

Third Root on #19

A doc turns to the boards before deciding what to do with a tooth with two distal roots. Should he extract?

Lil ToofMember Since: 06/18/15
Post: 1 of 16**Introduction**

Pt came in pain and wanted ext versus RCT. Does the PA show a second distal root? What am I looking at, and how does this change the extraction approach? I was planning on sectioning...



Any advice or insight would be appreciated. ■

3/15/2017

drsaulMember Since: 10/12/12
Post: 2 of 16

Two distal roots are present. Extraction protocol is simple. Split roots and elevate. Distal may come out as one or two separate roots. ■

3/15/2017

Lil ToofMember Since: 06/18/15
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Perfect, thanks. When sectioning, do you usually lay a flap with a vertical releasing incision or just take the blade around the gingival margins? ■

3/15/2017

drsaulMember Since: 10/12/12
Post: 4 of 16

I rarely flap. Excise around the tooth and elevate. Bone removal here would be between the roots if necessary. ■

3/15/2017

noolieMember Since: 09/11/08
Post: 6 of 16

Get a pic of the tooth after it comes out. ■

3/15/2017

nealofgrafton1Member Since: 09/05/15
Post: 7 of 16

Relieve soft tissue, luxate, elevate, grip and rip with #23 either tooth comes out whole or at least one root comes out with crown. Either surgical hand piece or cryers to hook and roll. Get some! ■

3/15/2017

Jeromy Thornton DDSMember Since: 06/15/11
Post: 8 of 16

Widened PDL, apical radiolucency, short roots, furcation looks blown, more roots the better (stronger tooth likely to stay in one piece), roots not divergent, mesial root looks blown so won't likely fracture if gentle and reading tooth feedback like a pro.

Absolutely would not flap, and not need any bone removal. Get a cowhorn on that and post back in two minutes how great your morning is going so far. Cowhorn from the start due to the factors I posted instead of starting with 301. 301 in mesial may cause that skinny mesial root to break. 301 will lift it all straight up together as one. ■

3/15/2017

He's coming in around 2 p.m. Maybe I'll try to get in with cowhorn at first and then section if it's not coming out. I'm never really sure if I'm using cowhorn right. From what I understand, it's more like a pumping motion (up/down) instead of a buccal/lingual movement, correct? ■

3/15/2017

Lil Toof

Member Since: 06/18/15

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Yes, get the tips in the furcation. Start with small figure 8 motion, lightly. Read the tooth feedback, increase figure 8's distances as the tooth shows positive feedback, while also squeezing the grips tighter and tighter into furcation lifting it out as you go.

Figure 8's, circles, squares, whatever you want. Just a constant controlled movement that increases in magnitude as the tooth tells you it is OK to do so. ■

3/15/2017

I've extracted hundreds and hundreds of teeth just like this. Radix paramolaris (or entomolaris, depending on B vs. L) is extremely common in the Yupik Eskimo population that I treated for my first four years out of dental school.

These teeth will make you regret attempting them if you don't know what you're doing (or have X-rays, which we didn't many times).

As Jeremy said, first thing is to get a cowhorn on it. Seventy-five percent of the time this tooth is going to come right out and be looking good for a nice picture to show. Two-minute EXT. You'll know if this is possible in about the first 30 seconds though. If you squeeze and figure 8 the cowhorn and it's instantly loose, you're going to get it out whole. If it feels like it's sitting in cement, drop the cowhorn and pick up the handpiece.

The other 25 percent you need to section M and D roots (B to L section) and then section the two distal roots. Get the M root out first if you can. 301 and forceps extraction, usually pretty easy. Use your B to L section to your advantage but putting a 301 in there and gently luxating the M and D roots. You're just trying to get a little mobility on the D roots while the M is still present. Then get your usual purchase on the M of the M root and remove (important to purchase here so you don't break D roots). Then section the D roots. Your section is M to D. Get down there to where you see the bone between the roots, don't hope to split it, you'll just break that distal lingual root off way down there and then be digging for it.

Be aware, the DL root many times has a curve at the apex to the buccal, meaning it wants to roll out buccally. You should remove the DB root first, then the DL root.

Straight forward, but I've watched these teeth crush even experience exodontists. Here's your flow: 23 forceps for 30 seconds ---> section M and D roots ---> luxate M and D root gently within the section you've created---> remove M root ---> section DB and DL roots --->remove DB ---> remove DL

I think it's very unlikely, but that DL root looks a little shorter and usually that means its curved. They just want to hold in there when they are like that. Or worse, you break off the last 3mm that's curved, look down the socket and see nothing.

Take X-ray, see there's still a piece in there, look in socket again and see nothing. You're like what is going on here, then realize, "Oh yeah, it's a curve to the buccal and that little piece of root is hiding under bone." You have to prep the "roof" of bone off to retrieve it. Probably going to come out with a cowhorn, but be ready in case it doesn't.

3/15/2017

Thank you both for your advice! I will update once I'm done.

3/15/2017

Lil Toof

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"Third Root"

Curious to see how this case turned out? What would you have done in this situation? Head to dentaltown.com and search the message boards for "third root." This thread will be the top result.