

40. THERAPEUTIC MANAGEMENT OF ACUTE FOCAL PULPITIS

Author: Raicu Cătălina

Scientific adviser: Diana Marcu, MD, Associate Professor, Department of Odontology, Periodontology and Oral Pathology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. The dental pulp represents the central tissue of the tooth, with a significant importance on the integration of the dental hard tissues in the complex system of the organism, through its dentinogenesis, nutritive, protective, sensitive and barrier function. The harmful action of many etiological factors such as tooth decay, trauma, cavity preparations, metal fillings without pulp protection, prosthetic works in over-occlusion and the toxic action of antiseptic solutions lead to rapid depletion of cellular potential and the installation of pulp inflammation. Pulpitis acts destructively on adjacent tissues, and in the absence of proper treatment leads to periodontitis and tooth loss, negatively affecting the functionality of the stomatognathic system and quality of life. Therefore, the medical tactics in the selection of appropriate treatment methods, as well as their subsequent practical application represent decisive steps in the correct management of the pulpitis.

Case presentation. A 37-year-old patient presents with spontaneous acute pain, intensified at night and located at the level of the tooth 15. The painful crisis lasts 10-30 minutes, then alternates with a painless period of several hours. The objective examination reveals a carious cavity with soft dentin and food debris, sharp pain on probing at one point of the cavity floor and painless percussion. At the paraclinical examination: electroodontometry 18-25 mkA, intense and prolonged pain at the thermal tests, and at the radiological examination a deep carious cavity is detected, which does not communicate with the pulp chamber.

Discussion. Based on the clinical and paraclinical examination, the diagnosis of acute focal pulpitis at the level of the tooth 15 was determined. In this situation, when the evolution of the inflammation is more than 24 hours, both coronal and root pulp are affected and the electroodontometry indicates values of 18-25 mkA, the recommended therapeutic methods no longer aim at preserving the pulp, but at preventing the occurrence of pulpal and apical complications. Respectively, the therapeutic method of choice is pulpectomy: 1) Troncular and infiltrative anesthesia with Septanest 1:100000 1,7 ml; 2) Rubber dam isolation; 3) Preparation of the carious cavity and pulpotomy; 4) The landmark and the widening of the root canal orifices; 5) Pulpectomy; 6) Determination of working length; 7) Permeability and mechanical preparation; 8) Medicinal and antiseptic treatment; 9) Drying of the root canal; 10) Root canal filling; 11) Radiological control; 12) Isolating obturation; 13) Permanent filling.

Conclusion. Early and correct diagnosis of acute focal pulpitis is essential in determining a treatment plan with superior effectiveness. The treatment of acute focal pulpitis by the method of vital extirpation and qualitative filling of the root canals provides excellent results, preventing complications and guaranteeing the success of endodontic treatment over time.