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E-BABE – Comparison of two methods of parendodontic surgery in the treatment of persistent apical periodontitis: case reports

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Even with the good predictability currently achieved by endodontic therapy, in a small percentage of cases the persistence of apical periodontitis, commonly related to the presence of residual intra- or extra-root bacteria, occurs. Periradicular surgery is indicated in cases of failures in initial endodontic treatment followed by non-surgical retreatment, and aims to remove diseased periapical tissues and apical sealing of the root canal system to facilitate the regeneration of hard and soft tissues. This work aimed to report two cases of chronic apical periodontitis treated by performing parendodontic surgery associated with retrofilling with MTA, in one case the use of lyophilized bone seeking to accelerate the repair process. The first case was carried out in 2011, when a 64-year-old female patient attended the clinic reporting pain in element 22, during the intra-oral clinical examination, edema accompanied by pain on palpation was observed. Radiographic examination revealed the presence of endodontic treatment and a well circumscribed radiolucent image in the region. During the retreatment it was observed that the instrument deviated from the apical foramen, making it impossible to clean it. In view of this paradigm, we opted for the surgical procedure, with curettage of the lesion, followed by apicectomy with retrograde obturation using the MTA as the obturator material. The second case was in the year 2015, where a female patient, 52 years old, attended the dental office for a consultation of treatment performed in element 25, two years earlier. At the intra-oral clinical examination, edema

was observed in the vestibular gingival mucosa, without painful symptomatology. After a new periapical radiographic examination and computed tomography, which showed great bone loss in the periapical region, suggestive of cyst, the surgical treatment was decided, and the excisional biopsy was instituted. The surgical intervention was performed with curettage of the endodontic lesion, apicoectomy, apical seal with MTA and, to fill the bone shop formed by the periapical lesion and promotion of a better and faster repair of the bone tissue, bone graft of associated biomaterial was used for the resorbable membrane. Histopathological examination confirmed the diagnosis of periapical cyst. In view of the subject, it is considered that parendodontic surgery is a viable alternative in the permanence of the tooth in the oral cavity in cases of persistent lesions, provided adequate planning and technique is observed, observing the indications associated with good materials, such as MTA and the use of lyophilized bone and biological membrane to improve the repair process. Such factors are closely related to the predictability and prognosis of parendodontic surgical therapy.

Speaker Biography

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