

Endodontic Spotlight

Steven C. Kwan, D.D.S., M.S.D.
Diplomate of the American Board of Endodontics
Autumn 2014



Introduction

In our last issue of 2014 I've decided to highlight the most current diagnostic terminology used in endodontics. Hopefully these terms can help aid in communication among practitioners. I hope you all have a wonderful holidays and a great start to 2015!

Spotlight on Diagnostic Terminology

The American Association of Endodontists (AAE) has recommended that the following diagnostic terms be used when describing an endodontic condition of a tooth. Note that every tooth will have two diagnoses – a pulpal diagnosis and an apical diagnosis.

Pulpal

Normal pulp: A clinical diagnostic category in which the pulp is symptom-free and normally responsive to pulp testing.

Reversible pulpitis: A clinical diagnosis based on subjective and objective findings indicating that the inflammation should resolve and the pulp return to normal.

Symptomatic irreversible pulpitis: A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. Additional descriptors: lingering thermal pain, spontaneous pain, referred pain.

Asymptomatic irreversible pulpitis: A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. Additional descriptors: no clinical symptoms but inflammation produced by caries, caries excavation, trauma.

Pulp necrosis: A clinical diagnostic category indicating death of the dental pulp. The pulp is usually nonresponsive to pulp testing.

Previously treated: A clinical diagnostic category indicating that the tooth has been endodontically treated and the canals are obturated with various filling materials other than intracanal medicaments.

Previously initiated therapy: A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy (eg, pulpotomy, pulpectomy).

Apical

Normal apical tissues: Teeth with normal periradicular tissues that are not sensitive to percussion or palpation testing. The lamina dura surrounding the root is intact, and the periodontal ligament space is uniform.

Symptomatic apical periodontitis: Inflammation, usually of the apical periodontium, producing clinical symptoms including a painful response to biting and/or percussion or palpation. It might or might not be associated with an apical radiolucent area.

Asymptomatic apical periodontitis: Inflammation and destruction of apical periodontium that is of pulpal origin, appears as an apical radiolucent area, and does not produce clinical symptoms.

Acute apical abscess: An inflammatory reaction to pulpal infection and necrosis characterized by rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation, and swelling of associated tissues.

Chronic apical abscess: An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and the intermittent discharge of pus through an associated sinus tract.

Condensing osteitis: Diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at apex of tooth.

“AAE Consensus Conference Recommended Diagnostic Terminology” can be found online at www.aae.org/uploadedfiles/publications_and_research/newsletters/endodontics_colleagues_for_excellence_newsletter/aaeconsensusconferencerecommendeddiagnosticterminology.pdf or in the Journal of Endodontics at **J Endod 2009;35:1634**.

Topic	Year; Volume: Page
Anesthesia	2012;1:2. 2012;1:6. 2012;1:8. 2013;2:2
Antibiotics	<i>2014;3:3-4</i>
Anxiolytics	2014;3:4
Avulsions	2012;1:5
Cold test	2013;2:6
Conflict of interest (bias)	2014;3:6
Cracked teeth	2012;1:3. <i>2012;1:3</i>
Diabetes	2013;2:1
Diagnostic terminology	<i>2014;3:7-8</i>
Electric pulp test	2013;2:6
Endodontic etiology	2012;1:2
Endodontic instrumentation	2012;1:7. <i>2012;1:7-8</i>
Endodontic microleakage	<i>2014;3:2</i>
Endodontic outcomes	2012;1:4. 2012;1:7
Ferrule	2014;3:1-2
Heart disease	2013;2:1
Hospitalizations	2013;2:7-8
Immature teeth (open apex)	2013;2:3
Lateral canals	2014;3:5
Mineral trioxide aggregate (MTA)	2013;2:3. 2013;2:3. 2013;2:4
Pain management	2012;1:4. 2013;2:7. <i>2014;3:3</i>
Perforations	2013;2:4
Pulp testing	<i>2013;2:5</i> . 2013;2:5
Restorative considerations (importance of crowns)	2012;1:4. 2014;3:1. 2014;3:1
Revascularization	2012;1:1. <i>2012;1:1</i>
Smoking	2013;2:2
Splinting	2012;1:6
Systemic inflammation	2014;3:5
Trauma overview	<i>2012;1:5</i>
Vertical root fracture	<i>2012;1:3</i>

Spotlight topics in italics

Endodontic Spotlight is published quarterly by Steven C. Kwan, D.D.S., M.S.D.
 Dr. Kwan practices at 6715 Fort Dent Way, Tukwila WA 98188
 206-248-3330; 206-431-1158 (fax); www.seattle-endodontics.com
 To subscribe or unsubscribe from this publication, email endodonticspotlight@gmail.com.
 This publication may not be reproduced without written permission.
