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Mini Research Article

Refinement in the Configuration of Gutta-Percha

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Abstract

Imagine the consequences of a three hours cricket practice session with a hockey bat…which means nevertheless the degree of strain undergone, everything goes in vain unless and until there is a proper channel of guidance, what and which to be used in accordance with the situation. Same is the case with gutta-percha wherein configurations of Standardized (ADA ANSI or ADA American National Standards Institute),Non-standardized(extra fine, fine fine, fine medium fine, fine medium, medium, large and extra large), Activ GP(gp with gic), Customized styles are available in market presently. Now comes the million dollar question as to when to use which type of cone.

Keywords: Roll-On Technique; Gp Configurations; Activ Gp; Broken File-Obturatio; Customized Cone

Abbreviations

ADA ANSI or ADA American National Standards Institute

Introduction

Reinforcement in the usage of different configurations of gutta percha in cases of open apex, external root resorption, sinus tract detection, broken file obturation.

Materials and Methods

Materials

2%gp,4%gp and 6%gp.

Methods

Roll-on technique, cold lateral compaction, tuberculin syringe custom cone fabrication.

Results and Discussion

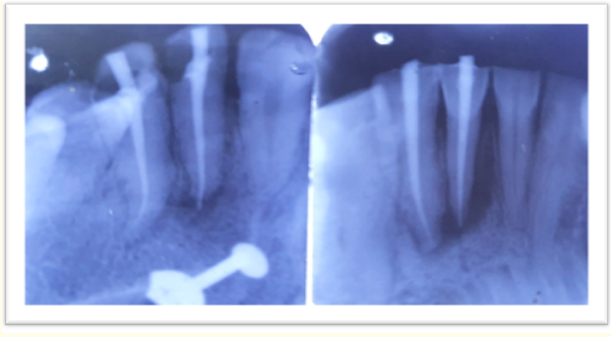

Figure 1

6% taper cones being coronally wider are actually useful in canals with wider flares but manlier times endodontists are tempted upon its use because single cone obturation is at their convenience dusk but the loophole in it is poor apical seal which could lead to reinfection and post operative inflammatory pain due to over-extension. Avoided by using warm gutta-percha or vertical compaction technique of filling.

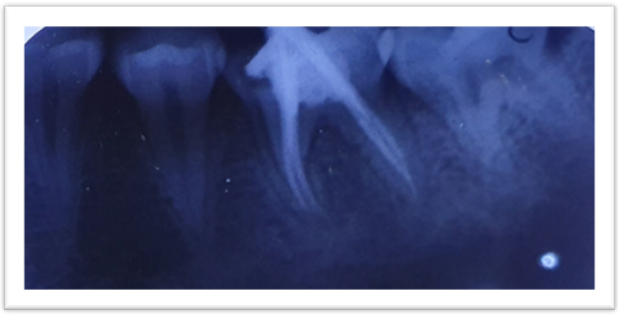

Figure 2

4% taper gutta percha or 0.04 taper cone has tip diameter of 0.4mm and continuous taper of 0.04 mm per millimeter taper similar to that of standardized instrument. At times lateral compaction could result in transmission of forces to both material and canal wall resulting in greater chances of root fracture.

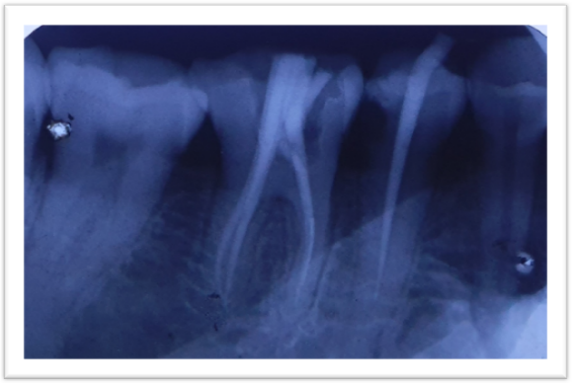

Figure 3

On careful perspective, the mesiobuccally canal, has a broken file in the apical third of the root which is actually camouflaged with 4% gutta percha, file now acting as an obturation material.

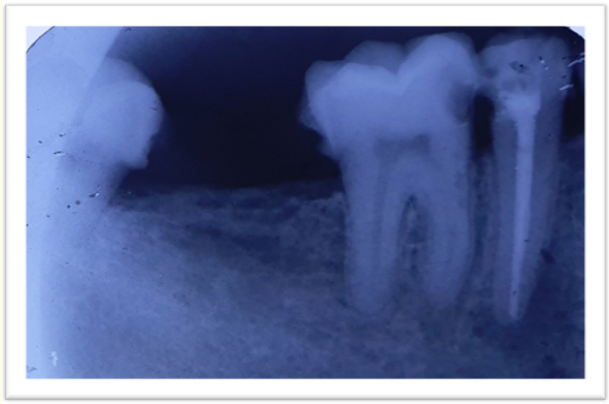

Figure 4

2% taper gutta percha have a greater depth of penetration till working length when canals are enlarged to sizes greater than 40.Additionally 2% taper gutta percha are best for sinus tract tracing but also should be kept in mind the alarming degree of deformation of gutta percha points in the apical third due to increased slenderness.

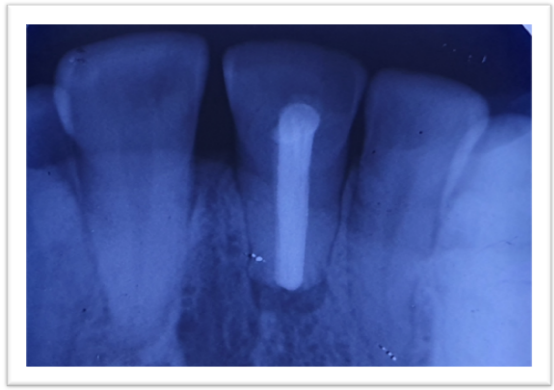

Figure 5

In cases of open apex, master cone is fabricated by softening the apical 2 to 3 mm in solvents like chloroform that has been placed in a tuberculin syringe or dappen dish. also the can ahs to be irrigated with lubricants like NAOCl so that the melted gutta-percha doesn't attach to the canal walls. Also when with external resorption, several gutta percha points can be heated and rolled together using a spatula or two glass slabs.

Conclusion

Not merely using gutta percha points but also having the knowledge of when and where to be used is precisely important.

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