



Dr. Anish Naware

Dr. Anish Naware, is a dedicated, focused clinician as an Endodontist for the past 37 years in Mumbai, Educator for the past 25 years & national & international speaker of repute. He is recipient of four awards towards the contribution to making Modern Endodontics more popular in the interior parts of India. He is Post - Graduate in Conservative Dentistry and Endodontics (1985) and founder of Integrated Endodontic Centre, Thane (Clinical endodontics & weekend continuing dental education programs), first of its kind in India (Estd. Yr. 2000). He has introduced Modern Endodontics and tapered preparations in India. He has conducted more than 450 hands-on courses for 6000 dental surgeons all over India and is a Keynote Speaker at many national & international level conferences. He has lectured and conducted hands on in Malayasia, UAE, Oman, Sri Lanka & UK. He is recipient of 'Thane Gaurav Award' 2006 from the Mayor of Thane and 'Thane Manbindu Award' 2007. He has worked as a Microendodontist in Breach Candy Hospital - Mumbai 2003 to 2008. And worked as a chief Consultant at Bhatia Hospital - Mumbai as a Microendodontist from 2011 to 2016. He has been the Executive Editor for "Famdent Endodont" Year 2013 - 19. He has 2 patented designs on endo instruments to his credit and recipient of Bite - In Award for Best Clinician - year 2016 and "DDI Aarogya Sanman" Year 2021 - Dr. R. Ahmed Award, recipient of Educator of the Year 2024, Famdent FEDA 2024 Award.

Dentistry without aesthetics is like tooth without pink and white colour.

Every dental procedure is planned to achieve good mastication and aesthetics. Mastication and aesthetics go hand in hand but areas where aesthetics is not involved, there, longevity and strength are given importance. During Endodontic procedure more emphasis is given to treat the bacteria and pulp tissue rather than any other aspects. In anterior teeth, after endodontic therapy, may be role of aesthetics comes in the picture. Some of the post RCF restorations, hue and colour may be concern for crowns today. Modern materials are more translucent than earlier so role of materials which are used in the pulp chamber after obturation are more to be discussed. Areas which are least concerned in aesthetics are fillings under the crowns and post endodontic therapy at furcal area and orifice.

Retreatment Is A Big Challenge In All Clinics!

Furcal area and orifice are the most delicate areas. It is the most vulnerable area of the pulp chamber. If not careful, one can overcut these area. This will lead to fracture of the tooth after endodontic therapy. When you plan retreatment of a root canal, one of the crucial aspect of the revised treatment is available tooth structure at the furcal area. Most of the time MB2 is missed in failed treatments. Exploring MB2 is a big challenge to every clinician. Due to pulp stones and calcifications in pulp chamber, digging of dentin at furcal area becomes challenging.

Clinical Challenge

If one needs to treat the tooth second time, that is repeat root canal, then removal of the coronal seal is the first step. Removal of the coronal seal should be as easy as possible so that one can spend more time in treating canals. If chamber is filled with composite resin filling material, then removal of the resin becomes very difficult since resin is tooth coloured. It is very difficult to remove matching coloured resin at furcal area or at orifice. Finding of MB2 becomes more challenging due to thin MB root.

If at furcal area or at orifice, if a clinician puts contrast coloured material, then differentiating resin from tooth structure becomes easy. One can put any contrast coloured resin material or coloured resin material like Purple Seal (**Prime Dental, India**) at base of the chamber or at the orifice.



Fig. 1 Contrast coloured resin.

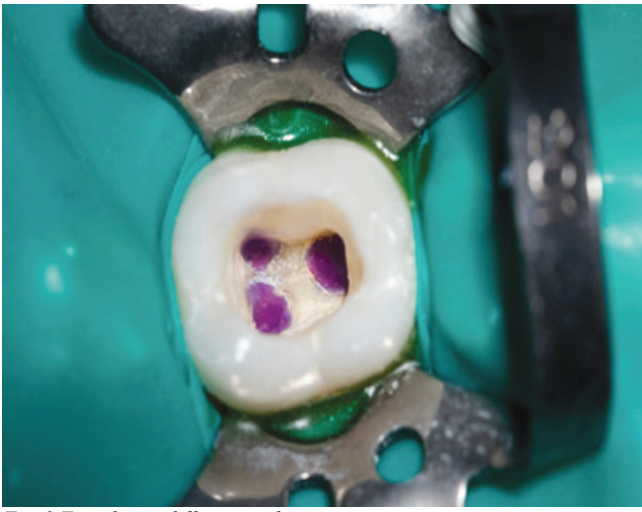


Fig. 2 Furcal area differentiated.

Conclusion

In a repeat root canal treatment, evaluating available tooth structure at furcal area and orifice becomes

crucial factor. Longevity of the tooth depends on available thickness of dentin at furcal area. It is highly recommended to put contrast coloured resin or any coloured resin as coronal seal at orifice. Removal of coloured or contrast coloured resin is easy at the time of repeat root canal treatment. This mindset of coloured resin at the base of the chamber will avoid over digging of dentin at furcal area or at orifice. This mindset will reduce irritation and stress at the time of repeat root canal treatment. Use of opaquers and tints play an important role in these procedures.

One can read dentinal map at ease if contrast coloured material is used earlier during repeat root canal treatment. In anterior teeth, one can use tints or opaquers at orifice. In modern Endodontics, more and more procedures are developed to reduce stress during endodontic procedure.
