INTRODUCTION AND DEFINITION

According to the American Association of Endodontists Glossary of Contemporary Terminology for Endodontics, retreatment can be defined as follow:

A procedure to remove root canal filling materials from the tooth, revise the shape, and obturate the canals; usually accomplished because the original treatment appears inadequate or has failed or because the root canal has been contaminated by prolonged exposure to the oral environment.

This definition is very limited because it doesn’t take into consideration all the situation where there is no previous filling material to be removed, nevertheless the case is failing and needs to be “retreated”. This is the typical situation shown in Fig. 33.1, where the ge-

Fig. 33.1. A. A pre-operative film of an upper cuspid with a perforation on the distal aspect of the coronal one third. B. The off-angle radiograph shows better the perforation. C. The perforation has been repaired with MTA. D. Post-operative radiograph. (Courtesy of Dr. A. Castellucci).
noral dentists could not find the original canal and re-
ferred the patient for completion. In the attempt to lo-
cate the original canal, he made a perforation on the
distal aspect of the coronal one third of the root. This
case must be considered a retreatment, even though
ter was no filling material to be removed. Using the
operating microscope the original canal was located,
the perforation was repaired with MTA and the root
canal system was then obturated in the conventional
way.

Fig. 23.31 shows prior apical surgery. The retreat-
ment of this upper molar includes the nonsurgical cle-
aning, shaping and obturating the root canal system.
This case too must be considered a retreatment, even
though there was no previous filling material to re-
move from the canals. Fig. 33.2 shows an upper first
molar treated with a missed MB-2 canal. The tooth
was nonsurgically retreated, but no filling materials
were removed from the missed canal.

We can conclude that the definition of the AAE’s
Glossary of Contemporary Terminology for Endodontics
is correct, but is not all-inclusive of the actual condi-
tions oftentimes encountered clinically.

As an alternative, the following definition is sugge-
sted to more closely reflect the actual clinical situations
encountered during retreatment:

Endodontic retreatment is a procedure performed
on a tooth that diagnostically demonstrates incomple-
te treatment, yet the actual conditions require further
endodontic treatment to achieve successful results.28

FOREWORD

There has been massive growth in endodontic tre-
atment in recent years. This upward surge of clini-
cal activity can be attributable to better trained den-
tists and specialists alike. Necessary for this unfolding
story is the general public’s growing selection for ro-
oot canal treatment as an alternative to the extraction.
Over time, patients have become more confident se-
lecting endodontic treatment because of the changing
perception that pain can be managed, techniques ha-
ve improved and long-term success is achievable.

With all the potential for endodontic success the
act remains clinicians are confronted with post-treat-
ment disease.45,139 Before commencing with any treat-
ment, it is wise to fully consider all the various treat-
ment options.46,47 When the choice is endodontic non-
surgical retreatment, then the goal is to access the pulp

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Fig. 33.2. A. The patient was referred for the retreatment of the palatal canal, thinking that the cause of pain was the overfilling. B. During the retreatment, a missed MB2 was negotiated and then cleaned and shaped. Immediately after the pain disappeared, even though it has not been possible to remo-
ve the gutta percha protruding through the foramen of the palatal root. C. Post-operative film. Note the independent foramen of MB2. D. Two year recall.
(Courtesy of Dr. A. Castellucci).