Obturation Related Errors by Undergraduates in Endodontics: Frequency and Type of Error- A Retrospective Study

Aamir Rashid Purra¹, Ajmal Mir², Muhammad Mushtaq³, Fayaz Ahmad Ahangar⁴, Wahid Zargar⁵, Riyaz Farooq⁶

ABSTRACT

Introduction: Obturation procedure plays a key role in the success of root canal treatment. The aim of this study was to determine the obturation related errors in endodontics by undergraduate students and interns. Material and methods: The present study was conducted on 1000 root canal treated teeth in the Department of Conservative Dentistry and Endodontics; Government Dental College and Hospital Srinagar Kashmir. Teeth in each group were evaluated for presence or absence of obturation related errors, i.e. underfill, overfill and improper lateral condensation.

Results: A total of 1000 root canal treated teeth were evaluated in the study; out of which 615 (61.5%) had procedural errors. The frequency of different errors were – underfill (16.5%); overfill (14%) and improper lateral condensation (31%).

Conclusion: Students as well as practitioners should show greater care to maintain accuracy of the working length throughout the procedure.

Keywords: Obturation Related Errors, Endodontics

INTRODUCTION

Bacterial eradication from the root canal system holds the key to a successful endodontic treatment. The primary determinant to achieve this and to prevent future encroachment of bacteria is a thorough and meticulous technique. For successful root canal treatment, each step should be done meticulously whether it is following aseptic technique, cleaning and shaping of the root canal, irrigation and disinfection of the root canal and last but not the least filling the root canal system. When all these measures are taken care of, success rate has been shown to be as high as 94%⁶. Following of proper technique becomes more important in cases of apical periodontitis or in cases of retreatment. Chugal et al.⁴ in his study has showed that, for every 1 mm loss of working length, in teeth with apical periodontitis, failure rate increases by 14%.

Poor technique can be manifested in numerous ways. These include errors in length (i.e., over fill and under fill), errors in cleaning and shaping (i.e., ledge formation, apical transportation, perforations, and instrument fracture), and errors in quality of obturation (i.e., voids, lack of uniform and continuous taper, and lack of homogeneity). Presence of such errors influence prognosis and treatment outcome. Success rate has been shown to be reduced to mere 68% in underfills⁴ and 76% in overfills.⁴⁻⁸

The present study highlights the obturation related errors done by graduate students in anterior teeth and premolars. Poor obturation in root canal technique can manifest in number of ways, viz. errors in length (overfill and underfill); errors in quality of obturation (voids, lack of homogeneity and uniform and continuous taper).

MATERIAL AND METHODS

The present study was conducted on 1000 root canal treated teeth in the Department of Conservative Dentistry and Endodontics; Government Dental College and Hospital Srinagar Kashmir.

Sampling: 1000 root canal treated teeth done by undergraduate students and interns of the Institution from November 2016 to October 2017 were included in the study. All the teeth were treated with ISO stainless steel hand files and obturated by cold lateral condensation technique.

Inclusion criteria
1. Patients age 12 to 70 years (Fig. 2 showing age distribution).
2. All maxillary and mandibular permanent anterior and premolar teeth.

Exclusion criteria
1. Teeth with open apices.
2. Molar teeth.
3. Teeth with calcified canals.
4. Teeth with external or internal resorption.
5. Teeth with periapical pathology.
6. Endo-perio lesions.
7. Teeth with large cysts or tumours.
8. Teeth to be treated for retreatment.
9. Deciduous teeth

Data collection
All the root canal treated teeth that fulfilled the inclusion criteria were included in the study, after approval by the ethical committee of the institution. All teeth treated with

¹Associate Professor, ²Registrar, ³PG Student , ⁴Assistant Professor, ⁵PG Student, ⁶Professor, Department of Conservative and Endodontics, GDC, srinagar, J&K.

Corresponding author: Aamir Rashid Purra, Associate Professor, Department of Conservative and Endodontics, GDC, Srinagar, J&K.

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conventional ISO files were prepared using step-back technique and were obturated by lateral condensation technique.

Step-back technique was performed using ISO stainless steel hand K files (Dentsply Maillefer Switzerland). Coronal flaring was initially done with G.G drills size 01; 02 and 03 (Dentsply Maillefer, Switzerland). K-files were used to clean and shape the canal in the following sequence #15; #20; #25; #30; #35; #40; #45; #50 and #60. Size 40 was taken as master apical file(MAF). Working length was deemed acceptable if it was within 0-2mm of radiographic apex as determined by periapical radiograph using bisecting angle technique. Canals were thoroughly irrigated with 5% sodium hypochlorite (Prevest Jammu) and obturated with ISO G.P points (Dentsply Maillefer, Switzerland) and resinol resin sealer (Ammdent India).

For the purpose of our study underfill is defined as root canal filling material more than 2mm short of radiographic apex. Overfill means G.P points beyond radiographic apex. Any voids, lack of homogeneity and uniform taper were considered as improper lateral condensation.

Post obturation radiographs were taken using bisecting angle technique. Radiographic imaging data was transformed into computer. Teeth were grouped into two categories:

a). Teeth with procedural errors.

b). Teeth without errors.

Those having obturation related errors were further divided into type of error –underfill; overfills or improper lateral condensation (Fig.1). The overall distribution of obturation errors is shown in Fig.3.

STATISTICAL ANALYSIS

Three blinded examiners (one Professor, one associate professor and one assistant professor), who had been previously calibrated by the individual analysis of all the x-rays, evaluated the digital images together. The presence of underfill (yes/no), overfill (yes/no), improper lateral condensation (voids, lack of homogeneity or uniform continuous taper) was registered. Data was analyzed using SPSS version 20. Chi-square test was used to test the 𝑝 value.

RESULTS

Total 1000 root canal treated teeth were assessed out of which 560 were maxillary teeth and 440 were mandibular teeth. 615 contained obturation related defects (61.5%) while 385 had no error. Among the obturation related errors 310 teeth had improper lateral condensation (31%); 165 had underfill (16.5%) and 140 teeth had overfills (14%) (figure 2). Comparisons between groups were analysed with chi-square tests at P <.05.

The most treated tooth was upper right first maxillary premolar(11.3%) followed by maxillary left first premolar(9.8%) and maxillary second premolar right(9.3%) and left(8.0%). The least treated teeth were mandibular central incisors(1.5%) on right and left side followed by mandibular canine, 1.7% on right side and 2.1% on left side

DISCUSSION

An alarmingly large majority (61.5%) of cases possessed a procedural error. This indicates a need for students and interns to be more meticulous with their technique. Also, it is
important for mentors and guides to assist and guide young dentist at each and every level. It seems not enough effort is being made at critical steps during treatment to avoid errors. The most common error by far was improper lateral condensation (31%) (table 2). This may be due to inadequate sealer placement or inadequate packing of gutta percha during obturation.

The second major obturation defect noticed was underfill (16.5%). Literature has shown the highest failure rates in teeth filled more than 2mm short of the radiographic apex\textsuperscript{14,15}. This error may be produced by inadequate length determination, loss of working length, failure to recapitulate, inadequate filling technique, use of inflexible files, variations in canal morphology such as excessive curvature and narrow canals (particularly in upper first premolars), inadequate irrigation between each filing, and so forth. Furthermore, sclerotic canals and pulp stones may play a role in increased incidence of underfill in the older age group. Unquestionably, all efforts should be made to avoid this type of procedural error.

The next most common error was overfill (Table 2) which accounted for 14% of the total cases. Various studies have demonstrated that this procedural accident has a negative effect on the prognosis of overall treatment outcome\textsuperscript{7-9}. Although not acceptable, gutta-percha is relatively inert\textsuperscript{13} and if extruded beyond the apex has a minimal effect on the healing of the periapical tissues. There are conflicting results in numerous studies that has made this a controversial topic. Therefore, to be on a safe side one should show due diligence and avoid this error altogether.

Poor oral health awareness may play a role which results in patients reporting to the dentist only when they experience severe pain, leading to progression of the disease process to the extent that endodontic treatment is required. In developing countries patient’s low income and lack of education (particularly awareness as regards to oral health and hygiene) act as a barrier to receiving even routine dental checkups. Thus, early detection of any disease process is often not possible and delays preventive treatment, leading to more cases of endodontic treatment.

**CONCLUSION**

Special care should be taken when working on premolars,
which had a significantly higher error rate when compared to anterior teeth. Emphasis must be placed on community awareness programs to reduce the incidence of caries progressing to the point of requiring endodontic treatment. High risk patients should be provided with prophylactic treatment (such as fissure sealants and fluoride therapy) and regular routine checkups.

REFERENCES

1. U. Sjogren, D. Figdor, S. Persson, and G. Sundqvist. Influence of infection at the time of root filling on the outcome of endodontic treatment of teeth with apical periodontitis. International Endodontic Journal 1997;30:297–306.

2. N. Imura, E. T. Pinheiro, B. P. F. A. Gomes, A. A. Zaia, C. C. R. Ferraz, and F. J. Souza-Filho. The outcome of endodontic treatment: a retrospective study of 2000 cases performed by a specialist. Journal of Endodontics, 2007;33:1278–1282.

3. M. Lazarski, W. Walker, C. Flores, W. Schindler, and K. Hargreaves. Epidemiological evaluation of the outcomes of non-surgical root canal treatment in a large cohort of insured dental patients. Journal of Endodontics 2001;27:791–796.

4. N. M. Chugal, J. M. Clive, and L. S. Spangberg. Endodontic infection: some biologic and treatment factors associated with outcome. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology 2003;96:81–90.

5. L. Z. Strindberg. The dependence of the results of pulp therapy on certain factors: an analytic study based on radiographic and clinical follow-up examination. Acta Odontologica Scandinavica 1956;14:supplement 21, article 1175.

6. K. Kerekes and L. Tronstad. Long-term results of endodontic treatment performed with a standardized technique. Journal of Endodontics 1979;5:83–90.

7. U. Sjogren, B. Hagglund, G. Sundqvist, and K. Wing. Factors affecting the long-term results of endodontic treatment. Journal of Endodontics 1990;16:498–504.

8. G. Bergenholtz, U. Lekholm, R. Milthon, G. Heden, B. Odesjo, and B. Engstrom. Retreatment of endodontic fillings. European Journal of Oral Sciences 1979;87:217–224.

9. G. Frostell. Factors influencing the prognosis of endodontic treatment, in Transactions of the third International Conference on Endodontics, L. I. Grossman, Ed., pp. 161–173, University of Pennsylvania, Philadelphia, Pa, USA, 1963.

10. A. H. Gluskin. Anatomy of an over fill: a reflection on the process. Endodontic Topics 2007;16:64–81.

11. R. E. Walton and M. Torabinejad, Principles and Practice of Endodontics, W.B. Saunders, Philadelphia, Pa, USA, 3rd edition, 2002.

12. M. Ash and J. S. Nelson, Wheeler’s Dental Anatomy, Physiology and Occlusion, Saunders, 8th edition, 2003.

13. E. M. Wolfson and S. Seltzer. Reaction of rat connective tissue to some gutta-percha formulations. Journal of Endodontics 1975;1:395–402.

14. G. C. Unal, A. D. Kececi, B. U. Kaya, and A. G. Tac. Quality of root canal fillings performed by undergraduate dental students. European Journal of Dentistry 2011;5:324–330.

15. M. Farzaneh, S. Abitbol, and S. Friedman. Treatment outcome in endodontics: the Toronto Study. Phases I and II: orthograde retreatment. Journal of Endodontics, 2004;30:627–633.