



Vital Pulp Therapy

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Is it the beginning of a new era in endodontics?

For several decades the mature permanent teeth with irreversible pulpitis or necrotic pulps have been treated through root canal therapy by removing the pulp tissues and disinfecting root canal system by cleaning and shaping, root canal irrigation, and intracanal medication.

These procedures have been witnessed several advances, such as the development of irrigation technical by using adjunct devices to activate irrigant or using new irrigant such as Chlorhexidine, as well as the intracanal medications have been advanced by using a new material such as calcium hydroxide suspension.

Despite all these developments, however, the using of Nickle Titanium (NiTi) alloy in manufacturing rotary files considered the big development in the endodontic world. These instruments have many unique features such as a great taper, a novel blade design, and higher elasticity [1]. In addition to keeping the original shape of the canal and cause less procedural accidents such as ledge [2,3].

Recently, few studies have examined direct pulp capping and partial pulpotomy in symptomatic permanent teeth [4]. Mineral trioxide aggregate (MTA) full pulpotomy was a successful treatment option for cariously exposed pulps in mature permanent molar teeth [4,5]. MTA has a greater long-term sealing ability and stimulates a high quality and a great amount of reparative dentin [5]. In clinical outcomes evaluation, it has demonstrated a high success rate. MTA is, thus, a good substitute for Ca (OH)₂ in vital pulp procedures [5].

Will the future undergo major changes in endodontic treatment, where we will dispense our traditional tools and shift to new vital methods and technique?

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