

Epiphany® Case of the Month



Pre-Op



Epiphany case description and radiographs courtesy of Gilberto Debelian, DMD, PhD Practice Limited to Endodontics Oslo, Norway

A 53 year old male was referred for endodontic therapy for tooth #31. Clinical examination revealed that the tooth was tender to percussion and palpation and exhibited swelling on the mucosa adjacent to the periapical area. Radiographic examination revealed radiolucencies on both roots. A diagnosis of apical periodontitis with abscess was made.

Post-Op



The access cavity was prepared and four canals were located. The working length for each canal was established to approximately 0.5mm from the apical foramen using the Elements™¹ Diagnostic Apex Locator. RaCe®² and S-Apex®² nickel titanium rotary files were used to prepare the canals to 0.5mm from the radiographic apex. 1% NaOCl was used for irrigation. The mesial canals were prepared to size #40/0.02 and the distal canals, which merged apically, were prepared to size #55/0.02. The canals were rinsed with 17% EDTA and agitated with a K25/21mm™³ ultrasonic tip for 10 seconds for each canal. The final irrigation was performed with 2% chlorhexidine; the canals were soaked for 5 minutes before a paste of calcium hydroxide was applied with a lentulo-spiral. The access cavity was sealed with IRM®⁴.

12 Months



Four weeks later, the patient returned asymptomatic with no swelling. The calcium hydroxide was removed from the canals with copious irrigation of 17% EDTA combined with ultrasonication and NiTi hand files. The canals were dried and Epiphany® master points were selected to the established working length. Paper points were soaked with Epiphany® Primer and applied into the canals for at least 1 minute; excess primer was removed with dry paper points. The canals were coated with Epiphany® Sealer using the Resilon™* #40/0.02 or #55/0.02 master points according to the respective canal preparations. The obturations were carried out using the cold lateral condensation technique with Epiphany® master points and Fine-Medium accessory points. The sealer was light cured at the canal orifices for 40 seconds; a 2-3mm layer of Flow-It® ALC™ flowable composite was applied over the canals and cavity floor then light cured. A sponge soaked with 2% clorhexidine was place inside the cavity and IRM® was used to completely fill the access cavity. A final radiograph was taken and the patient was referred back to the general practitioner for the permanent restoration.

At the 12 month check-up, the patient was asymptomatic and the radiograph examination displayed complete periapical healing.

For available research and more case radiographs using the Epiphany® System and Resilon™ obturation material, please visit www.resilonresearch.com.

For information on the Epiphany® Soft-Resin Endodontic Obturation System call Pentron Clinical Technologies at 1-800-551-0283 or visit www.pentron.com.



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⁴ IRM is a registered trademark of Dentsply International, Inc.

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