Diagnosis in Endodontics

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As already stated, the first step in properly performing therapy is making an accurate diagnosis, in order to prepare an adequate treatment plan. The dentist must collect some data from the patient and simultaneously perform numerous tests and examinations. By combining the subjective and objective information, one can arrive at the correct diagnosis.

**SUBJECTIVE INFORMATION**

**Medical history**

Although practically speaking there are no systemic contraindications to endodontic treatment, one must nonetheless ask the patient to complete and sign a short, updated, and comprehensive form (Tab. I) that provides the dentist with information about the general medical status of the patient. Apart from its medi-co-legal importance, it is important because it may influence the therapy to some degree. For instance, if the patient had a prosthetic heart valve replacement, a history of rheumatic fever, or a malignancy requiring chemotherapy or radiotherapy, the endodontic treatment will have to be performed with antibiotic prophylaxis. In other cases, such as patients with hepatitis, herpes, or AIDS, it is not only the patient who must be protected from infections, but also the dentist and the staff. In such cases, the dentist and the assistants are urged to protect themselves with rubber gloves, face masks, and protective eye shields, which on the other hand is advisable to use routinely.

If the patient is under treatment for other reasons and there is concern regarding drug interactions or if one needs information that the patient is unable to provide, it is always prudent to consult with the patient’s physician.

**Dental history**

Frequently, patients spontaneously offer their dental complaints; in other cases, the dentist must guide them by asking precise questions and listening carefully to their answers. The aim of the dental history is to determine:

- why the patient has sought the attention of a dentist;
- whether he has recently had any dental treatment that may influence the condition of the pulp;
- when the problem began;
- whether there are factors that positively or negatively influence his presenting complaint, such as heat, cold, pressure, or mastication;
- the frequency of the problem;
- whether there is pain; and if so, its location (whether the patient can identify the area of the responsible tooth, or whether the pain is diffuse), its origin (spontaneous or provoked), its reproducibility (whether the symptoms can be reproduced), its character (sharp, dull, lingering, or throbbing), its duration (continuous or intermittent), and whether it is postural (whether the pain occurs in the evening, when the patient is recumbent).

The dentist must carefully consider all the information that the patient provides, since this information alone sometimes suffices to formulate a general diagnosis, even before collecting objective information and performing other tests. However, the diagnosis must be confirmed with other tests. On the other hand, the dentist must on occasion sift through a mountain of information that the patient sometimes provides. He must not overvalue such data, especially if the patient recounts as his present complaint a variety of symptoms that have occurred over the course of weeks or months. With some exceptions, certain symptoms cannot coexist, and thus the
**Medical-Endodontic History**

1) Are you under the care of a physician for a medical condition? [Yes ☐ No ☐]  
   If yes, please specify __________________________________________________________________________

2) Have you been hospitalized in the last twelve months? [Yes ☐ No ☐]

3) Do you take any medications? [Yes ☐ No ☐]  
   If yes, please specify __________________________________________________________________________

4) Are you allergic to any medication, such as penicillin, novocaine, codeine, adrenaline, or aspirin? [Yes ☐ No ☐]  
   If yes, specify __________________________________________________________________________

5) Have you ever had any of the following diseases: [Yes ☐ No ☐]  
   □ tuberculosis  □ hepatitis  □ heart attack  □ epilepsy  
   □ rheumatic fever  □ angina  □ hypertension  □ diabetes  
   □ bleeding disorder  □ other? __________________________________________________________________________

6) Do you smoke? [Yes ☐ No ☐]

7) Do you have a toothache? [Yes ☐ No ☐]

8) Can you identify the tooth responsible of your pain? [Yes ☐ No ☐]

9) Underline the following causes of pain:  
   □ heat  □ cold  □ sweet  □ pressure.

10) When did the pain or swelling begin? __________________________________________________________________________

11) Have you had an accident involving the teeth? [Yes ☐ No ☐]  
   When? __________________________________________________________________________

12) Are you pregnant? [Yes ☐ No ☐]  
   If yes, how many months? __________________________________________________________________________

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Root canal or devitalization therapy consists in the treatment of a tooth that otherwise would be extracted. To be well performed, it must be done in a careful manner, so several intraoperative radiographs will be required. Although root canal therapy has a very high success rate (close to 100%, as in perhaps no other medical or surgical therapy), it cannot be guaranteed. Rarely, a tooth that has undergone root canal therapy may require retreatment, surgical treatment such as apicoectomy, or even extraction. It is therefore very important to check the endodontically treated teeth periodically with radiographic and clinical examinations. Once the treatment is finished, it will be necessary to undergo at least four check-ups six months apart at no charge, since they are included in the treatment.

Date_________________  Signature________________________________________

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**Table I.** Example of a form to be completed and signed by the patient regarding his medical and endodontic history.