Revascularization of an Immature Necrotic Permanent Mandibular Second Molar

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Disinfecting and three-dimensionally sealing immature permanent teeth has been a classical challenge for endodontists. Treatment strategies have focused on inducing an artificial apical barrier either consequent to long-term intra-canal calcium hydroxide application or immediately utilizing mineral trioxide aggregate (MTA). Surgical intervention has been opted in case of failure of the non-surgical modality. Recently, revascularization of such cases has been practiced as it facilitates root thickening and maturation.
This report presents a case done at North Jeddah Specialty Dental center, in which revascularization of an immature necrotic mandibular second molar of a 14-years-old boy was attempted. After gaining access under rubber dam isolation and profound anesthesia, disinfection was attempted with light mechanical instrumentation and copious irrigation with 5.25% sodium hypochlorite.

After one week calcium hydroxide medication, bleeding was induced by over-instrumentation and allowed to clot inside the four canals. The clots were covered with 3-mm white MTA. Next day, the tooth was restored with composite.

At 6-, 12- and 18-month recalls, the tooth was asymptomatic with no sensitivity to percussion or palpation while not responding to sensibility tests. Periapical radiographs demonstrated resolution of periapical radiolucency, continued gain in canals length and width with continuing apical closure.



Biography (150 word limit)

Yazeed Alharbi graduated from King Saud Collage of dentistry in 2008. He is a broad certified in Endodontic from Saudi Health commission since 2016. Now, he is a head of Endodontic department at Specialty Dental Center In Jeddah.

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