

NURSE'S PULPAL EXPOSURE

Kathy

As a result of my pulp studies at the NIH,

I feel very comfortable treating vital pulpal exposures

with the direct pulp capping technique.

I have followed numerous cases over the years,

and here are a few.

Kathy, a twenty-four-year-old nurse, went to see her dentist because she had a toothache. She was told that her lower left first molar (#19) would have to be removed. She was distraught and wanted to get a second opinion.

Kathy's roommate was my patient and suggested that she come see me. Upon taking a radiograph, I saw a large carious lesion, which I thought could be treated (*Figure KK1*), so I suggested we try to save the tooth.

I gave her a mandibular block, opened up into the tooth, and found a large carious exposure. The tooth was vital, the odontoblastic membrane was intact, and experience taught me that this was a high percentage case for direct pulp capping.

I placed Pulpdent Paste over the exposure, dried it with air, and gently tamped the dressing into place with a pledget of cotton. I placed Pulpdent Cavity Liner on the pulpal floor, dried it, and gently flowed a creamy mix of zinc phosphate cement over the entire pulpal

floor and exposure site, taking care not to displace the pulpal dressing. The rest of the cavity was filled with amalgam.

The restoration was completed in the same visit. The one-visit procedure is important because the tooth is sealed and remains undisturbed during the healing process. It is best not to place temporary restorations, which are often lost, and not to reenter the tooth during healing.

Kathy was thrilled that we were able to save the tooth, and she continued to have the rest of her dental work done. *Figure KK2* is a bitewing radiograph taken eighteen years later showing her completed dental treatment. Note the dense line of reparative dentin on the distal of the pulp chamber of tooth #19.

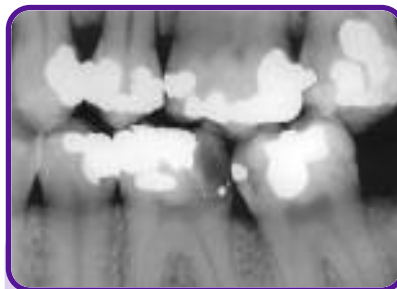


Figure KK1
Note large carious lesion on the distal of tooth #19.

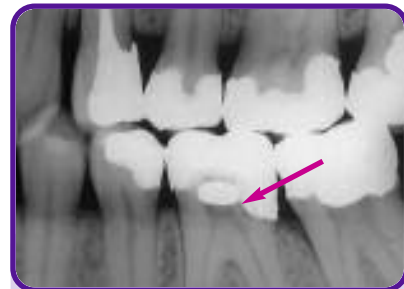


Figure KK2
Eighteen-year follow-up shows dense line of reparative dentin.

ADDITIONAL PULP CAPPING CASES

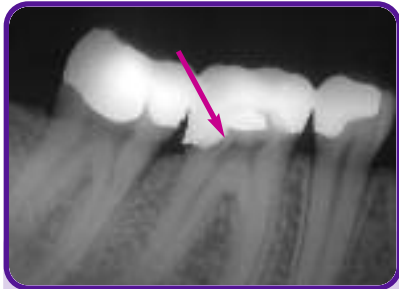


Figure APC1
Shows healing of a large exposure on the distal of a mandibular right first permanent molar (#30) following direct pulp capping with Pulpdent Paste. Note the new dentin bridge.



Figure APC2
Shows dentin bridge formation following pulp capping with Pulpdent Paste on the mesial of the mandibular right third molar (#32).



Figure APC3
Shows a new dentin bridge following pulp capping with Pulpdent Paste on the mesial pulpal horn of the mandibular right first permanent molar (#30).



Figure APC4
Shows a healed pulp capping following treatment with Pulpdent Paste on the mandibular left first bicuspid (#21).

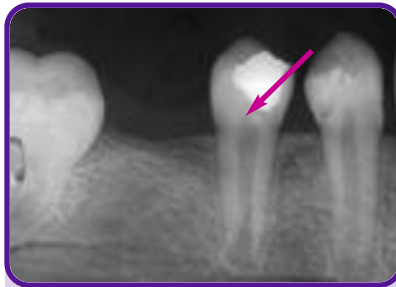


Figure APC5
Shows dentin bridge formation on the mandibular right second bicuspid (#29) of a twelve-year-old child one month following pulp capping with Pulpdent Paste. Note the incompletely formed roots.



Figure APC6
Shows a new dentin bridge on a mandibular left second primary molar (#K) following treatment with Pulpdent Paste.

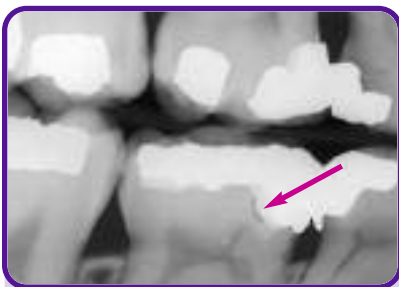


Figure APC7
Shows healing of the mandibular right second primary molar (#T) after pulp capping with Pulpdent Paste.



Figure APC8
Shows new dentin bridge formation of the maxillary right first primary molar (#A) following pulp capping with Pulpdent Paste.

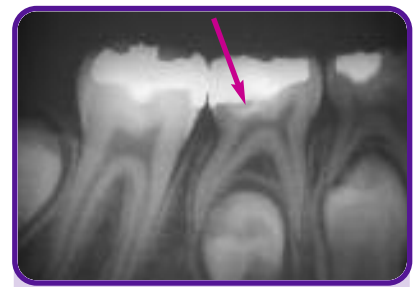


Figure APC9
Shows healing of a primary molar following pulp capping with Pulpdent Paste. Note the new dentin bridge and sclerotic dentin.