Retrieval of Fractured Endodontic Instrument from Root Canal of Mandibular Molar Using Ultrasonic Technique: A Case Report

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I. INTRODUCTION


The Aim Of This Case Report Was To Describe The Management Of A Complicated Clinical Case Of Fractured Instrument In Mandibular Molar Using Ultrasonic Vibration Technique.

II. CASE REPORT

A 25 Year Old Male Patient Reported To The Endodontic Department Of Peoples College Of Dental Sciences And Research Center With A Chief Complain Of Pain In Lower Right Back Tooth Region. A Clinical Examination Revealed Dislodged Restoration There Was No Associated Swelling But Tooth Was Tender On

Non Surgical Instrument Retrieval Was Planned To Perform Using Dental Loops As An Adjunct. Isolation Was Done With Rubber Dam. Access Cavity Was Modified Using A Safe End Fissure Bur (Dentsply, Maillefer, Ballaigues, Switzerland) To Obtain A Straight Line Access To The Canals. Gates Glidden Drills Were Modified By Cutting The Burs Perpendicular To Their Long Axis At The Maximum Cross Sectional Diameter. These Were Used To Prepare A Staging Platform Coronal To The Fractured Instrument In Mesio Buccal Canal. This Allowed The Use Of Ultrasonic Tips To Trephine Dentine Circumferentially Around The Fragment. Using Dental Loops , An Eti25 Tip Of Endo Success\textsuperscript{TM} Retrieval Kit Was Attached To The Ultrasonic Device And Activated Without Coolant At A Low Power Setting For About One Minute To Trephine Dentine Around The Fragment In Mesio Buccal Canal. After Each Activation The Canal Was Irrigated With Sodium Hypochlorite To Cool The Operating Field And Flush Dentine Debris Out Of Canal. After Approximately 12 Min, The Fragment Loosened And Came Out. The Retrieval File Fragment Was 14 Mm Long. Using The Same Tip Gutta Percha Was Removed From The Distal And Mesio Lingual Canal And Radiograph Was Taken And Retrieval Of Fractured Instrument And Gutta Percha Was Ensured.

After Instrument Retrieval Working Length Was Determined Using An Apex Locator And Radiographs. The Root Canals Were Cleaned And Shaped In A Crown Down Manner Using Rotary Niti Files Protaer Gold( Dentsply Maillefer, Ballaigues, Switzerland). Next 2.5% Sodium Hypochlorite And 2% Chlorhexidiene Were Used For Irrigating The Root Canal And Calcium Hydroxide (Calciurc, Voco, Cuxhaven, Germany) As An Intracanal Medicament Was Placed. In The Second Visit, Obturation Was Carried Out By Lateral Compaction Technique Using Gutta Percha Points (Protaer, Dentsply,Maillefer, Ballaigues, Switzerland) And Ah Plus Sealer (Dentsply,Mailleler, Ballaigues, Switzerland). The Access Cavity Was Restored With Gic. The Tooth Had Normal Function One Year After The Endodontic Treatment.

### III. DISCUSSION

Many Factors May Contribute To Fracture Of Endodontic Instruments\textsuperscript{3,4}. The Pre Operative X -Ray Of The Current Case Showed Reduced Space In The Pulp Chamber And Narrow Canals, Which Predispose Instruments To Fracture. This Necessitated A Proper Access Cavity, Straight Line Access And Glide Path Preparation, And These Factors Might Not Have Been Fully Considered By The Previous Dentist. Another Possible Reason For Fracture Is The Presence Of Pre-Use Defects Resulting From The Manufacturing Process\textsuperscript{2}. Therefore A Single Use Policy Has Been Highly Recommended.


Material Type Of The Fractured Instrument Is Also Important Factors To Be Considered During Its Removal. The Stainless Steel Files Do Not Fracture Upon Removal With Ultrasonic, While Niti Instruments May Undergo Further Fracture Due To Heat Buildup When Ultrasonic Devices Are Used For Their Removal. The Stainless Steel Fragments Will Show Early Movement As They Absorb The Ultrasonic Energy Bodily, While In Case Of Niti Fragments, Only The Point Of Contact With The Tip Absorbs The Energy. A Recent Study Reported That Temperature Increases Induced On Niti Fragment’s Surface As A Result Of Ultrasonic Activation Were Significantly Greater Than Those Induced On Stainless Steel Fragments. Therefore, Lower Power Settings And Shorter Application Times Were Recommended While Removing Niti Fragments Compared With Those Recommended For Stainless Steel Fragment.

Several Methods And Instrument Retrieval Systems Have Been Proposed For Retrieval Of Broken Instruments From The Root Canals. However None Of Them Can Guarantee 100% Success Or Can Be Considered The Gold Standard For Instrument Retrieval. Due To The Various Advantages Of Ultrasoundics In Instrument Retrieval Such As Minimal Dentin Damage And Compatible Tip Designs , Which Can Reach The Apical Third Of The Canal, Ultrasonic Retrieval Was Attempted On Our Case. However, One Must Consider That With The Advent Of Rotary Niti Files, The Occurrence Of Broken Instruments Has Increased Especially In The Hands Of Inexperienced Clinician. Magnification Provided By The Surgical Dental Microscope And Loupes Also Contribute To The Successful Ultrasonic Removal Of Fractured Instrument. Dental Microscope Magnification Increased The Success Rates Of Ultrasonic Removal From The 67% Reported By Nagai Et Al To 88% And 95% In More Recent Reports.
Figures

A: Preoperative Iopa Radiograph With 46, B: Retrieved Stainless Steel File, C: 14mm Fractured Fragment Retrieved

Fig 1 A: Preoperative Iopa Radiograph With 46, B: Retrieved Stainless Steel File, C: 14mm Fractured Fragment Retrieved

Fig 2 A: Working Length Determination Radiograph Of 46, B: Master Cone Radiograph Of 46

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eFig 3 A: Obturation Radiograph Of 46, B: 6 Month Follow Up Radiograph

IV. CONCLUSION

Within The Condition Of The Current Case Report, The Following Can Be Concluded:

• Working Under Stress May Result In Secondary Procedural Errors.
• Clinicians Need To Identify Their Limitations And Consider Referring Cases That Are Beyond Their Ability And Experience.
• Although Dealing With Fractured Instruments Is A Challenging Process, Good Experience As Well As Sufficient Armamentarium Enable Good Management
• The Ultrasonic Technique And The Magnification Contribute To Successful Management Of Fractured Instruments.

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