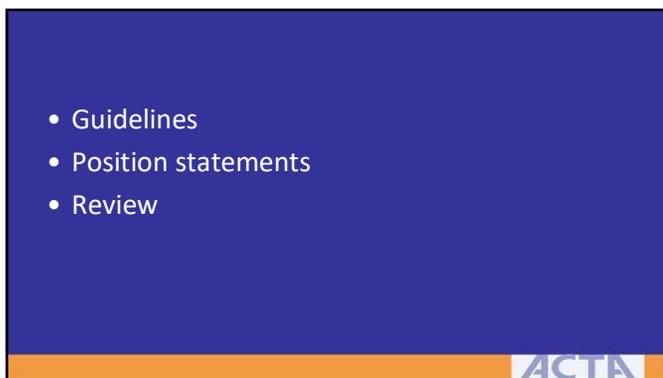


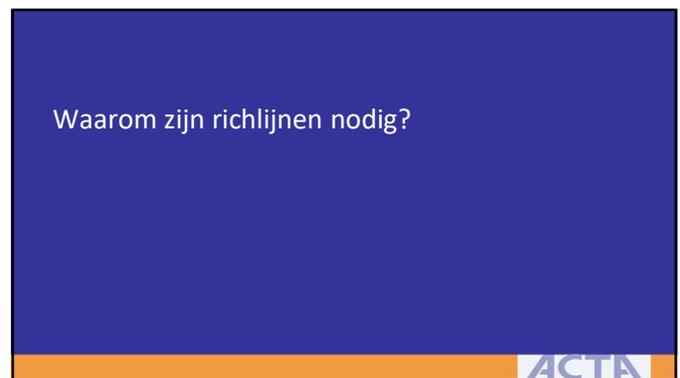
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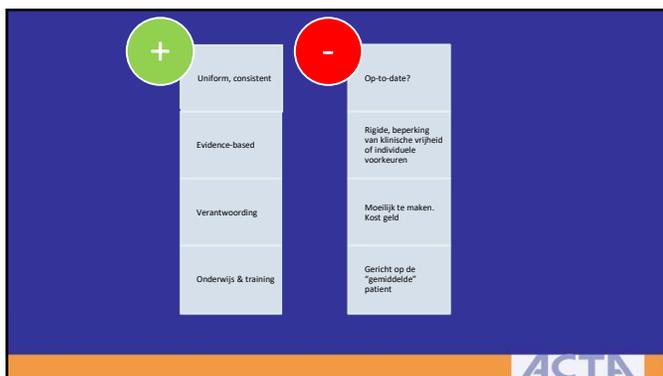
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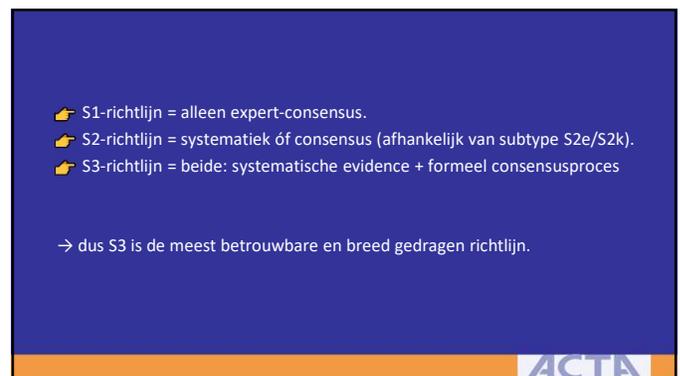
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5



6

S3 richtlijn

- Hoogste kwaliteitsklasse van klinische richtlijnen
- Gebaseerd op een systematische literatuurreview (evidence-based).
- Combineert dit met een gestructureerd consensusproces tussen experts en beroepsgroepen.
- Er is aandacht voor multidisciplinaire inbreng, vaak ook inclusief patiëntenperspectief.
- Aanbevelingen worden voorzien van een gradatie van bewijskracht (hoe sterk is het bewijs).

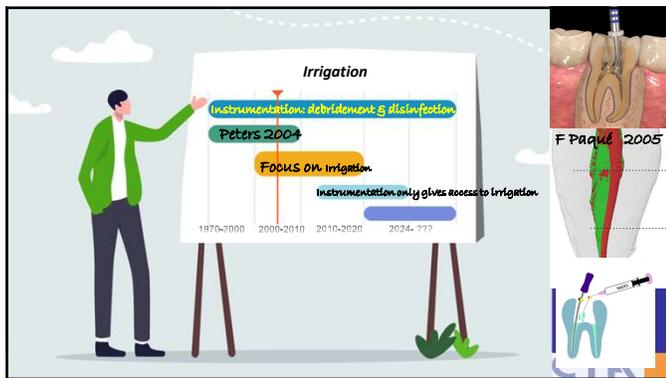


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IRRIGATION: the clinical aspect

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Manual	Conventional syringe irrigation	Needle design	
	Manual dynamic agitation	Master cone, file	
Machine assisted	Pressure alternation	Apical negative pressure	Endo Vac/ Rinse Endo
	Ultrasonic		
	Sonic	EndoActivator, Eddy	
	Continuous		
	Rotary file agitation	SAF, Xp endo finisher	
	Laser	Laser activated irrigation	Photon-induced photoacoustic streaming (PIPS)
			Photoactivated disinfection (PAD)
	Multisonic	Gentle Wave	



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Materials	Sodium Hypochlorite	1%, 2%, 3%, 5%
	Chelators	EDTA Citric Acid Etidronate
	Chlorhexidine	
	Combinations	CHX+EDTA +detergent
		Doxy+CitricA +detergent
	Mild chelator	Qmix
DualRinse	Biopure MTAD	



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Why is hypochlorite syringe irrigation insufficient?

- Biofilm (activation to dislodge)
- Complex anatomy (activation to reach)
- Debris blocking the way, penetration in tubuli
- Influence on dentine (change of characteristics)
- Undesired chemical effects of irrigants



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Quality guidelines for endodontic treatment: consensus report of the ESE 2006

Irrigation

- The irrigant solution should be delivered in copious amounts as far up the canal as possible without risking extrusion beyond the foramen. This can be performed with a syringe, ensuring that the solution is allowed to escape freely into the pulp chamber and is not delivered with excessive force. The solution may also be delivered by ultrasonic or sonic systems.



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CLINICAL PRACTICE GUIDELINE- Treatment of pulpal and apical disease: ESE S3-level clinical practice guideline 2023

S classification	Description
S3	Evidence- and consensus-based guidelines
S2e	Evidence-based guideline
S2c	Consensus-based guideline
S1	Recommendation by group of experts



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S3 guidelines recommendations

Grade	Description	Syntax used for recommendation	Factors influencing recommendation
A	Strong recommendation	We recommend / not to	<ul style="list-style-type: none"> Diagnosis of apical periodontitis Single-visit approach without Ca(OH)₂



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Effectiveness of root canal irrigation and dressing for the treatment of apical periodontitis (R3.4)

PECO addressed by a SR	Evidence-based recommendation 1
Grade of recommendation	Very low (R3.4)
Quality of the evidence	Very low (R3.4)
Strength of consensus	Very low (R3.4)

Effectiveness of adjunct therapy for treatment of apical periodontitis (R3.6)

PECO addressed by a SR	Evidence-based recommendation 1
Grade of recommendation	Very low (R3.6)
Quality of the evidence	Very low (R3.6)
Strength of consensus	Very low (R3.6)

1. No mention of Chlorhexidine or other irrigation materials

2. Activation?

3. Volume?

1. LAJ, PIPS, Ultrasonic, Sonic...

2. Volume?



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Clinical studies

- Difficult to perform
- Often low numbers of patients
- “no difference”

Outcome predictors/ Prognostic factors

- Instrumentation?
- Irrigation?
- Obturation?



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In vitro studies

- Leakage/ “ sealability”
- Microbiology
- Cytotoxicity

Clinical relevance?

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Resilon-Epiphany

- New composite root canal filling material
- Introduced in 2004 (Shipper *et al.* JOE)



Resilon+Epiphany



Gutta-percha+sealer

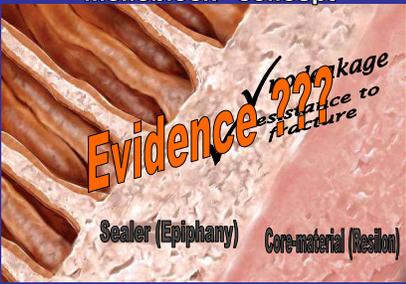
Root-canal wall (Dentin)

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“monoblock” concept



Evidence ???

✓ Leakage resistance to fracture

Sealer (Epiphany) Core-material (Resilon)

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Leakage studies

Resilon is better than GP	GP is better dan Resilon	GP=Resilon
Shipper <i>et al.</i> 2004	Shemesh <i>et al.</i> 2006	Shemesh <i>et al.</i> 2007
Budrumglu & Tunga 2006	Paque & Sirtes 2007	De Deus <i>et al.</i> 2007
Different conditions & models	Pasqualini <i>et al.</i> 2007	Baumgartner <i>et al.</i> 2007

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Long-term Outcomes of Endodontic Treatment Performed with Resilon/Epiphany

Strange *et al.* JOE 2019

Resilon-treated teeth were 5.3 times more likely to have a periapical index of 3 to 5 at follow-up compared with gutta-percha .

Long-term Clinical Outcome of Teeth Obturated with Resilon.

Barborka *et al.* JOE 2017

Teeth obturated with Resilon had 5.7 times greater chance of failure compared with teeth obturated with GP.

24

- The most extensively studied
- Surge of enthusiasm in the early '2000s

Example : ultrasonic irrigation



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Căpută PE et al. J Endod. 2019

...no strong clinical recommendations could be formulated.

Silva EJNL et al. Br Dent J. 2019

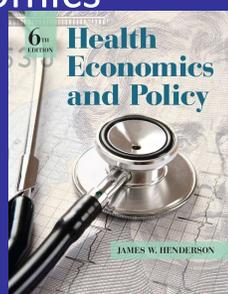
...there was no evidence of effective improvement on periapical healing ...that supports the use of ultrasonic irrigation...




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Health economics

“Although tooth loss may be financially preferable to the patient in the short-term, retaining teeth using root canal treatment is usually more cost-effective than the option of removing them and replacing them prosthodontically” (Pennington et al., 2009; Schwendicke & Herbst, 2023).



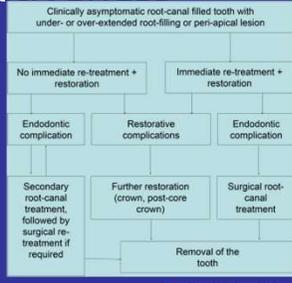
ESE S3 guidelines 2023



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Cost-effectiveness

Conclusions: The high costs for secondary root canal treatment do not seem to be outweighed by the increased risks associated with certain radiographic findings in asymptomatic teeth.



Schwendicke & Stolpe (2015) JOE



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Overtreatment



- Manual syringe irrigation
- Needle design
- Dynamic agitation
- Master cone, file
- Alternation
- Endo Vac/ Rinse Endo
- Ultrasonic
- Sonic
- Endo-activator
- Machine assisted
- Continuous
- Rotary file agitation
- SAF, Xp endo f
- Laser
- Photo-induced photoacoustic streaming (PIPS)
- Photoactivated disinfection (PAD)
- Multisonic
- Gentle Wave



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So what should we do ?

- *As clinicians:* follow the ESE guidelines till more relevant evidence is available **
- *As researchers:* Try to choose research topics that are relevant to patients/ clinicians

“you can consider” → Hopefully, more evidence will be available



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Suggested irrigation protocol

NaOCl fine needle close to WL
 EDTA after instrumentation
 Final rinse with NaOCl

If activation necessary- Ultrasonic



Boutsioukis & Arias-Moliz (2022) IEJ

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..And a final thought :

Guidelines are an important tool. However, they might also provide an erroneous recommendation for a specific patient



Guerra-Farfan et al. (2023) Injury

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Outcome

Some claim that outcome studies will NEVER be able to give us answers about questions as a preferable irrigation protocol

- Sample size/ effect size
- Recall time
- Outcome evaluation
- Confounding factors

Yildiz et al. IEJ 2024

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Use of CBCT

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Position statements / Guidelines

- AAOMR
- AAE
- ESE
- Position statement 2014
- Position statement 2019
- S3 guidelines 2023



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European Society of Endodontology position statement: the use of CBCT in endodontics
 S Patel, C Durack, F Abella, M Roig, H Shemesh, P Lambrechts, K Lemberg
 IEJ 2014

Every image must be justified and optimized. A record of the justification process must be maintained

European Society of Endodontology position statement: Use of cone beam computed tomography in Endodontics
 S. Patel, J. Brown, M. Semper, F. Abella, F. Mannocci
 IEJ 2019

Every image is justified, optimized and reported on...CBCT must be used cautiously

The European Society of Endodontology (ESE) S3-level clinical practice guideline.
 Duncan HF, Kirkevang LL, Peters OA, El-Karim I, Krastl G, Del Fabbro M, Chong BS, Galler KM, Segura-Egea JJ, Kebschull M; ESE Workshop Participants and Methodological Consultant.
 IEJ 2023

- CBCT *may be considered* as an additional diagnostic measure in cases where there is doubt about the diagnosis.

Grade of recommendation	Syntax
STRONG	We recommend (not to)
WEAK	We suggest (not to)
OPEN	May be considered

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J Am Dent Assoc 2024
Applying the AAE and American Academy of Oral and Maxillofacial Radiology guidelines for CBCT prescription: Impact on endodontic clinical decisions
Chugal et al.

Conclusions

- CBCT imaging contributed predominantly to Tx decisions rather than diagnostic determinations.

JADA 2024: Chugal et al.

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Conclusies

Richtlijnen

- Belangrijk
- afwijken mag-maar met een reden
- Gebaseerd op outcome studies, expert opinie en consensus sessies
- In endodontologie weinig **STERKE** aanbevelingen, vooral suggesties
- Updates in de gaten houden

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- NVvE richtlijn
- ESE richtlijn
- Trauma (tandletsel) richtlijn

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