



Clinical scenario:

A patient presents to your practice with shooting pain on eating and drinking from the lower left quadrant. She is not able to point out a specific tooth. The pain lasts for an hour and is not relieved by analgesics.

Your oral examination reveals a carious lower left first molar, and there are no sinus tracts or signs of swelling. The tooth is not tender to percussion. Cold testing revealed exaggerated response compared to the second molar, but the pain went away within 30-60 seconds.

You take a radiograph which shows caries reaching the pulp and no apical radiolucency (Figure 1).

The pulpal diagnosis is an irreversible pulpitis and normal apical tissues in the lower left first molar.



This clinical scenario illustrates a common emergency presentation in a dental practice. A new treatment option for such a case is emerging: performing a full pulpotomy with tricalcium silicates. This technique consists of removing coronal pulp to the level of the canal orifices and achieving haemostasis before placing a biosilicate cement such as MTA or Biodentine™ in the pulp chamber followed by definitive restoration.

***** Please answer the following questions: *****

For approximately how many patients each month do you diagnose irreversible pulpitis in your clinical practice?

- ☐ 0
- ☐ 1 to 5 patients

- ☐ 6 to 10 patients
- ☐ More than 10 patients

When “irreversible pulpitis with normal periapical tissues” is diagnosed in a permanent tooth, what is/are your most common clinical management(s)? (Check all that apply)

- ☐ Prescribe or recommend analgesics
- ☐ Prescribe antibiotics
- ☐ Access the pulp and place a sedative temporary dressing
- ☐ Perform a pulpotomy
- ☐ Perform root canal therapy

If you decide to perform a pulpotomy, which material would you use to complete this procedure ? (Check all that apply)

- ☐ I do not use pulpotomy as part of my clinical practice
- ☐ Mineral Trioxide Aggregate (MTA)
- ☐ BiodentineTM
- ☐ Calcium hydroxide
- ☐ ZOE
- ☐ Formocresol
- ☐ Glass Ionomer
- ☐ Other

Including the initial emergency appointment, how many appointments are usually required for you to complete root canal treatment on a molar tooth? (does not include final restoration)

- ☐ I do not perform root canal treatment on any teeth
- ☐ I would refer this molar tooth to a specialist
- ☐ 1 appointment
- ☐ 2 appointments
- ☐ 3 appointments
- ☐ More than 3 appointments

How would you and your patients feel about pulpotomy as a definitive treatment option for the management of irreversible pulpitis compared to conventional root canal treatment, assuming that there is sufficient tooth structure and there is no need for post retention of the restoration?

- ☐ Both myself and patients would be in favor
- ☐ I would be in favor but not my patients
- ☐ Patients would be in favor but not myself
- ☐ Neither patients nor I would be in favor

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