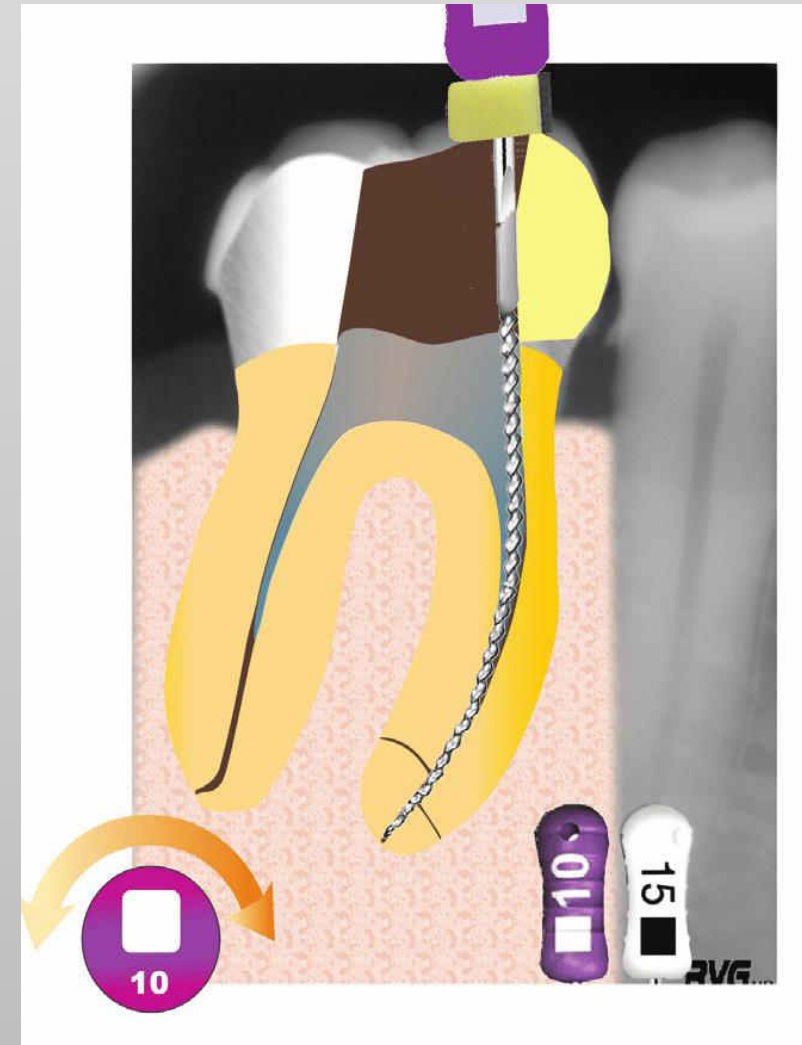


Determination of working length and step-back technique

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Department of Conservative Dentistry
Semmelweis University

Based on **Mahmoud Torabinejad, Richard E. Walton,**
ENDODONTICS: PRINCIPLES AND PRACTICE 4th edition



Anatomy of the apex

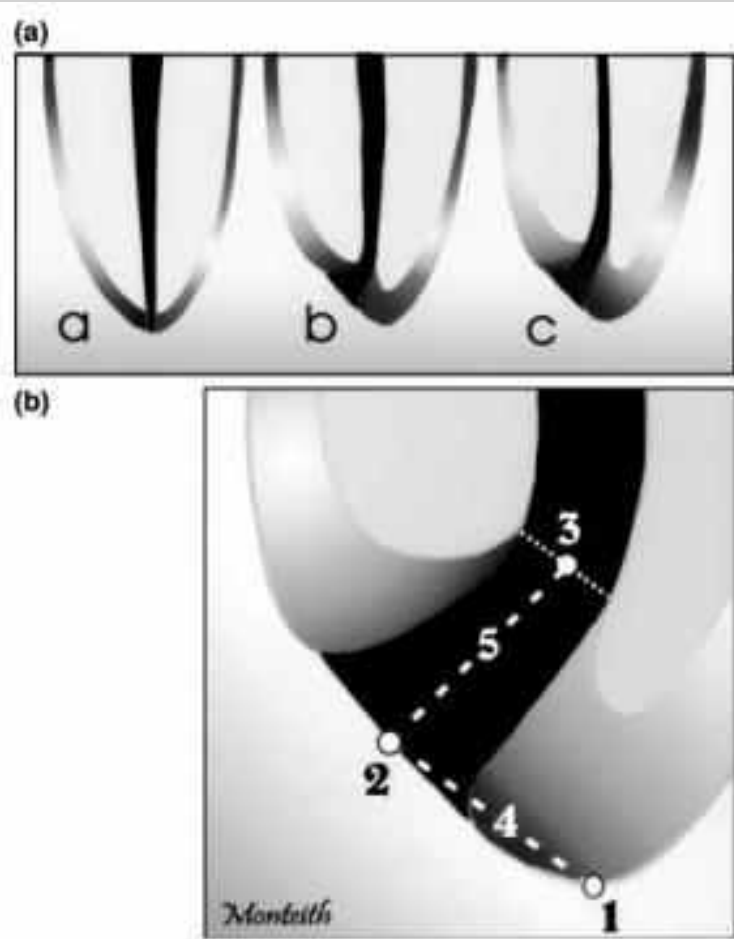


Figure 1 (a) Position of the apical foramen (adapted from Kuttler 1955). (b) Anatomy of the root apex (adapted from Kuttler 1955).

1. Radiological apex (anatomical)
2. Major foramen (foramen apicale)
3. Minor foramen (apical constriction, foramen physiologicum, CDJ)
4. Distances: 0.36-0.6 mm (but could be 3 mm)
5. Distances: 0.5-0.8 mm
6. age, tooth type, curvature



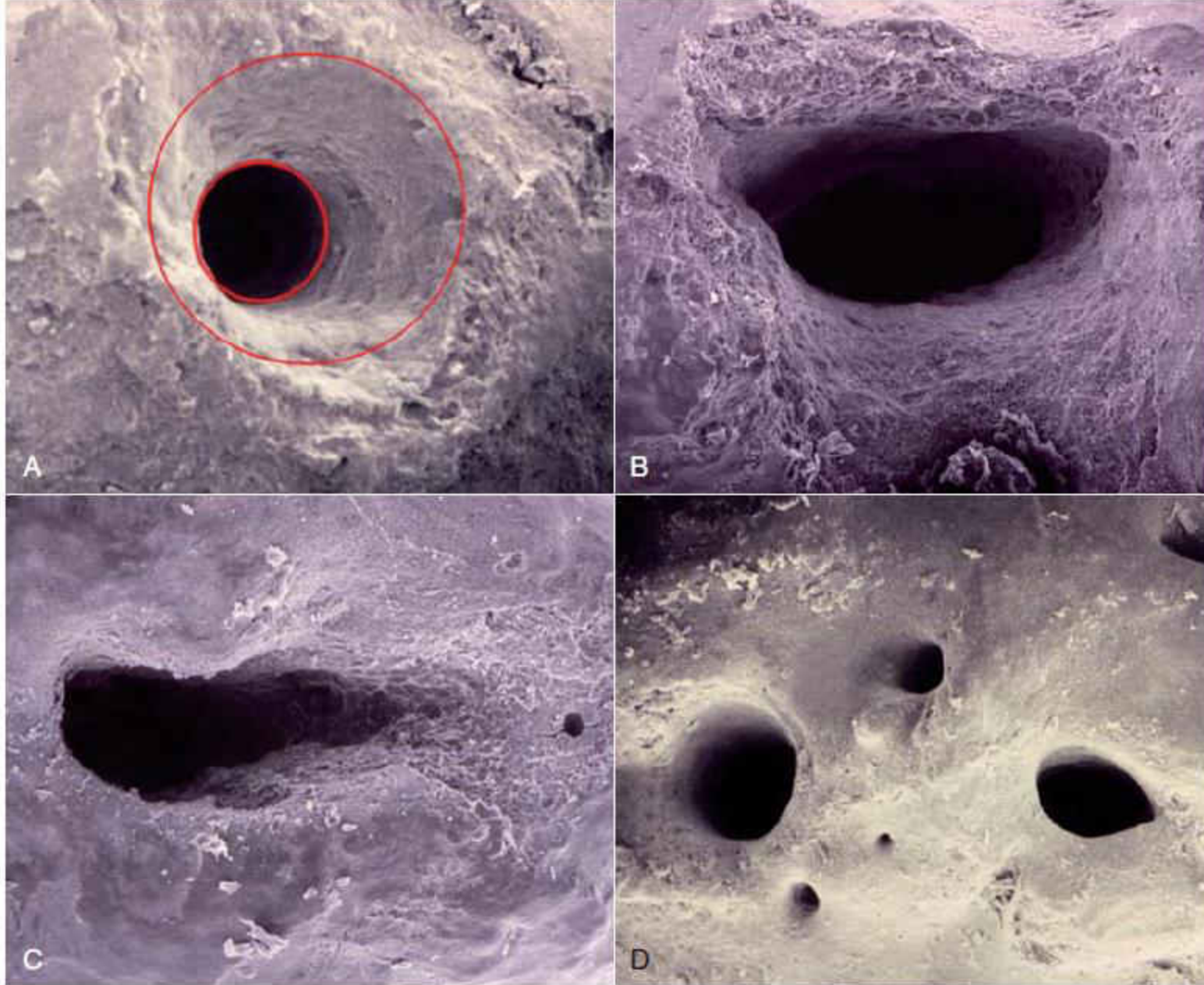


Figure 15-4 **A**, The classic apical anatomy consisting of the major diameter of the foramen and the minor diameter of the constriction. **B**, An irregular ovoid apical canal shape and external resorption. **C**, A bowling pin apical morphology and an accessory canal. **D**, Multiple apical foramina.

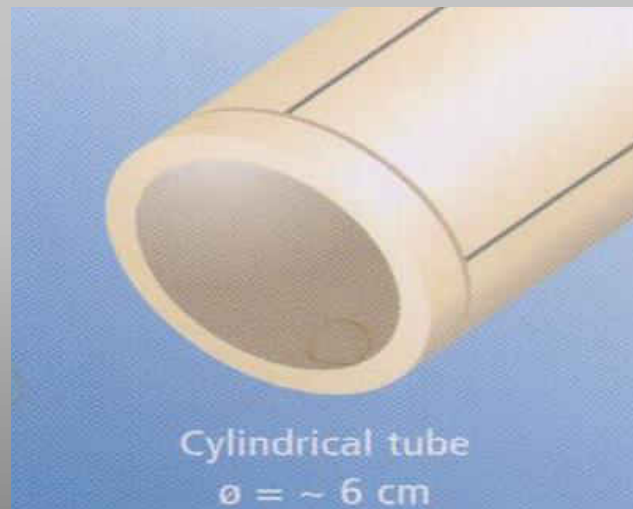
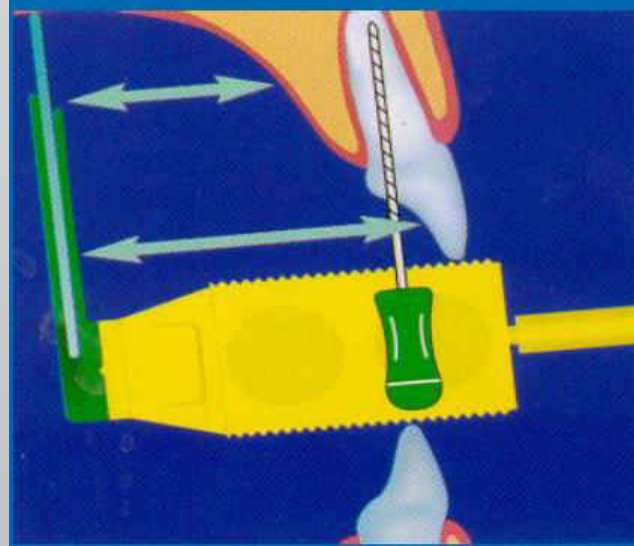
Working sheet

	Estimated WL	AL (-0.5mm)	Needle Control	Adjusted WL	MAF	enlargement	
MB	21 mm						
ML	21mm						
D	20mm						

Estimated working length

Parallel technique

- Filmholder
- Long tube

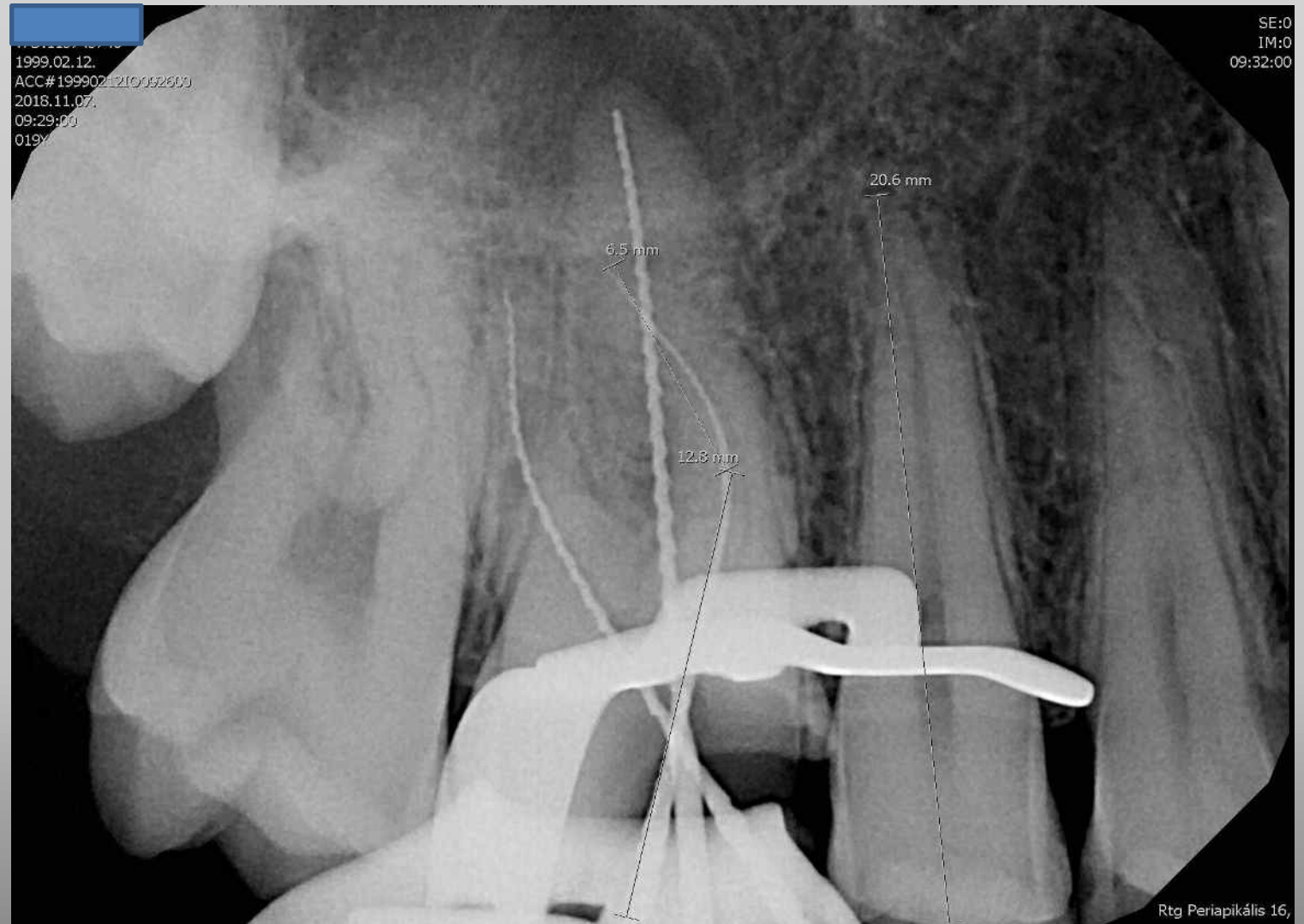


Pre-operative x-ray



Calculation of estimated WL

- film: **3** mm
 - Magnification: 10% (at about 2 mm)
 - Distance: (radiological apex – apical constriction): 1 mm (or more)
- digital: **1** mm





Apex locators

- 1918. Custer, idea
- 1942. Suzuki, the equation
- 1962. Sunada, the first working machine,
First generation (direct current, sensitivity to fluid, calibration, painful)
- 1972. Second generation
(alternating current, one frequency, impedance, calibration requirement: sensitivity to wet)
- **1994. Third generation**
- (alternating current, several frequencies, difference or ratio of impedances)
- IV., V., VI. generations



Fig. 2. Simple d.c. ohmmeter for measuring the length of the root canal using direct electric current

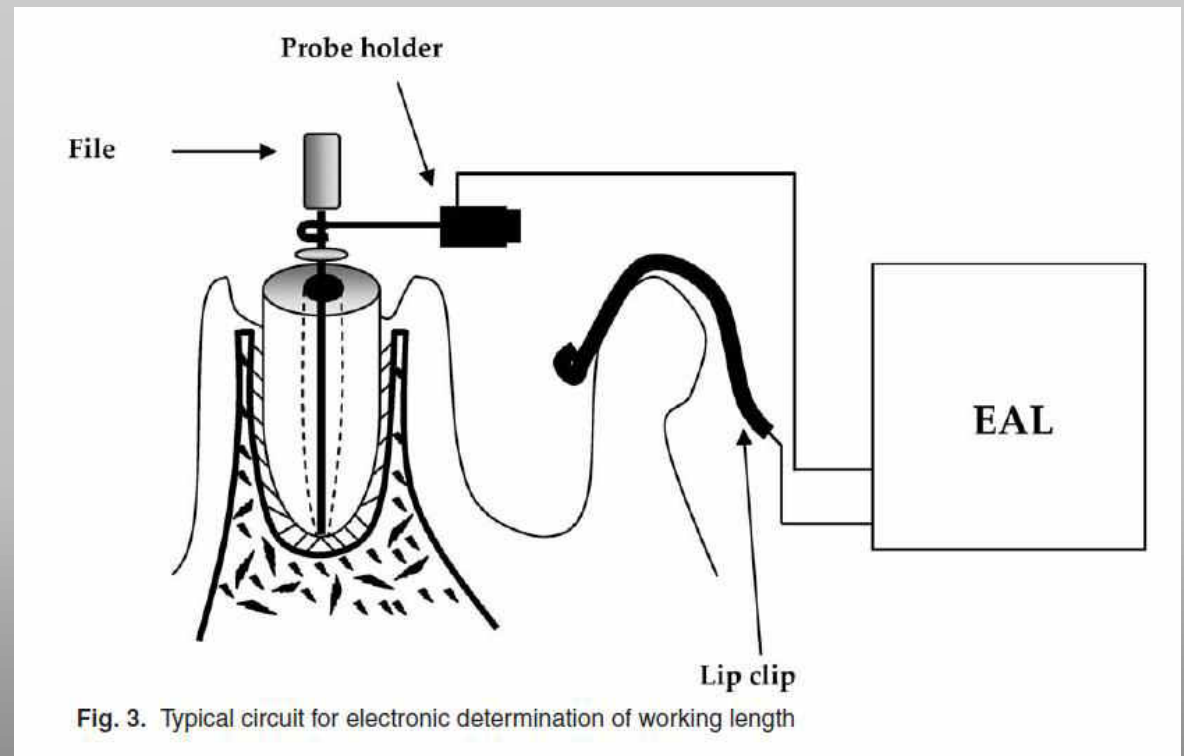
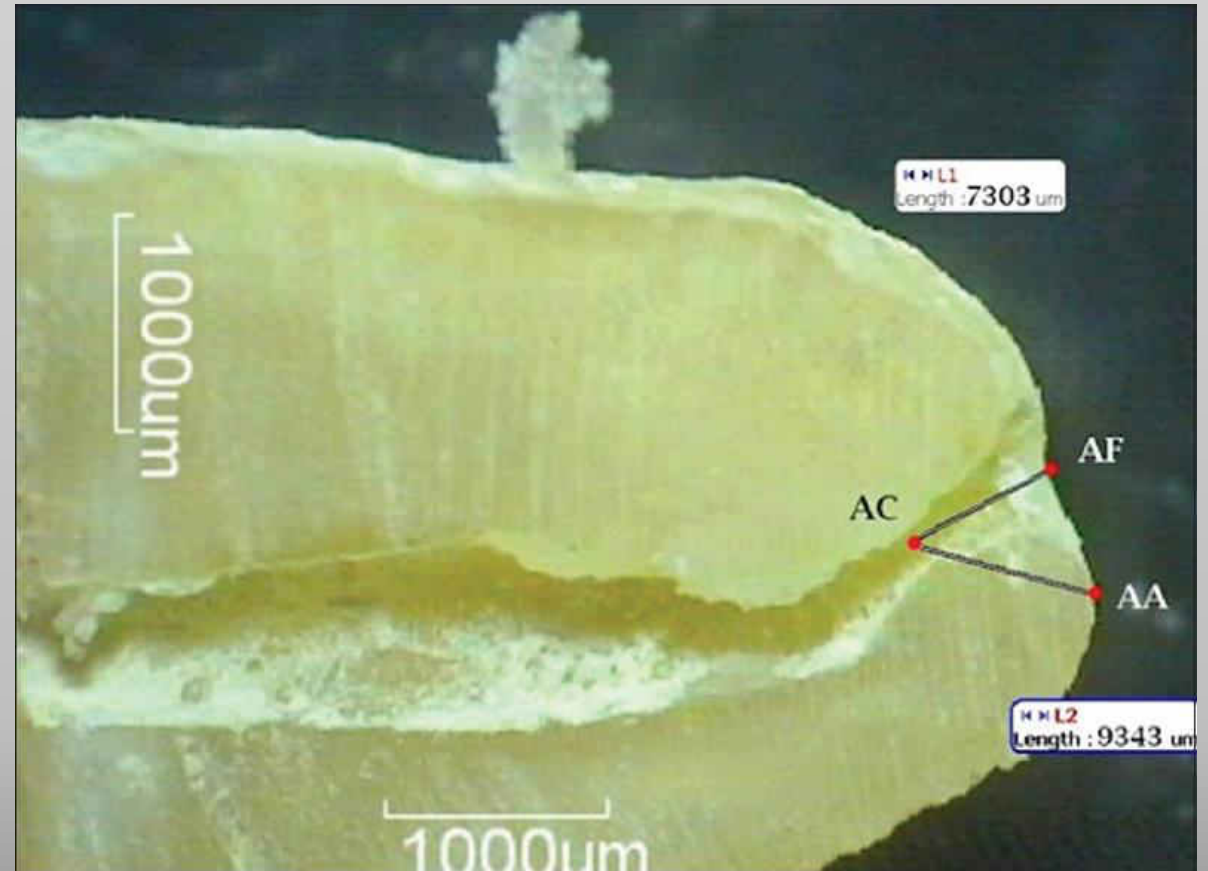
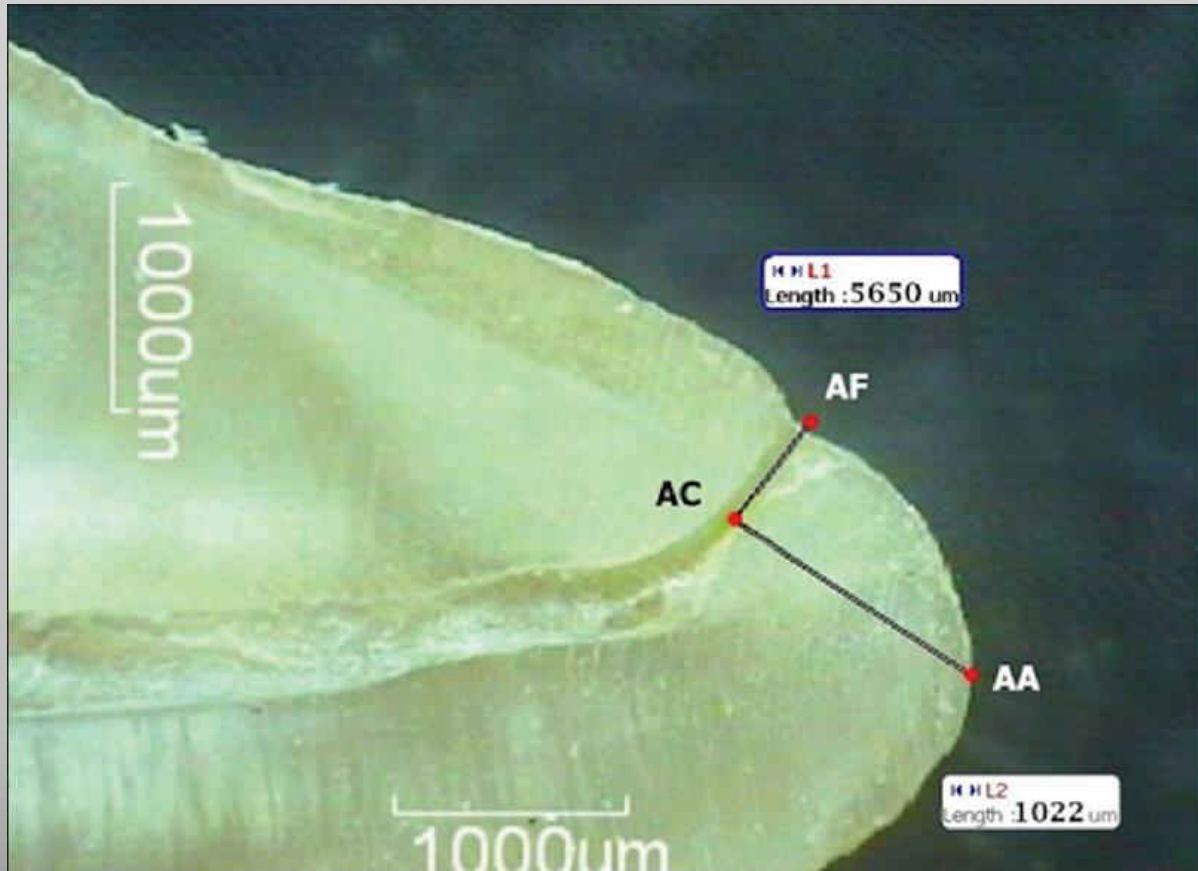


Fig. 3. Typical circuit for electronic determination of working length



Apex locator

Installation



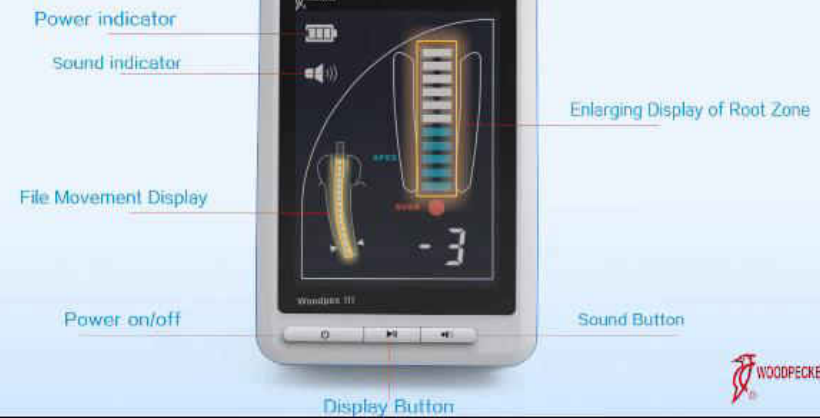
Accessories



Instruction

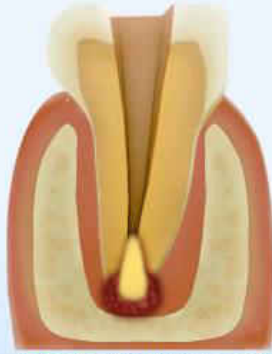


Product display



Problems

Not suitable for root canal measurement



A. Root canal with big apical foramen (hygromata)



Not suitable for root canal measurement

The gingiva is in conductive state

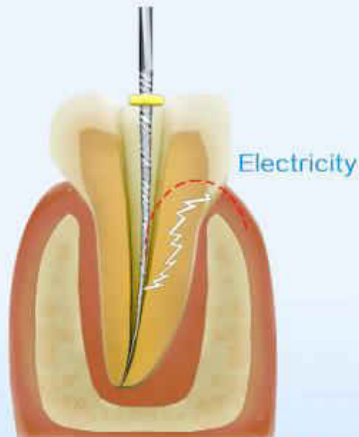


B. Blood spilling



Not suitable for root canal measurement

Cracked teeth can cause electric leakage measured



D. Teeth crack



Not suitable for root canal measurement

The gutta-percha in the root canal cause insulation



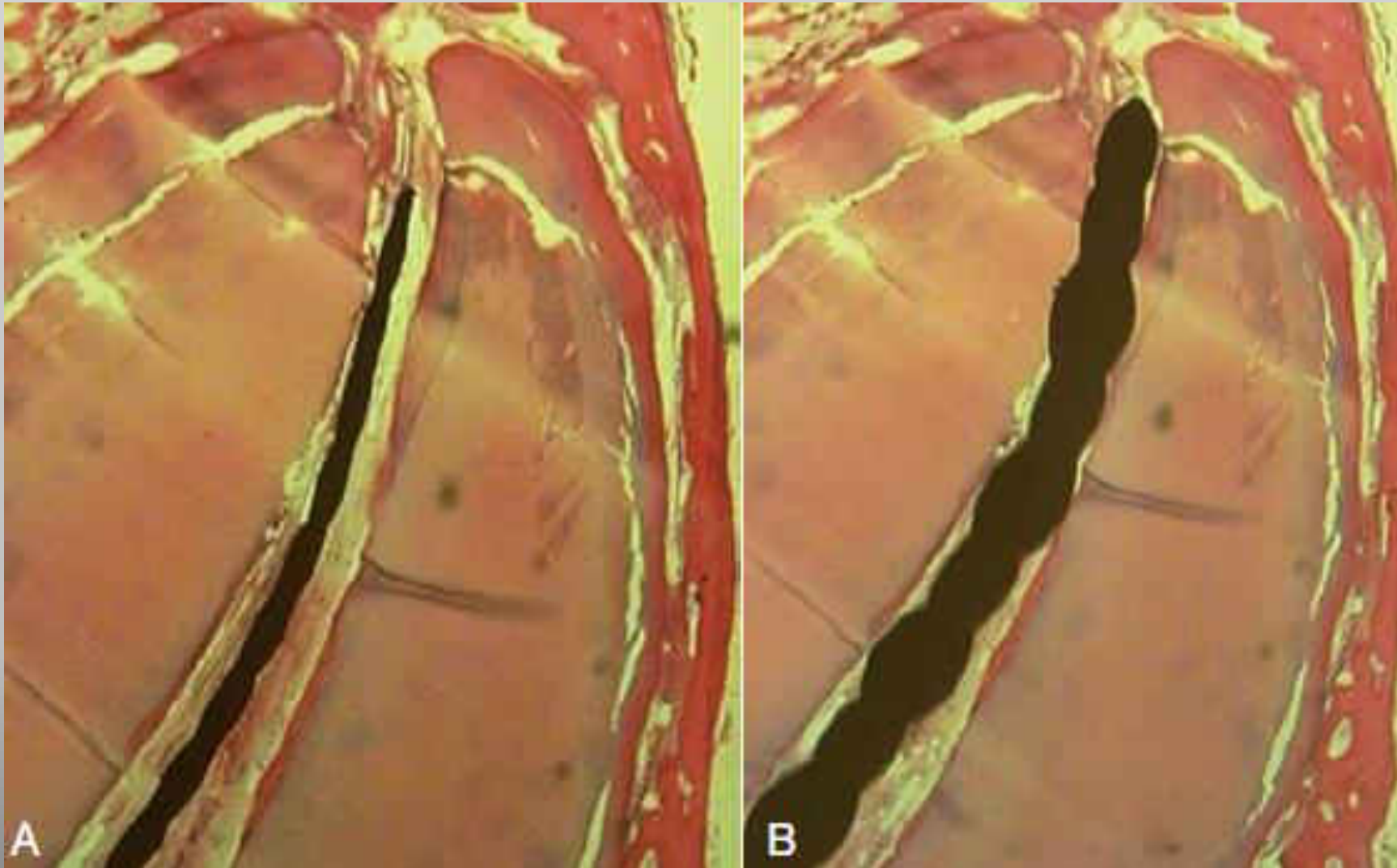
E. Root canal filled with gutta-percha



Instruction



Apical preparation, IAF and MAF





IAF

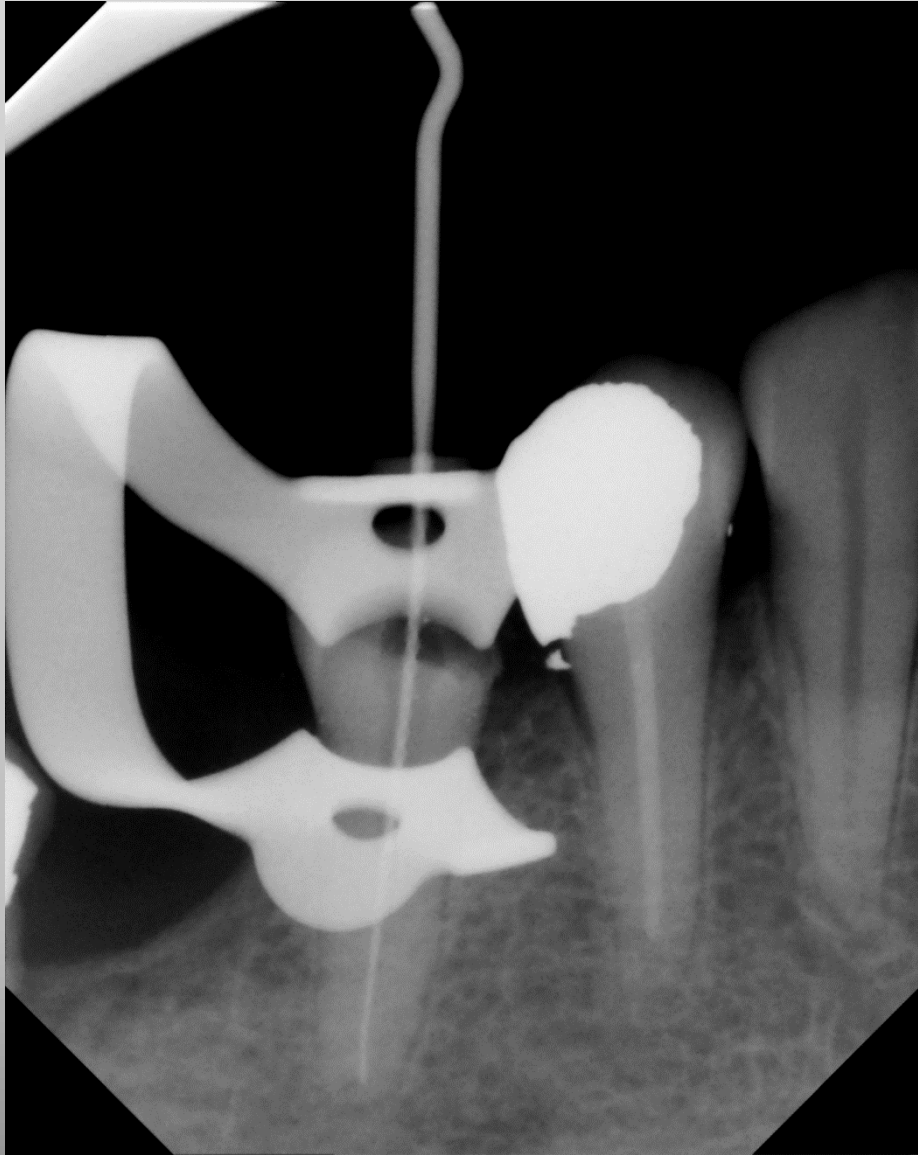
2 sizes
more



MAF

Working sheet

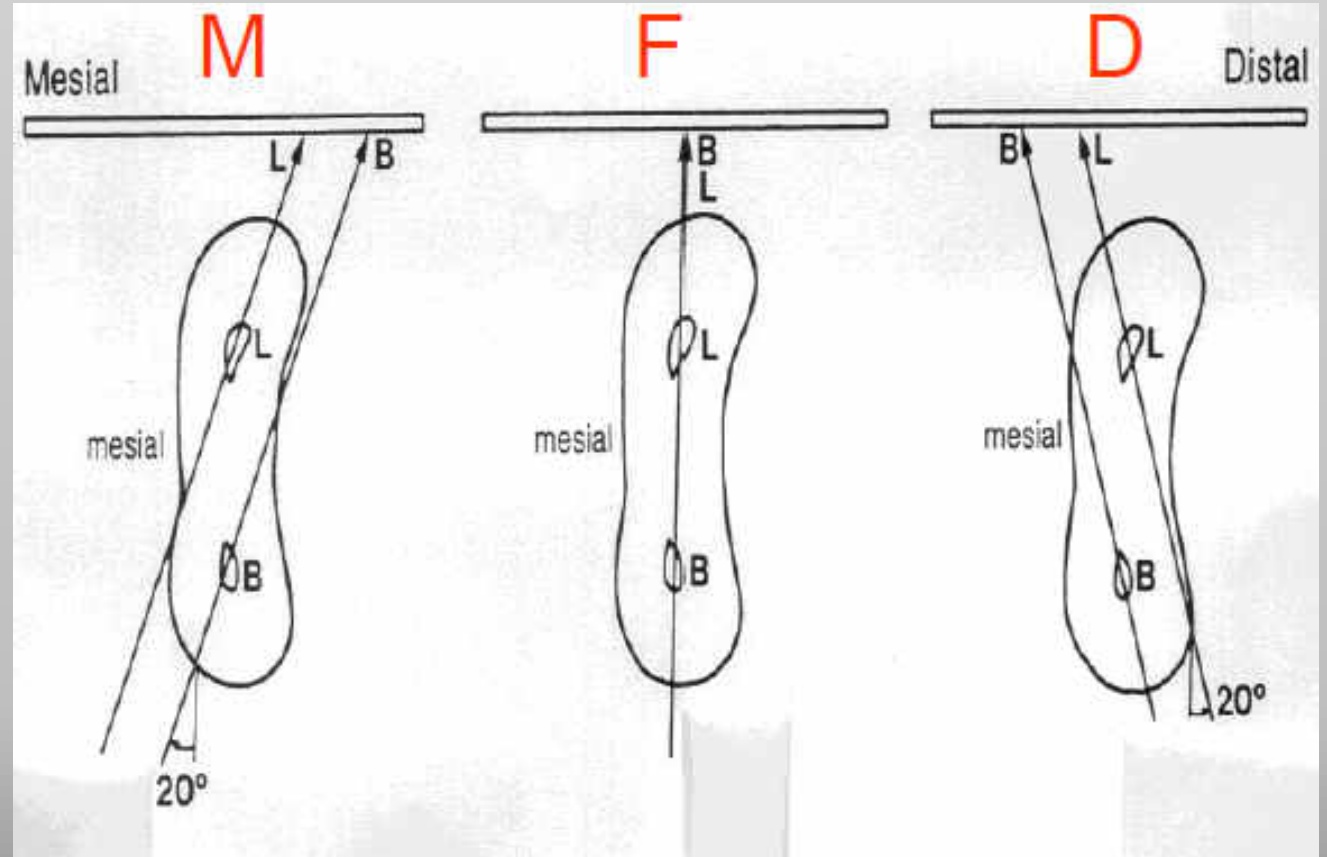
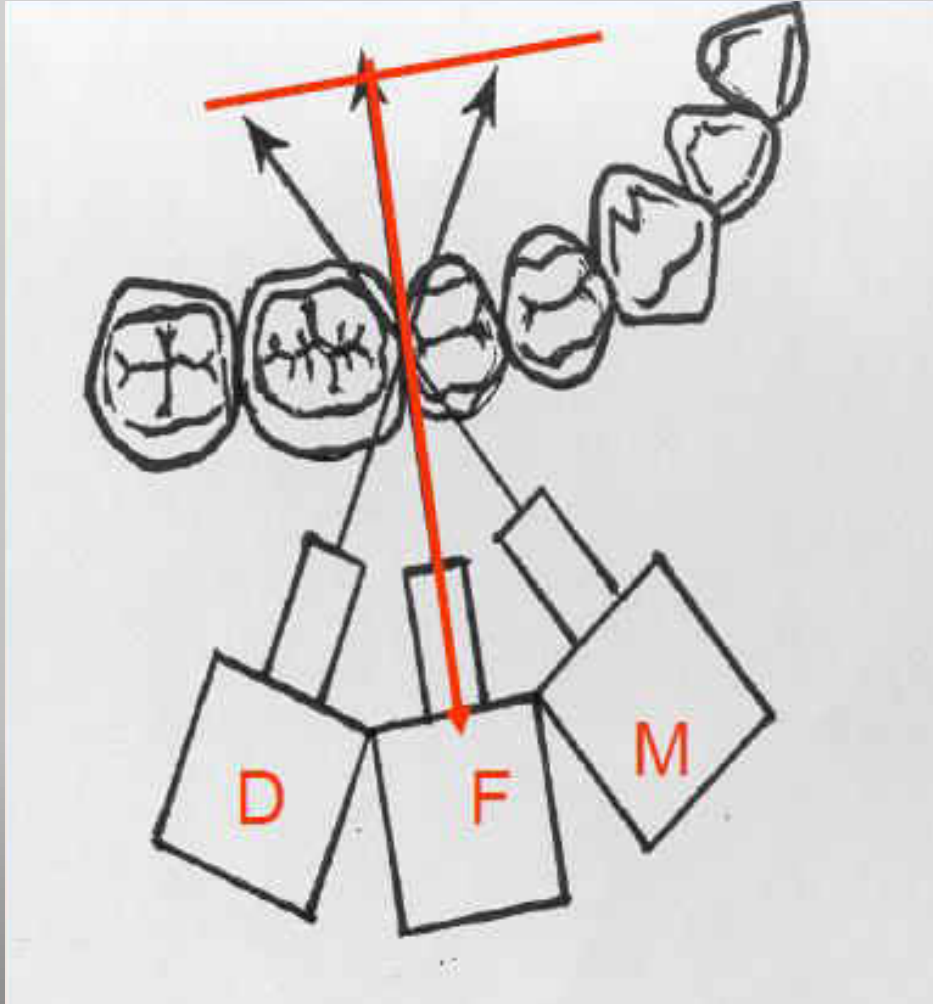
	Estimated WL	AL (-0.5mm)	Needle Control	Adjusted WL	MAF	enlargement	
MB	21 mm	19.5mm	19.5mm (15 Hedström)	19.5mm	25		
ML	21mm	19.5mm	19.5mm (15 K-file)	19.5mm	25		
D	20mm	21mm	21mm (20 K-file)	21mm	35		

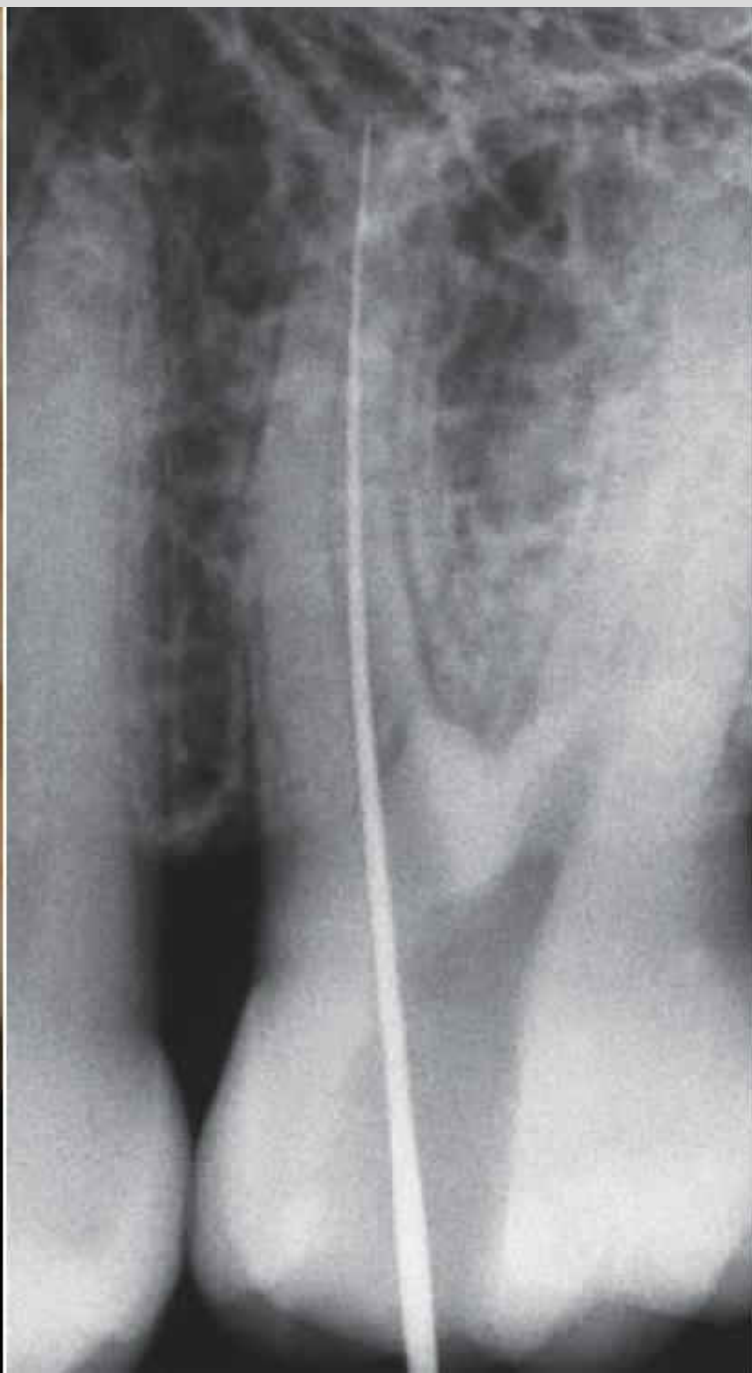


Needle control



Excentric radiograph





Comparison of two methods

Radiological (needle control)

- distance 1-4 mm
- Superimposition of anatomical structures
- Exposure
- Multiple canals could be problematic
- Rubber dam problematic
- calculation

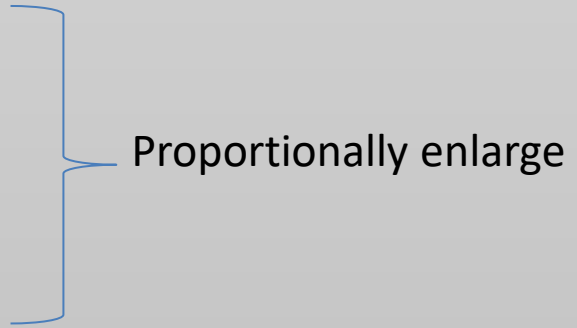
Apex locator

- 0.5 mm
- -
- - (pregnancy)
- -
- neccessity
- -

Cleaning and Shaping

(Chemomechanical preparation)

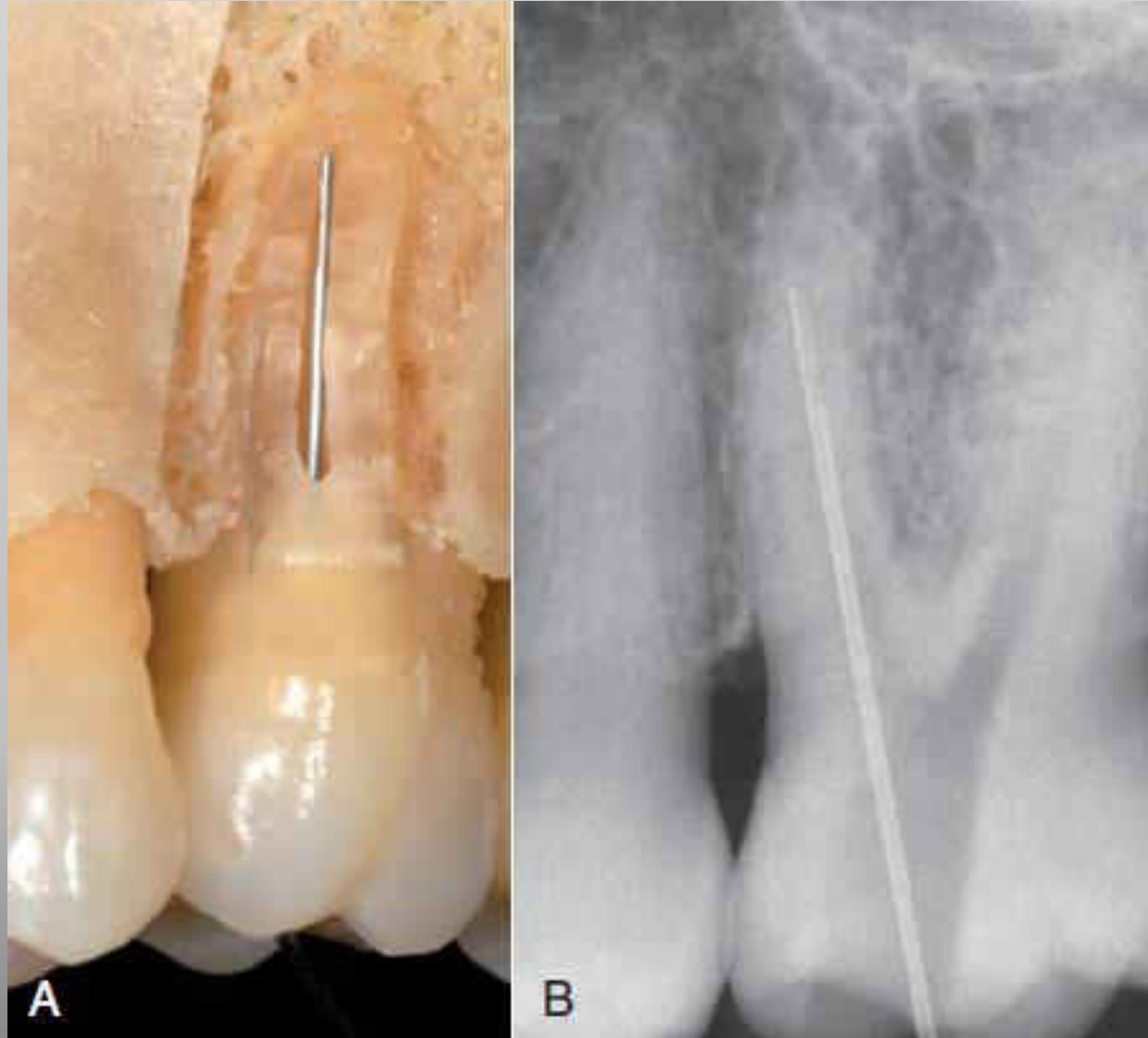
The criteria of canal preparation

- developing a continuously **tapered** tunnel
 - maintaining the **original shape** of the canal
 - maintaining the apical foramen in its **original position**
 - keeping the apical opening **as small as** possible (prevention of reinfection, apical stop for obturation)
 - developing glassy **smooth** walls
- 
- Proportionally enlarge

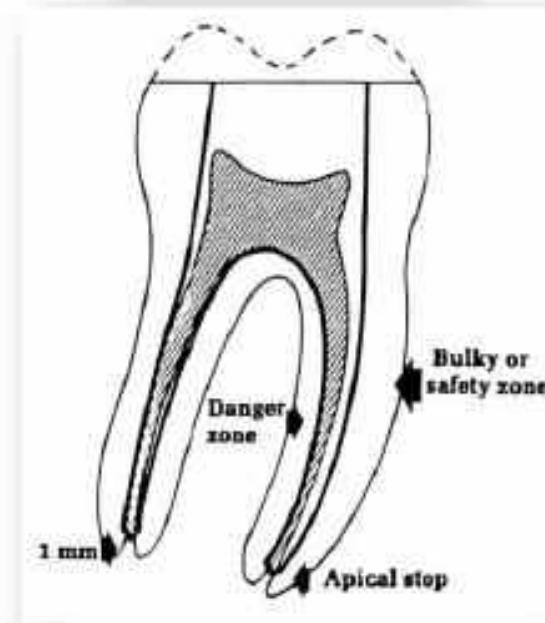
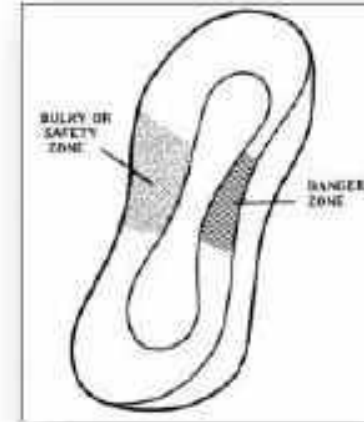
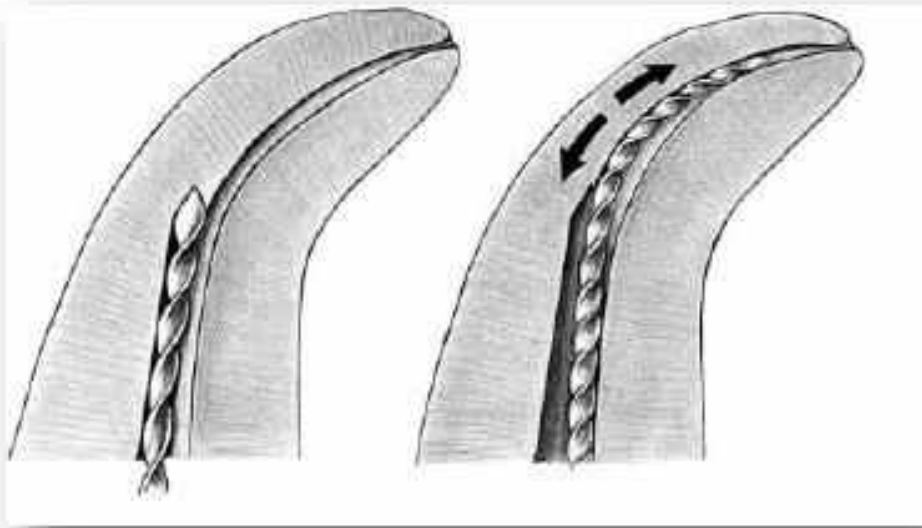
Reason of the tapered enlarged shape

- Removing infected dentin
- Irrigation
- Obturation (condensation)

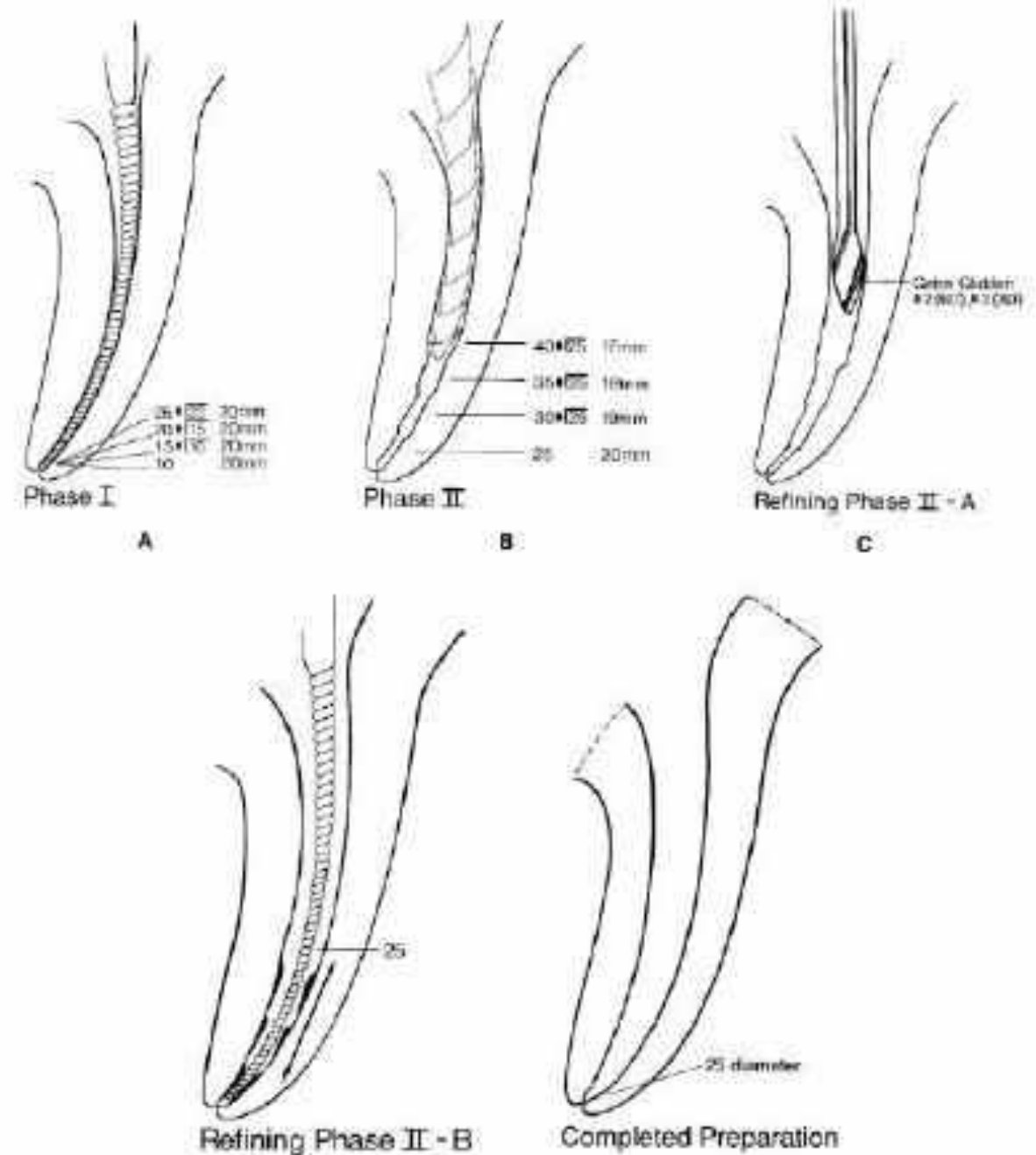
Effective irrigation



Considerations when Preparing Curved Canals

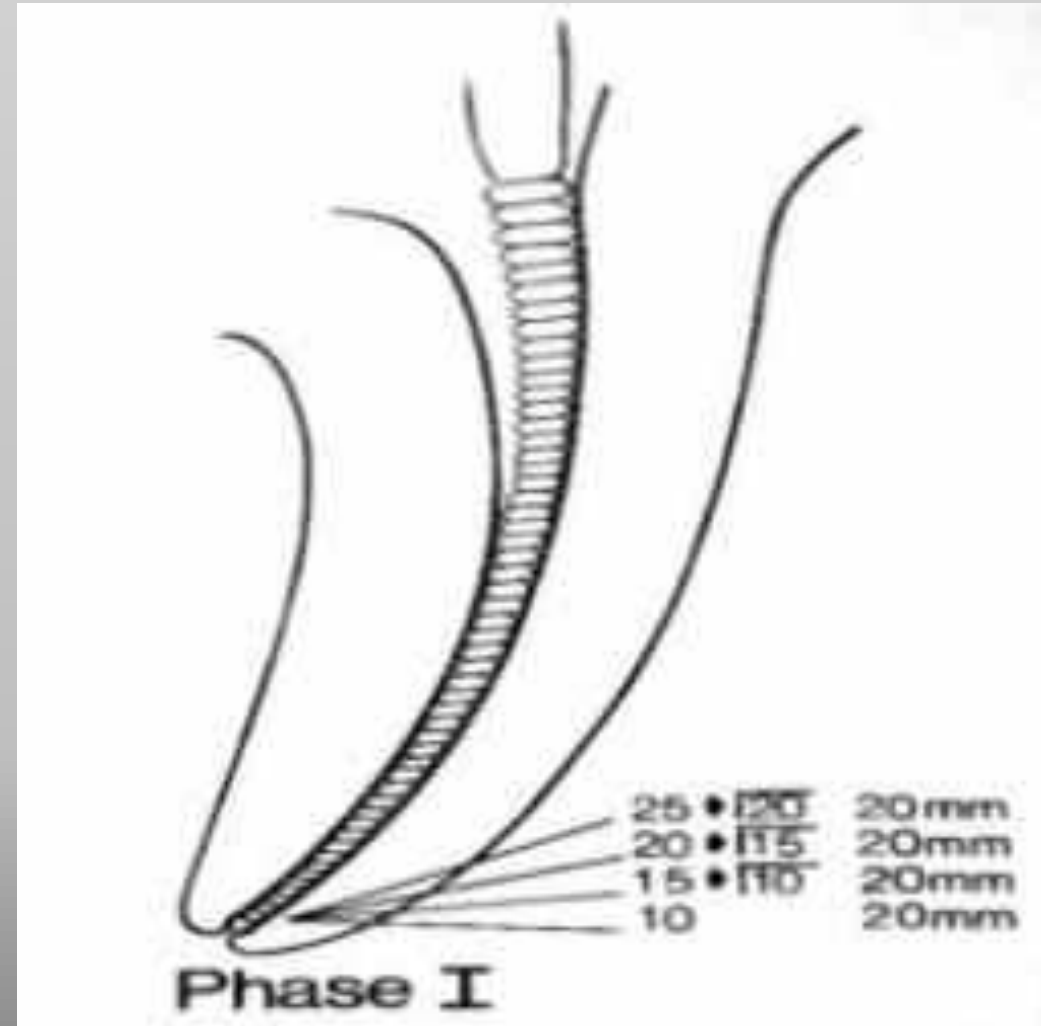


Step-back technique



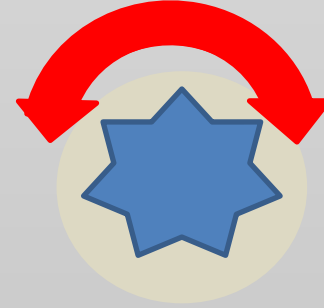
Phase I

- Apical preparation starting at the apical constriction
- Initial apical file (N 10-25)
- Enlargement at least three sizes more, master apical file

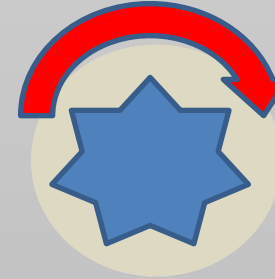


Movements for preparations

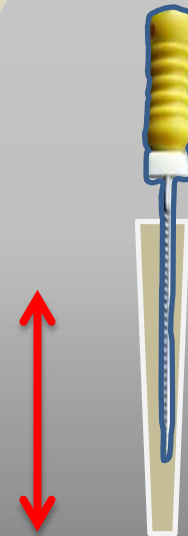
- Watch winding (clockwise/counterclockwise rotation, reciprocating)



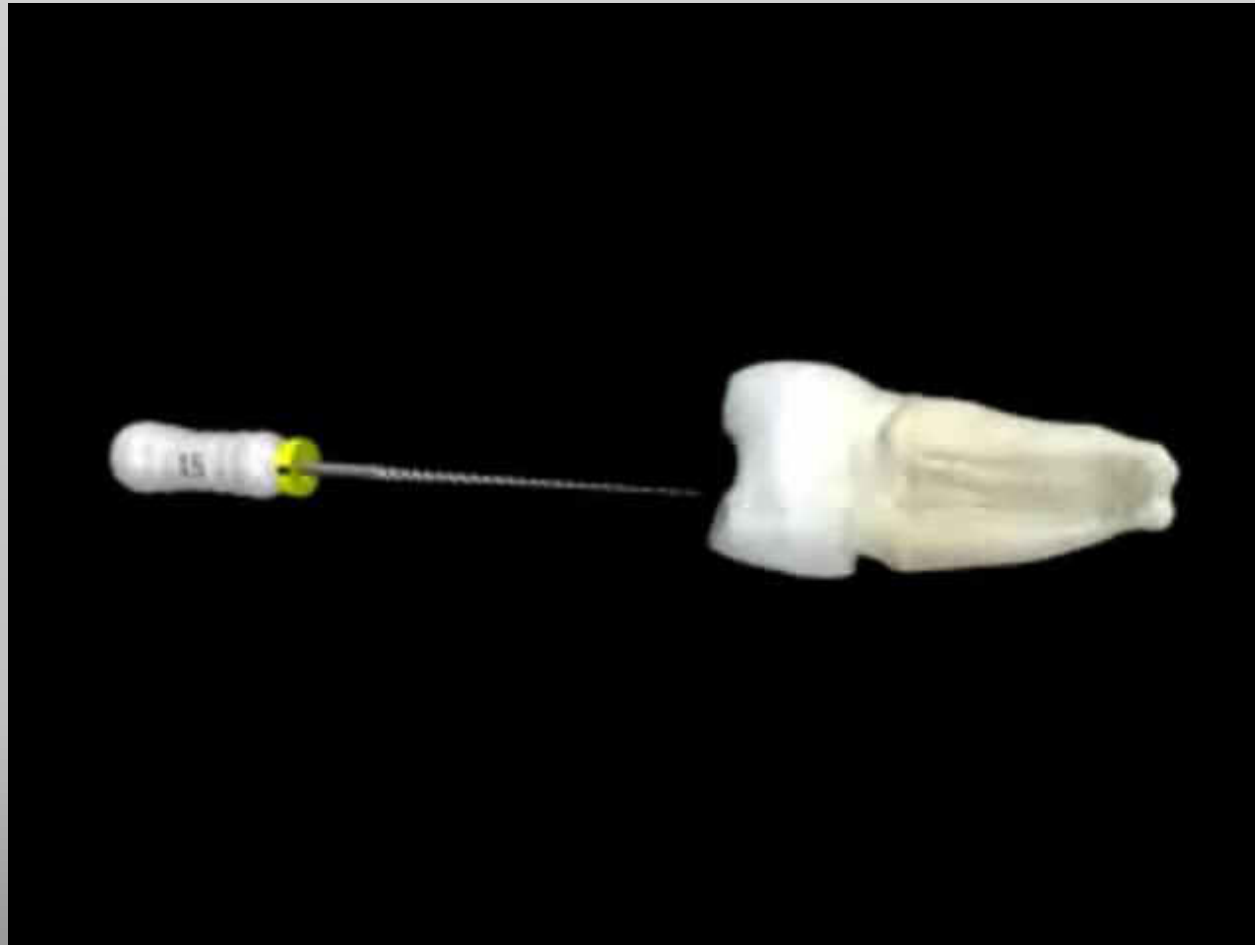
- Reaming (clockwise cutting rotation)



- Filing (scrapping), Circumferential filing

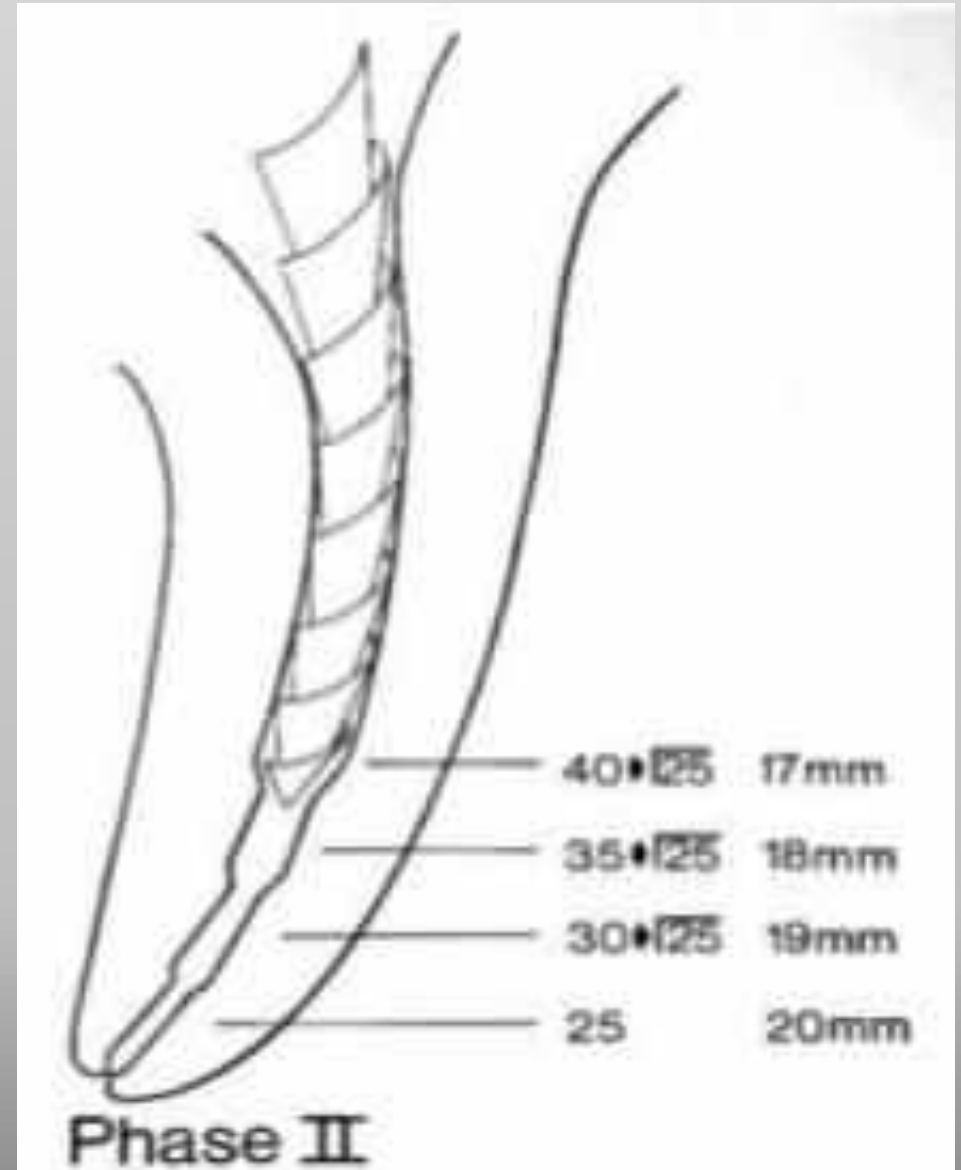


Watch-winding



Phase II

- Increasing larger file shorter length (above N 25)
- 1, 2, és 3 mm short of working length
- **Recapitulation:** MAF is inserted to the WL to clear out any debris collecting in the apical part,



2018.11.05.

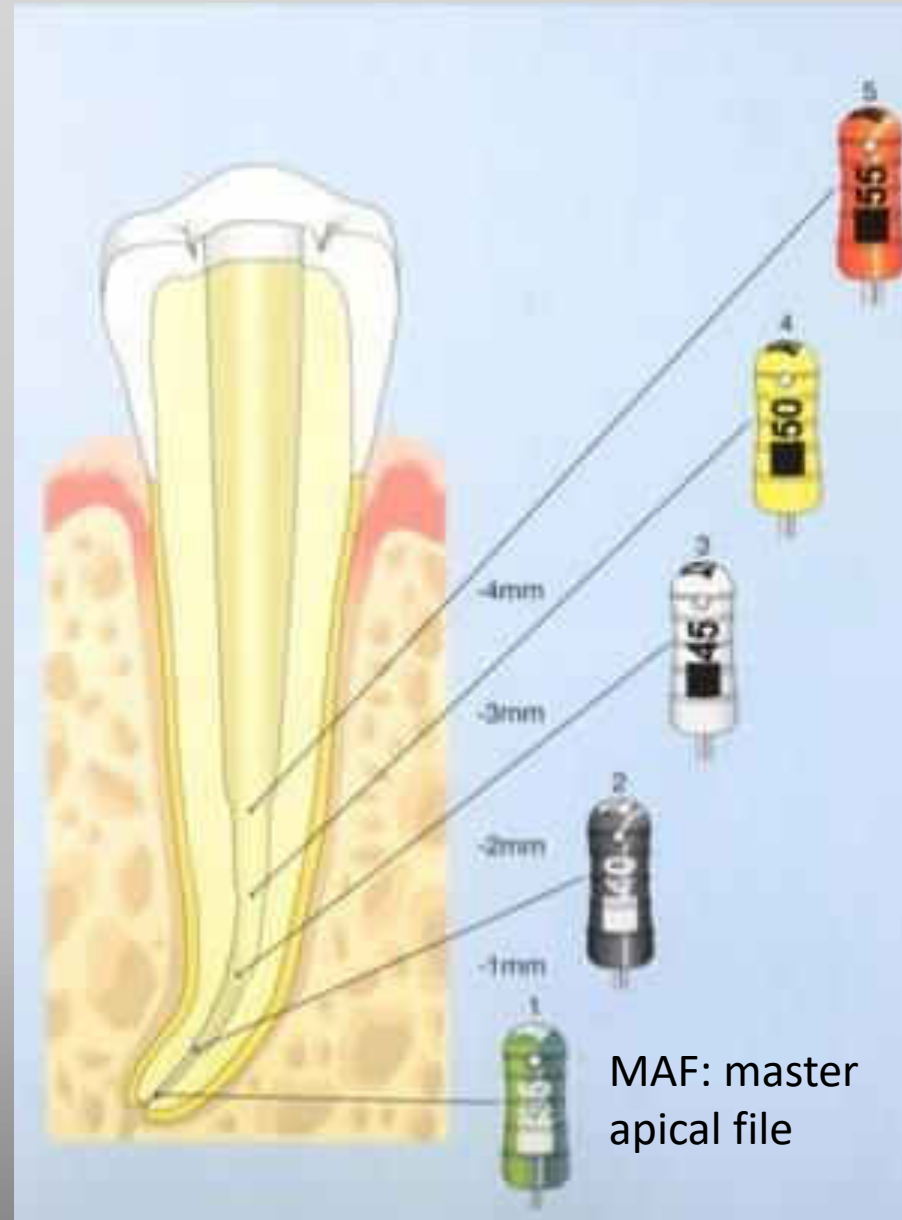
gyk

stepback

20mm (35-55)

CaOH

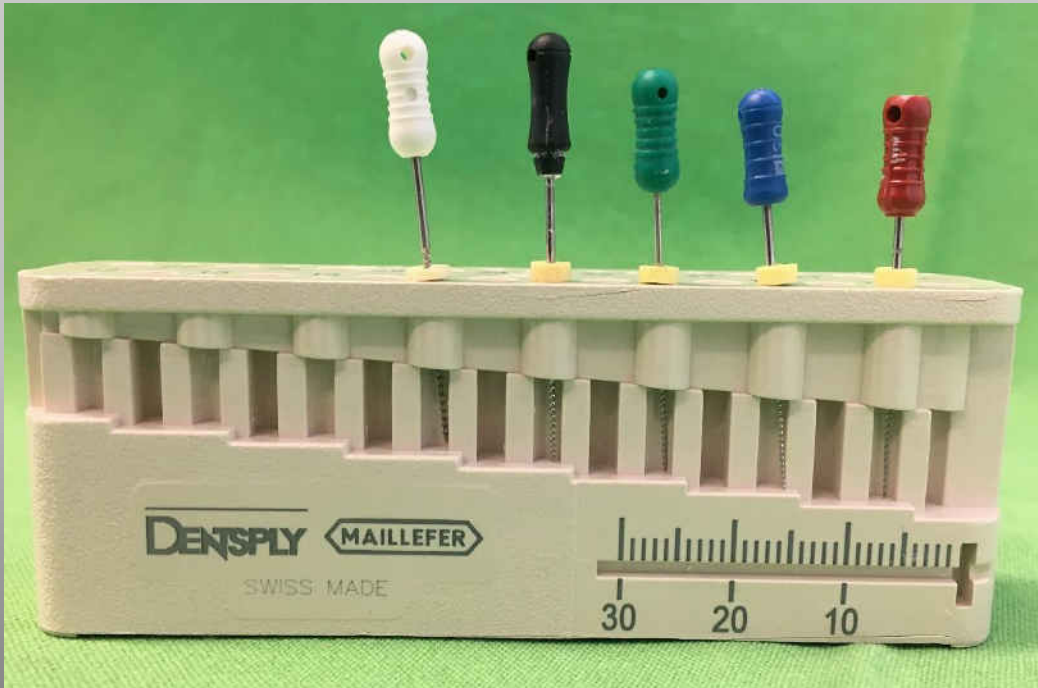
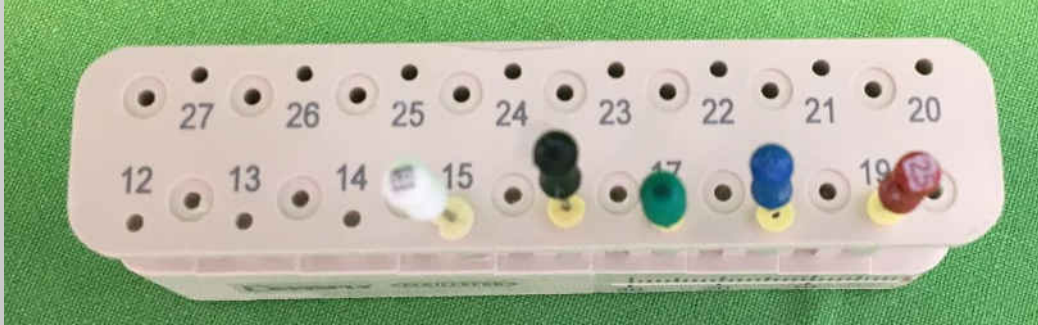
Üvegonomer



Working sheet

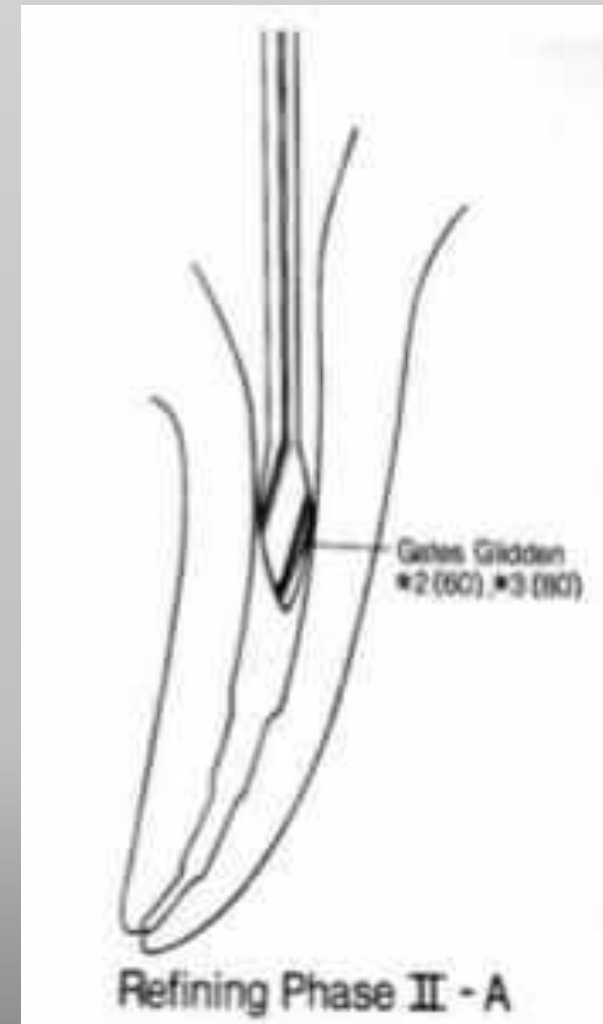
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ML	21mm	19.5mm	19.5mm (15 K-file)	19.5mm	25		
D	20mm	21mm	21mm (20 K-file)	21mm	35		

File set

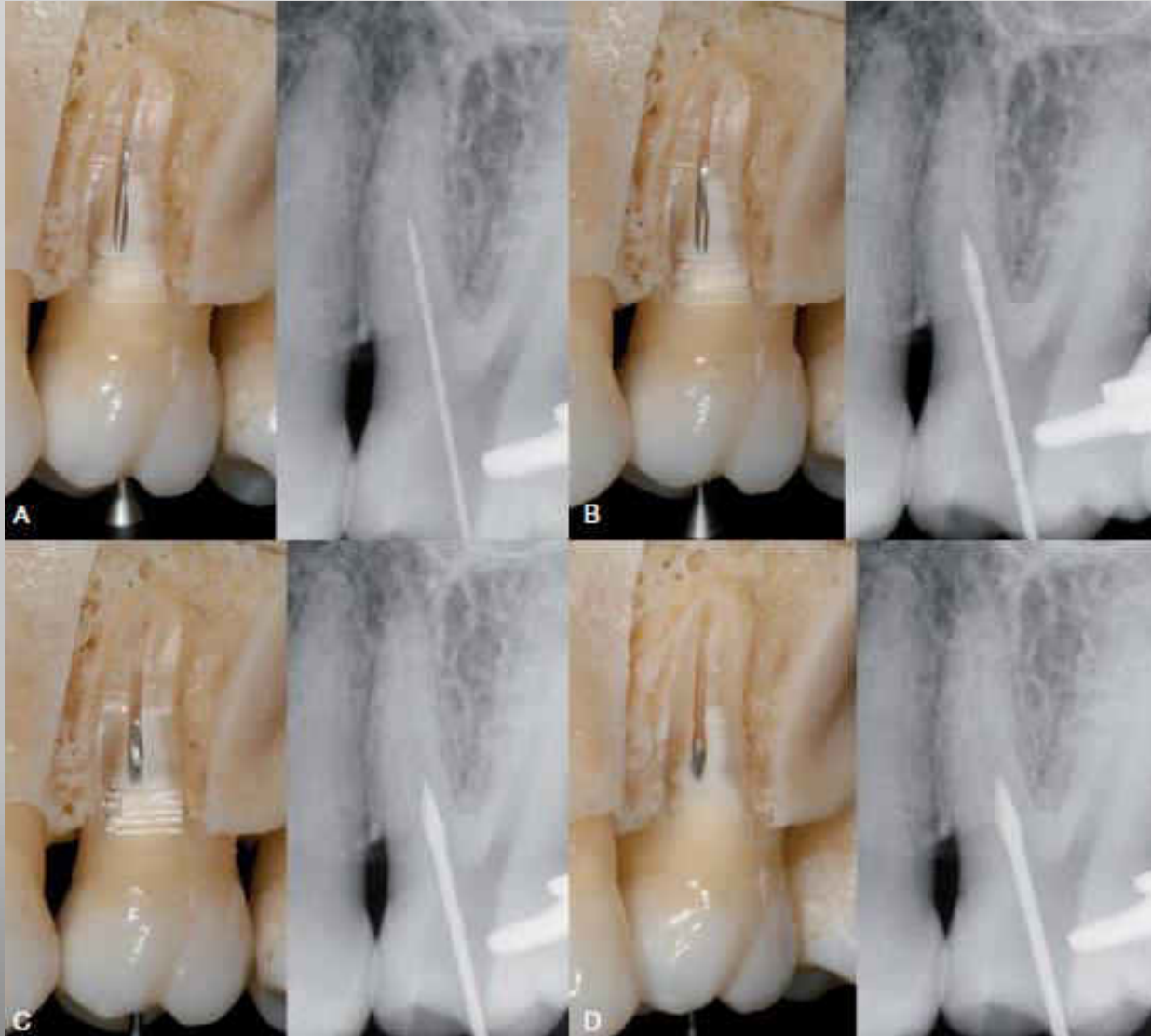


Refining phase II

- coronal flare
- mid root enlargement



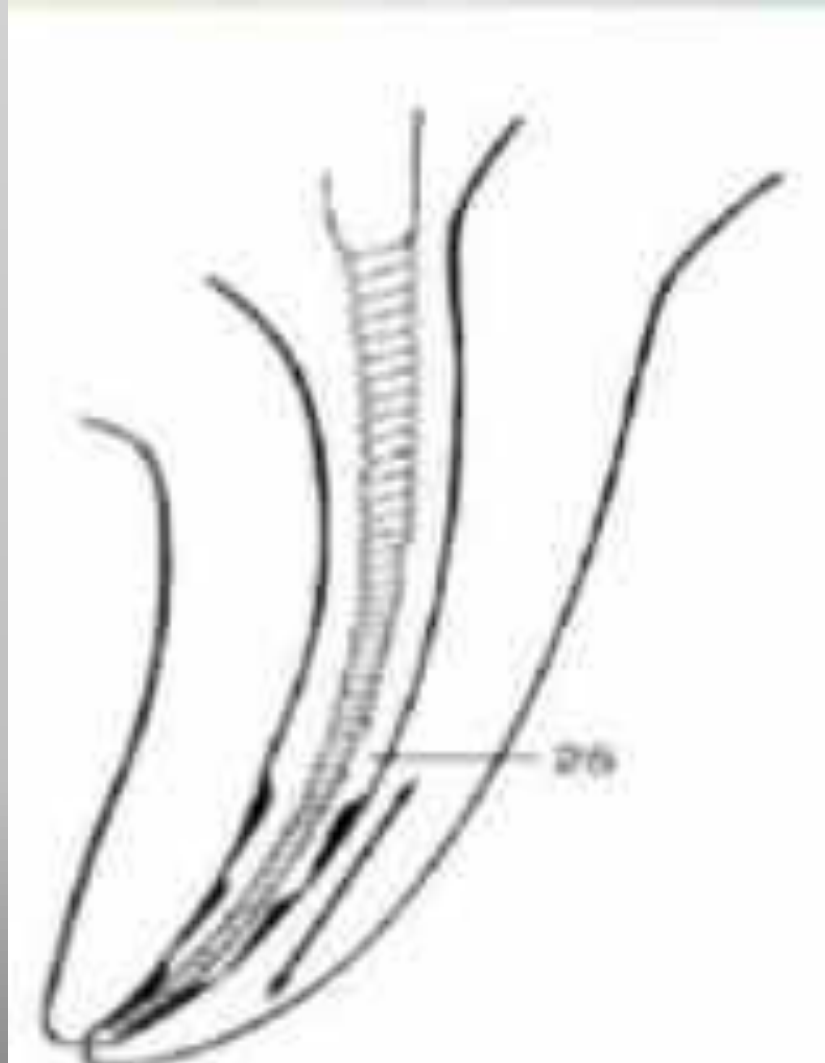
Coronal flare



The Diameter of Rotary Flaring Instruments

Size (No.)	Gates-Glidden Drills (mm)	Peeso Reamers (mm)
1	0.5	0.7
2	0.7	0.9
3	0.9	1.1
4	1.1	1.3
5	1.3	1.5
6	1.5	1.7

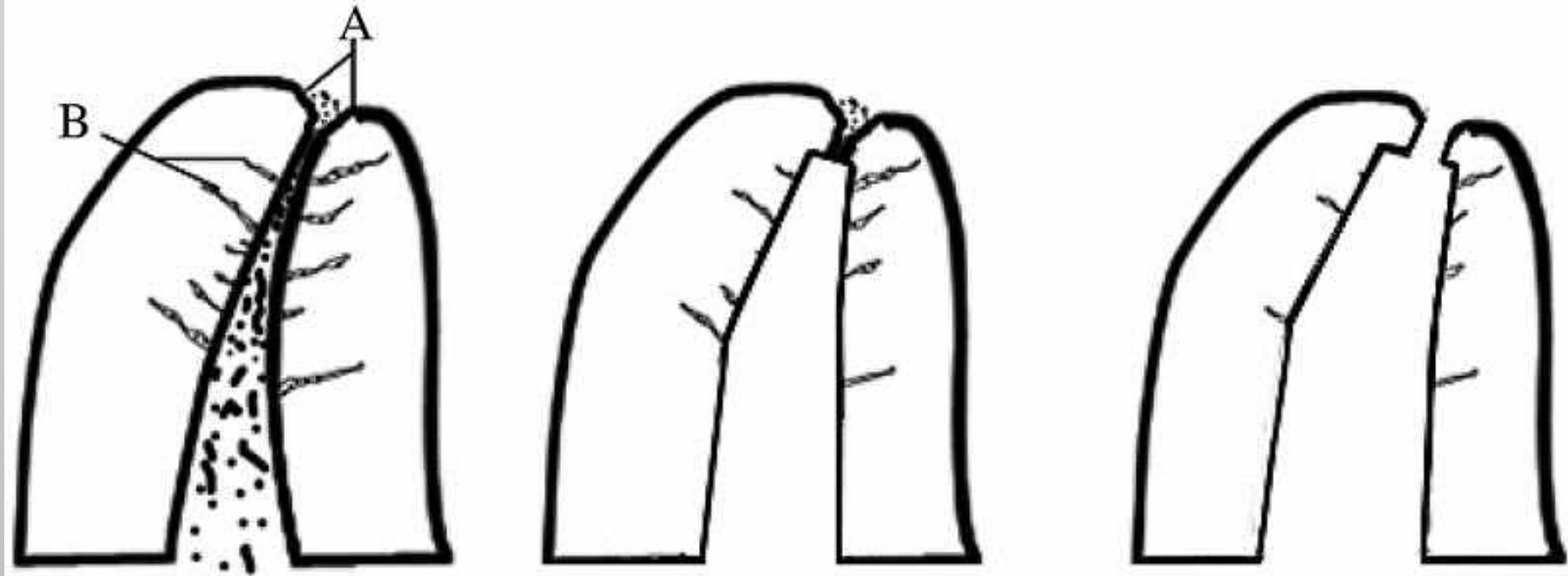
Recapitulation



MAF

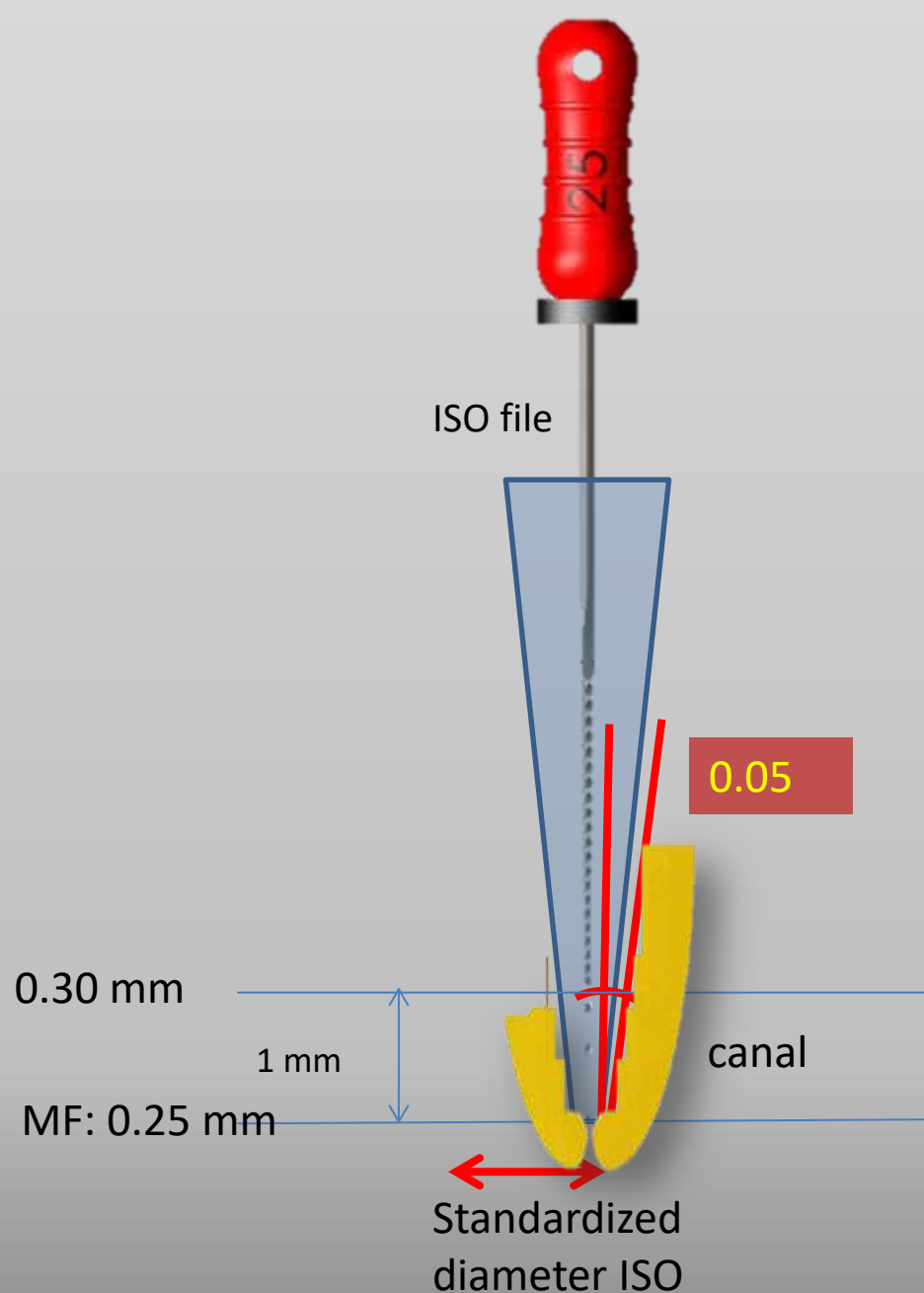


Apical clearing



Step-back technique

Aim: increase the diameter without procedural error



1. Filing (+apical last mm: rotation)
2. Incrementally reducing the working length when using larger and stiffer instruments
3. More tapering: Avoid procedural error, easier rinsing, compactable filling, better copying the non-rounded cross-section
4. Cons: procedural error still occur, apical dentin plug

Thank you for your attention

