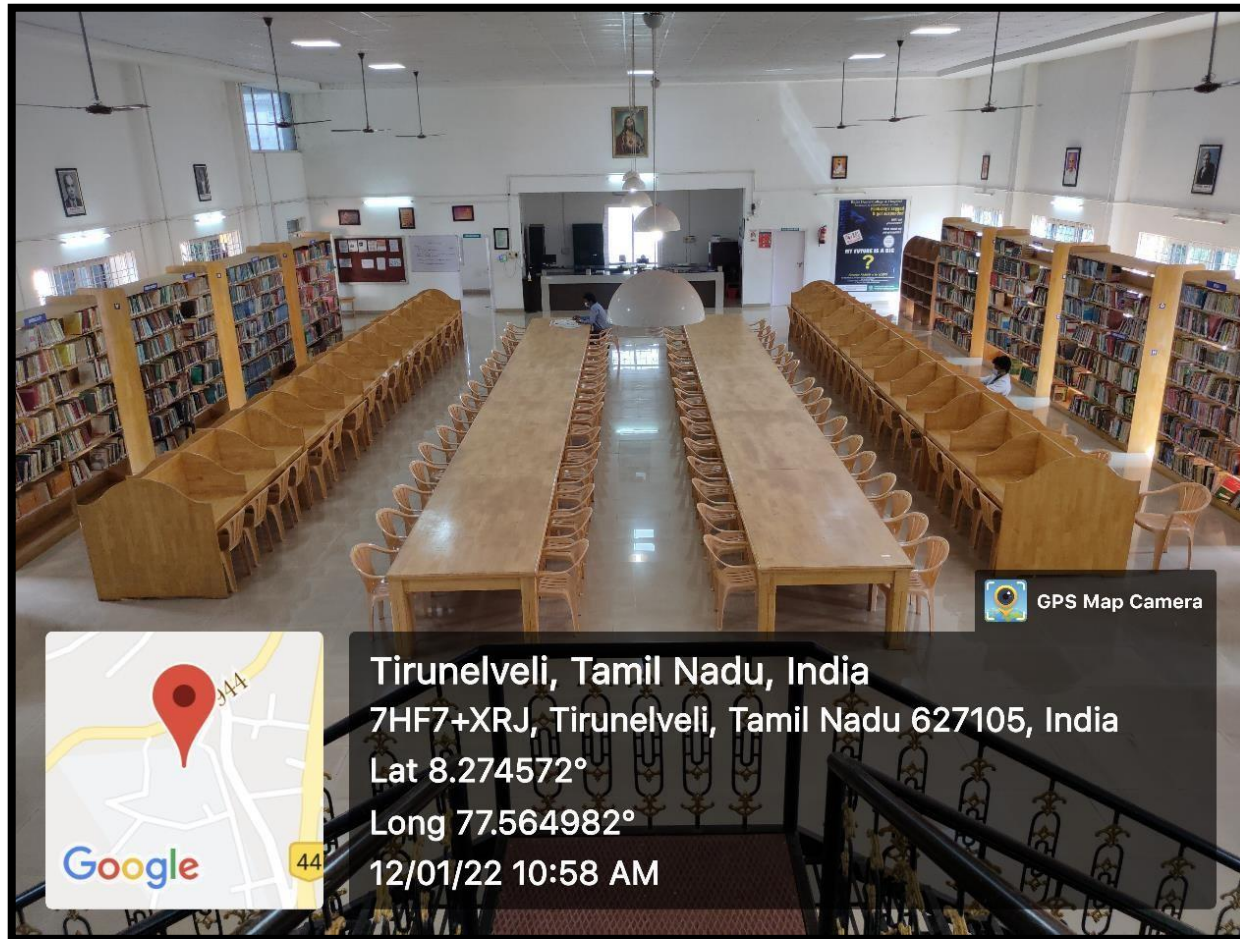


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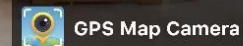
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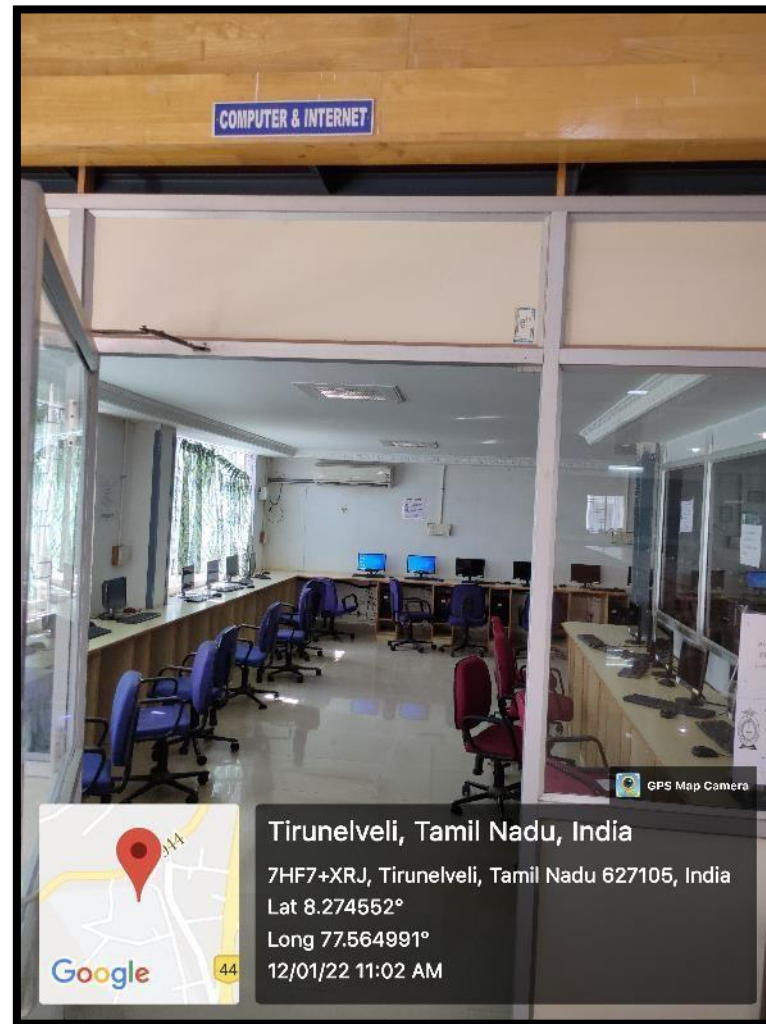




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