

# Managing the Pulp Activity of the Damaged Teeth in the Jaw Cyst

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## ABOUT THE STUDY

The most prevalent condition affecting the oral and maxillofacial region is a jaw cyst, which primarily consists of a vascular extravasation cyst, a non-odontogenic cyst, and an odontogenic cyst. The odontogenic cysts are distinguished by the odontogenic epithelium developing into a maxillofacial bone damaging lesion. Inflammatory, which included radicular cysts, and developmental, which included dentigerous and keratocysts, were the two main categories. The main treatment for jaw cysts is still surgery. The affected teeth are often kept as much as feasible, and extraction is necessary if the alveolar bone has entirely dissolved around them. Currently, apicoectomy of the affected teeth and cyst curettage of the cyst are the standard surgical procedures for jaw cysts. Currently, as long as the cystic cavity's apical portion is visible on a preoperative X-ray, regardless of the pulp's vitality, root canal therapy is carried out before to surgery, and the intracavitary apical tissue as well as the cystic tissues should be removed. Both root canal therapy and apicoectomy are considered as effective treatments for odontogenic cysts. Numerous researchers have discovered dental pulp necrosis and decreased pulp vitality in or around jaw cysts as a result of inflammatory agents and compression of cystic exudate during cyst formation. Another possibility is chronic pulpitis in a pathogenic tooth with an apex in the cyst cavity. It may result in abnormal healing or a postoperative cyst recurrence if the pathogenic tooth root canal therapy and apicectomy are not carried out.

With the widespread use of fenestration decompression in the treatment of jaw giant cystic lesions, we discovered that the pulp of many involved teeth, which typically require root canal

therapy and apicoectomy, was successfully preserved. However, some researchers have found that the recurrence of the cyst has nothing to do with the involved tooth. If these teeth can be kept, oral function will be effectively preserved. Additionally, if the pulp activity of these teeth can be reasonably preserved, their service life will be significantly extended.

In clinical practice, a pathogenic tooth with an odontogenic cyst frequently undergoes colour change, the apical foramen enlarges or is absorbed, and the pulp vitality test exhibits no reaction. Therefore, there shouldn't be any debate right now regarding root canal therapy and apicoectomy of pathogenic teeth. Some teeth frequently have their roots in the cystic capsule cavity in addition to the diseased tooth. The pulp vitality test will return normal or insensitive results even if the crown colour may be normal and the X-ray does not indicate any absorption of the apex. The involved tooth is the one in question. Additionally, these phenomena are also widely present in non-odontogenic cysts, which do not directly involve the tooth. But there is no inflammation in these teeth; the root is just encircled or compressed throughout the cyst expansion process. However, it is still unclear if these implicated teeth need apicoectomy and root canal therapy.

In this study, only the pathogenic teeth's root canals were treated prior to surgery, and a window was opened above the involved teeth's root tips to remove bone during surgery, preserving the involved teeth's root tips and dental pulp in the jaw cyst. Jaw cyst curettage + root tip resection of the pathogenic teeth was then performed to observe the involved teeth's pulp activity and the postoperative recovery.

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**Received:** 01-Nov-2022, Manuscript No. DCR-22-19002; **Editor assigned:** 04-Nov-2022, Pre QC No. DCR-22-19002 (PQ); **Reviewed:** 18-Nov-2022, QC No. DCR-22-19002; **Revised:** 25-Nov-2022, Manuscript No. DCR-22-19002 (R); **Published:** 05-Dec-2022, DOI: 10.35248/2161-1122.22.12.610.

**Citation:** Mark W (2022) Managing the Pulp Activity of the Damaged Teeth in the Jaw Cyst. J Dentistry. 12:610.

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