This is last year sheet since there is no record for this lecture !

According to who attended there is no difference .

Good luck

- Dentistry is all about teamwork. In order to have a good outcome there should be a cooperation between different specialties. In addition, general dentists should maintain this cooperation with other specialized dentists.

- The root canal treatment that we are doing as general dentists should be as good as the RCT that has been done by an endodontist.

- Cases that are exceeded the skillful levels of GP should be referred. This would be appreciated by the patient as you put him away from harm.

- Important considerations for patients before starting treatment:

**Medical history :**

Patients that are not medically fit should be referred to be get their treatment like in cases of   
  
-Anesthesia difficulties

-Gag reflex

-Asthmatic patients: they must be treated in up right position which makes the treatment difficult and should be referred

**Physical limitations:**

- Crowned tooth with radiolucency: maybe this tooth has an infected lateral canal and must be treated. This condition is difficult to be treated by inexperienced dentist and should be referred

- Any radiological signs of complications such as resorption, morphological changes or severe curving should be referred

Example, Painful tooth but appears normal, here vitality test is the key.

Periapical cemental dysplasia is a case where there are periapical radiolucencies with vital teeth.

- Difficulties in taking x-rays

- Inclination of the tooth is important and we must take it into consideration during access cavity.

- Isolation is important, cases in which isolation is difficult should be referred if the dentist could not deal with it.

- Position of the tooth should be taken into consideration to avoid perforation

- Wide open apex should be treated by specialist by custom-roll Gutta percha technique in which large-sized cones merged together on glass slab

- Canal morphology; curved canals cases are difficult even in hand experts and should be referred.

Dr show us x-rays ( cases )

Case 1

Broken post, in the past they were extract the tooth ,but we can save the tooth and drill the post then put new post and crown and the patient was happy .

Note :

You have to give your pt the treatment options that he can follow .

Case 2

Upper first premolar failure in treatment because there is missed canal ( not treated )the tooth has 3 canals .

Case 3

Radioopaqe lesion overlapping the apex of roots its condensing ostitis ( all lesions surrounding the apex are radiolucent except (condensing ostitis).

Case 4

X ray for a molar with more than 5 canals ( two mesial roots ,two distal roots and one mid root) ,the dentist should have tactile sensation .

Case 5

3rd molar indicated for RCT, we should save the patient teeth not to take it out and do an implant .

Note

When we have crown and calcified canals these consider as difficult case and we should referrer it to endodontist .

Case 6

Broken instrument sometimes we can’t tack it out and should referred .

Case 7

Bifurcation perforation we wash it and fill the tooth then see how it goes .

Case 8

External resorption we can stop it by RCT if we clean all inflammation .

Case 9

Wide open apex, we have to finalize the treatment ,we do it by vertical condensation we overfill it then open flap and remove the excess GP from the apex

We can use MTA.