

Dr Brice Riera
endodontiste

Modern Molar Endodontic Access and Directed Dentin Conservation

David Clark, DDS^{a,*}, John Khademi, DDS, MS^b

KEYWORDS
• Molar • Endodontic • Access • Dentin

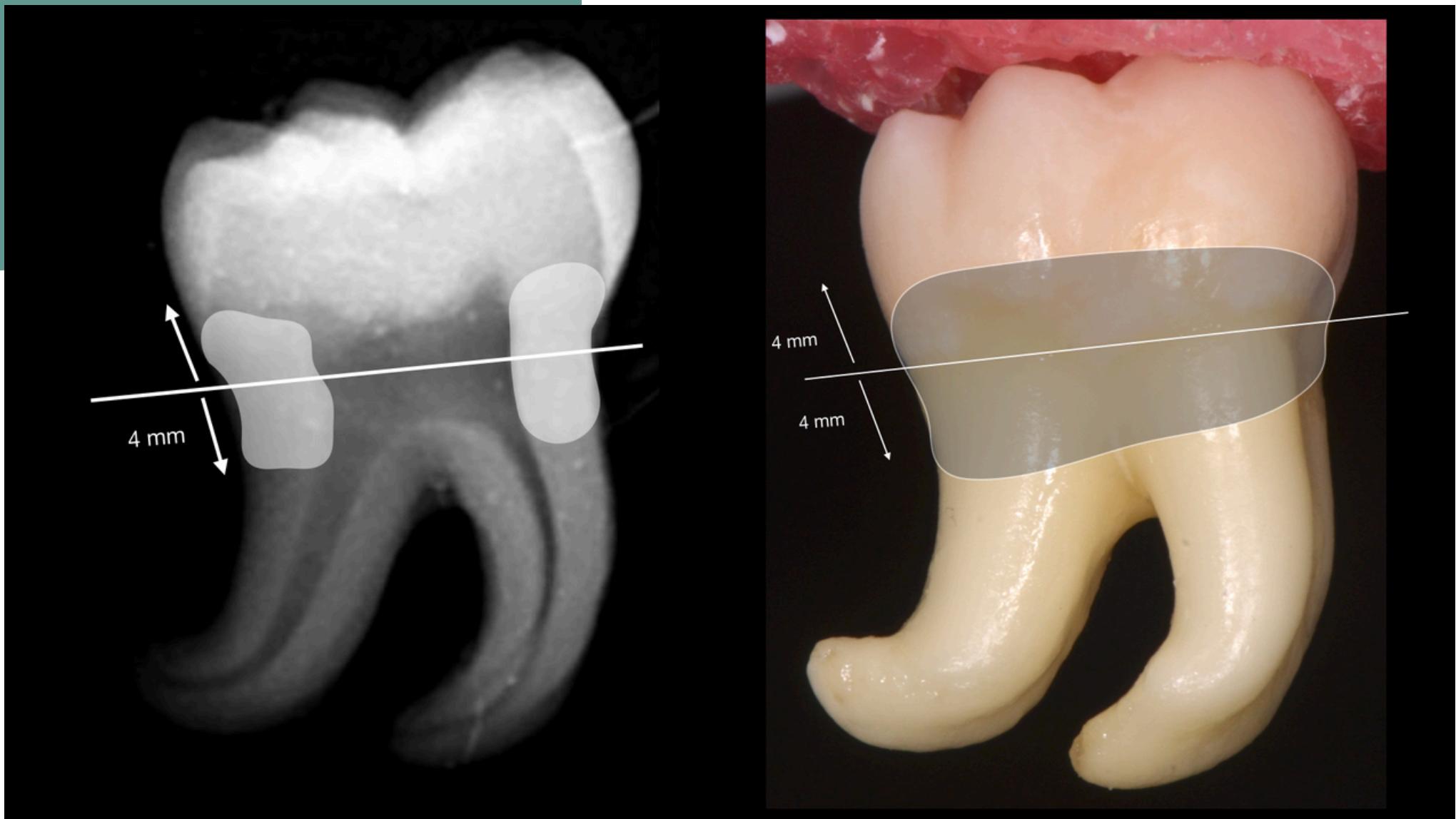
During patient treatment, the clinician needs to consider many factors that will affect the ultimate outcome. In simple terms, these factors can be grouped into 3 categories: the operator needs, the restoration needs, and the tooth needs. The operator needs are the conditions the clinician needs to treat the tooth. The restoration needs are the prep dimensions and tooth conditions for optimal strength and longevity. The tooth needs are the biologic and structural limitations for a treated tooth to remain predictably functional. This article discusses molar access and failures of endodontically treated teeth that occur not because of chronic or acute apical lesions but because of structural compromises to the teeth that ultimately renders them useless. What both authors have discovered in their respective practices through careful observations of failing cases and modes of failure, and observation of the truly long-term (decades) successful cases, is that the current models of endodontic treatment do not lead to long-term success. The authors want to coronally shift the focus to the cervical area of the tooth and create awareness for an endorestorative interface. This article introduces a set of criteria that will guide the clinician in treatment decisions to maintain optimal functionality of the tooth and help in deciding whether the treatment prognosis is poor and alternatives should be considered. This article is not an update on traditional endodontic access, as the authors believe the traditional approach to endodontic access is fundamentally flawed. Traditional endodontic access has been endodontic centric, primarily focused on operator needs, and has been decoupled from the restorative needs and tooth needs. Central to our philosophy is that balance needs to be restored to these 3 needs, which are almost always in conflict when performing complete cusp-tip to root-tip treatment.

Disclosure: Drs Clark and Khademi will receive a royalty from the sales of CK Endodontic Access burs. <http://www.sswwhiteburs.com>.
* 3402 South 38th Street, Tacoma, WA 98409, USA
^b 2277 West 2nd Avenue, Durango, CO 81301-4658, USA
* Corresponding author.
E-mail address: drclark@microscopedentistry.com



La dentine péri-cervicale est une des poutres de résistance biomécanique de la dent.

Dr Brice Riera
endodontiste

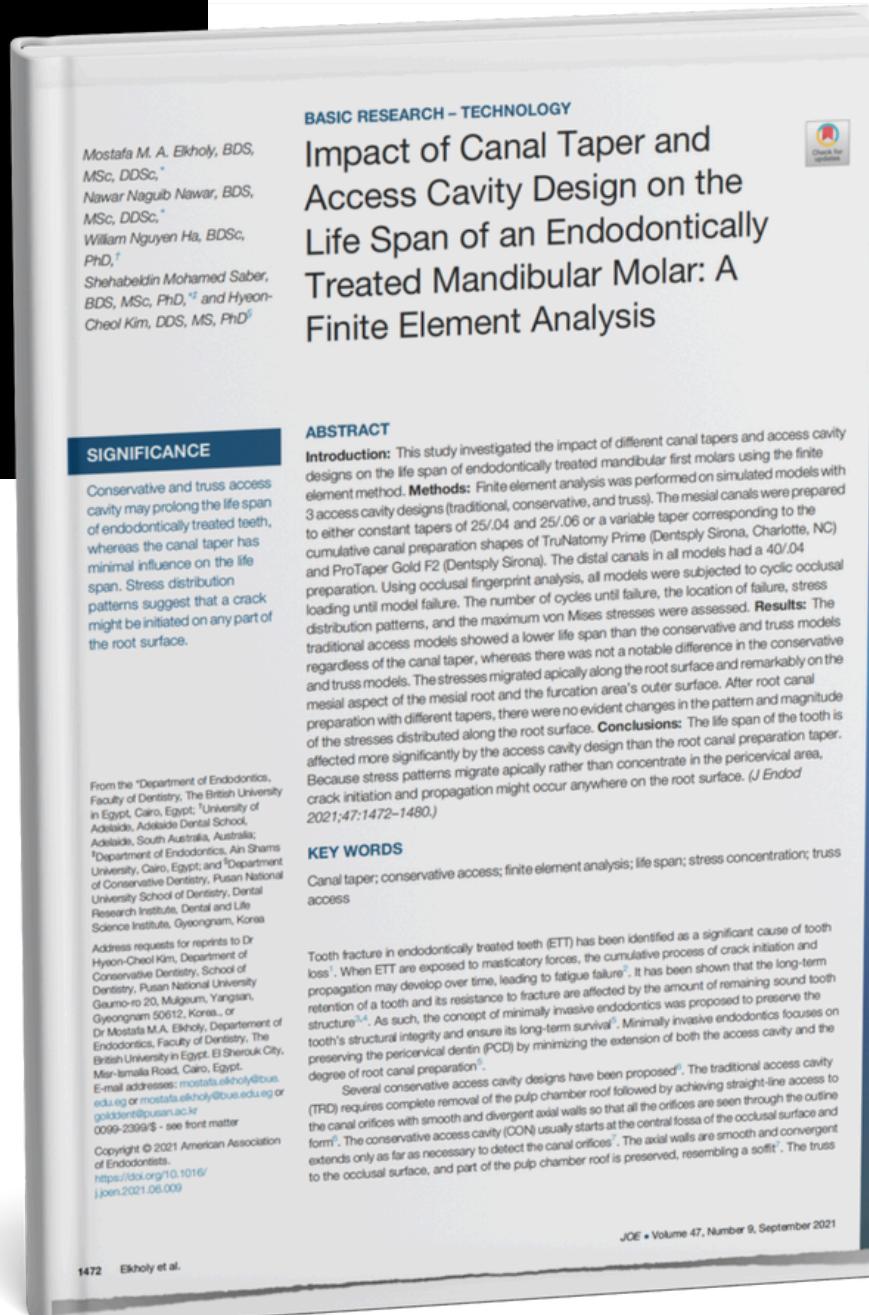


“

Il s'agit de la dentine située 4 mm au-dessus et 4 mm au-dessous de la jonction émail-cément.

Un concept évoqué dès 2010 par D. Clark et J. Khademi.

Dr Brice Riera
endodontiste



L'étude d'Elkholy et al 2021 semble nous montrer que c'est effectivement dans cette zone que se trouve la plus grande force de contrainte lors des cycles de mastication (simulés par la méthode des éléments finis).

Dr Brice Riera
endodontiste



“Plus son épaisseur diminue, plus le risque de fracture augmenterait.”

“

**Qu'est-ce qui, en endodontie,
pourrait diminuer l'épaisseur de
dentine radiculaire ?**

Dr Brice Kiera
endodontiste