Since my last article in Dentaltown regarding pulp therapy and full-cover-
age restorations (February 2015), and my online course on this topic, I have changed my mind regarding pulp therapy materials.

I’ve been a ViscoStat and Tempit user for 7+ years with very good success. However, I believe my success—and yours—could improve with the most current materials available.

Materials

Let me be very clear: formocresol followed by zinc oxide-eugenol (ZOE) has been researched and successful for many years. However, some practitioners (including myself) have chosen to avoid “formo” due to its controversial properties.

Whether or not this controversy is legitimate is not the point of this article. The point is that many practitioners are looking at alternative medicaments for pulpal therapy for primary teeth. If you’re comfortable and happy with formocresol, keep using it.

So what are our current choices in materials?

- Formocresol: Considered the current “gold standard” (controversy surrounds “formo,” and I feel this will increase over the next 5 to 10 years)
- Sodium hypochlorite followed by ZOE (proven bactericidal properties and promising)
- Laser treatment followed by ZOE (not fully studied)
- Ferric sulfate followed by ZOE, ferric sulfate followed by IRM, ferric sulfate followed by Tempit (the vast majority of clinicians who strayed from “formo/IRM” have gone this route)
- Mineral trioxide aggregate (MTA).

The point is that many practitioners are looking at alternative medicaments for pulpal therapy for primary teeth.
Procedures

After researching the available materials, I have chosen to abandon the ferric sulfate/Tempit protocol and switch to MTA (specifically NeoMTA by NuSmile).

MTA has never been a controversial pulpotomy medicament. Simply put, MTA hasn’t been used in pediatric dentistry due to its high cost.

However, there are now more cost-friendly options on the market: specifically, Biodentine and NeoMTA. NeoMTA is approximately half the cost of Biodentine and comparable to Viscostat/Tempit.

So what is the protocol?

After a carious pulp exposure, uncover and remove the pulp chamber to the level of the pulp stumps, and assess pulp status with a dry or slightly damp cotton pledget.

If it’s deemed to be a healthy radicular pulp (as witnessed by no excessive bleeding), place NeoMTA directly on the pulp stumps to a thickness of 1-1.5mm, condense with a damp cotton pellet, follow with an RMGI and restore (preferably SSC) (Figs. 1 and 2).

The literature is out, and in my opinion MTA is the most successful medicament we can use for vital pulp therapy of primary teeth.

Fig. 1

Fig. 2