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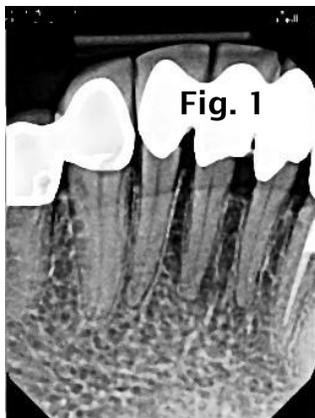
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Practice Limited to Endodontics

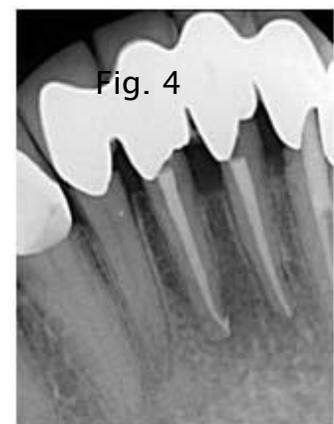
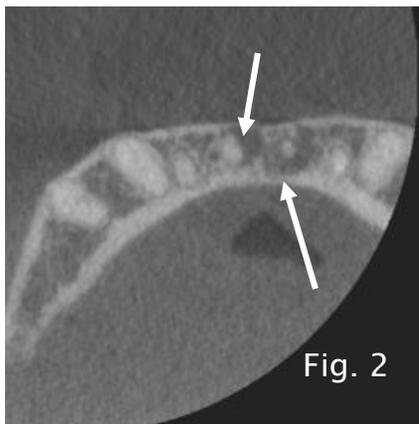
## **CBCT Newsletter #3**

In a previous Newsletter we confirmed the value of CBCT scans taken to diagnosis vague longstanding, non-localized pain by observing a periapical lesion not evident on routine radiography but visualized in the scan. Cases of extreme pain are usually easier to diagnosis, but when multiple teeth are splinted, it may make conventional diagnostic methods ineffective in determining the offending tooth or teeth.

### **CBCT CASE**



A patient was referred to our office who had extreme pain to pressure on a lower anterior 4 unit bridge. The prosthesis had recently come loose and after recementation by her dentist her pain rapidly progressed. Clinical examination revealed that the bridge had a +1 mobility, and all teeth were equally tender to percussion and pressure, and thermal tests were noncontributory. The periapical radiograph of tooth #24 possibly shows a periapical area. (Fig.1) A CBCT scan was taken and in the axial view, (Fig. 2) arrows are pointing to two periapical lesions located at the apices of teeth #24 and #25. In the coronal section (Fig. 3) a large area, highlighted by the circle, can be seen at the apex of #24. Root canal therapy was initiated on both teeth, and surprisingly, profuse drainage was obtained from tooth #25. Relief was



instantaneous and the remaining treatment was uneventful. The completed endodontic treatment is seen in Fig. 4. This case illustrates that CBCT scans are an integral adjunct to our diagnostic armamentarium.

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