

CLINICAL CONSIDERATIONS

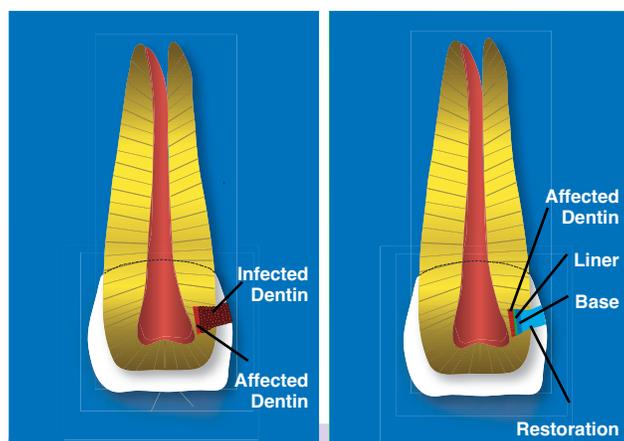
Indirect pulp capping is indicated after the removal of infected carious dentin close to the pulp without causing a pulpal exposure. The remaining dentin should be semi-hard, dry, flaky, and shiny. Whether this is affected dentin or incompletely calcified reparative dentin is of no consequence. If this layer is free of bacteria, which is often the case and can be determined by using a caries detecting dye, such as SNOOP, it can remineralize if properly treated. Therefore, indirect pulp capping should be attempted.

There are some clinicians who feel that indirect pulp capping, without removing affected dentin, is a compromise because the future of the pulp is uncertain. They prefer to remove all of the soft dentin, both infected and affected, even if it might create a pulpal exposure.

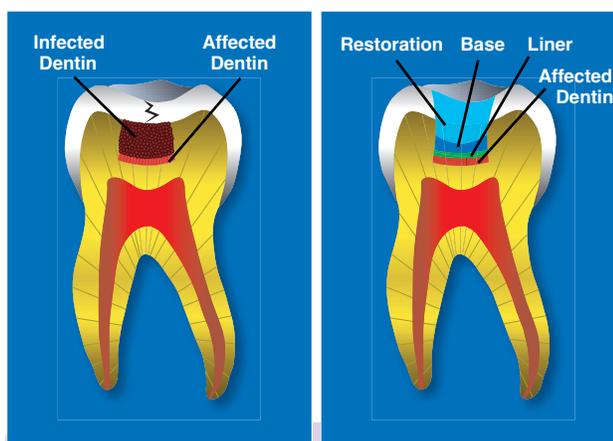
There are other clinicians who prefer not to remove infected dentin close to the pulp for fear of pulpal exposure. They treat the infected dentin with calcium hydroxide for a period of two to three months in the hope that reparative dentin will form and the remaining infected dentin will become sequestered. They then reenter the tooth and remove the sequestered dentin.

In the early years, I fell into the first group, removing all infected and affected dentin. The other technique of sequestering infected dentin and reentering the tooth never appealed to me. I was more comfortable removing all soft, carious dentin and completing the case in one visit. If there was an exposure, I had great success with the pulp capping and pulpotomy procedures.

However, the development of caries detecting dye has allowed me to change my approach. Fusayama's research shows conclusively that there are two layers of carious dentin, that only the outer infected dentin is stained by the caries detecting dye, and that the inner affected dentin will remineralize.^{1,2,3} As a result, I now routinely use SNOOP Caries Detecting Dye for diagnostic purposes, and remove only the outer infected dentin before restoring the tooth. This is a more accurate and conservative technique.



Anterior Indirect Pulp Capping



Molar Indirect Pulp Capping