CASE REPORT: TREATMENT OF THE ENDODONTIC-PERIODONTAL LESION

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Clinical evaluation/ Diagnosis
A 46-year-old woman attends the Department of Periodontology of the University. After the clinical examination, a vertical defect with a depth of 12 mm was observed at level 2.3. Radiographically presents endodontic treatment and a periapical lesion combined with a vertical 1, 2 and 3 walls combined intrabony defect. In combined Endodontic - Periodontal (EP) lesions, teamwork is essential to make a correct differential diagnosis and to establish an adequate treatment plan. Interdisciplinary work should be done with the aim of improving the prognosis of the affected tooth.

Treatment goals
To present a case of EP lesion treated through a multidisciplinary periodontal and endodontic approach, improving tooth prognosis and maintenance.

Description of clinical/surgical procedures
The lesion was treated interdisciplinarily by the Departments of Periodontics and Endodontics. First, scaling and root planing followed by an initial re-endodontic phase (crown lift, post removal, instrumentation, and provisional calcium hydroxide application) were performed. One month after, Guided tissue regeneration (GTR) was performed using demineralized allograft and cross-linked collagen membrane. At two weeks, the canal obturation was performed with the technique of vertical condensation with thermoinjected gutta-percha. Clinical assessments such as probing depth, clinical attachment level, bleeding on probing, plaque index where performed at 6 and 12 months post-op. Radiographic assessments where taken with 2D and 3D techniques.

Clinical outcomes
The efficacy and stability of the treatment were evaluated clinically and radiographically at the reassessment at 6 and 12 months post treatment. At the last evaluation insertion gain of 8 mm was recorded associated to a decrease in probing depth of 9 mm. These findings improved the prognosis of the tooth and facilitated its maintenance. The protocol used has proven to be an adequate and stable treatment plan for the management of EP lesions. However, the long-term prognosis will depend on plaque index and patient compliance in the periodontal maintenance program.