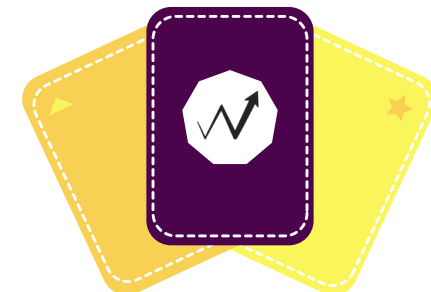


ENDODONTICS

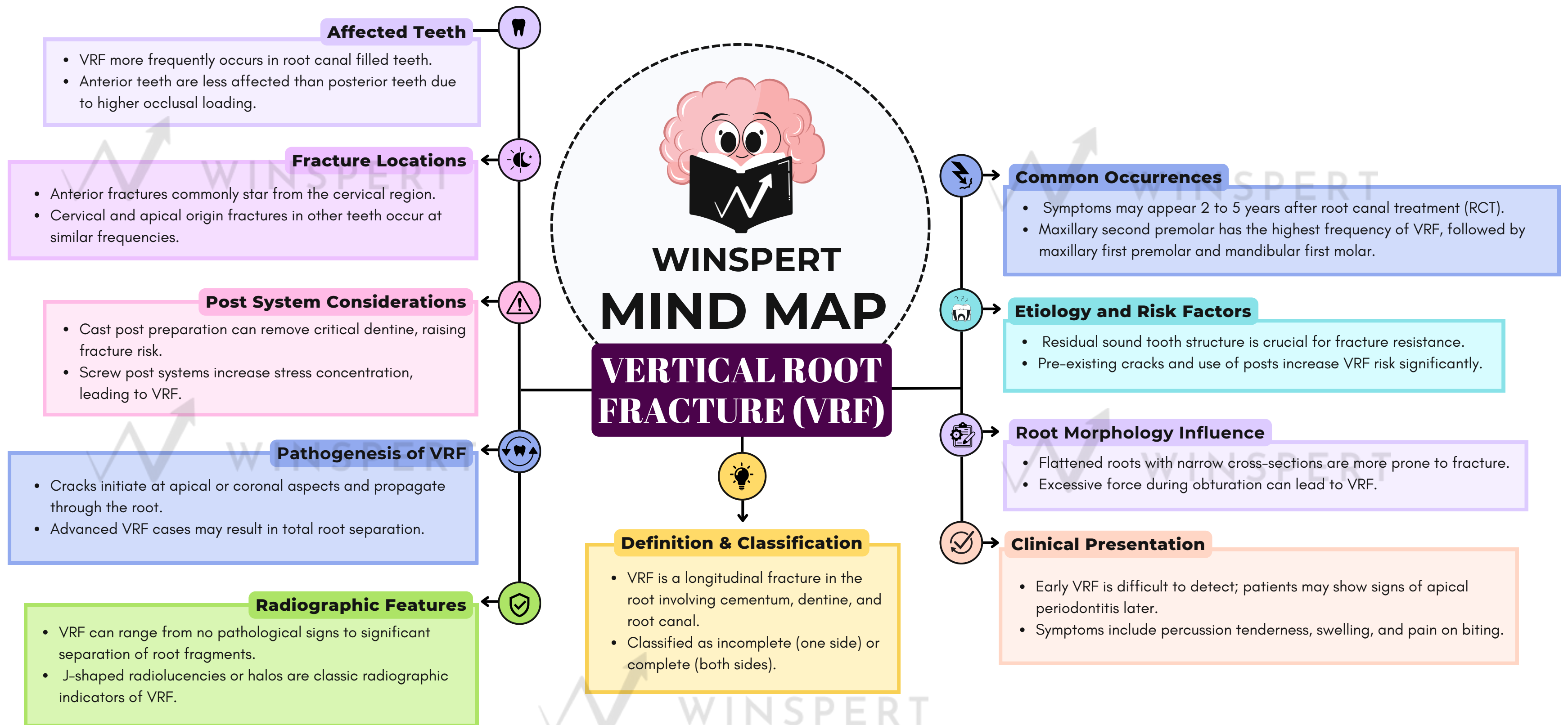
VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

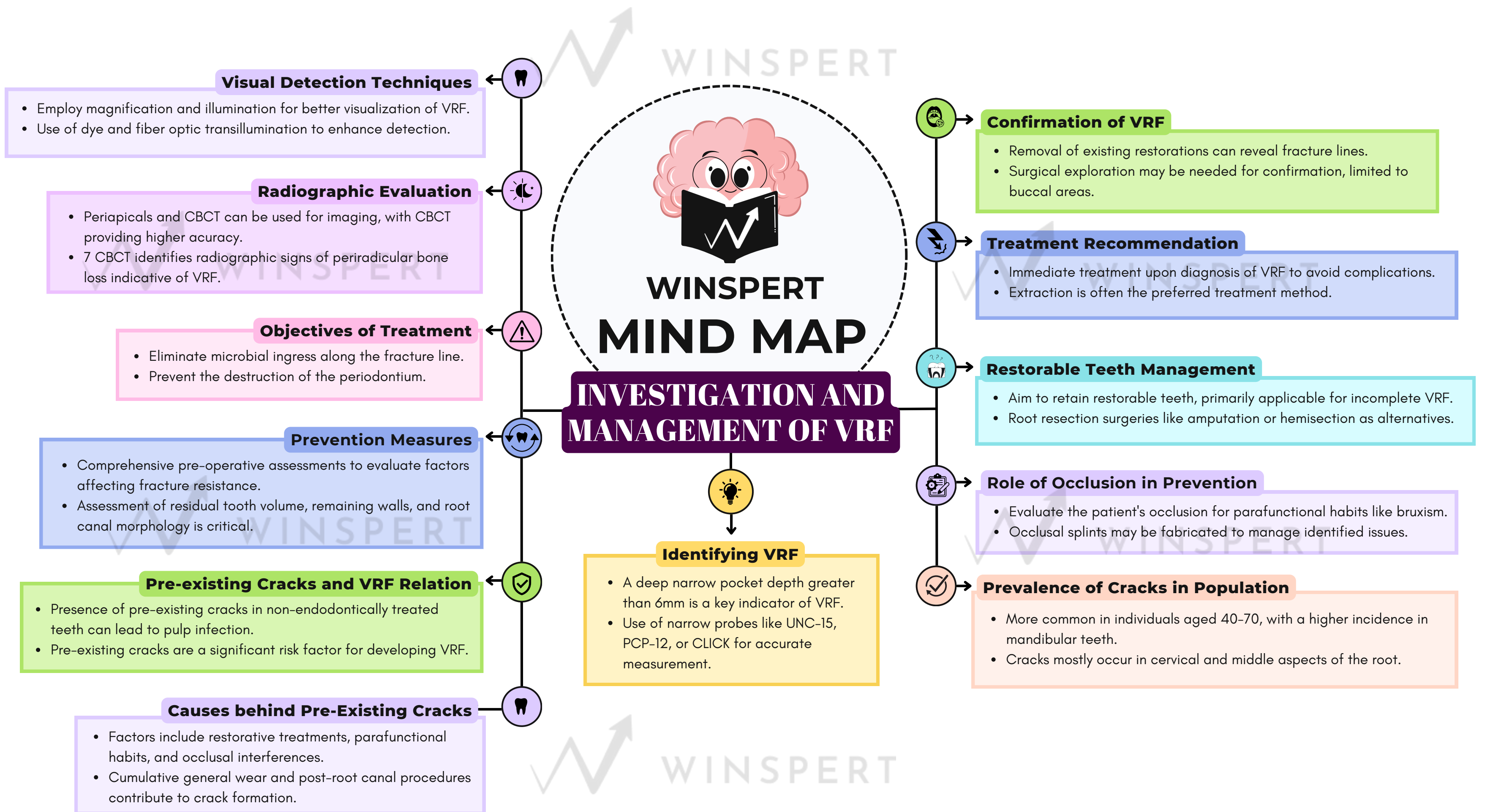


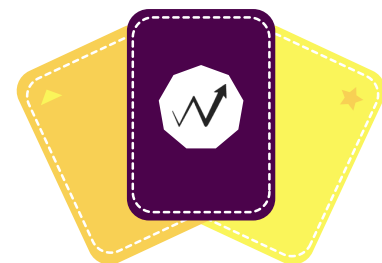
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





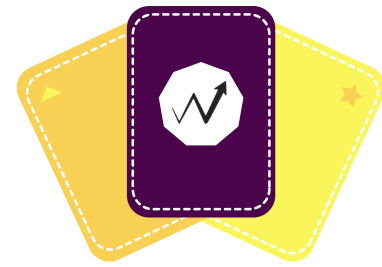


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 1

What is a vertical root fracture (VRF)?

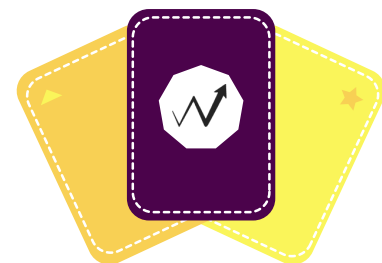


**WINSPERT
CUE CARDS**

VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 1

Vertical root fracture (VRF) is a longitudinal (axial) fracture involving the cementum, dentine, and root canal system of a root.

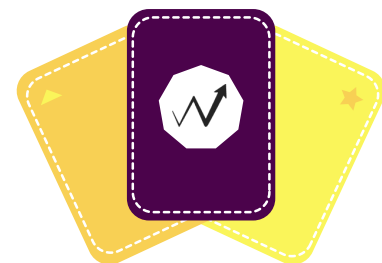


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 2

How are vertical root fractures classified?

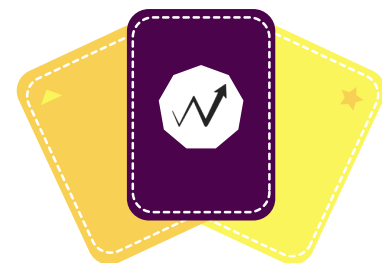


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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 2

Vertical root fractures are classified into three categories: Incomplete (involving one side of the root), Complete (extending from one proximal aspect to the opposite side), and Split tooth (showing visible separation of two components).

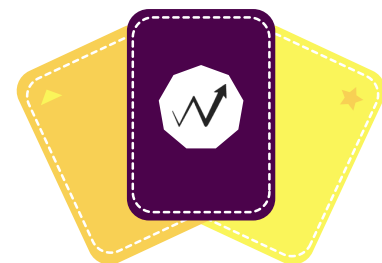


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 3

Where are vertical root fractures most frequently observed?



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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 3

VRF is most frequently seen in root canal filled teeth, but they can also occur in teeth with vital pulps.

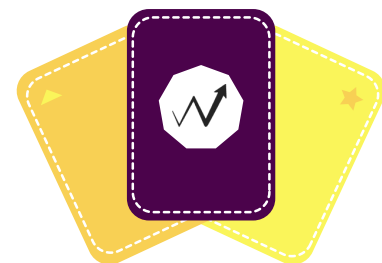


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 4

**What factors increase the risk
of a vertical root fracture?**

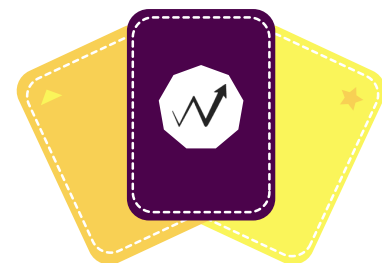


**WINSPERT
CUE CARDS**

VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 4

Factors that increase the risk of VRF include the use of posts in root-filled teeth, pre-existing cracks, excessive force during obturation, and the shape of the root, such as flattened roots with a narrow mesio-distal cross-section.

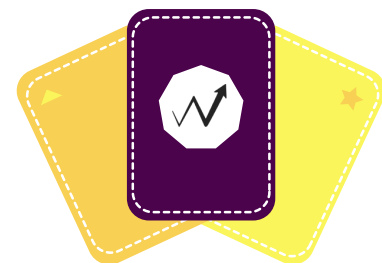


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 5

What are some symptoms associated with a progressing vertical root fracture?

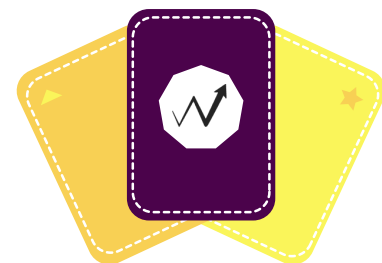


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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 5

Symptoms of a progressing VRF may include tenderness to percussion, swelling, tooth mobility, pain on biting, and the presence of multiple sinus tracts.

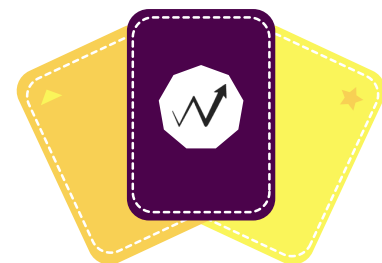


**WINSPERT
CUE CARDS**

**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 6

How can vertical root fractures be visually detected?

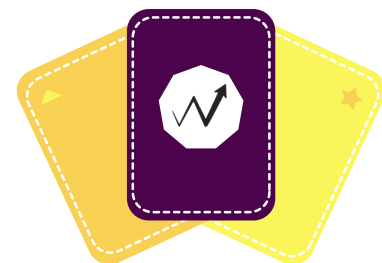


**WINSPERT
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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 6

To visually detect a VRF, magnification and illumination are essential, and confirmation may involve removing existing restoration and root filling materials to check for a fracture line.

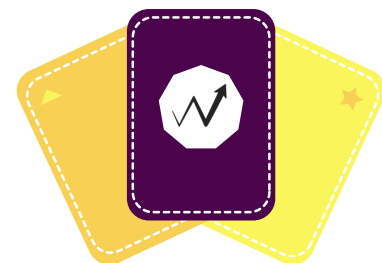


**WINSPERT
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**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 7

What radiographic signs can indicate a vertical root fracture?

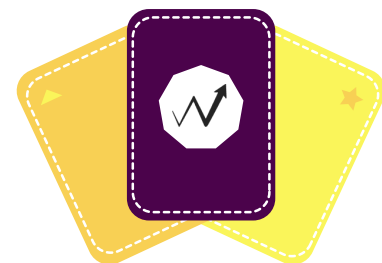


**WINSPERT
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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 7

Radiographic signs of VRF may vary from no obvious pathology to periradicular bone loss, vertical bone defects, and classic J-shaped radiolucency.



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**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 8

What is the primary treatment option for a tooth diagnosed with a vertical root fracture?



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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 8

The primary treatment option for a tooth diagnosed with VRF is usually extraction, although root resection surgeries may be considered in certain situations.



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**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 9

What preventive measures can be taken to reduce the risk of vertical root fractures?

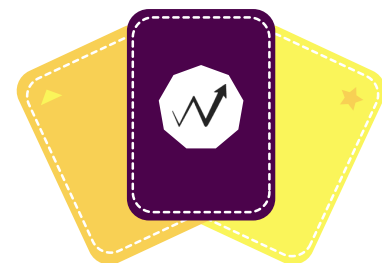


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**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Answer 9

Preventive measures include comprehensive pre-operative assessments, conserving sound tooth structure during procedures, and addressing any parafunctional habits, such as bruxism.



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**VERTICAL ROOT FRACTURE
PRE-EXISTING CRACKS IN ROOTS**

Question 10

What is the significance of pre-existing cracks in the context of vertical root fractures?



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VERTICAL ROOT FRACTURE PRE-EXISTING CRACKS IN ROOTS

Answer 10

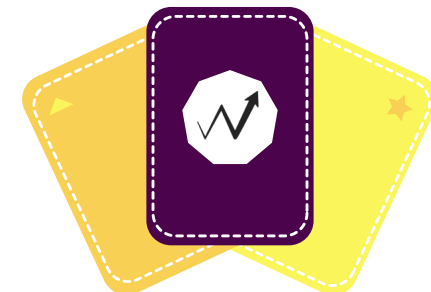
Pre-existing cracks are a well-established predisposing factor for VRF, as they can propagate under repetitive occlusal loading, leading to fractures.

ENDODONTICS

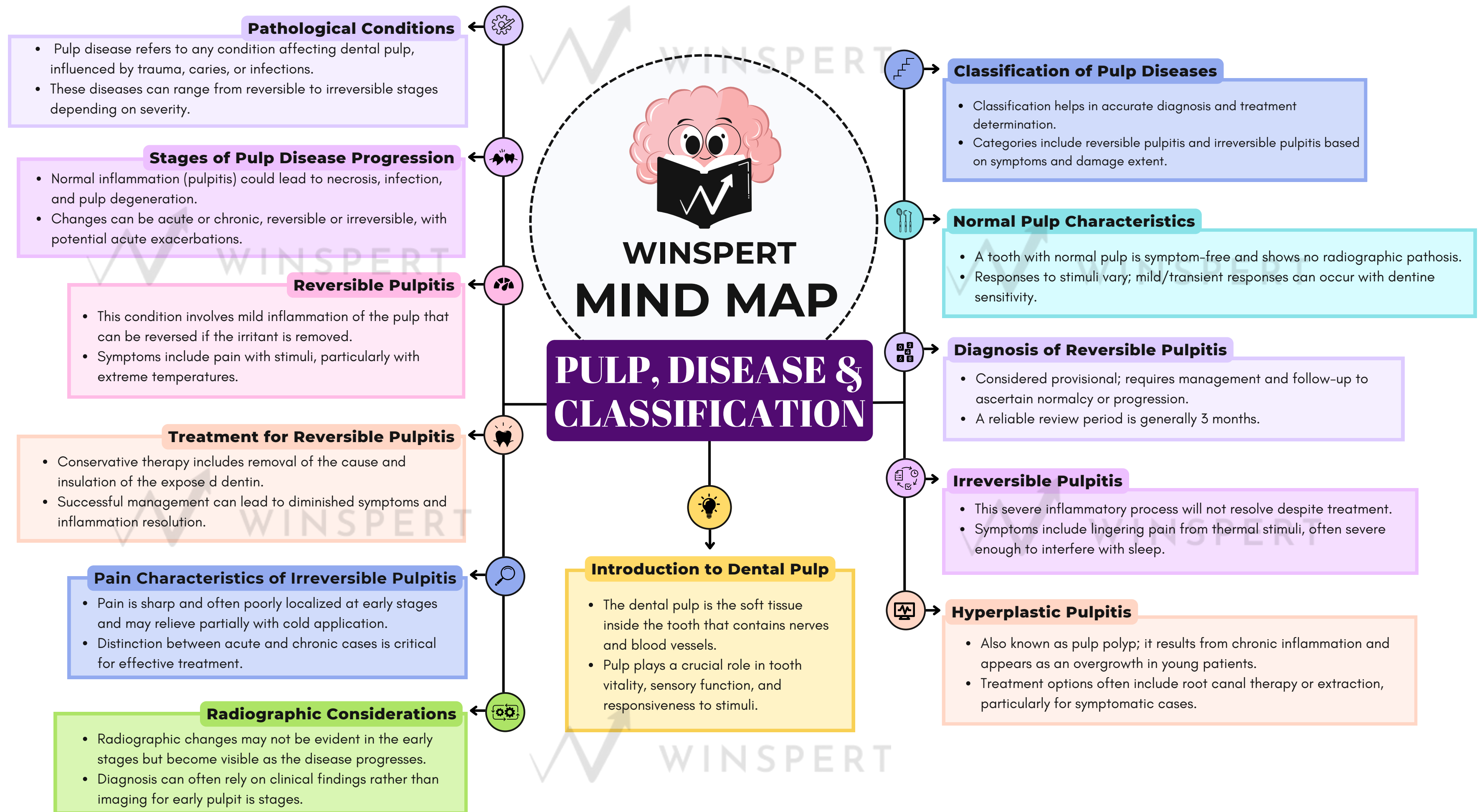
PULP, DISEASE AND CLASSIFICATION

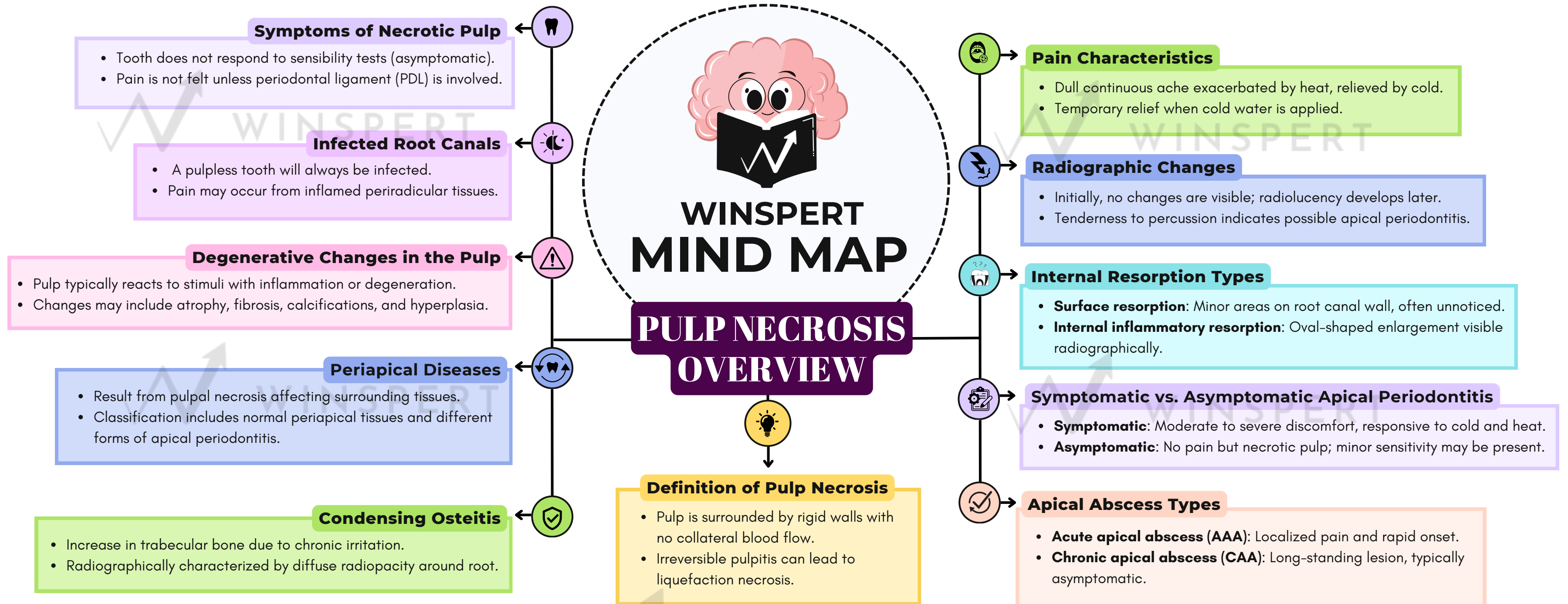


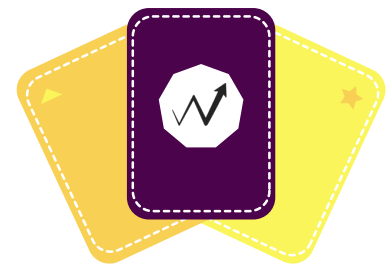
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA







**WINSPERT
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PULP, DISEASE AND CLASSIFICATION

Question 1

What is the dental pulp and what role does it play in tooth health?



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PULP, DISEASE AND CLASSIFICATION

Answer 1

The dental pulp is the soft tissue inside the tooth that contains nerves, blood vessels, and connective tissue. It plays a vital role in the tooth's vitality, sensory function, and response to stimuli.

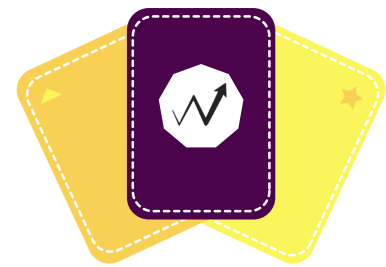


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PULP, DISEASE AND CLASSIFICATION

Question 2

**What is pulp disease and
how is it classified?**



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PULP, DISEASE AND CLASSIFICATION

Answer 2

Pulp disease refers to any pathological condition affecting the dental pulp, which can range from reversible to irreversible stages. It is classified based on the severity of the condition, symptoms, and extent of damage, including categories like reversible pulpitis and pulp necrosis.

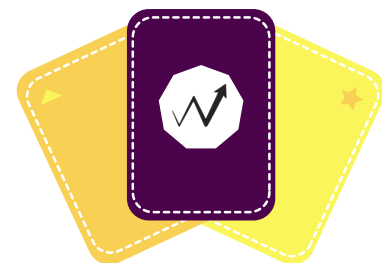


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PULP, DISEASE AND CLASSIFICATION

Question 3

**What is reversible pulpitis
and its characteristics?**



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PULP, DISEASE AND CLASSIFICATION

Answer 3

Reversible pulpitis is a clinical condition with mild inflammation in the pulp tissue. Symptoms are usually asymptomatic, with pain triggered by stimuli, especially cold, and pain ceasing immediately upon removal of the stimulus.



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PULP, DISEASE AND CLASSIFICATION

Question 4

How is irreversible pulpitis defined and what are its symptoms?

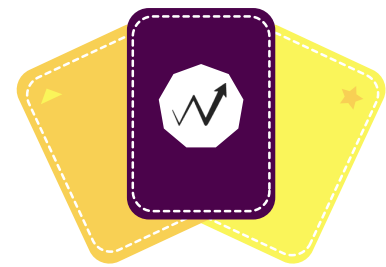


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PULP, DISEASE AND CLASSIFICATION

Answer 4

Irreversible pulpitis is a severe inflammatory process that will not resolve even if the cause is removed. Symptoms include lingering pain induced by thermal stimuli or spontaneous pain that may disturb the patient, often worsening at night.

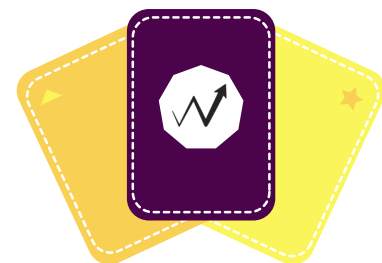


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PULP, DISEASE AND CLASSIFICATION

Question 5

What are the treatment options for irreversible pulpitis?

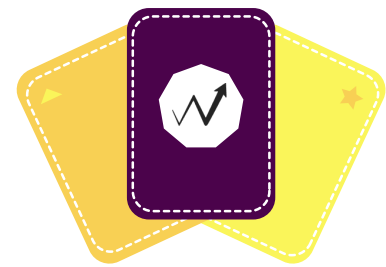


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PULP, DISEASE AND CLASSIFICATION

Answer 5

For irreversible pulpitis, root canal treatment or extraction is usually recommended, especially for teeth showing significant symptoms.



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PULP, DISEASE AND CLASSIFICATION

Question 6

What is pulp necrosis and when should it be suspected?

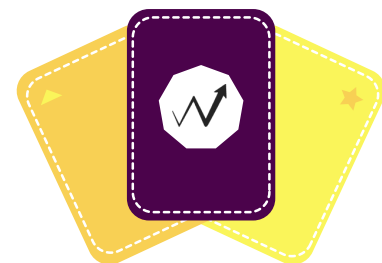


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PULP, DISEASE AND CLASSIFICATION

Answer 6

Pulp necrosis occurs when the pulp dies, leading to liquefaction necrosis. It should be suspected when the tooth does not respond to pulp sensibility tests, and may sometimes be associated with dull continuous ache.

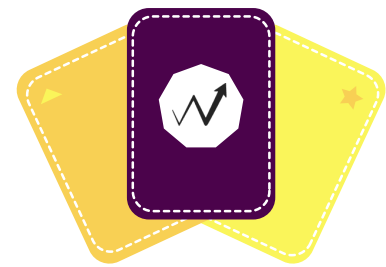


**WINSPERT
CUE CARDS**

PULP, DISEASE AND CLASSIFICATION

Question 7

**What are the typical
radiographic changes
associated with pulp necrosis?**

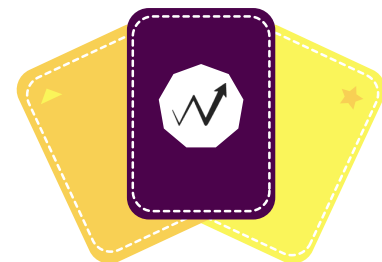


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PULP, DISEASE AND CLASSIFICATION

Answer 7

In early stages, no radiographic changes are seen, but within 2-10 months, radiolucency may develop, indicating periapical involvement due to necrosis.



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PULP, DISEASE AND CLASSIFICATION

Question 8

**What are periapical diseases
and how are they
categorized?**

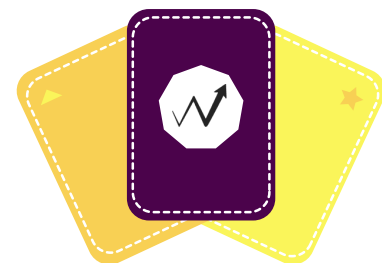


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PULP, DISEASE AND CLASSIFICATION

Answer 8

Periapical diseases are pathologic changes that occur in the periradicular tissues as a consequence of pulpal diseases. They can be categorized as normal periapical tissues, symptomatic apical periodontitis, asymptomatic apical periodontitis, condensing osteitis, and apical abscess.



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PULP, DISEASE AND CLASSIFICATION

Question 9

What is the difference between symptomatic and asymptomatic apical periodontitis?

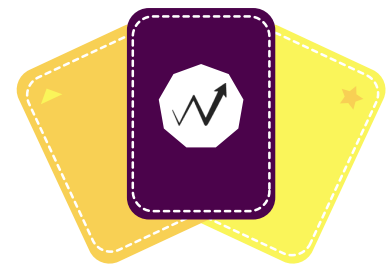


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PULP, DISEASE AND CLASSIFICATION

Answer 9

Symptomatic apical periodontitis (SAP) involves moderate to severe spontaneous discomfort and sensitivity, while asymptomatic apical periodontitis (AAP) is clinically asymptomatic despite pulpal necrosis and may present with slight sensitivity to palpation.

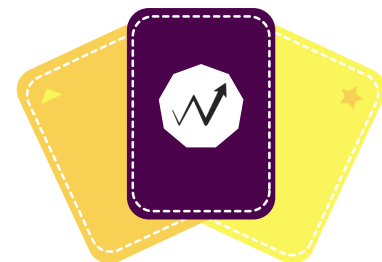


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PULP, DISEASE AND CLASSIFICATION

Question 10

**What is condensing osteitis
and how does it appear
radiographically?**



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PULP, DISEASE AND CLASSIFICATION

Answer 10

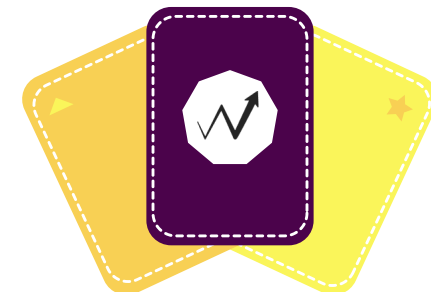
Condensing osteitis is a variant of asymptomatic apical periodontitis characterized by increased trabecular bone in response to persistent irritation. Radiographically, it shows a diffuse concentric arrangement of radiopacity around the root of the tooth.

ENDODONTICS

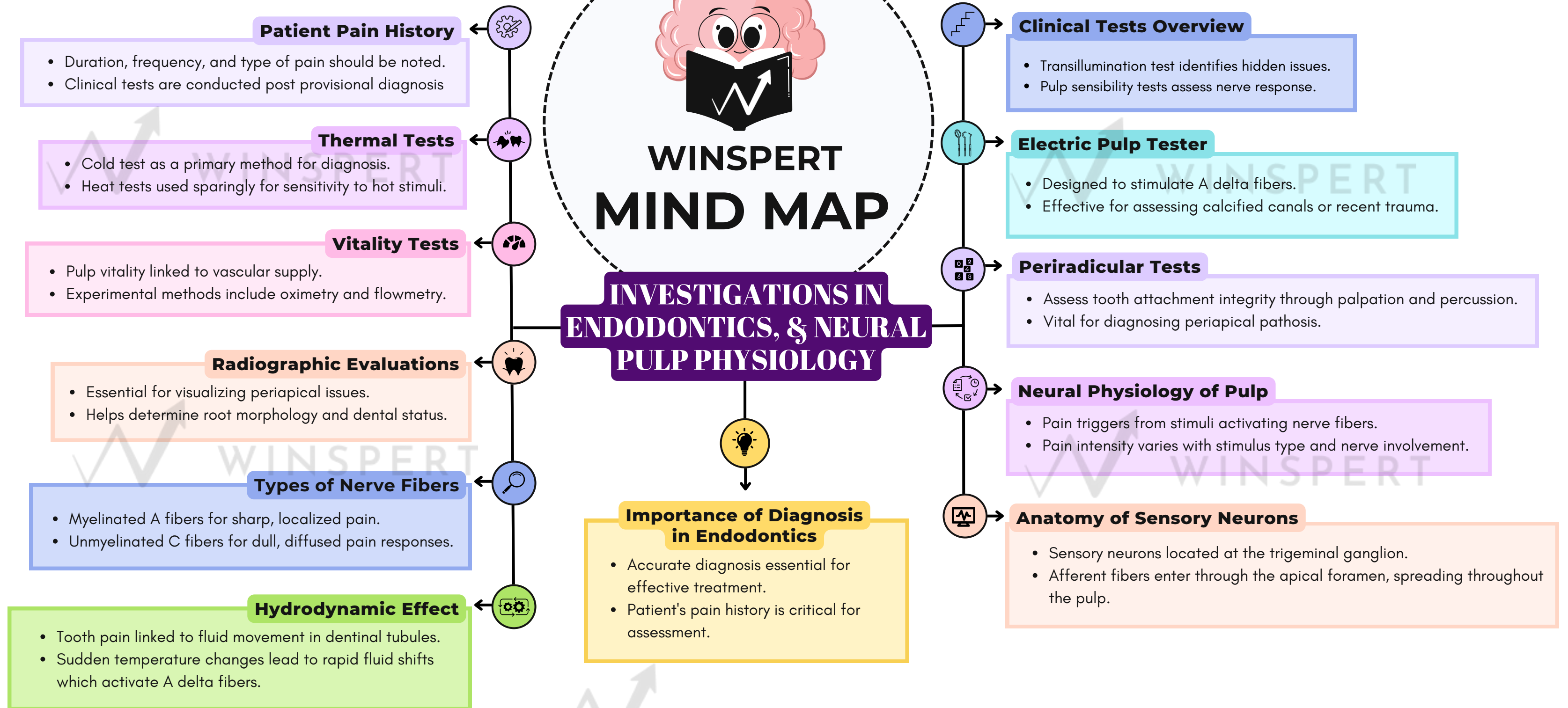
INVESTIGATIONS IN ENDODONTICS, AND NEURAL PULP PHYSIOLOGY

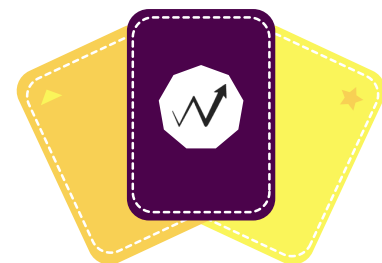


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 1

**What is the purpose of
diagnosis in endodontics?**

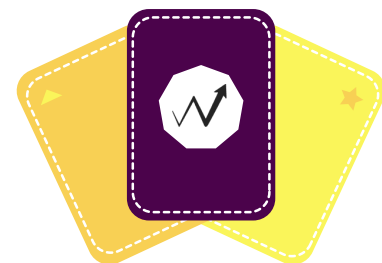


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INVESTIGATIONS IN ENDODONTICS, AND NEURAL PULP PHYSIOLOGY

Answer 1

The purpose of diagnosis in endodontics is to assess the condition of the tooth and provide appropriate treatment in a timely manner.

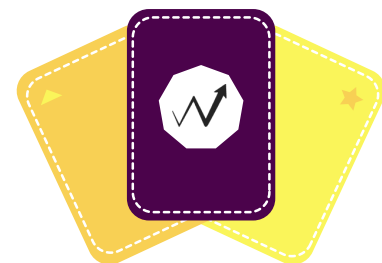


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 2

**What is the first clinical data
a dentist must collect
regarding a patient's pain?**

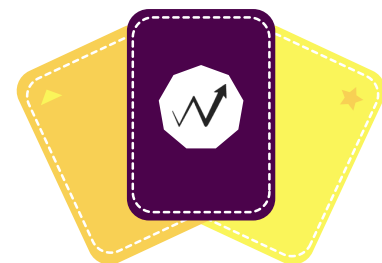


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 2

The first clinical data to collect includes the type, duration, frequency, aggravating factors, effect of analgesic, and tenderness to biting.

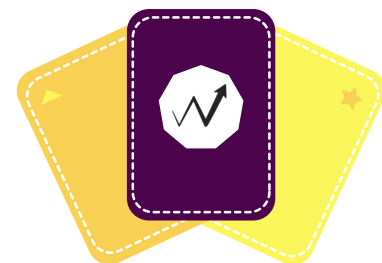


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 3

What initial examination is conducted after a provisional diagnosis in endodontics?

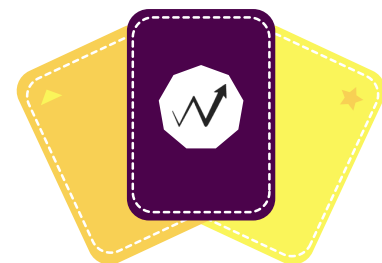


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INVESTIGATIONS IN ENDODONTICS, AND NEURAL PULP PHYSIOLOGY

Answer 3

Clinical (intraoral and extraoral) and radiographic examinations are conducted to confirm the provisional diagnosis.

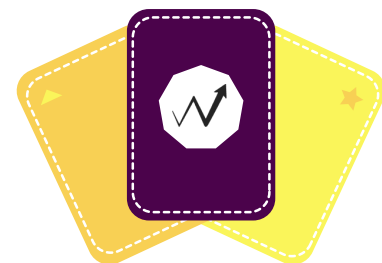


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 4

**What does the
transillumination test in
endodontics reveal?**

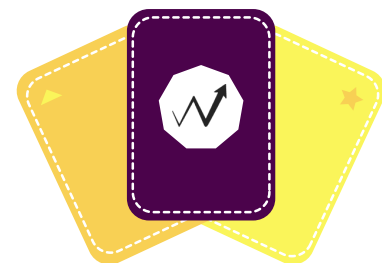


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INVESTIGATIONS IN ENDODONTICS, AND NEURAL PULP PHYSIOLOGY

Answer 4

The transillumination test may reveal hidden decay or fractures in the tooth.

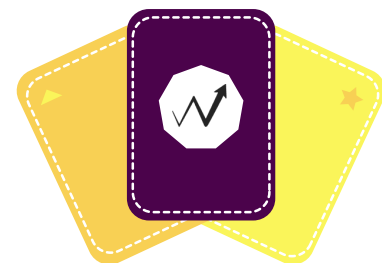


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CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 5

**What do pulp sensibility tests
assess in endodontics?**

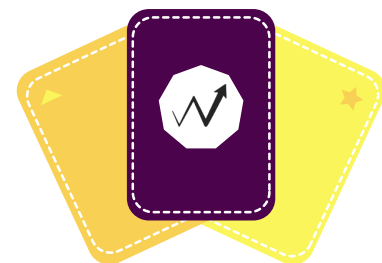


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 5

Pulp sensibility tests measure the ability of pulp nerve fibers to respond to stimuli and determine if there is nerve response or not.

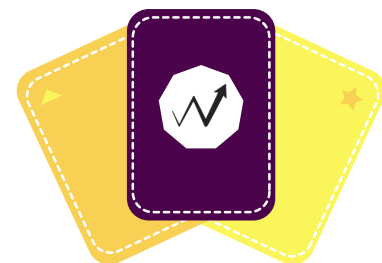


**WINSPERT
CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 6

**How are thermal tests used in
endodontic diagnosis?**

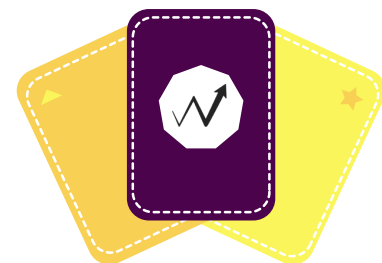


**WINSPERT
CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 6

Thermal tests depend on the outward and inward movement of dentinal fluid and help in diagnosing pulp vitality, particularly through cold or heat stimuli.

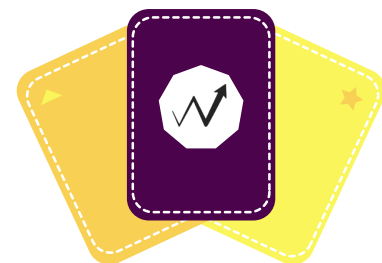


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CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 7

What is the main function of the electric pulp tester in endodontics?

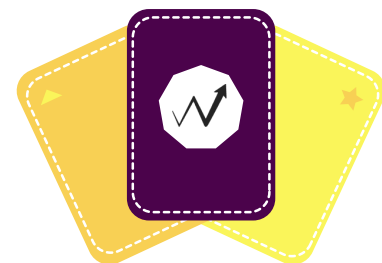


**WINSPERT
CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 7

The electric pulp tester is designed to deliver electric current to stimulate the closest myelinated A delta fibers, helping to assess pulp vitality.

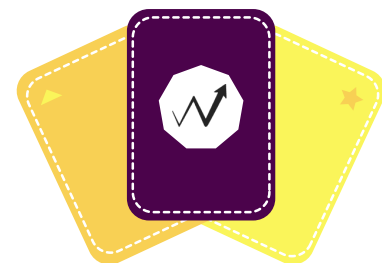


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CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 8

**What methods are available
for measuring pulp vitality
experimentally?**

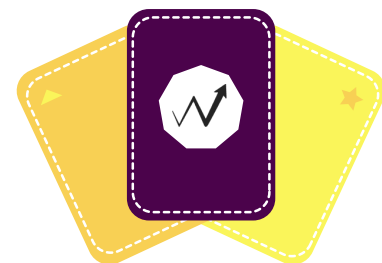


**WINSPERT
CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 8

Experimental methods for measuring pulp vitality include pulp oximetry, laser Doppler flowmetry, and dual-wavelength spectrophotometry.

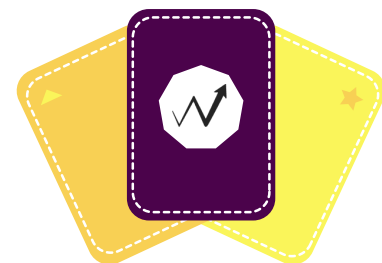


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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 9

What types of nerve fibers are found in the dental pulp?

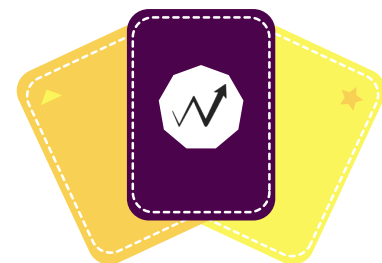


**WINSPERT
CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 9

The dental pulp contains myelinated A fibers (A delta and A beta) and unmyelinated C fibers, each responsible for different pain sensations.

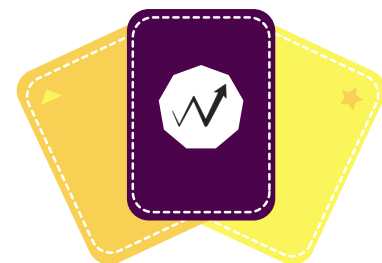


**WINSPERT
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**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Question 10

**How do C fibers in the pulp
influence the sensation of
pain?**



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CUE CARDS**

**INVESTIGATIONS IN ENDODONTICS,
AND NEURAL PULP PHYSIOLOGY**

Answer 10

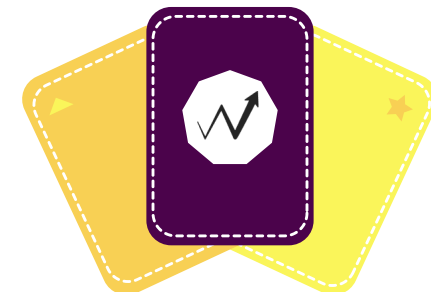
C fibers generate a slow, dull, and aching pain that is less excitable than A fibers and can survive in hypoxic conditions, affecting pain sensation during root canal preparation.

ENDODONTICS

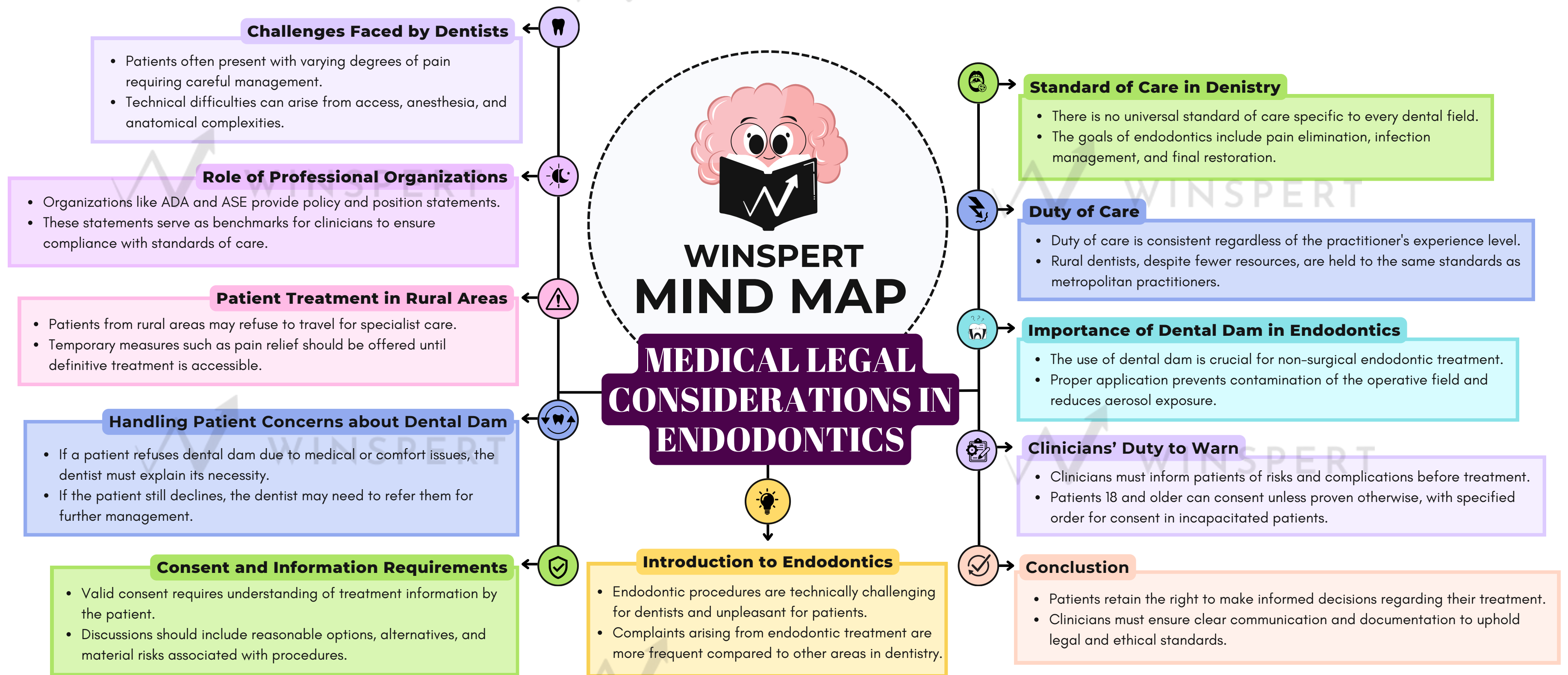
MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

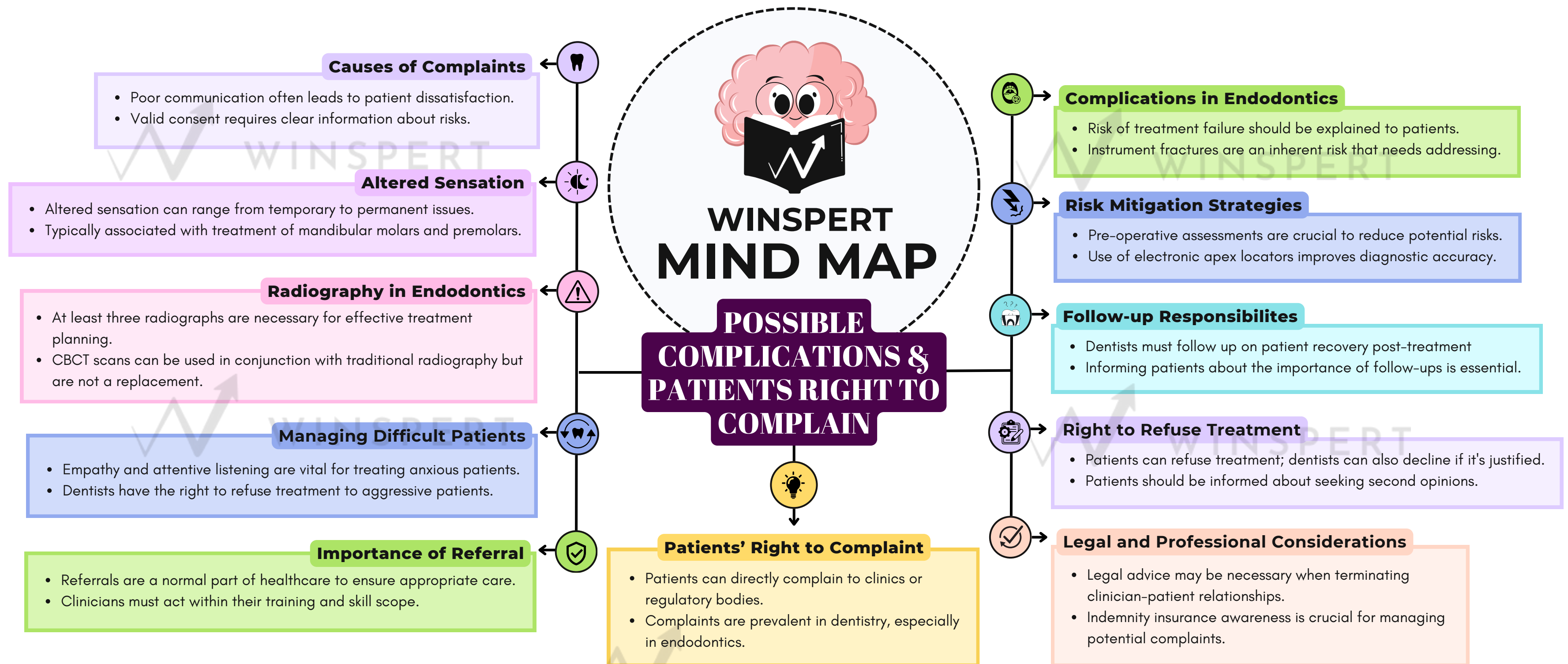


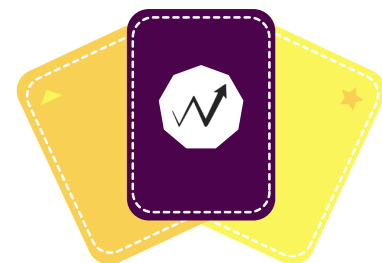
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





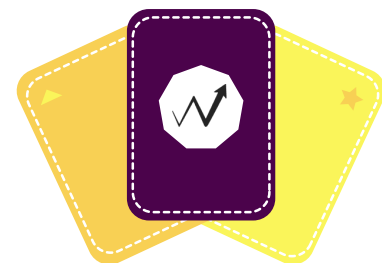


**WINSPERT
CUE CARDS**

MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 1

What are the common challenges faced during endodontic procedures?

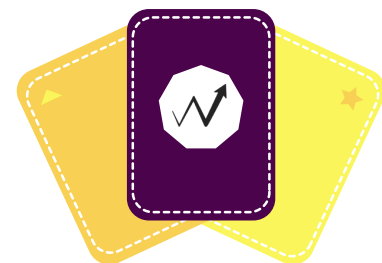


**WINSPERT
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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 1

Endodontic procedures can be technically challenging for dentists and unpleasant for patients. Common challenges include access difficulties, anesthesia issues, and anatomical complexities, which can lead to patient complaints.

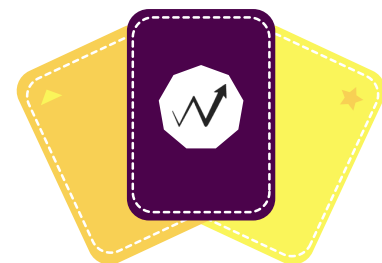


**WINSPERT
CUE CARDS**

**MEDICAL LEGAL CONSIDERATIONS
IN ENDODONTICS**

Question 2

**What is the standard of care
in endodontics?**

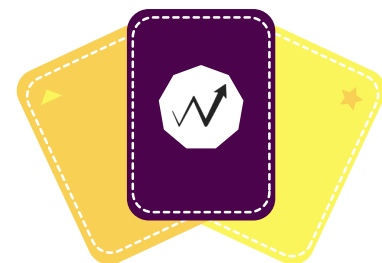


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 2

There is no published standard of care specific to every field of dentistry. The goals of endodontics include pain elimination, infection management, disinfection, filling of the root canal system, and final restoration.

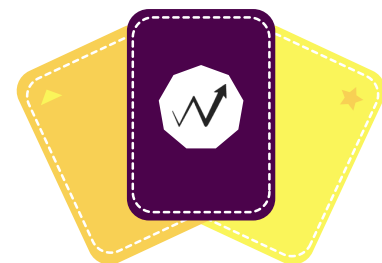


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**MEDICAL LEGAL CONSIDERATIONS
IN ENDODONTICS**

Question 3

What is the role of position statements from professional organizations in endodontics?

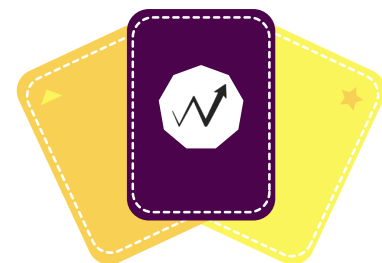


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 3

Position statements from professional organizations serve as benchmarks for clinicians to ensure they practice within the expected standard of care, even though the ADA has no specific statements regarding endodontic treatment.

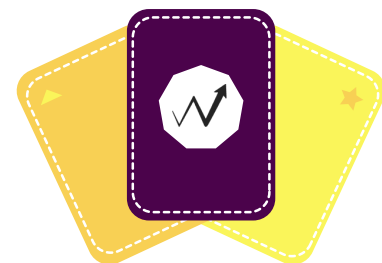


**WINSPERT
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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 4

What is the importance of using a dental dam during endodontic procedures?

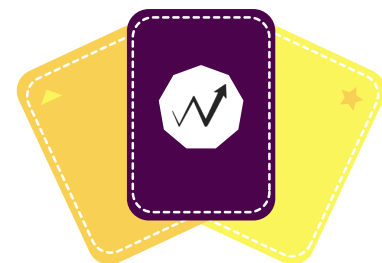


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 4

A dental dam is essential in endodontics as it reduces bacterial contamination, protects the patient's airway, and minimizes contaminated aerosols. Without it, instruments should not be introduced to the root canal system.

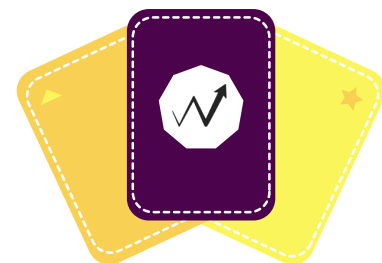


**WINSPERT
CUE CARDS**

MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 5

What should a dentist do if a patient refuses the use of a dental dam?

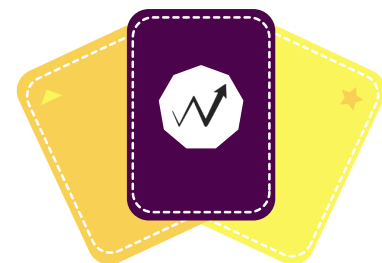


**WINSPERT
CUE CARDS**

MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 5

The dentist must explain the importance of the dental dam. If the patient still cannot or will not tolerate it, the dentist is responsible for declining to proceed with treatment and may need to refer the patient for specialist care.

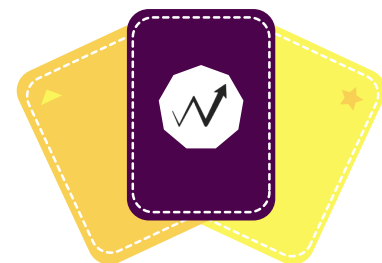


**WINSPERT
CUE CARDS**

MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 6

**What are the requirements
for valid patient consent in
medical procedures?**

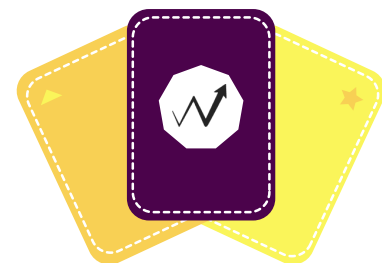


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 6

To gain valid consent, the patient must have the capacity to consent, understand the information provided, and be informed about all reasonable options, alternatives, and associated risks of the proposed treatment.

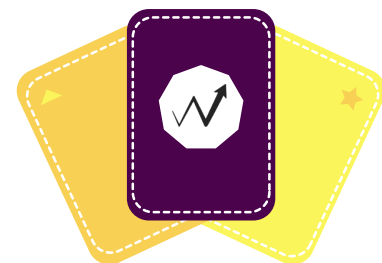


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 7

What rights do patients have if they believe they have been subjected to malpractice in dentistry?

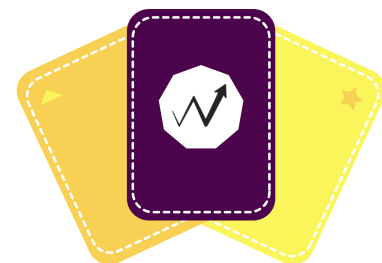


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 7

Patients have the right to make a complaint directly to the clinic, professional organizations, or regulatory bodies if they suffer harm or believe they have experienced malpractice.

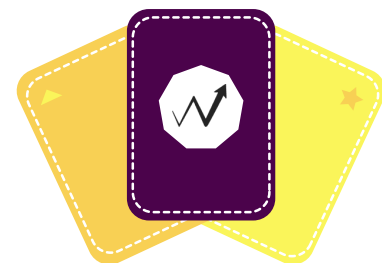


**WINSPERT
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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 8

What is the significance of follow-up appointments in endodontics?

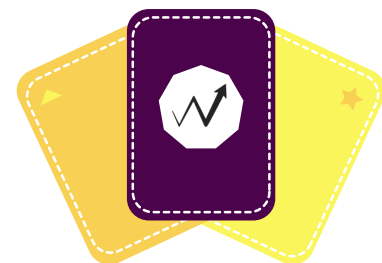


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 8

Dentists have a duty to follow up with patients to ensure appropriate healing and manage complications. Patients must be informed of the importance of attending these appointments and the consequences of not doing so.

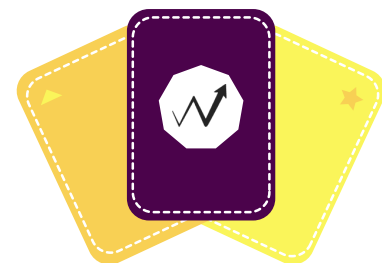


**WINSPERT
CUE CARDS**

MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 9

**What is the dentist's
responsibility regarding patient
anxiety during treatment?**

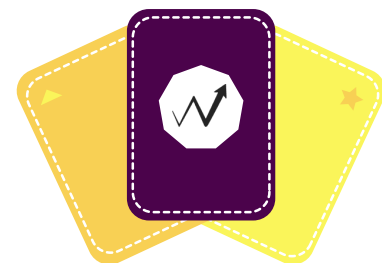


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 9

Dentists need to manage anxious patients with extra time and a calm approach. Empathy and listening skills are essential for making the patient comfortable during treatment.

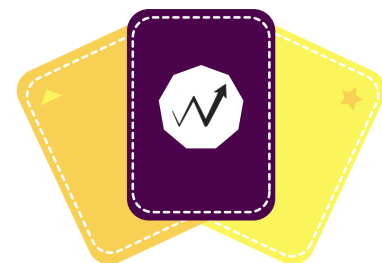


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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Question 10

How should a dentist handle a situation where a patient demands treatment beyond the clinician's scope?



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MEDICAL LEGAL CONSIDERATIONS IN ENDODONTICS

Answer 10

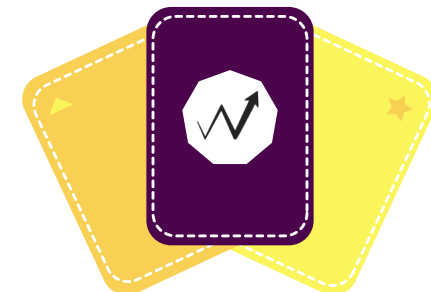
The dentist has the right to refuse treatment if it is not for discriminatory reasons. They must inform the patient about seeking a second opinion and facilitate the transfer of clinical information if necessary.

ENDODONTICS

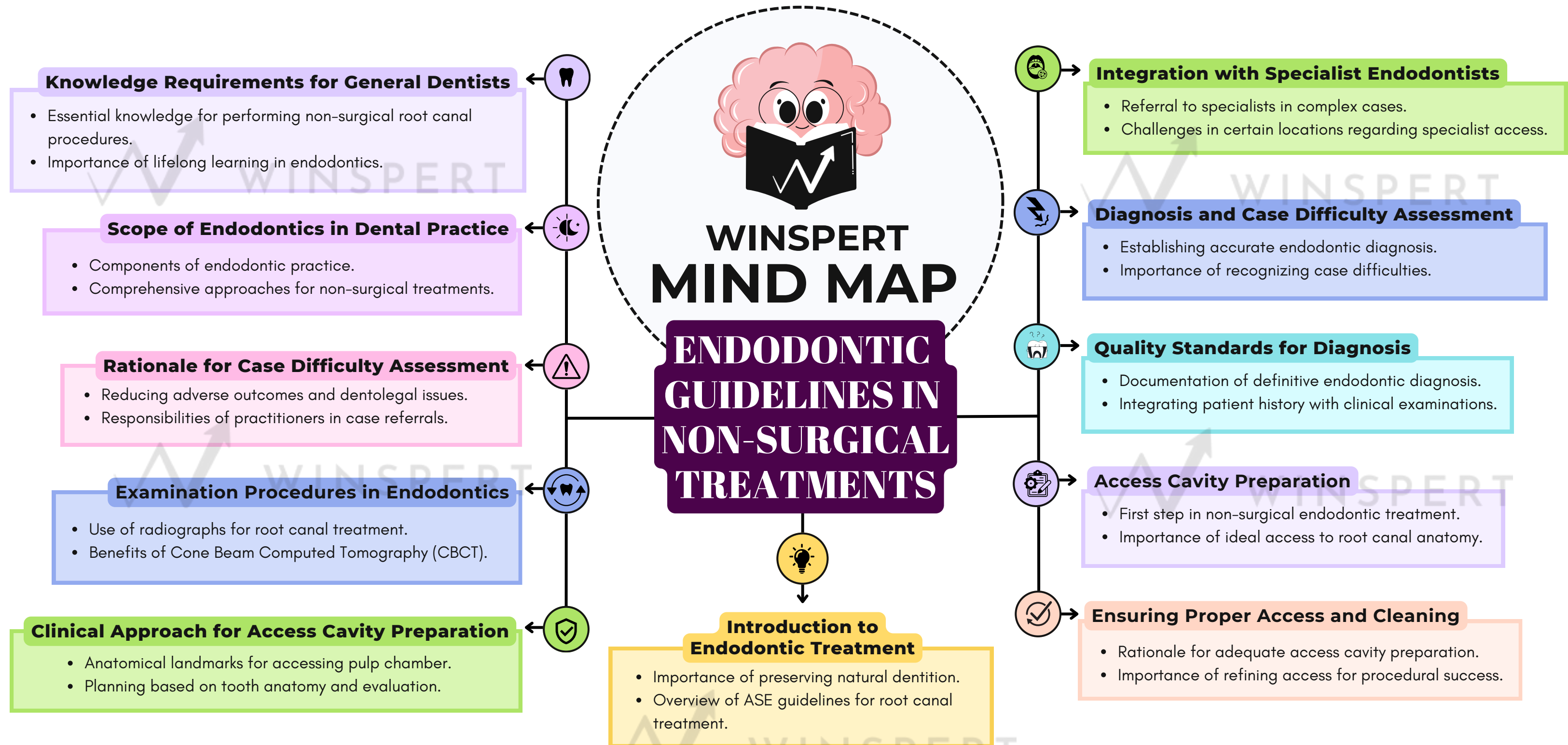
ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

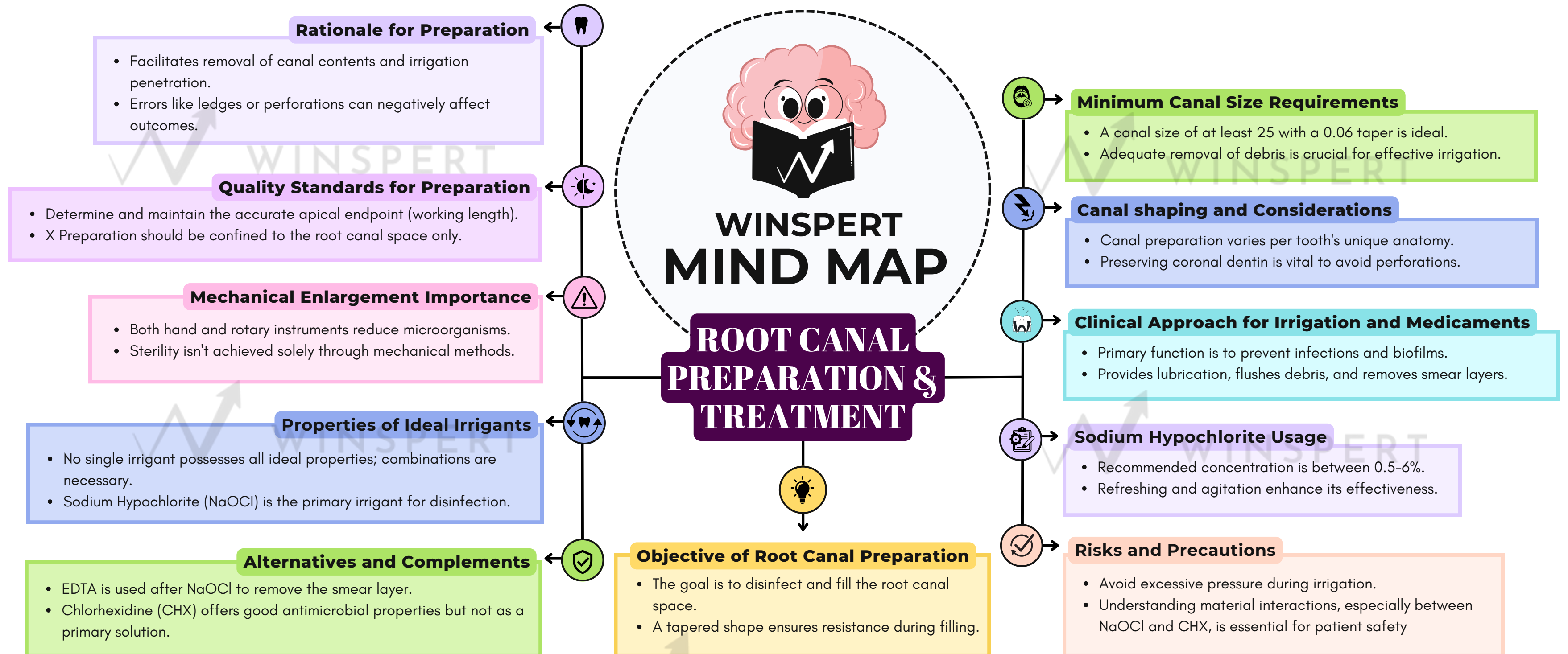


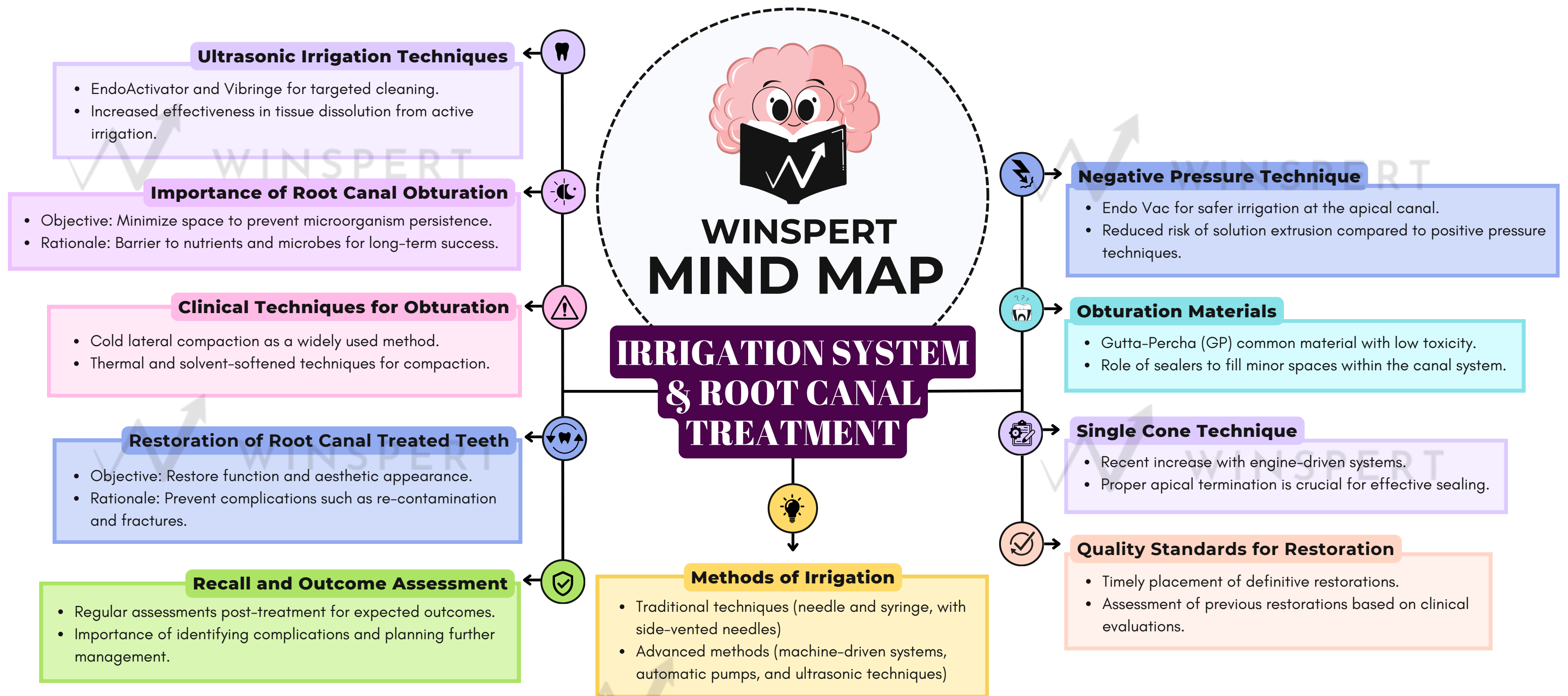
MIND MAP & CUE CARDS

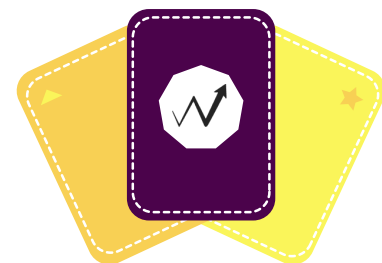


BY DR. JIGYASA SHARMA







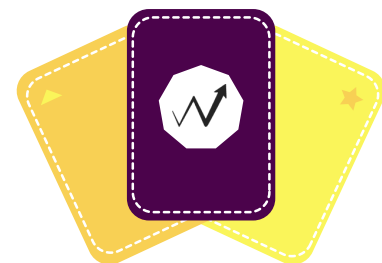


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CUE CARDS**

**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 1

**What is the primary
objective of endodontic
treatment?**

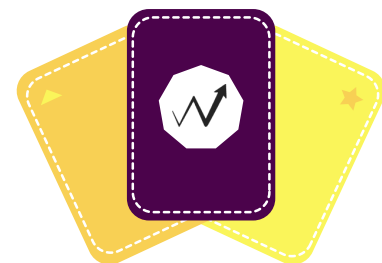


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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 1

The primary objective of endodontic treatment is to preserve the natural dentition through the prevention and/or treatment of pulpal and periradicular pathosis.

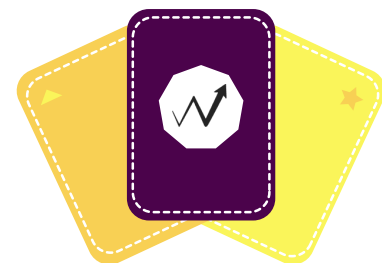


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 2

**Who developed the guidelines
for contemporary practice
standards in root canal
treatment?**

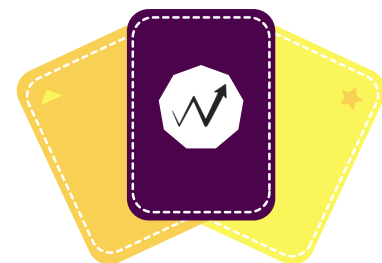


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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 2

The guidelines for contemporary practice standards in root canal treatment were developed by the Australian Society of Endodontology Inc. (ASE).

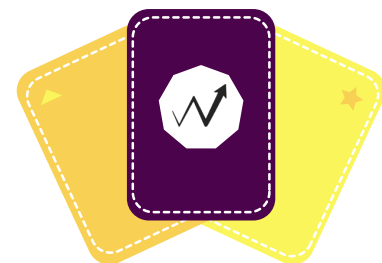


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 3

**What is essential before
initiating root canal
treatment?**



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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 3

Before initiating root canal treatment, a definitive endodontic diagnosis should be documented, and the restorability of the tooth should be assessed.

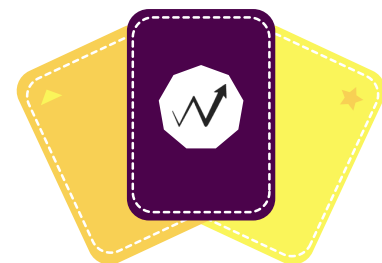


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 4

**What is the rationale for
conducting a case difficulty
assessment prior to
treatment?**

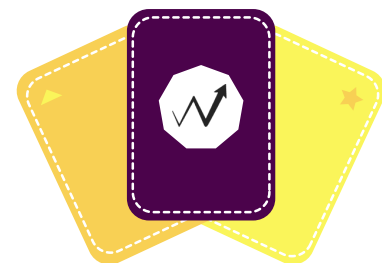


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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 4

Recognizing and understanding case difficulties prior to treatment can reduce adverse outcomes for the patient and mitigate the risk of dentolegal problems for dental practitioners.

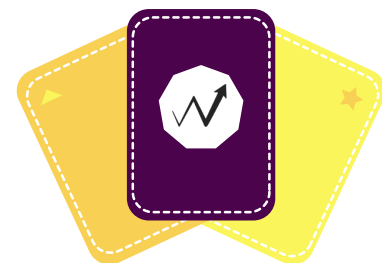


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 5

What is the recommended isolation technique during root canal treatment?

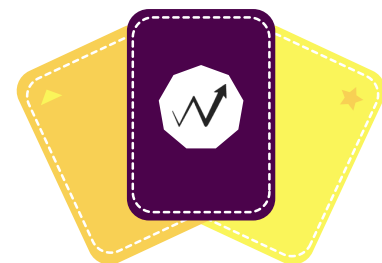


**WINSPERT
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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 5

The recommended isolation technique during root canal treatment is the use of a rubber dam.



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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 6

**What is the main purpose of
root canal irrigation during
treatment?**

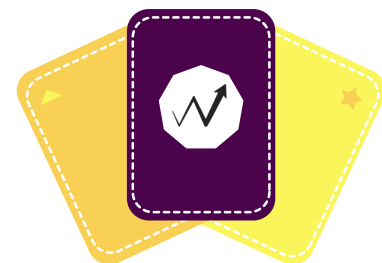


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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 6

The primary purpose of using root canal irrigants during treatment is to treat and prevent the recurrence of infection and biofilms within the root canal system.

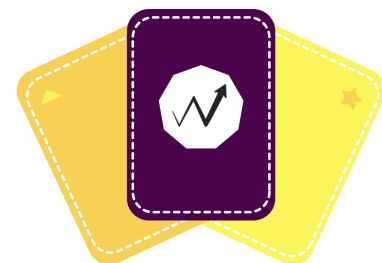


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 7

Why is sodium hypochlorite used as a primary irrigant in root canal preparation?

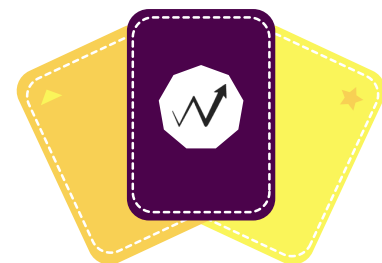


**WINSPERT
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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 7

Sodium hypochlorite is used as a primary irrigant because it disinfects and dissolves organic material in the root canal.

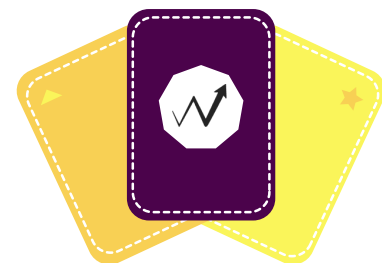


**WINSPERT
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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 8

**What should be the
termination point of root
canal obturation?**

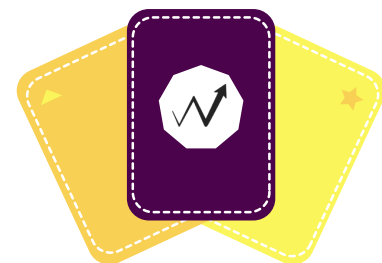


**WINSPERT
CUE CARDS**

ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 8

Root canal obturation should terminate within 0-1mm from the working length (WL) and should be well compacted.

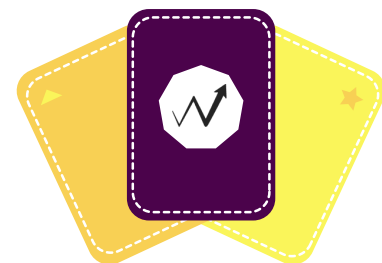


**WINSPERT
CUE CARDS**

**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 9

What is the objective of restoring root canal treated teeth?

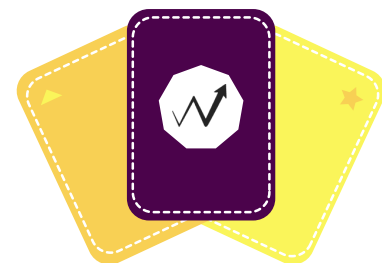


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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 9

The restoration of root canal treated teeth aims to return the tooth to aesthetic and occlusal function and to prevent subsequent complications.

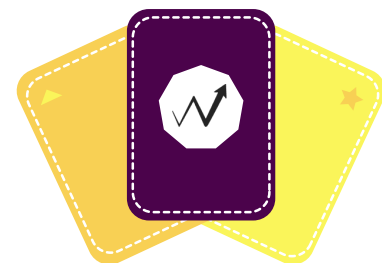


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**ENDODONTIC GUIDELINES IN
NON-SURGICAL TREATMENTS**

Question 10

**What is the importance of
regular recall appointments
after root canal treatment?**



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ENDODONTIC GUIDELINES IN NON-SURGICAL TREATMENTS

Answer 10

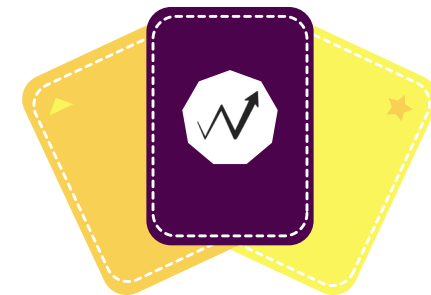
Regular recall appointments after root canal treatment are necessary to assess whether the procedure has led to the expected outcome and to identify possible complications.

ENDODONTICS

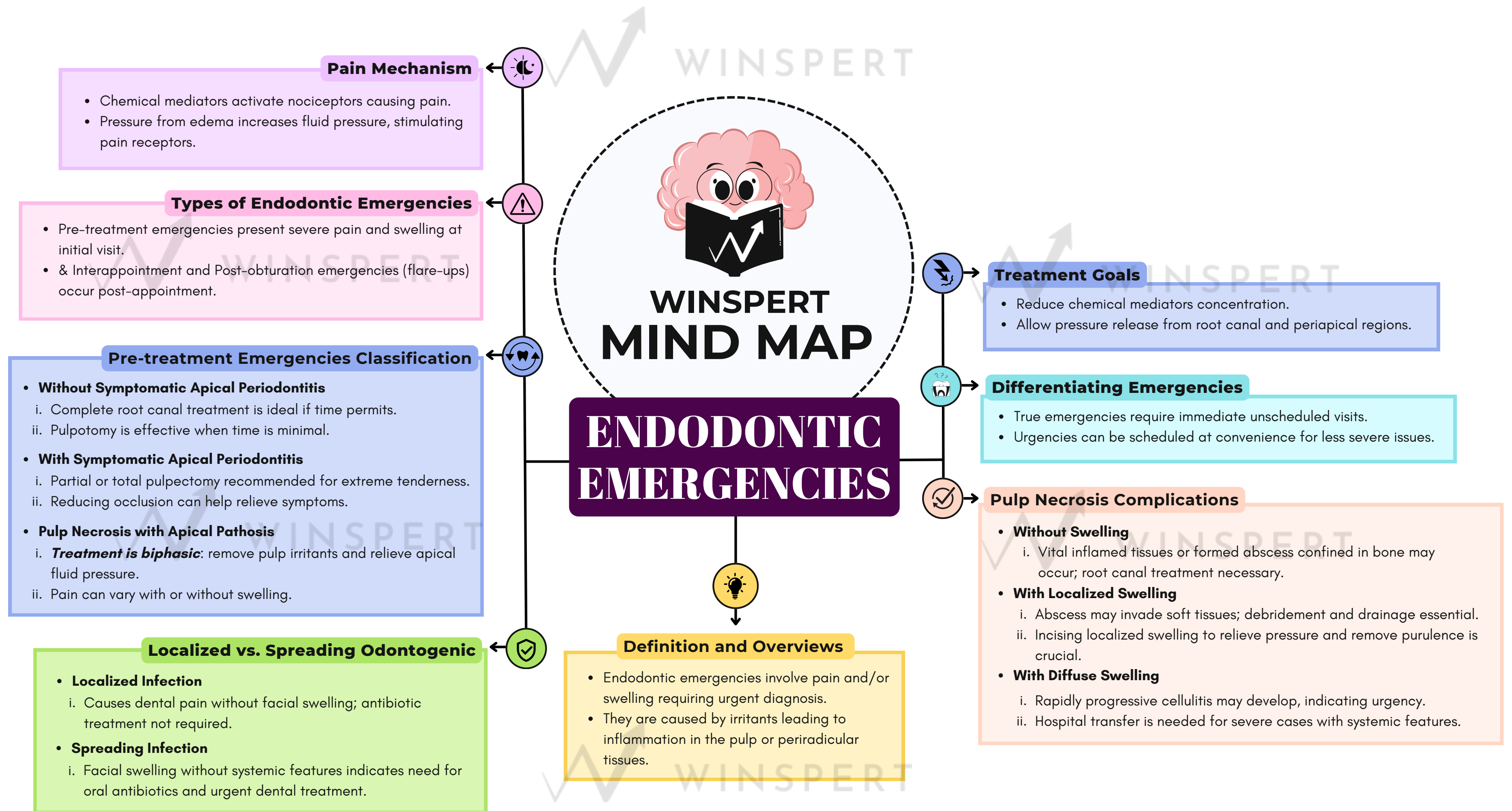
ENDODONTIC EMERGENCIES

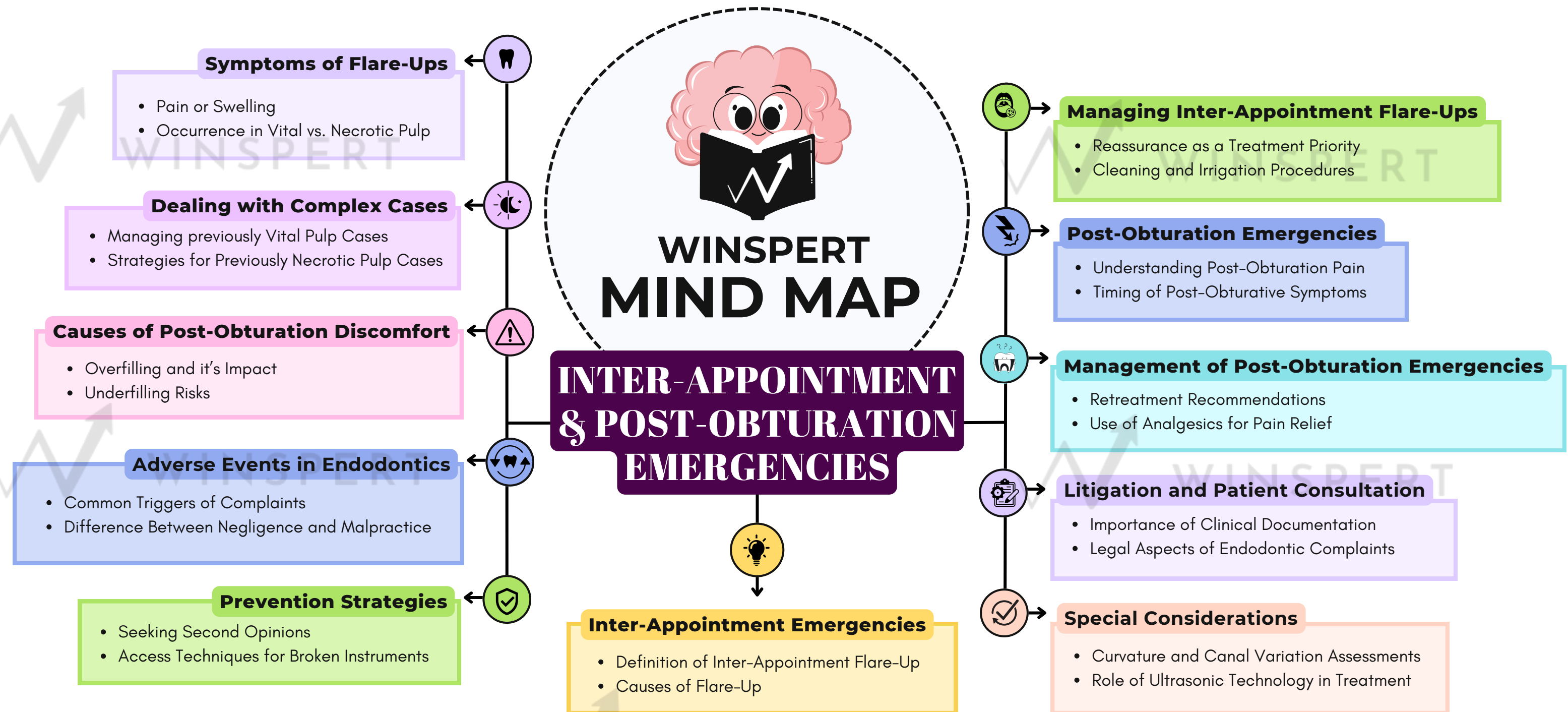


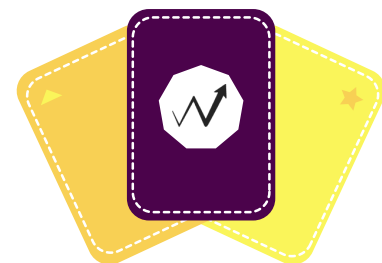
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





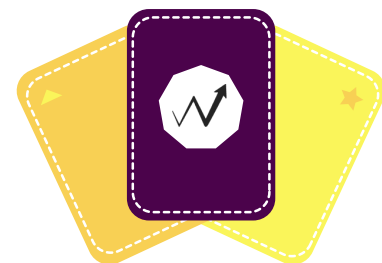


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 1

What are the common symptoms associated with endodontic emergencies?

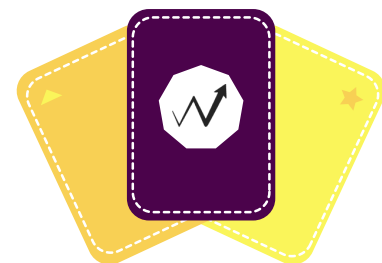


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ENDODONTIC EMERGENCIES

Answer 1

Endodontic emergencies are usually associated with pain and/or swelling and require immediate diagnosis and treatment.

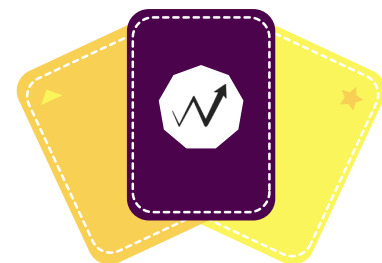


**WINSPERT
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ENDODONTIC EMERGENCIES

Question 2

What are the main causes of pain in endodontic emergencies?

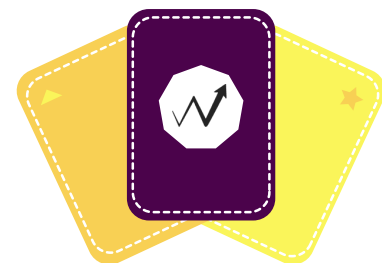


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CUE CARDS**

ENDODONTIC EMERGENCIES

Answer 2

Pain results from two factors related to inflammation: chemical mediators activating nociceptors and pressure from increased fluid volume in the pulp or periradicular tissues.

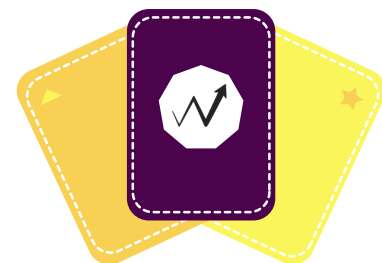


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ENDODONTIC EMERGENCIES

Question 3

How can the pain associated with endodontic emergencies be treated effectively?

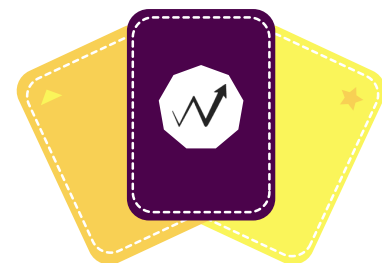


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CUE CARDS**

ENDODONTIC EMERGENCIES

Answer 3

Reducing the concentration of chemical mediators and allowing release of pressure from the root canal system and periapical region are effective treatment measures.

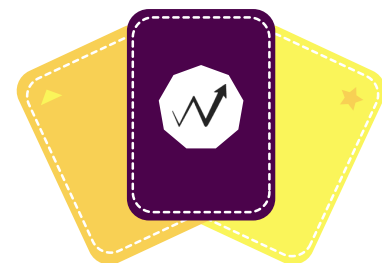


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 4

What distinguishes a true emergency from a less critical urgency in endodontic cases?

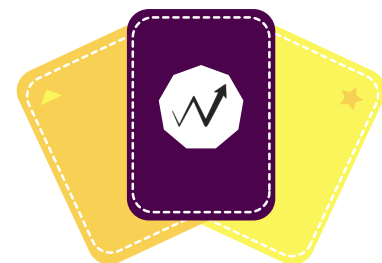


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Answer 4

A true emergency requires an unscheduled office visit due to the severity of the problem, while urgency indicates a less severe issue that can be scheduled for a convenient time.

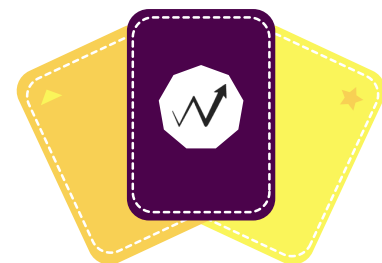


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 5

**How is a pretreatment
emergency characterized?**

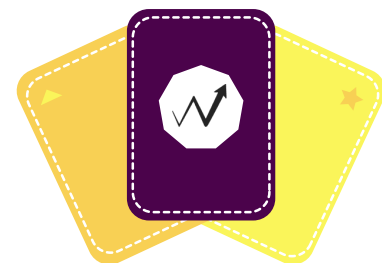


**WINSPERT
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ENDODONTIC EMERGENCIES

Answer 5

A pretreatment emergency involves severe pain and swelling when the patient is initially seen, complicating both diagnosis and treatment.

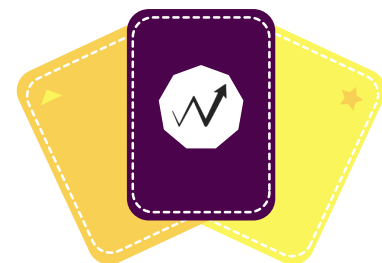


**WINSPERT
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ENDODONTIC EMERGENCIES

Question 6

What should be done in cases of pulp necrosis with localized swelling?

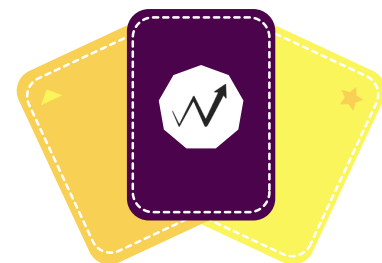


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ENDODONTIC EMERGENCIES

Answer 6

The treatment is biphasic, involving debridement of the canal(s) and incision for drainage to relieve pressure and pain.

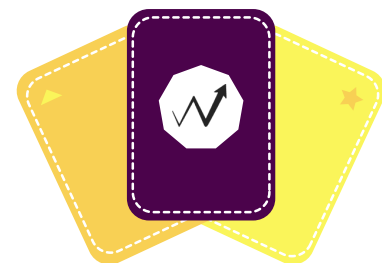


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 7

What common event can lead to complaints following endodontic treatment?

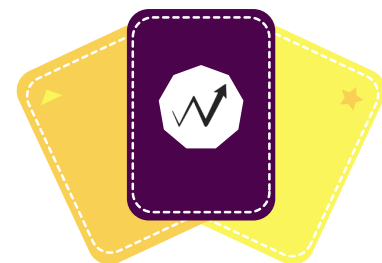


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CUE CARDS**

ENDODONTIC EMERGENCIES

Answer 7

The most common events leading to complaints include broken instruments (24%), perforations (22%), and adverse reactions to irrigants or medicaments (5%).

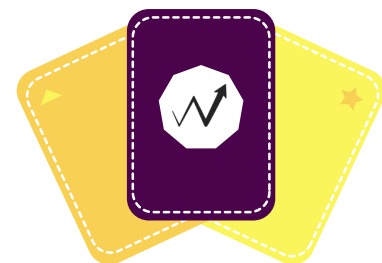


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 8

What is the importance of immediate patient communication if an instrument separation occurs during treatment?

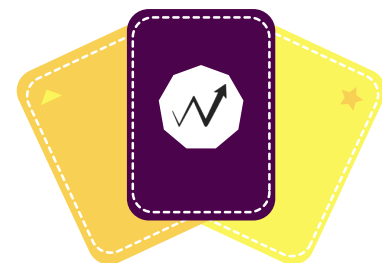


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ENDODONTIC EMERGENCIES

Answer 8

The patient should be informed of the incident and referred to an endodontist for management without delay.

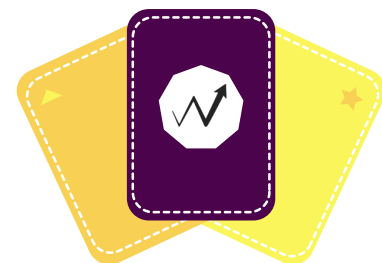


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 9

What is the recommended action if a patient experiences a flare-up after a dental appointment?

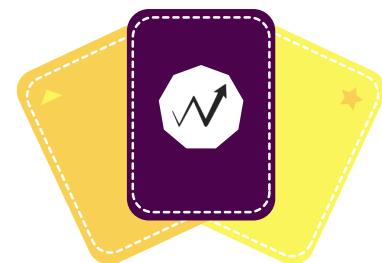


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Answer 9

Patients experiencing a flare-up should be reassured, evaluated for their temporary restoration, and may require re-checking of the working length and cleaning of the canal.

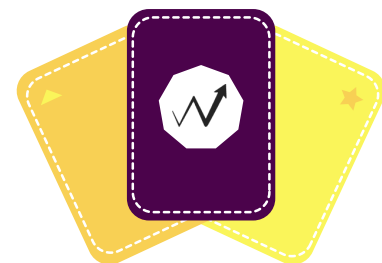


**WINSPERT
CUE CARDS**

ENDODONTIC EMERGENCIES

Question 10

What is often the cause of post-obturation pain and how should it be managed?



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ENDODONTIC EMERGENCIES

Answer 10

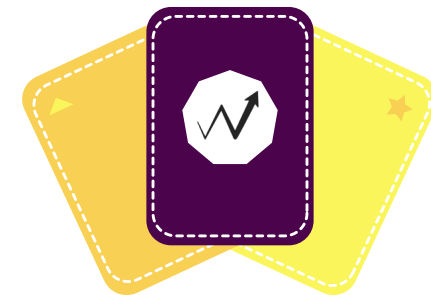
Post-obturation pain is commonly caused by overfilling and usually resolves spontaneously; management typically involves reassurance and analgesics.

ENDODONTICS

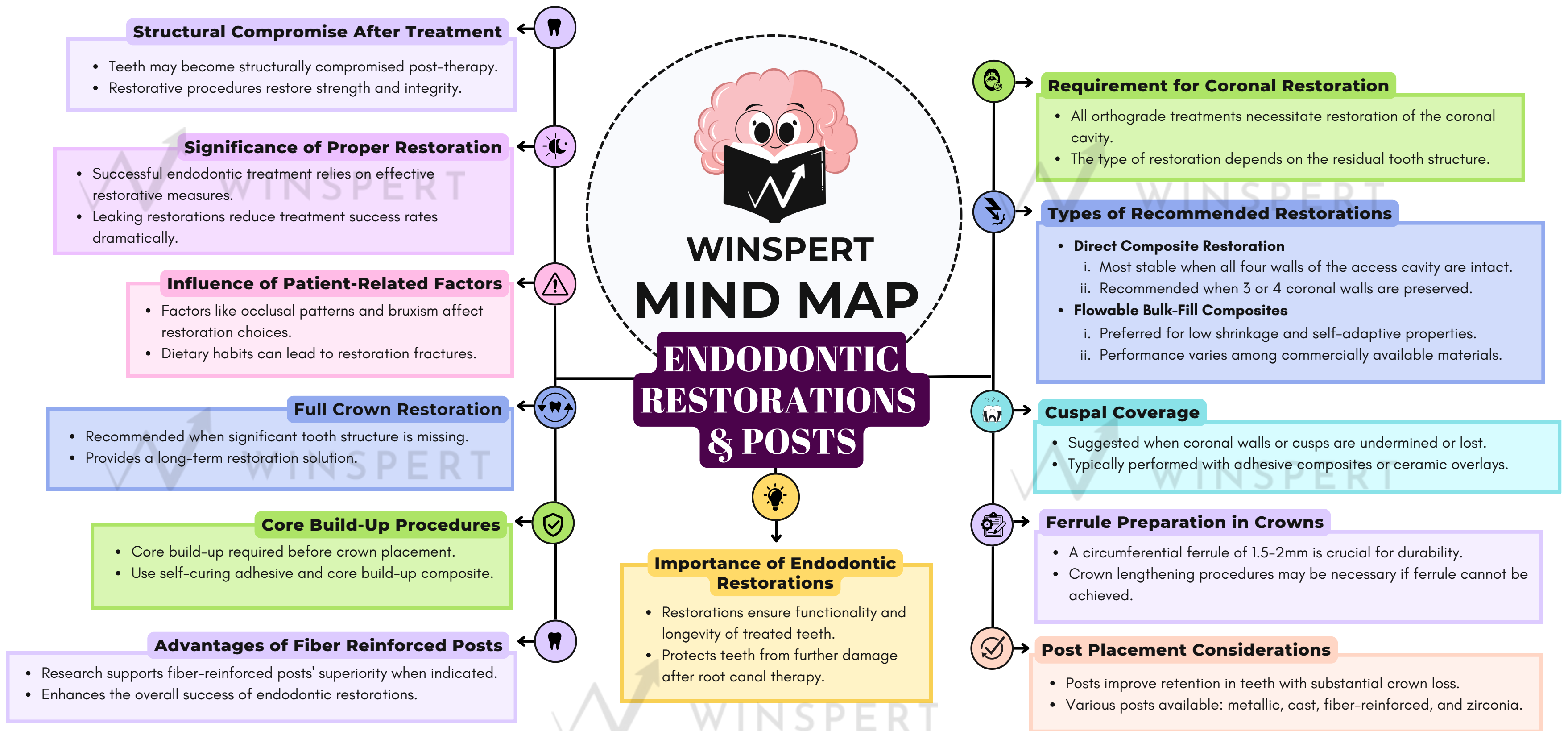
ENDODONTIC RESTORATIONS AND POSTS

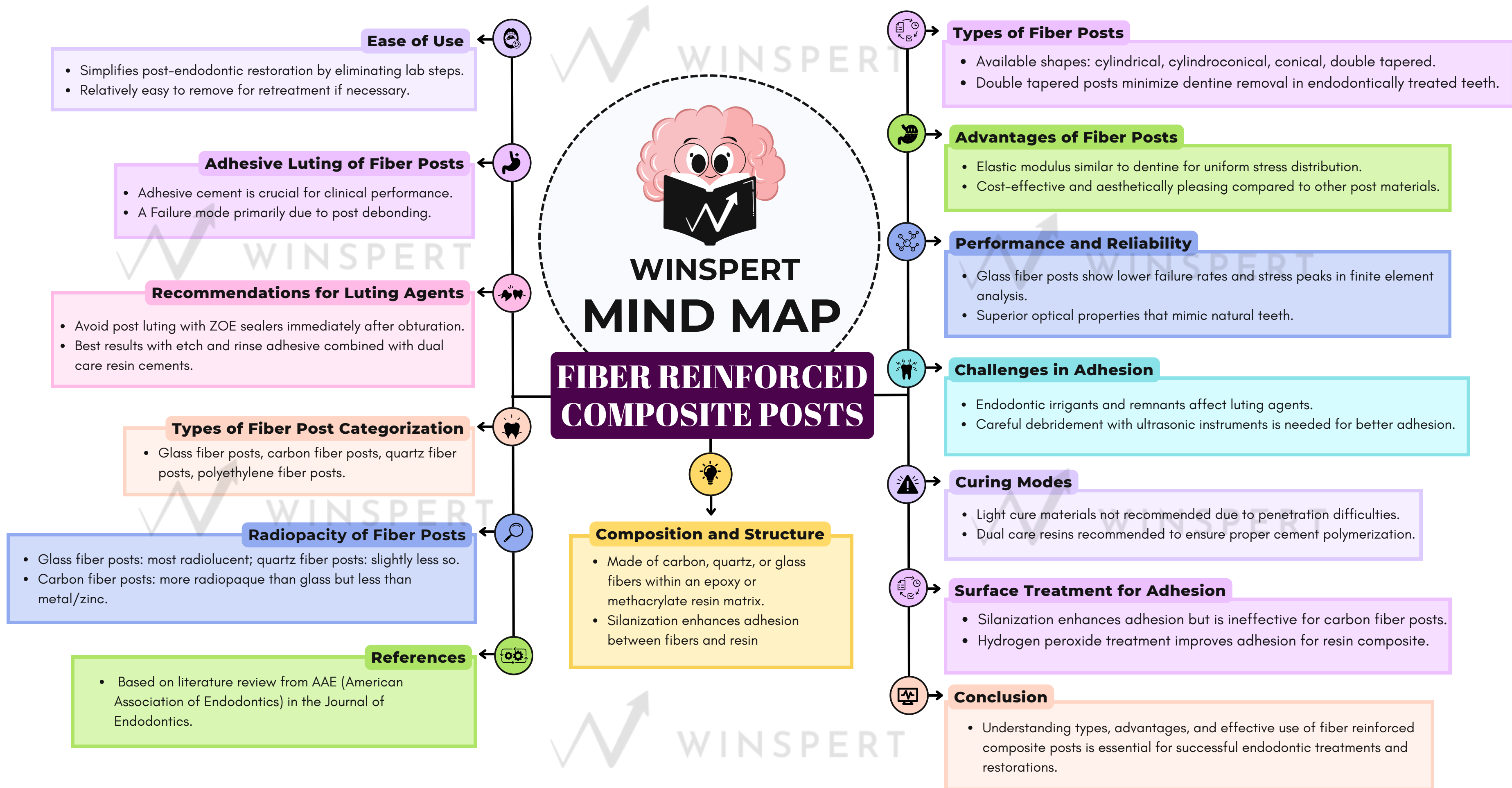


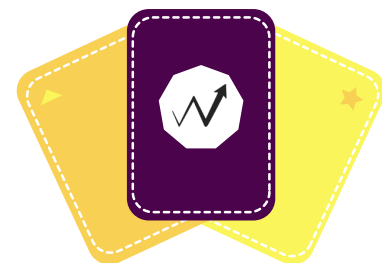
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA







**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 1

What are endodontic restorations and posts used for?



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ENDODONTIC RESTORATIONS AND POSTS

Answer 1

Endodontic restorations and posts are critical components in the rehabilitation of endodontically treated teeth, ensuring their functionality and longevity after root canal therapy.



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ENDODONTIC RESTORATIONS AND POSTS

Question 2

**Why is coronal restoration
important after endodontic
treatment?**

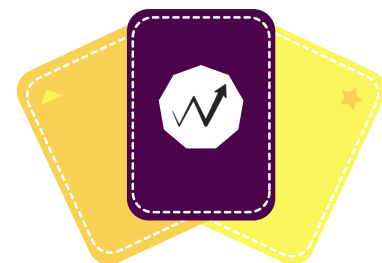


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 2

Coronal restoration is important because leaking restorations dramatically reduce the chance of endodontic treatment success and are vital for maintaining apical periodontal health.

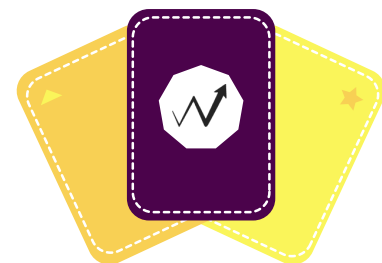


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 3

What type of restoration is recommended when at least three out of four coronal walls are intact?

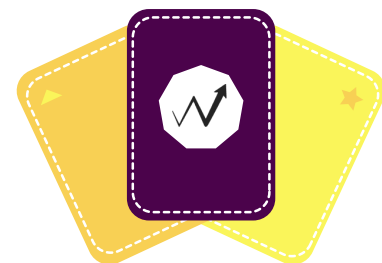


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 3

A direct composite restoration is recommended when at least three or four coronal walls are intact, along with at least one marginal ridge.

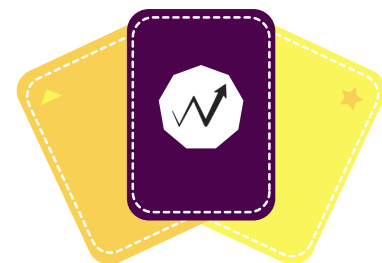


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 4

What materials are typically chosen for restoring endodontically treated teeth directly?

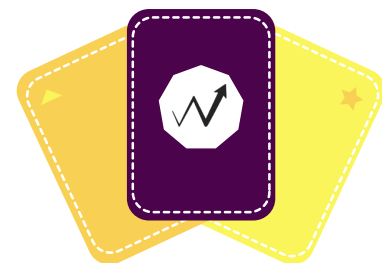


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 4

Flowable Bulk-Fill composites are typically chosen due to their low shrinkage stresses and self-adaptational properties.



**WINSPERT
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ENDODONTIC RESTORATIONS AND POSTS

Question 5

What is cuspal coverage and when is it recommended?

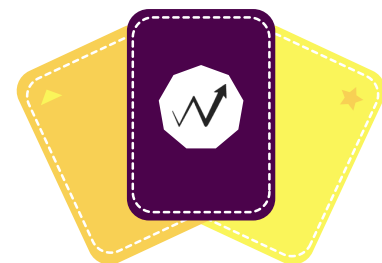


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 5

Cuspal coverage involves restoring teeth with few or undermined coronal walls without full crown placement and is recommended in cases where there is a loss of marginal ridges or cusps.



**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 6

What is the importance of creating a circumferential ferrule when preparing a full crown?

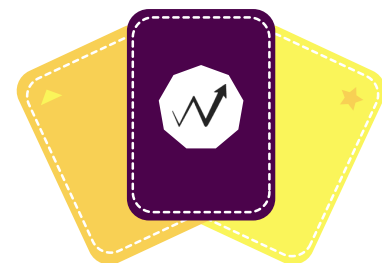


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 6

Creating a circumferential ferrule is important because it provides fracture resistance to endodontically treated teeth and is recommended to be 1.5-2mm for effective support.

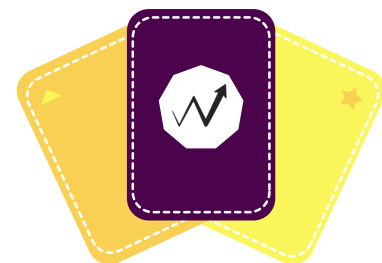


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CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 7

What is the role of a root post in an endodontically treated tooth?

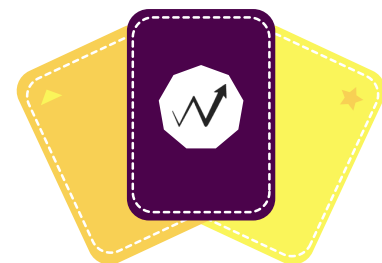


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CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 7

A root post is used to improve the retention of coronal restoration in an endodontically treated tooth, especially when there is extensive loss of crown structure (more than 50%).



**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 8

What are the advantages of fiber reinforced composite posts over other types of posts?

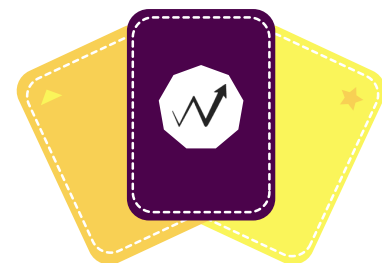


**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 8

Fiber reinforced composite posts have similar elasticity to dentin, ensuring uniform stress distribution, and they are easier to place, more aesthetic, and simpler to remove if endodontic retreatment is necessary.



**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 9

**What factors can affect the
adhesion of fiber posts?**



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CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 9

Endodontic irrigants, remnants of plasticized gutta-percha, and the presence of sealer residues can negatively affect the adhesion of fiber post cementation and retention.



**WINSPERT
CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Question 10

How can the bond strength of resin composites to fiber posts be improved?



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CUE CARDS**

ENDODONTIC RESTORATIONS AND POSTS

Answer 10

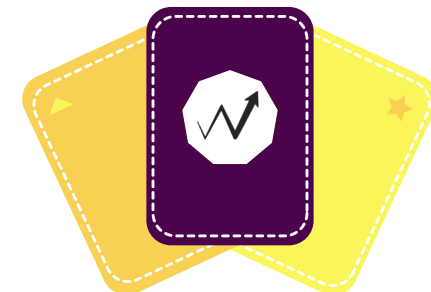
The bond strength can be improved through methods such as silanization of quartz and glass fiber posts, pretreatment with hydrogen peroxide, and silicoating the substrate.

ENDODONTICS

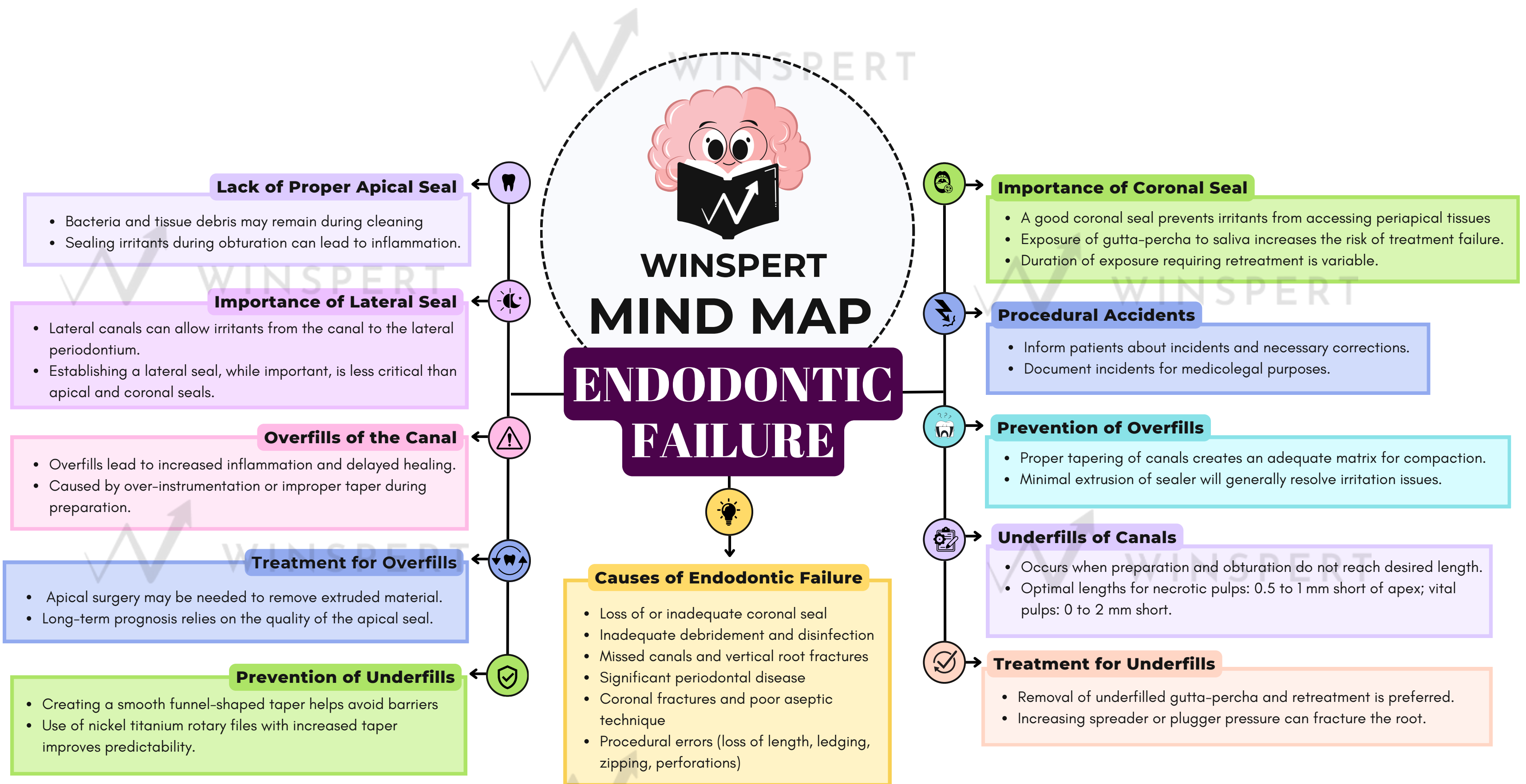
ENDODONTIC FAILURE

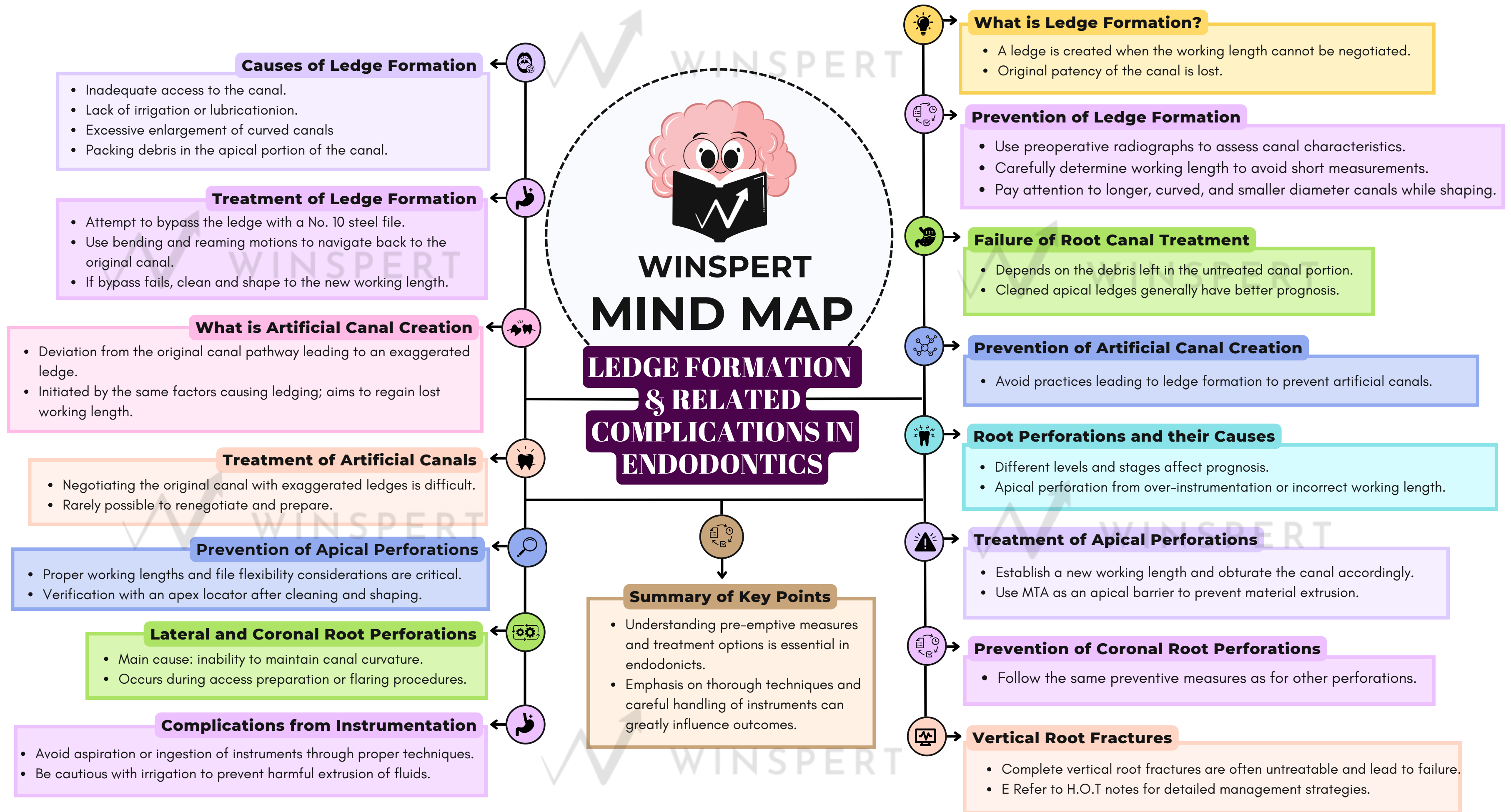


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





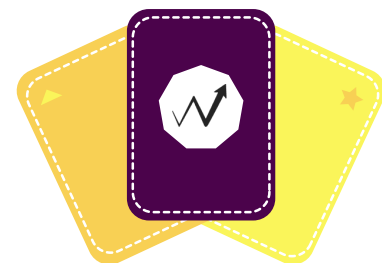


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 1

What are some common causes of endodontic failure?

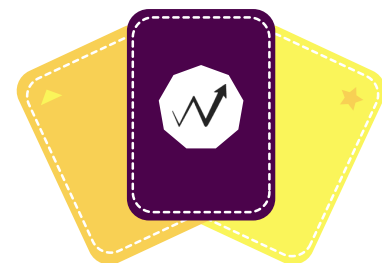


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CUE CARDS**

ENDODONTIC FAILURE

Answer 1

Common causes of endodontic failure include loss of or inadequate coronal seal, inadequate debridement and disinfection, missed canals, vertical root fractures, significant periodontal disease, coronal fractures, poor aseptic technique, and procedural errors such as loss of length, ledging, zipping, and perforations.

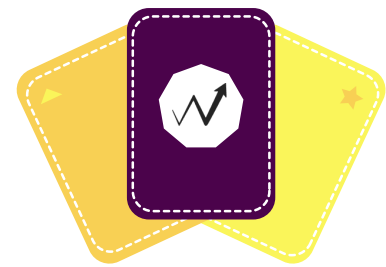


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 2

**Why is a proper apical seal
important in endodontic
treatment?**



**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 2

A proper apical seal is important because it prevents irritating substances like bacteria and tissue debris from escaping into surrounding tissues. If sealed improperly, these irritants can lead to inflammation and treatment failure.



**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 3

What role does a coronal seal play in preventing endodontic failure?

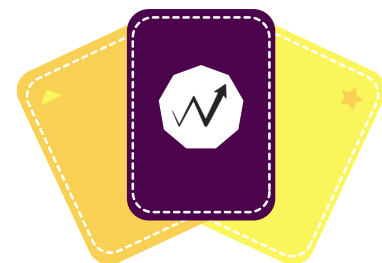


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 3

A coronal seal is crucial as it prevents access of oral cavity irritants, such as microorganisms and chemicals, to the periapical tissues, which can cause inflammation and treatment failure if allowed to infiltrate.

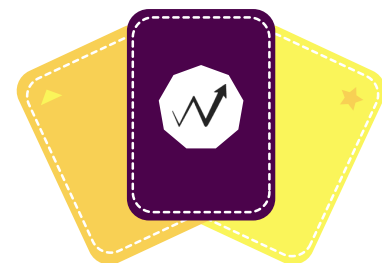


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 4

What are the consequences of overfilling a canal during endodontic treatment?

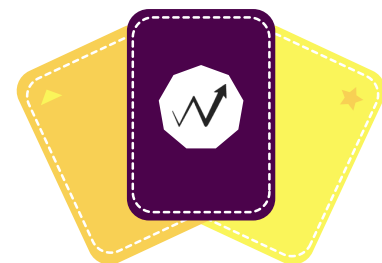


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 4

Overfilling a canal can cause increased inflammation, delayed healing, and post-obturation discomfort. It typically results in inadequate apical seal and irritation from the extruded material.

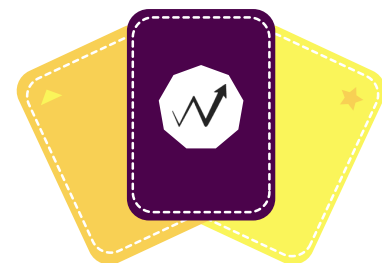


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 5

What are the common causes of underfilling in endodontic treatment?



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ENDODONTIC FAILURE

Answer 5

Underfilling typically occurs due to natural barriers in the canal, ledge formation during preparation, insufficient flaring, poorly adapted master cones, or inadequate condensation pressure.

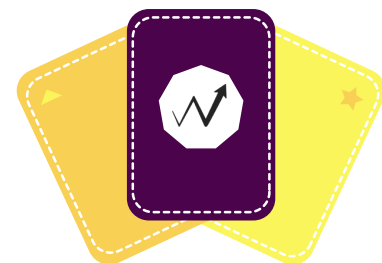


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 6

How can procedural accidents during root canal treatment lead to endodontic failure?

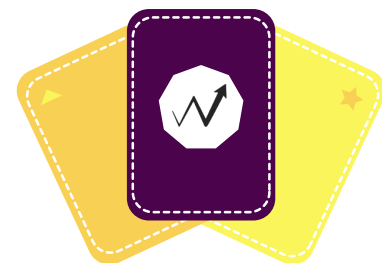


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 6

Procedural accidents can lead to endodontic failure by causing issues like perforations, incomplete debridement, or disinfection, all of which can compromise the overall success of the treatment.

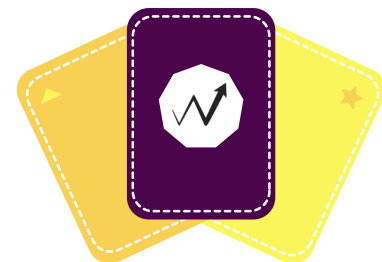


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 7

What is ledge formation, and what causes it?

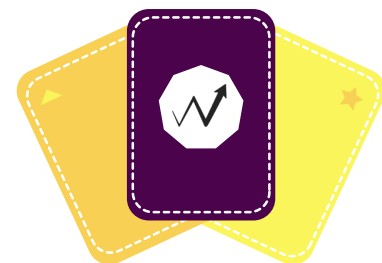


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 7

Ledge formation is the creation of a ledge in the canal where the working length can no longer be negotiated, typically caused by inadequate straight-line access, excessive enlargement of curved canals, or packing debris in the apical portion of the canal.

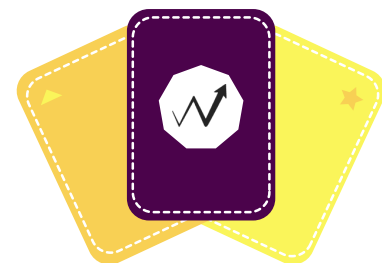


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 8

What is the significance of detecting perforations early during endodontic treatment?

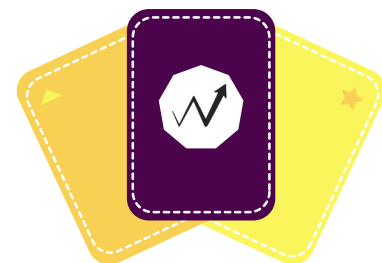


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 8

Early detection of perforations is crucial as it allows for immediate corrective action to be taken, minimizing damage and improving the prospect for nonsurgical repair and successful treatment.



**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 9

What are the treatment options for furcation perforations?

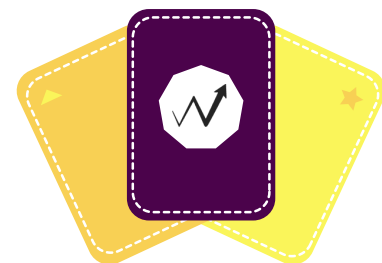


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 9

For furcation perforations, non-surgical repair is preferred when feasible, with immediate sealing with MTA yielding the best results. If inaccessible, surgical interventions such as hemisection or intentional replantation may be necessary.

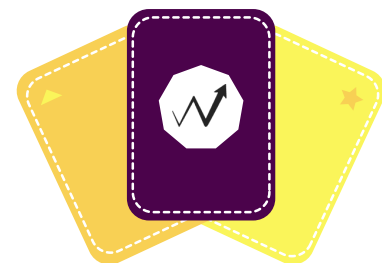


**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Question 10

What preventive measures can be taken to avoid extrusion of irrigation solutions during endodontic treatment?



**WINSPERT
CUE CARDS**

ENDODONTIC FAILURE

Answer 10

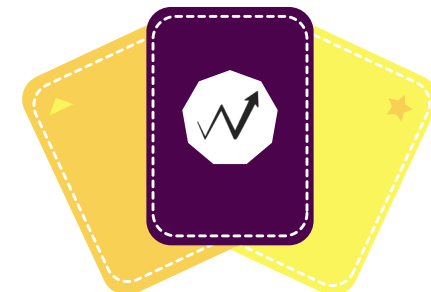
To prevent extrusion of irrigation solutions, it is important to use properly placed irrigation needles and apply light pressure during irrigation. Monitoring for signs of discomfort can also help prevent complications related to solution penetration into periradicular tissues.

ENDODONTICS

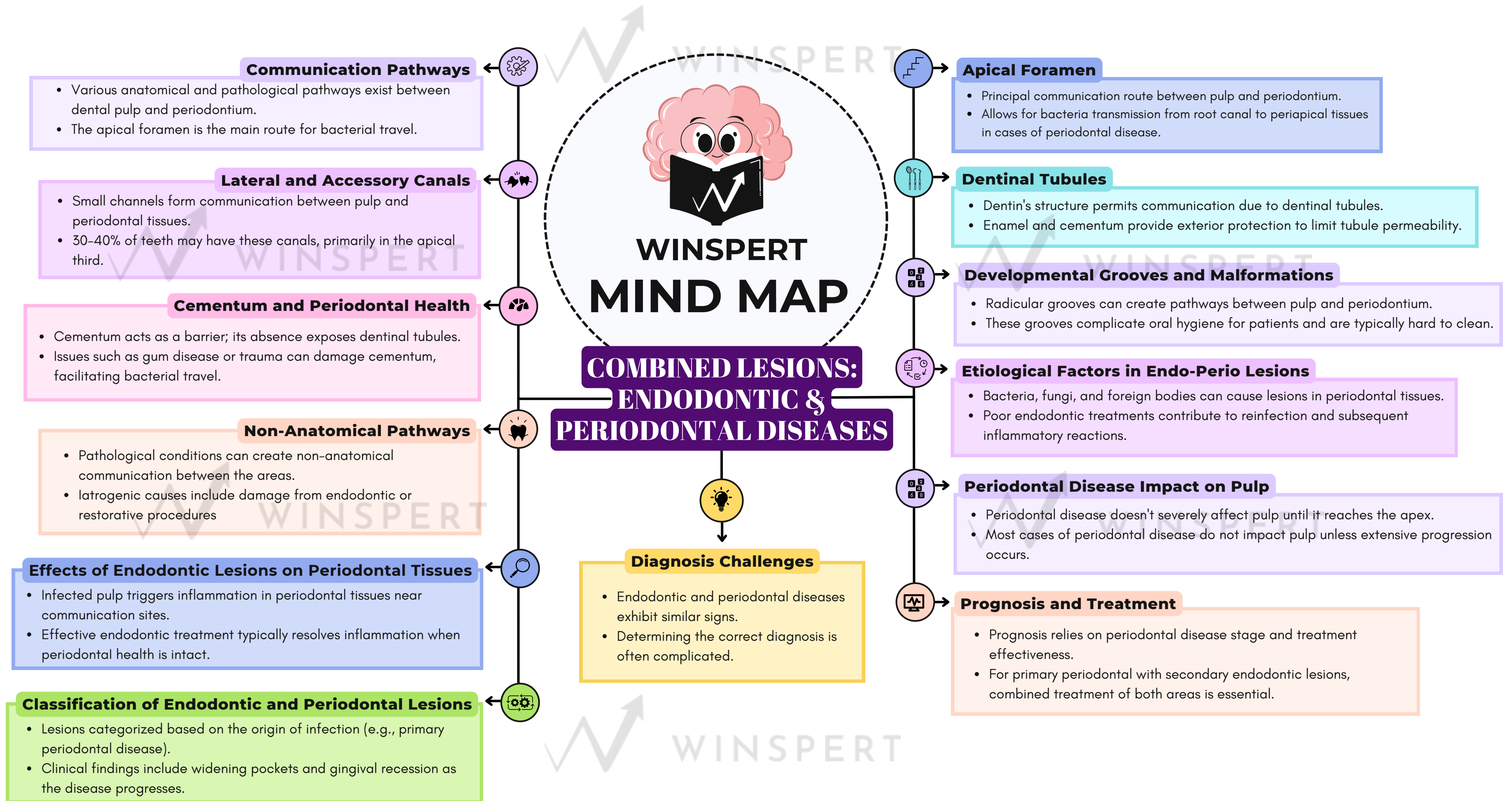
COMBINED LESIONS

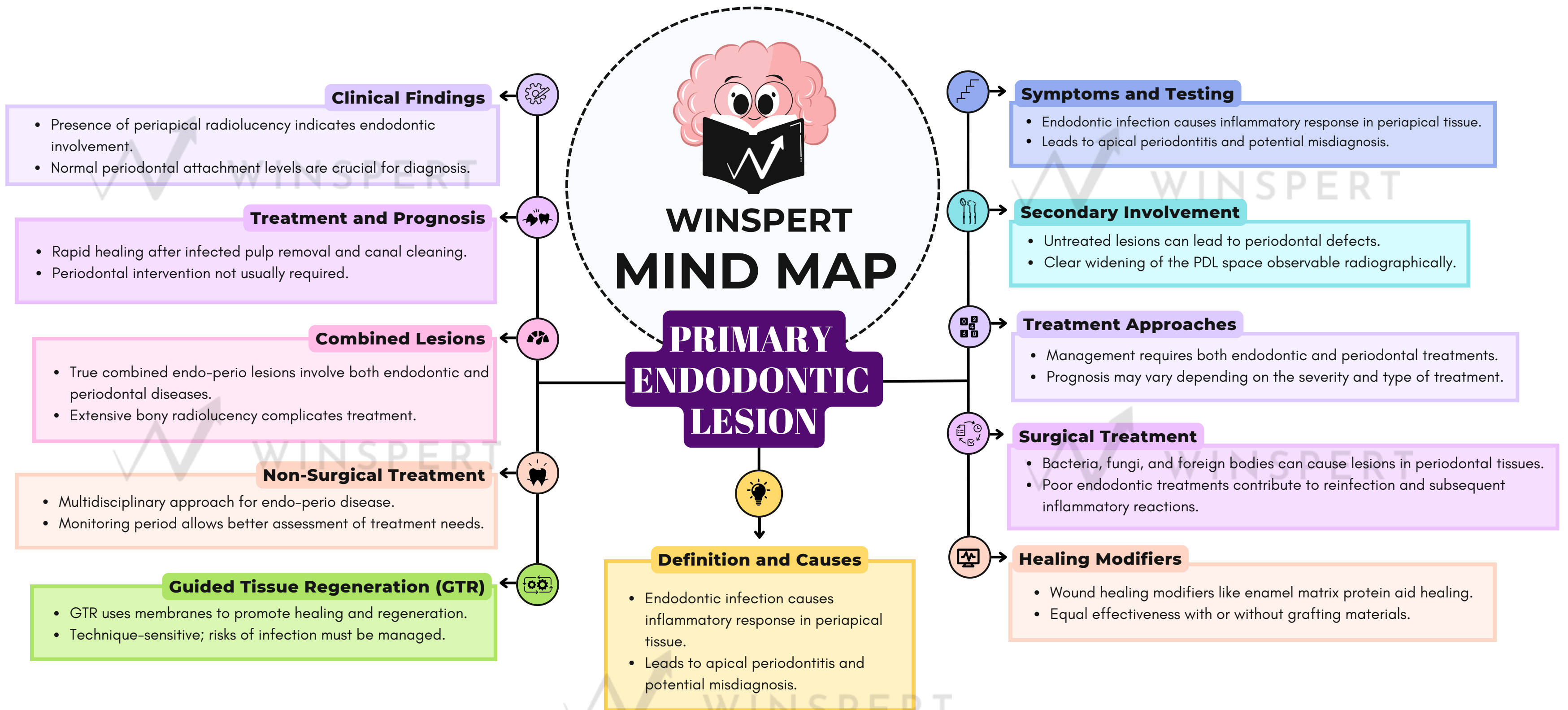


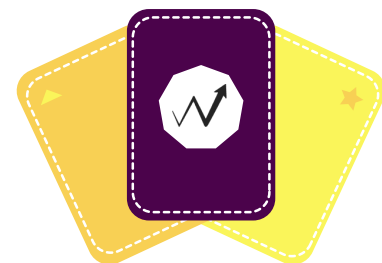
MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





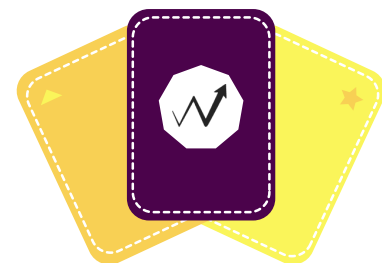


**WINSPERT
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COMBINED LESIONS

Question 1

What challenges are associated with diagnosing combined lesions of endodontic and periodontal diseases?



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COMBINED LESIONS

Answer 1

Diagnosis can be challenging because endodontic and periodontal diseases can sometimes present with very similar signs and symptoms.



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COMBINED LESIONS

Question 2

What factors influence the treatment and prognosis of endodontic-periodontal diseases?

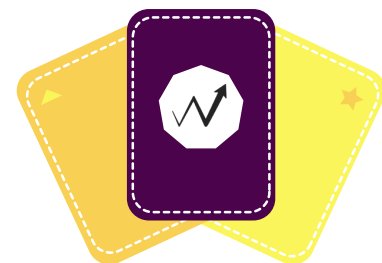


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 2

The treatment and prognosis depend on the etiology and correct diagnosis of the specific condition.



**WINSPERT
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COMBINED LESIONS

Question 3

What is the principal route of communication between the dental pulp and the periodontium?

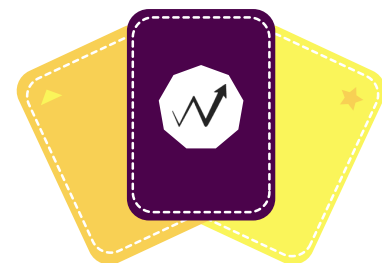


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 3

The principal route of communication is the apical foramen.

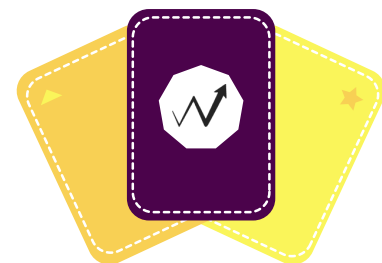


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Question 4

How do lateral and accessory canals contribute to the communication between pulp and periodontal tissues?

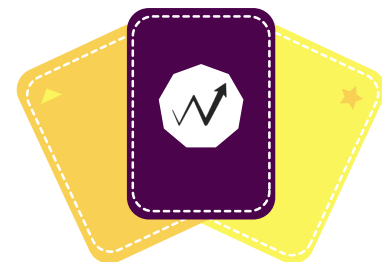


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 4

Lateral and accessory canals serve as small branches of communication, estimated to exist in 30% to 40% of all teeth, allowing potential pathways for bacteria and irritants.

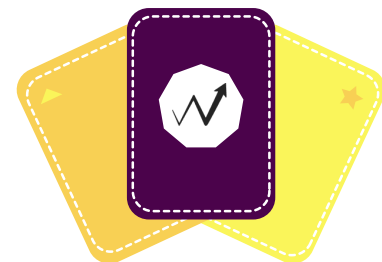


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Question 5

**What role do dentinal tubules
play in the communication
between pulp and periodontium?**

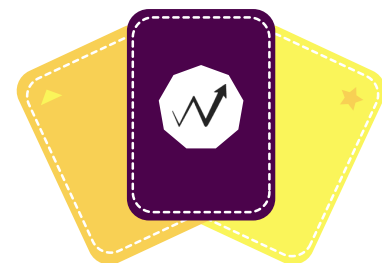


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 5

Dentinal tubules, being permeable, can potentially allow communication between the pulp and periodontium, especially if the protective layers are compromised.



**WINSPERT
CUE CARDS**

COMBINED LESIONS

Question 6

What is the effect of primary periodontal disease on teeth with healthy pulps?

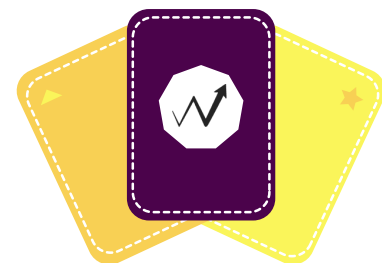


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 6

In teeth with only periodontal disease, the pulp is usually not severely affected unless the defect reaches the apex, which can lead to infection and necrosis.

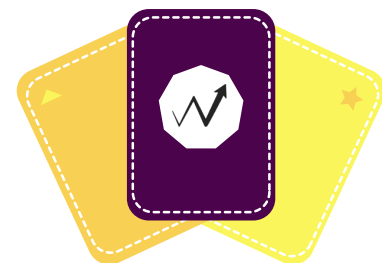


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Question 7

What happens if primary endodontic lesions are left untreated?

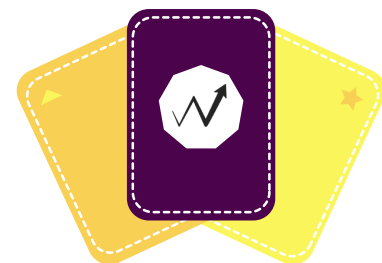


**WINSPERT
CUE CARDS**

COMBINED LESIONS

Answer 7

Untreated primary endodontic lesions can lead to continued suppuration and may cause secondary involvement with periodontal defects due to plaque and calculus.

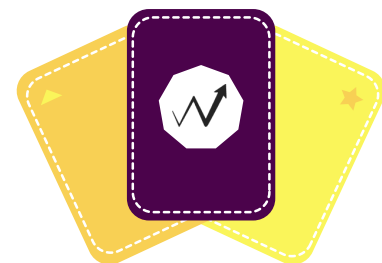


**WINSPERT
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COMBINED LESIONS

Question 8

What are the characteristics of true combined lesions in endodontic-periodontal diseases?

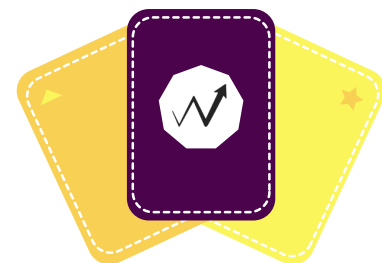


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CUE CARDS**

COMBINED LESIONS

Answer 8

True combined lesions occur when an endodontic disease progressing coronally joins with a concurrent or unrelated infected periodontal pocket progressing apically.



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COMBINED LESIONS

Question 9

What is guided tissue regeneration (GTR) in the context of surgical treatment for endodontic-periodontal diseases?



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COMBINED LESIONS

Answer 9

GTR is a regenerative treatment that places a membrane to act as a barrier during healing, preventing connective tissue and epithelial cells from entering the infra bony defect, allowing for proper regeneration.

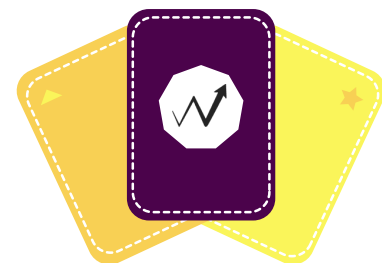


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COMBINED LESIONS

Question 10

How does the prognosis vary for single-rooted versus multi-rooted teeth with endodontic-periodontal lesions?



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COMBINED LESIONS

Answer 10

The prognosis is generally poor for single-rooted teeth with apico-marginal defects, while for multi-rooted teeth, it varies based on the periodontal status and response to treatment.

ENDODONTICS

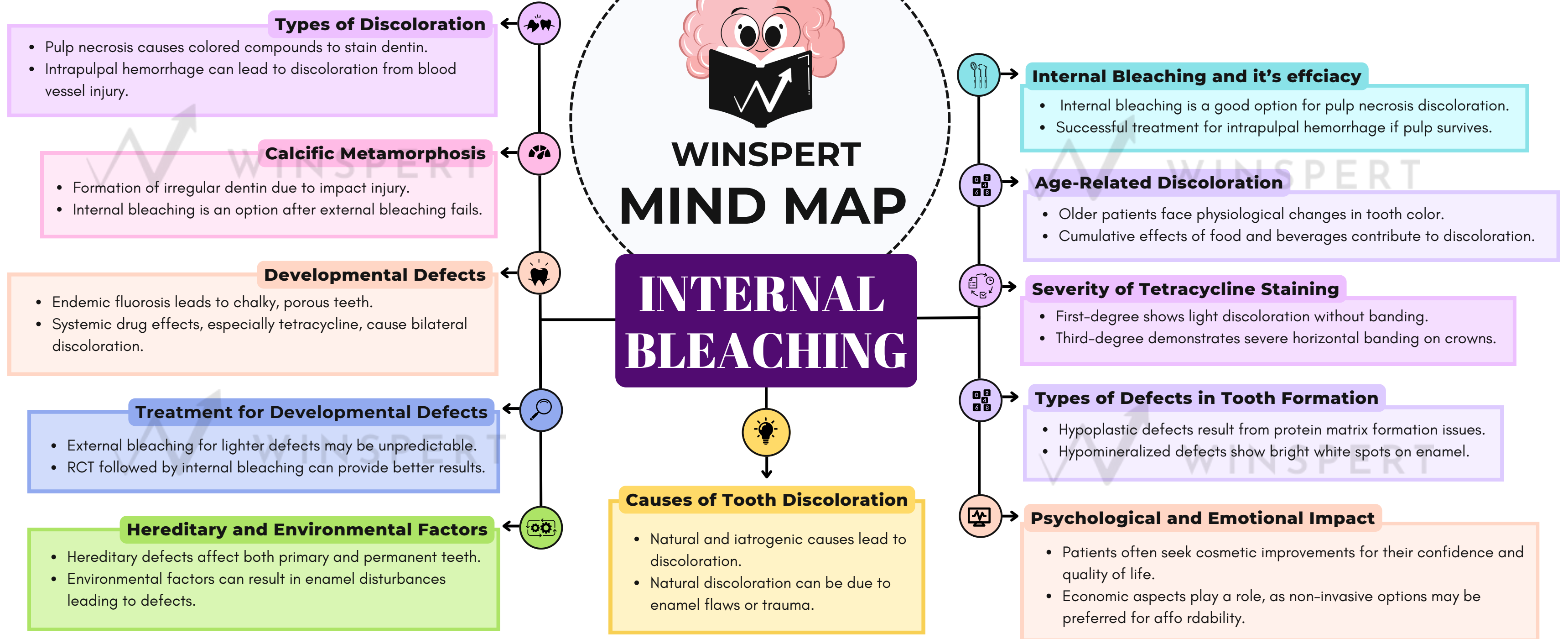
INTERNAL BLEACHING

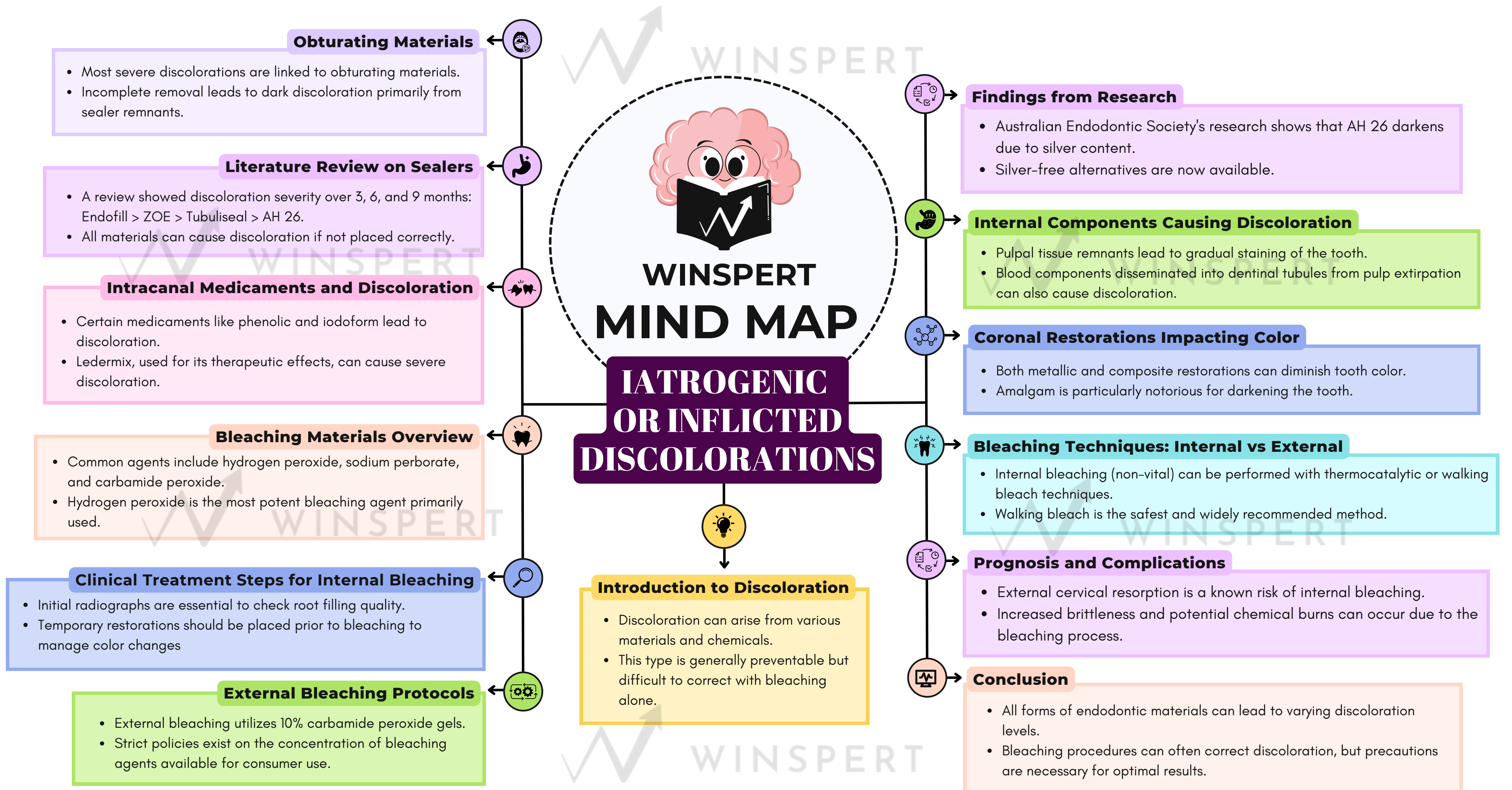


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA







**WINSPERT
CUE CARDS**

INTERNAL BLEACHING

Question 1

What are the common causes of tooth discoloration?



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INTERNAL BLEACHING

Answer 1

Tooth discoloration can be caused by natural factors, including flaws in enamel and traumatic injury, or iatrogenic factors, such as certain dental procedures and materials that can lead to staining.



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INTERNAL BLEACHING

Question 2

**How does pulp necrosis
contribute to tooth
discoloration?**



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INTERNAL BLEACHING

Answer 2

Pulp necrosis can lead to the release of colored compounds that permeate dentinal tubules, staining the surrounding dentin. The degree of discoloration is directly related to the duration of the pulp's necrosis.

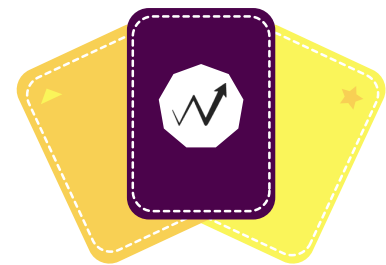


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INTERNAL BLEACHING

Question 3

What is intrapulpal hemorrhage, and how does it affect tooth color?



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INTERNAL BLEACHING

Answer 3

Intrapulpal hemorrhage occurs due to an impact injury causing blood vessel disruption. If the pulp becomes necrotic, discoloration remains and worsens over time. If the pulp survives, the tooth may regain its original color.



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INTERNAL BLEACHING

Question 4

What is calcific metamorphosis and how does it affect tooth appearance?



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INTERNAL BLEACHING

Answer 4

Calcific metamorphosis involves excessive formation of tertiary dentin following an impact injury, leading to a flat crown appearance and gradual discoloration. The pulp usually remains vital, and external bleaching is attempted initially.

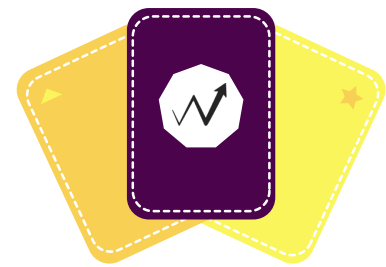


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CUE CARDS**

INTERNAL BLEACHING

Question 5

**What are the effects of age on
tooth color?**

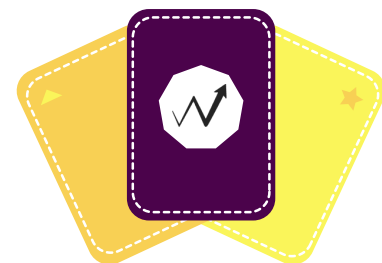


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INTERNAL BLEACHING

Answer 5

In older patients, tooth color changes physiologically due to extensive dentin apposition and enamel thinning. Additionally, dietary factors can contribute to cumulative discoloration.



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INTERNAL BLEACHING

Question 6

**How does endemic fluorosis
cause tooth discoloration?**



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INTERNAL BLEACHING

Answer 6

Endemic fluorosis results from excessive fluoride ingestion during tooth formation, leading to a chalky appearance that absorbs stains over time, requiring external bleaching for correction.

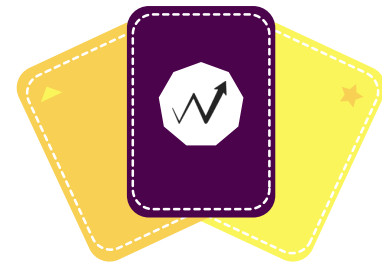


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INTERNAL BLEACHING

Question 7

What are the different severity stages of tetracycline staining?



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INTERNAL BLEACHING

Answer 7

Tetracycline staining severity ranges from first degree (light discoloration without banding) to second degree (more intense without banding) and third degree (very intense with horizontal color banding).

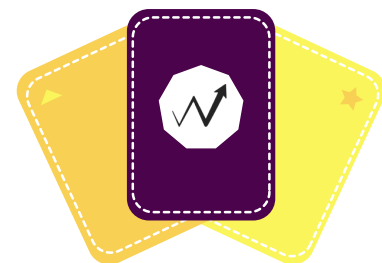


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INTERNAL BLEACHING

Question 8

What role do obturating materials play in tooth discoloration?



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INTERNAL BLEACHING

Answer 8

Obturating materials can cause significant discoloration, especially if remnants remain in the pulp chamber, with different materials exhibiting varying degrees of staining potential.



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INTERNAL BLEACHING

Question 9

What are the materials commonly used for internal bleaching?



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INTERNAL BLEACHING

Answer 9

Common materials for internal bleaching include hydrogen peroxide, sodium perborate, and carbamide peroxide, with sodium perborate being preferred for internal bleaching applications.



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INTERNAL BLEACHING

Question 10

What are the potential complications of internal bleaching?



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INTERNAL BLEACHING

Answer 10

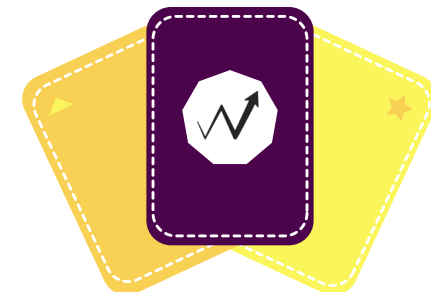
Complications from internal bleaching may include external cervical resorption, coronal fractures, and chemical burns, particularly associated with high concentrations of hydrogen peroxide.

ENDODONTICS

SURGICAL ENDODONTICS



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA

WINSPERT MIND MAP

SURGICAL ENDODONTICS

Causes of Root Canal Treatment Failure

- Associated with periapical radiolucency pre-operative.
- Root Fillings with voids or short of the apex increase failure risk.

Endontic Surgery Overview

- Performed through a surgical flap for difficult cases.
- Aims to seal root canal spaces and promote tissue regeneration.

Indications for Periapical surgery

- Anatomical problems like blocked canals or severe curvature
- Procedural accidents such as separated instruments or perforations

Managing Symptomatic Cases

- Symptoms may persist post-treatment, necessitating PAS.
- PAS helps to identify underlying issues for persistent symptoms.

Biopsy Necessities

- Certain cases may require biopsy to rule out non-pulpal lesions.
- Vital pulps with radicular radiolucency indicate a need for biopsy.

Anatomical Factors in PAS

- Inaccessibility due to tooth location or proximity to critical structures limits sur.
- Caution is necessary for specific anatomical configurations.

Indiscriminate Use of Surgery

- Surgery is unethical when a non-surgical approach could succeed.
- Asses each case critically before opting for surgery

Introduction to Non-Surgical Endodontics

- Non-surgical root canal therapy has a high success rate (47-97%).
- Failures may lead to either non-surgical retreatment or endodontic surgery.

Non-Surgical Endodontic Retreatment

- Offers better cleaning opportunity compared to surgery.
- May not be appropriate in all cases.

Periapical Surgery (PAS)

- Commonly removes root portions or seals apically.
- Indicated for anatomical issues, procedural accidents, and symptomatic cases.

Irretrievable Materials in Root Canals

- Items like posts or non-absorbable pastes may require surgical intervention
- Surgical approach often results in better outcomes

Horizontal Apical Fracture Considerations

- Most fractures heal but may need intervention if necrosis is occurs
- Evaluate the apical seal if surgery is warranted

Contraindications for Periapical Surgery

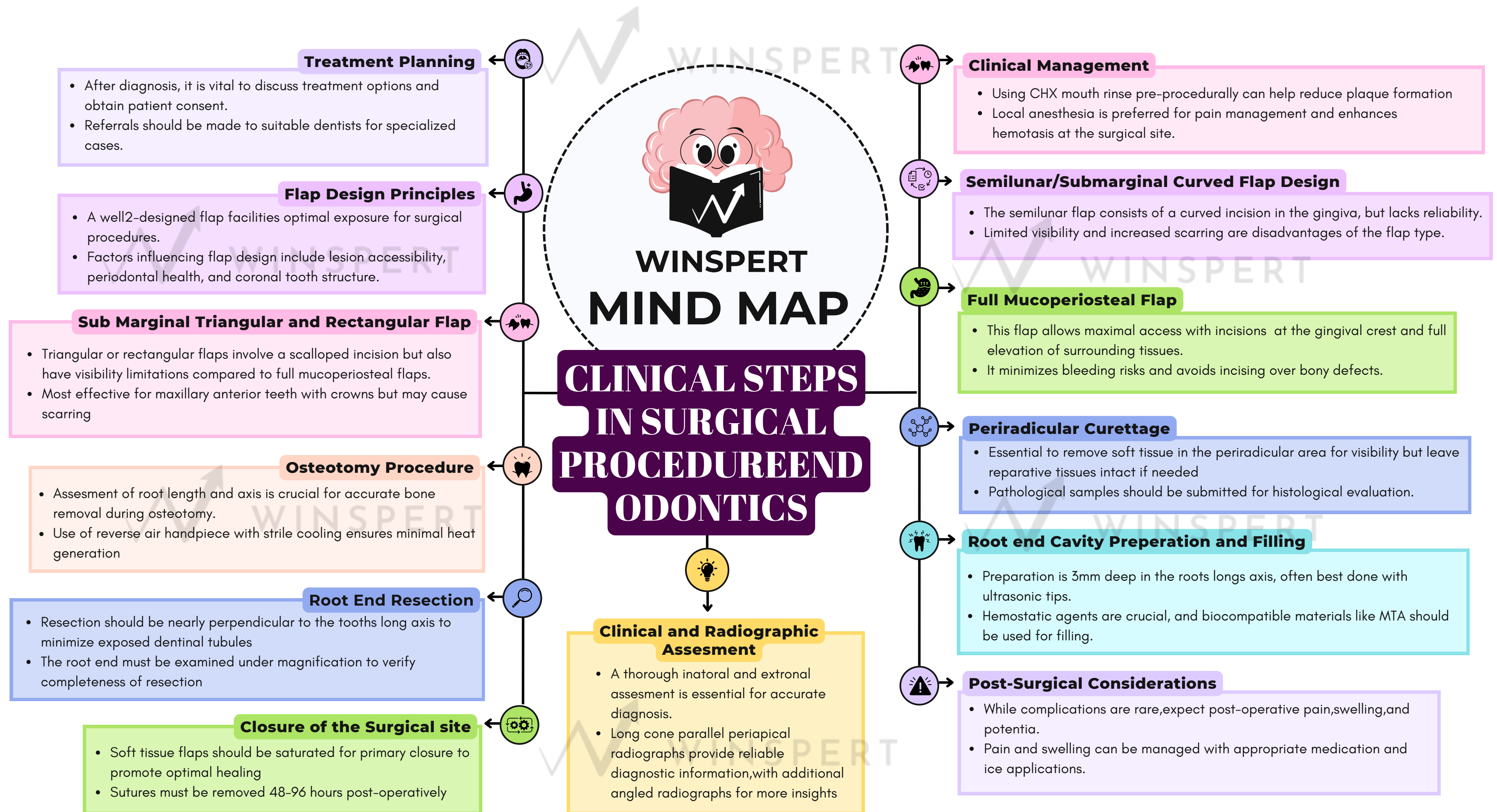
- Four primary contraindications: anatomical factors, systemic complications, improper surgery application, unidentified treatment failure causes

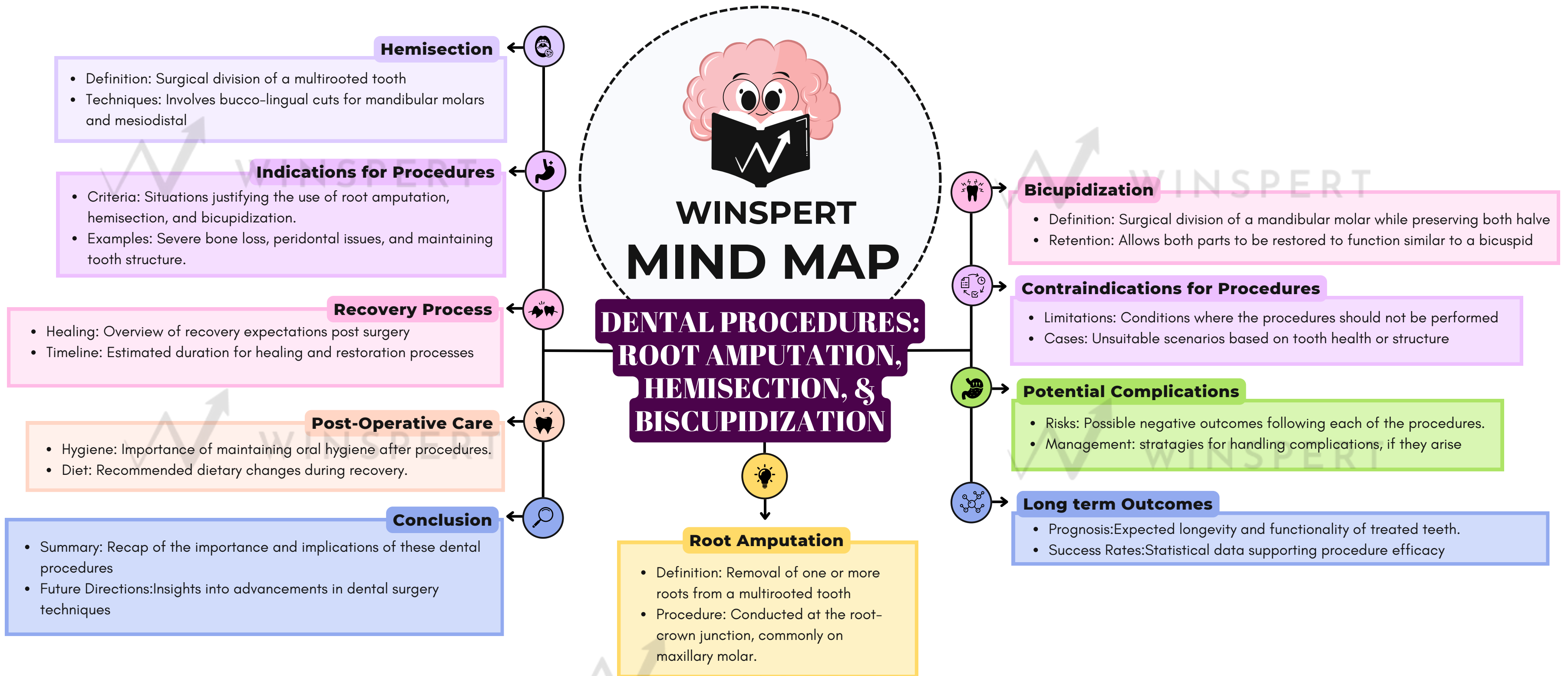
Medical or systemic Complications

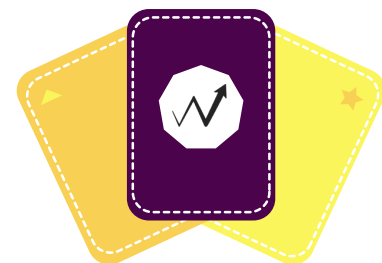
- Severe health issues or apprehension may render patients unsuitable for PAS.
- Blood disorders or uncontrolled diseases are significant risks

Unidentified Causes of Treatment Failures

- Surgery unlikely to succeed without clear identifications of failure causes
- Further evaluation needed to understand treatment failures before deciding on surgery.







**WINSPERT
CUE CARDS**

SURGICAL ENDODONTICS

Question 1

**What is the success rate of
non-surgical root canal therapy
(RCT)?**

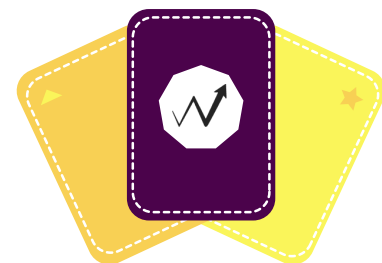


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SURGICAL ENDODONTICS

Answer 1

The success rate of orthograde endodontic treatment (RCT) ranges from 47% to 97%.

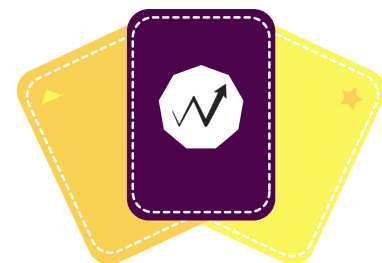


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SURGICAL ENDODONTICS

Question 2

What are the reasons for root canal treatment failure?



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SURGICAL ENDODONTICS

Answer 2

Failures are likely associated with the pre-operative presence of periapical radiolucency, root filling with voids, root filling more than 2mm short of the radiographic apex, and unsatisfactory coronal restoration.



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SURGICAL ENDODONTICS

Question 3

What is the purpose of endodontic surgery?

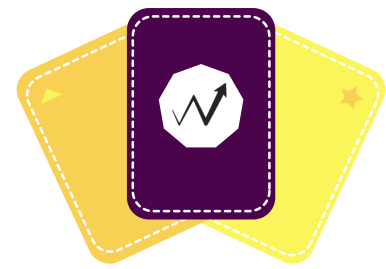


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SURGICAL ENDODONTICS

Answer 3

The purposes include sealing all portals of exits to the root canal system, eliminating bacteria and their byproducts from contaminating periradicular tissues, and providing an environment for the regeneration of periradicular tissues.

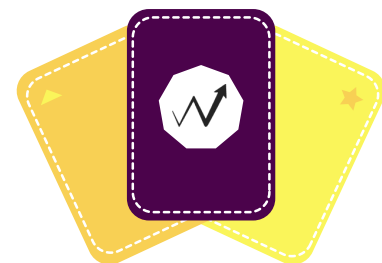


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SURGICAL ENDODONTICS

Question 4

**What are the main
indications for periapical
surgery (PAS)?**

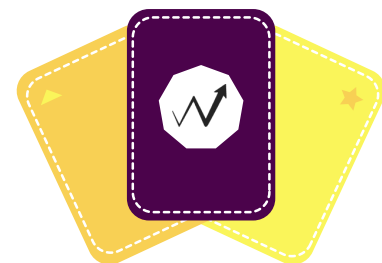


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SURGICAL ENDODONTICS

Answer 4

The main indications are anatomic problems, procedural accidents, irretrievable materials in the root canal, symptomatic cases, horizontal apical fractures, as well as biopsy and corrective surgery.

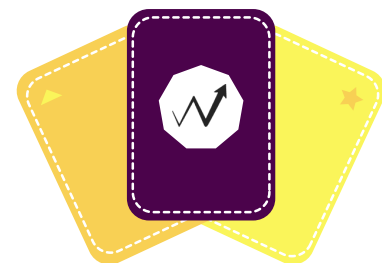


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CUE CARDS**

SURGICAL ENDODONTICS

Question 5

**What are the contraindications
for periapical surgery (PAS)?**

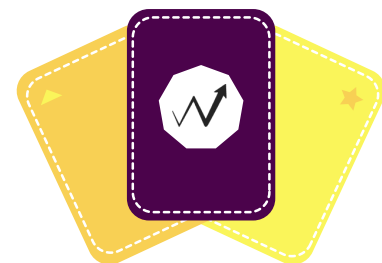


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SURGICAL ENDODONTICS

Answer 5

The four major contraindications are anatomical factors, medical or systemic complications, indiscriminate use of surgery, and an unidentified cause of treatment failure.

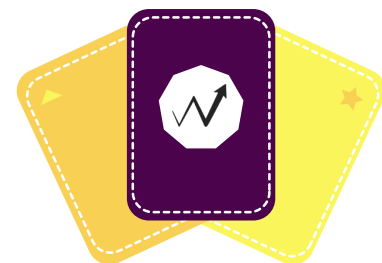


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CUE CARDS**

SURGICAL ENDODONTICS

Question 6

**What is a major consideration
before performing endodontic
surgery?**

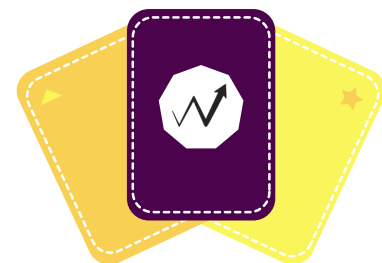


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SURGICAL ENDODONTICS

Answer 6

A thorough clinical and radiographic assessment should be performed, including the use of long cone parallel periapical radiographs for accurate diagnosis.

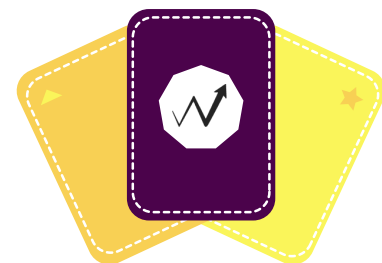


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SURGICAL ENDODONTICS

Question 7

What is the importance of flap design in endodontic surgery?

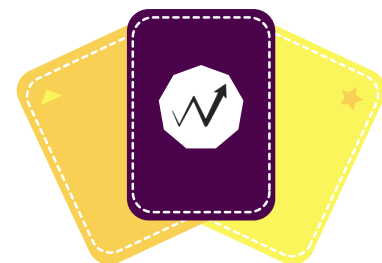


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CUE CARDS**

SURGICAL ENDODONTICS

Answer 7

Flap design is crucial for adequate exposure of the surgical site and depends on factors such as the size of the periradicular lesion and adjacent anatomical structures.



**WINSPERT
CUE CARDS**

SURGICAL ENDODONTICS

Question 8

What role do obturating materials play in tooth discoloration?

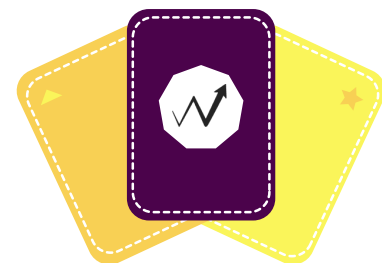


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CUE CARDS**

SURGICAL ENDODONTICS

Answer 8

The root end preparation should be 3 mm deep in the long axis of the tooth.

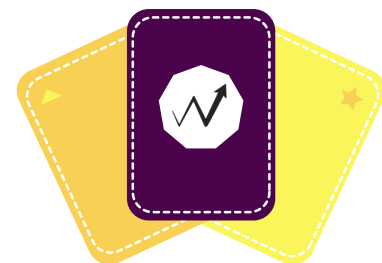


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SURGICAL ENDODONTICS

Question 9

How can post-operative pain and swelling be managed after endodontic surgery?

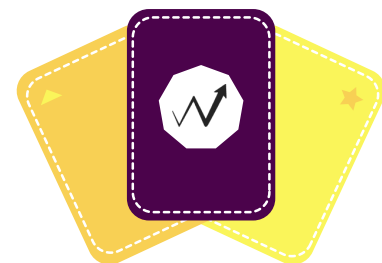


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SURGICAL ENDODONTICS

Answer 9

Pain can be managed with analgesics, and post-operative swelling can be reduced by applying an ice pack for the first 4-6 hours after surgery.



**WINSPERT
CUE CARDS**

SURGICAL ENDODONTICS

Question 10

What distinguishes root amputation from hemisection in surgical procedures?



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SURGICAL ENDODONTICS

Answer 10

Root amputation involves the removal of one or more roots of a multirooted tooth at the junction of the root and crown, while hemisection is the surgical division of a multirooted tooth through the bifurcation.