



Note on Root Canal Treatment

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EDITORIAL

Root canal treatment, also known as endodontic, endodontic, or root canal treatment, is an infected pulp that aims to eliminate infections and protect decontaminated teeth from future microbial invasion. Treatment sequence root canals and associated pulp cavities are physical cavities within the tooth where nervous tissue, blood vessels, and other cellular units naturally inhabit together, these items form the pulp.

Endodontic treatment includes removal of these structures, disinfection and subsequent molding, cleaning and decontamination of cavities with a small file and cleaning solution, and obstructive filling of decontaminated tubes. Cleaning and decontaminating canal filling is done with inert filling, such as gutta-percha or usually zinc oxide eugenol-based cement. Epoxy resin is used in some root canal treatments to bind gutta-percha. Another option is to use a disinfectant filling material that contains paraformaldehyde, such as N₂.

Endodontic treatment includes primary and secondary endodontic treatment as well as peri-root canal surgery. It is commonly used for teeth that are still worth saving.

Diagnosis and preparation

X-ray of root canal surgery before performing endodontic treatment, the pulp and surrounding periapical tissue must be correctly diagnosed. This allows the endodontic to choose the most appropriate treatment option that allows for the preservation and longevity of the teeth and surrounding tissues. Treatment options for irreversibly inflamed pulp include either tooth extraction or pulp removal. By removing the infected / inflamed pulp tissue, the endodontic will help maintain the life and function of the tooth. The treatment options selected take into account the expected dental prognosis and the patient's wishes. A complete medical history is required, including the patient's symptoms and medical history, and the use of laboratory tests and diagnostic tests both inside and outside the mouth.

There are several diagnostic tests that can help diagnose the pulp and surrounding tissues. These include:

- Palpation is where the tip of the root is felt from the overlying tissues to see if there is any swelling or tenderness present.
- Mobility is assessing if there is more than normal movement of the tooth in the socket.
- Percussion TTP, tender to percussion, the tooth is tapped to see if there is any tenderness.
- Trans illumination shining a light through the tooth to see if there are any noticeable fractures.
- Tooth Sloth this is where the patient is asked to bite down upon a plastic instrument, useful if the patient complains of pain on biting as this can be used to localize the tooth.
- Gum test in situations where the teeth are very vulnerable, such as caries or cracks, and future infections are likely or unavoidable, pulp removal of the pulp tissue is recommended to prevent such infections.

Inflammation and / or infections are usually already present inside or below the teeth. To heal the infection and save the teeth, the dentist drills a hole in the pulp cavity and removes the infected pulp. Effective disinfectant and disinfectant use are required to achieve bacterial release. One of the most effective is the N₂ root canal material, which contains a small amount of paraformaldehyde. Nerves are excavated from the root canal using either a motor-driven file or a long needle-shaped hand instrument called an H-file and a K-file. In standard endodontic treatment, a gutta-percha cone point is inserted into a cleaned root canal with sealing cement. Another technique uses fused or heat-softened gutta-percha, which is injected or compressed into the root canal. However, gutta-percha shrinks as it cools, so thermal technology can be unreliable and a combination of technologies may be used. Gutta-percha is radiation opaque, so you can check later if the root canal passage is completely filled and free of air bubbles.

In rare cases, like any other material, the paste may be pushed over the apex of the root into the surrounding bone. In this case,

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formaldehyde is quickly converted to a harmless substance. Blood usually contains 2 mg of formaldehyde per liter, which the body regulates in seconds. The remaining overfill is gradually absorbed and usually gives good results. In 1991, the ADA Dental Care Council ruled that this treatment was "not recommended" and was not taught at American dental schools. Scientific evidence of endodontic treatment is still lacking. Despite this lack of support, Sargenti technology has supporters who believe that N2 is cheaper than and at least as secure as gutta-percha.

Anesthetics can be difficult to achieve pain control because they are inactivated by the acid in the abscess around the tip of the tooth. The abscess may be drained, antibiotics may be prescribed, and the procedure may be retried once the inflammation has subsided. You can also pull out your teeth and drain them to relieve pressure.