

# ROOT WORDS

*Promoting just a little bit of knowledge...and a whole lot of Healthy Smiles*

## Mission Statement

*To provide excellent endodontic care in a professional, friendly environment by a highly trained and motivated team!*

*We work to fulfill our mission by making patient care our #1 goal.*

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## Management of the Immature Apex

**A**pical closure of permanent teeth may vary somewhat by sex, but in most teeth the apex matures about three years following eruption. Endodontic intervention is sometimes required in teeth with open apices due to trauma or caries. Every effort should be made to preserve the vitality and function of the pulp so that physiological development and formation of the root end continues. This can usually be achieved through appropriate vital pulp therapy.

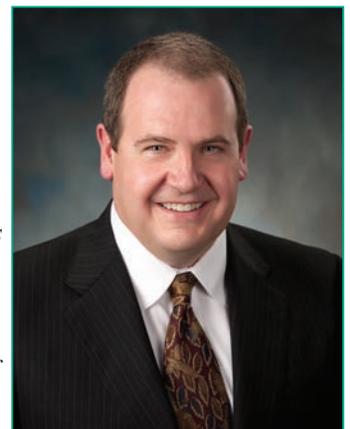
Placement of a protective base, indirect pulp capping or direct pulp capping may be indicated for permanent teeth with incomplete root formation. These procedures all require a healthy and asymptomatic pulp. The objective is to maintain the tooth with no adverse signs or symptoms. The pulp should remain normally responsive to vitality testing and the periradicular tissues should maintain a normal radiographic appearance.

Pulpotomy is the surgical amputation of the coronal portion of the vital pulp tissue. A protective filling material is placed in the pulp chamber to preserve the vitality of the remaining radicular portion of the pulp. Calcium hydroxide is the medicament of choice for pulp capping and pulpotomy. Formocresol has been advocated for pulpotomy procedures in both primary and permanent teeth, however its use is controversial. Studies have shown a

high degree of root canal obliteration by calcification, which complicates and may preclude future root canal treatment. For this reason, it should be avoided even in pulpotomies done as emergency procedures until root canal treatment can be completed.

Pulpotomies are completed as interim procedures for permanent teeth with immature root formation in order to preserve pulpal vitality and provide for continued apical closure. This process, known as apexogenesis, is sometimes accompanied by an increase in root length. Nonsurgical root canal therapy, if needed, can now be readily completed.

*Dr. Myron Hilton earned his D.D.S. degree from the University of Oklahoma College of Dentistry and completed his specialty training in endodontics at Texas A&M Baylor College of Dentistry.*



Please share this fun and helpful information with your staff by passing on **Root Words!** If you would like additional copies of this newsletter, please call Sherri at Endodontic Associates at (405) 748-6000 or (800) 522-9609.

Quality Patient Care in a Comfortable Environment

# Operation Elf Toy Drive



## Bravo

■ Endodontic Assistant Mel, husband Doug and big brother Cale welcomed baby **Asher Dane** on December 24, 2014. Asher weighed 8 lbs. 2 oz. and was 19 1/2 inches long. Congratulations to the proud parents and big brother!



Welcome, Asher Dane!

EA's Christmas project this year was the Operation Elf Toy Drive for Oklahoma Children's Hospital. EA staff brought toys to donate for children in the hospital. A popular request this year was movies, as each hospital room is equipped with a DVD player.



Dr. Myron Hilton, Dr. Leslie Hardy, Dr. Dayna Duke and Dr. David Bird stop for a photo at the Christmas party.



Susana, Ann Marie, Susan, Sherri, Candy, Stephanie and Jessica ready to enjoy the Christmas party!