22nd BaSS Congress



Contemporary Challenges in Dentistry

2017 | 4-7 May | Makedonia Palace Hotel Thessaloniki Greece | www.e-bass.org



PP.232. IN VITRO EVALUATION OF DIFERENT GUTTAPERCHA TECHNIQUES FOR ROOT CANAL OBTURATION

KOVACEVSKA I, DENKOVA N, PETROVSKI M, GEORGIEV Z, ATANASOVA S.

KOVACEVSKA IVONA-PROFESSOR-FACULTY OF MEDICAL SCIENCE DEPARTMENT OF DENTAL MEDICINE, UNIVERSITY

DENKOVA NATASA-ASSISTENT-FACULTY OF MEDICAL SCIENCE DEPARTMENT OF DENTAL MEDICINE, UNIVERSITY

PETROVSKI MIHAJLO-ASSISTENT-FACULTY OF MEDICAL SCIENCE DEPARTMENT OF DENTAL MEDICINE, UNIVERSITY

GEORGIEV ZLATKO-PROFESSOR-FACULTY OF DENTISTRY, UNIVERSITY

ATANASOVA SANDRA-DENTIST-FACULTY OF MEDICAL SCIENCE DEPARTMENT OF DENTAL MEDICINE, UNIVERSITY

Backgrounds: The three-dimensional hermetic root canal obturation presents one of the most important condition for successful endodontic therapy. The main goal of this study was evaluation of the quality of three different gutta-percha techniques for root canal obturation. Material and methods: Sixty single root teeth extracted for prosthetic and orthodontic reasons were endodontic treated. Endodontic treatment was performed with manual canal instrumentation and 1% sodium hypochlorite irrigation. According to technique of gutta-percha application they were divided in three groups: first group - 20 teeth obturated with AH plus sealer and Gutta-Flow technique; second group - 20 teeth obturated with AH plus sealer and single cone gutta-percha technique and third group - 20 teeth obturated with AH plus sealer and Thermafil gutta-percha technique. Teeth roots were divided on three cross-sectional segments one in orifice level, one in middle and one in apical third. Analysis and evaluation of canal obturation was performed by Light microscope OLYMPUS® SZ61by two irrespective researchers. Results: Samples of first experimental group showed the best root canal obturation in the coronal, middle and apical third. Cross sectional samples of third group demonstrated gutta-percha on one side and plastic carrier on the other side in the root canal. Conclusion: The three in vitro techniques have shown good results and solid canal sealing. Of particular importance to obtain reliable results is the experience of the therapist, as well as his knowledge of different gutta-percha techniques.

PP.233. SURGICAL AND ORTOGRADE TREATMENT OF INTERNAL ROOT RESORPTION

<u>ÖKTEN E</u>, YILMAZ F, ASLAN B, MUTLU KUL F.

ECE ÖKTEN-DDS-DEPARTMENT OF ENDODONTİCS,FACULTY OF DENTISTRY,ANKARA UNIVERSTY

FUNDA YILMAZ-DDS,PHD-DEPARTMENT OF ENDODONTİCS,FACULTY OF DENTISTRY,ANKARA UNIVERSTY

BERNA ASLAN-DDS, PHD-DEPARTMENT OF ENDODONTICS, FACULTY OF DENTISTRY, ANKARA UNIVERSTY

FERAH MUTLU KUL-DDS-DEPARTMENT OF ENDODONTICS, FACULTY OF DENTISTRY, ANKARA UNIVERSTY

Introduction: Internal root resorption is defined as the loss of dental hard tissues as a consequence of odontoclastic activity, starting from the inner root canal wall. IRR is usually asymptomatic and detectible upon routine radiographic examination. Many etiologic factors