

- Oral Presentation 1

TITLE: Endodontic retreatment. Reconstruction with canal projector technique: A case report

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Introduction

Root Canal Projectors are plastic cones that are carried to the canal by endodontic hand files. They serve as “internal matrix barriers” around which the pre - endodontic restorative material is injected. After the polymerization of the restorative material, the Projectors Canal are removed, leaving the reconstructed crown and the projection of the channels through the restorative material.

Case report

It is presented the case of a female patient who comes to receive her treatment to the Master of Endodontics and Restorative Dentistry, Rey Juan Carlos University. In the 26 tooth has a metal - ceramic mismatched crown, a cast post and core and absence of endodontic treatment. In the X-ray image is seen a radiolucency at the level of the palatal and mesiobuccal root. The percussion is negative and the probing is physiological. It is diagnosed as chronic apical periodontitis. The proposed treatment plan was the removal of the crown and pin, treatment of root canals, reconstruction with fiberglass post and metal - ceramic crown.

The post and core is removed with peripheral wasting with tungsten carbide bur and ultrasonic vibrating tip. After the gingivectomy of the distal papilla, framing and pre - endodontic reconstruction with Projector Canal technique (Capillary Tips (Ultradent) and Multicore® Flow (IvoclarVivadent)) is performed. The root canals are instrumented with Protaper Next and sealed with gutta-percha (apical cap and back- filling). Reconstruction with fiberglass post and core built with composite (Filtek Supreme XTE) is performed. A resin temporary crown with Vysacril Protemp is made (3M ESPE) and we will be monitoring the prior case to final cementation of metal-ceramic crown.

Conclusions

The reconstruction pre-endodontic technique with Canal Projector can be an interesting alternative to endodontic cases with severe coronal tooth loss. Provides advantages as better access to canal, reduced incidence of crown root fracture between appointments, hermetically sealed filtration areas and easier isolation.

- Oral Presentation 2

TITLE: Susceptibility of the composite to the coffee stain. In vitro study

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Objectives

To evaluate in vitro if the coffee causes a color variation on composite resins (CieL-ch space) and if the polishing promotes such changes.

Materials and Methods

36 disks (8 mm diameter; 2mm thickness) of Spectrum (DENTSPLY®) A2 composite resin were prepared and assigned randomly to 6 groups:

- Group 1: 6 polymerized disks with an acetate matrix interposed
- Group 2: 6 disks polished with Sof-lex system
- Group 3: 6 disks polished with Opti1 Step system
- Group 4: 6 disks polished with OptiDisc system
- Group 5: 6 disks polished with Occlubrush system
- Group 6: 6 disks unpolished

Disks were immersed in coffee intermittently for a total of 45 seconds in two sequences of five days, measuring the color after each dive with Easyshade (Vita) spectrophotometer. Then disks were stored in physiological serum during one month measuring the color again. Data were statistically analyzed with the SPSS v15 program using a repeated measures ANOVA in association with the Tukey's post-hoc test.

Results

A statistically significant ($p < 0.05$) reduction of lightness (L) was observed of the average between group 1 (5.10) and group 6(7.47) with respect to group 2(4.67) and group 4(4.07). Chroma(c) increased and significant differences were obtained between group 1(-0.80) and group 6(-4.74) vs. group 3(0.60) and group 4(2.12). About hue (h), no significant differences between groups were found.

Conclusions

Common coffee consumption produced changes in the optical properties of the composites resins, mainly on the luminosity. Polishing is important to prevent chroma increase and the decrease of the lightness.