

Universitet Sv. Kiril & Metodij Skopje R. Macedonia Faculty of Dentistry Department of Cariology & Endodontology



KOVACEVSKA I., Georgiev Z., Dimova C., Mitevski A.

endodontic therapy procedures:

- enlargement of the root canal
- removal of infected tissue
- disinfection of the root canal
- → root canal filling
- coronal restoration



conventional procedures of root canal preparation - disadvantages

debris removal and disinfection is usually very difficult

the canal's surface area remains covered by a smear layer, which protects bacteria

intra-canal medicines have a limited anti-bacterial spectrum

the conventional, mechanical removal of obturation materials is time-consuming

dental lasers are use: deutal lasers are use: pulpotomy procedures

removal of smear layers

root canal sterilization

closing dentin tubule openings

endodontic retreatments

thermoplasticize gutta-percha

obturate the root canal system

The primary use of lasers in endodontics is focused on eradicating micro-organisms in the root canal, especially in the lateral dentinal tubules





Nd:YAG lasers show the best results in transmission and microorganism reduction measurements. Even at penetration depths exceeding 1.000 µm, 85 % reduction is achieved (Gutknecht).

Given the characteristics of laser light (i.e. monochromatic, coherent and directional) and the fact that direct contact between target and fibre tip is not required, emission of laser energy could represent a way to disinfect areas deep within the dentine (Brown).



The aim in this study was to present our experience clinical and radiographic with pulsed Nd: YAG Laser in the conservative endodontic therapy of chronically periapical disease.

> Nd: YAG diode opcal handpieces (1064ηm, 300μm, 1,5W, 15Hz) *Fidelis III*



Nd: XAG - neodymium: yttrium-aluminium-garnet laser Nd: YAG - neodymium: yttrium-aluminium-garnet laser

single-rooted human teeth with X-ray determined periapical radiolucency
 most of them had acute simptoms, characteristic for the exacerbation stadium
 the teeth were opened, the contents of the canals were removed and achieved drainage

Nd: YAG diode optical handpieces (1064ηm, 300μm, 1,5W, 15Hz) Fidelis III



Nd: YAG - neodymium: yttrium-aluminium-garnet laser Nd: XAG - neodymium: yttrium-aluminium-garnet laser STUDY DESIGN

the working length was established with a #10K file at 1mm from the apex
crown-down technique for root canal instrumentation
#40K, or #45K file depending on the canal's magnitude
2 ml 1% sodium hypochlorite was used between each file change
final irrigation with 10 ml of distilled water

partially dried with paper points



Nd: YAG - neodymium: yttrium-aluminium-garnet laser Nd: YAG - neodymium: yttrium-aluminium-garnet laser

the optic fiber, 300µm wide, from the pulsed Nd YAG laser was set in each canal and laser radiation with circular slow motions from the apex to the crown was applied 3 times, each period of 5 seconds

Nd: YAG diode optical handpieces (1064ηm, 300μm, 1,5W, 15Hz) Fidelis III



Nd: YAG - neodymium: yttrium-aluminium-garnet laser Nd: YAG - neodymium: yttrium-aluminium-garnet laser SLODA DESIGN

- after the treatment the teeth were obturated temporarily
- 3-5 days later the laser procedure was repeated
- the root canals were obturated with medicament Ca(OH)2
- 🗢 sealers AH Plus or GC Fuji 1
- thermafil or conventional guttapercha technique
- coronary restauration



Nd: YAG diode optical handpieces (1064ηm, 300μm, 1,5W, 15Hz) Fidelis III























CONCLUSION

Nd YAG pulsed manual laser is successful in the therapy of the chronic parodontites

the length of the endodontic treatment is shorter, especially with infected root canals

the laser therapy with Nd YAG laser calms the subjective symptoms and the clinical signs

the patients did not feel any symptoms







UNIVERSITY DENTAL CLINICAL CENTER : "SV. PANTELEJMON" Skopje-R. Macedonia







THANK YOU FOR YOUR ATTENTION THANK AOD FOR JOR ATTENTION





