

Lijn Endodontologie 1

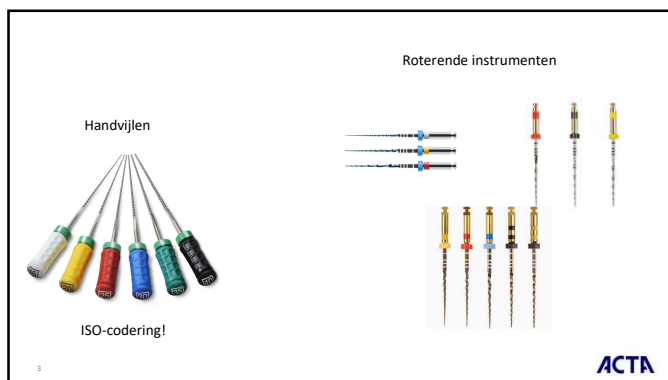
1

Doel wortelkanaalpreparatie

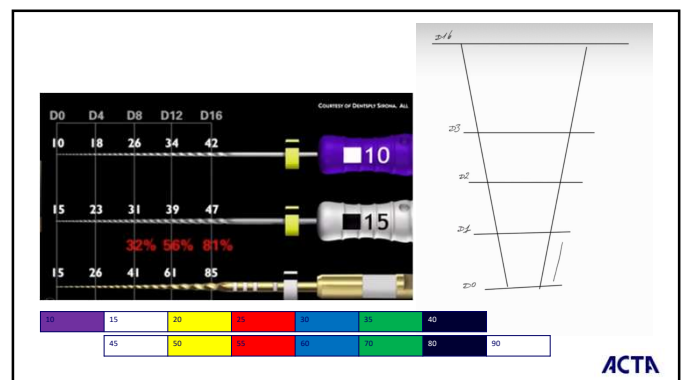
1. Verwijdering van vitaal en necrotisch weefsel uit de hoofdkanalen.
2. Creëren van voldoende ruimte voor irrigatie en medicatie.
3. Behoud van de integriteit en locatie van de apicale kanaalanatomie.
4. Voorkomen van iatrogene schade aan het kanaal systeem en de wortelstructuur.
5. Vergemakkelijken van het vullen van het kanaal. (ruimte gecreëerd voor de obturatie fase)
6. Voorkomen van verdere irritatie en/of infectie van de periradiculaire weefsels.
7. Behoud van gezond worteldentine om de langdurige functie van de tand mogelijk te maken.

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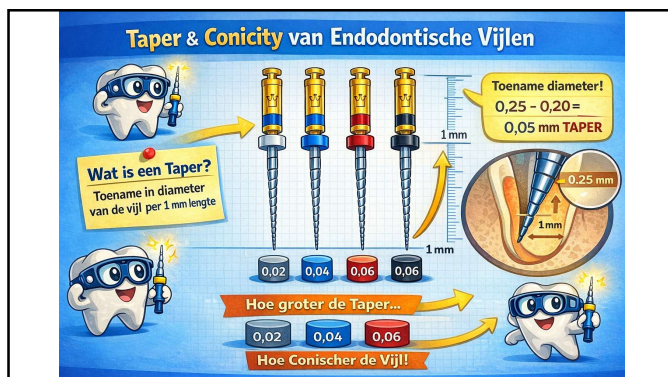
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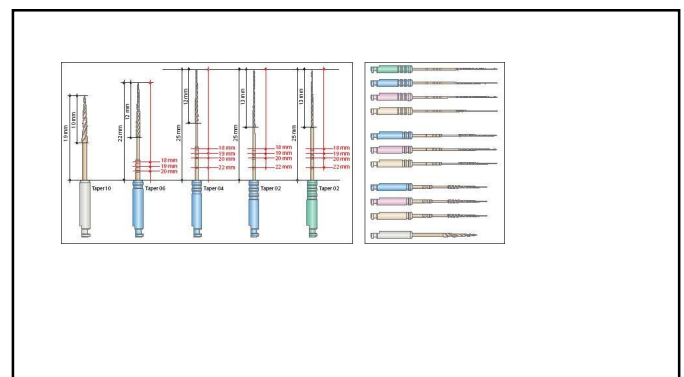
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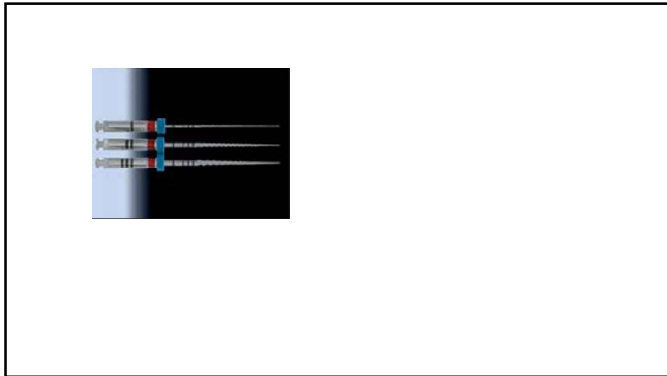


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VDW
Advanced Root Canal System

	Vijl	Torque (gcm)
Wit	15/0.04	130
Geel	20/0.05	210
Rood	25/0.06	230
Blauw	30/0.04	200
Groen	35/0.04	230

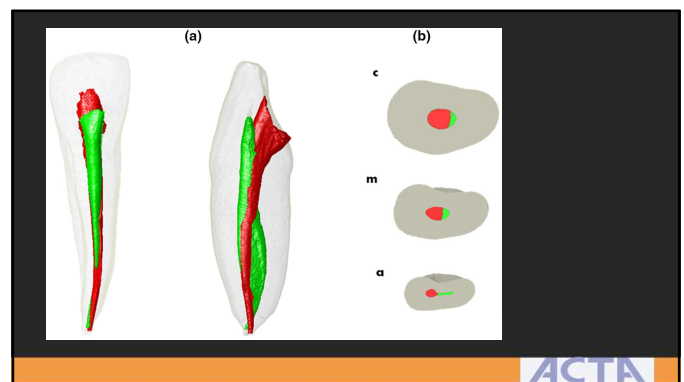
VDW.ROTATE
Rotary preparation at the root level
VDO.ROTATE offers a range of files to effectively master
root anatomy from simple to complex

- ✓ Versatility
- ✓ Respect of the natural canal anatomy
- ✓ Efficient debris removal

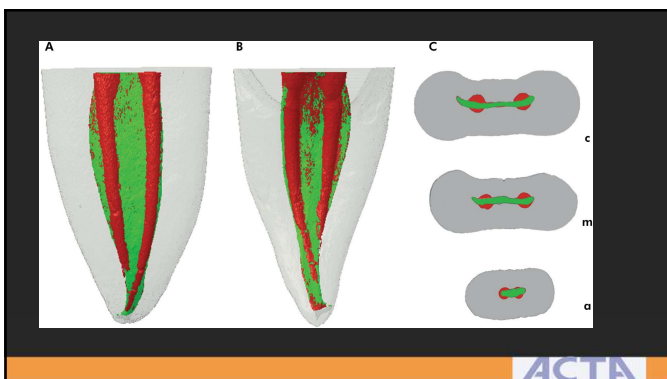
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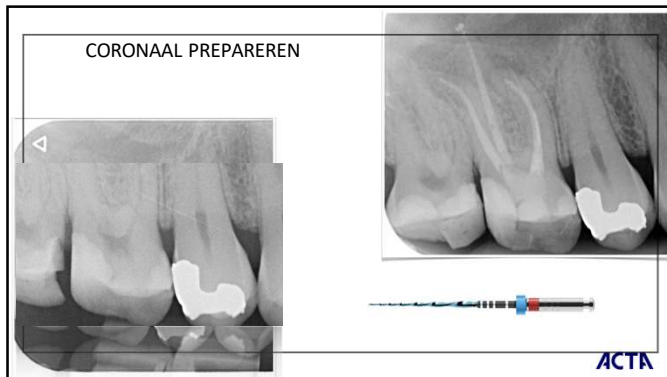


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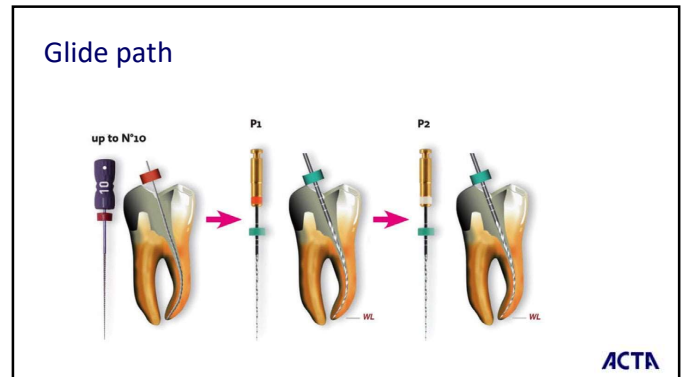
Technische aspecten

Coronale preparatie Glide path Lengte bepaling Instrumentatie

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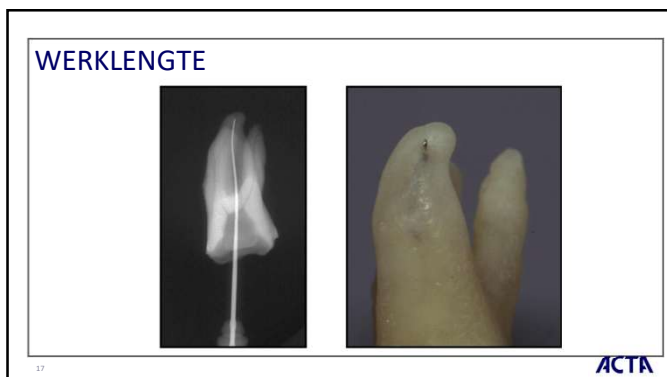
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WERKLENGTE

8012

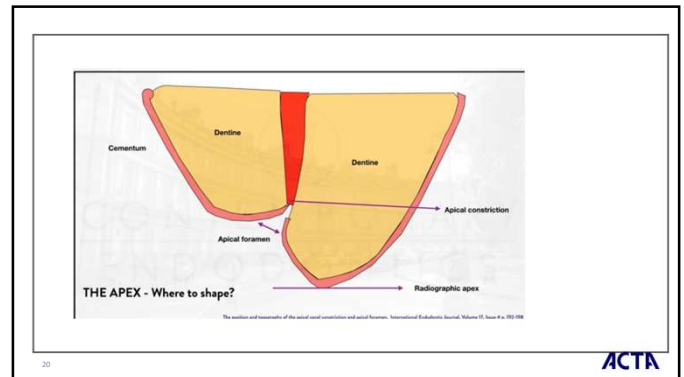
Internal canal and apical modifications (Table 1, Fig. 4).

Author	Study type	Practical test	Modifications to technique	Statistical treatment	Internal canal and apical modifications
Wright (1982)	CBSE apical constrictions	5 mm from the apex	Additional 0.5 mm distance 0.5 mm from the apex	—	Radically remove infection
Nguyen (1992)	CBSE	—	—	—	—
Leahy (1993)	CBSE apical constrictions	0.5 mm from the apex	—	—	—
Prasad et al. (1998)	—	0.5 mm from the apex	—	—	These observations could not be clinically observed
Chidambaram (1998)	—	5 mm from the apex	0.5 mm longer (0.5 mm from the apex)	—	—
Tucker (1998)	Apical constrictions (bony densification)	—	—	—	—
Preussner (2003)	—	0.5 mm from the apex	Overfilling accepted	—	Right overfilling and retreat
Rehner et al. (2004)	—	—	Not accepted	—	Not accepted
Langenhove (2007)	Apical constrictions	—	No difference in best of procedure	—	Not intended material to be used
Widmer (2007)	—	—	—	—	Observation denied

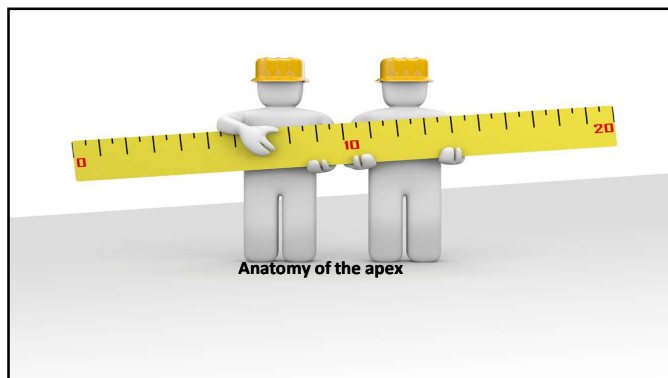
© 1998 Blackwell Science Ltd, *International Endodontic Journal*, 31, 304-311

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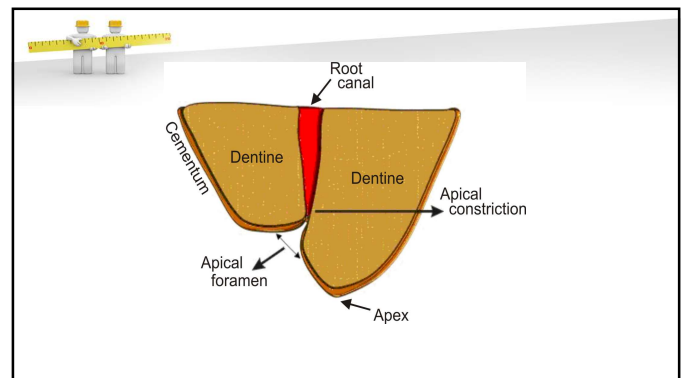
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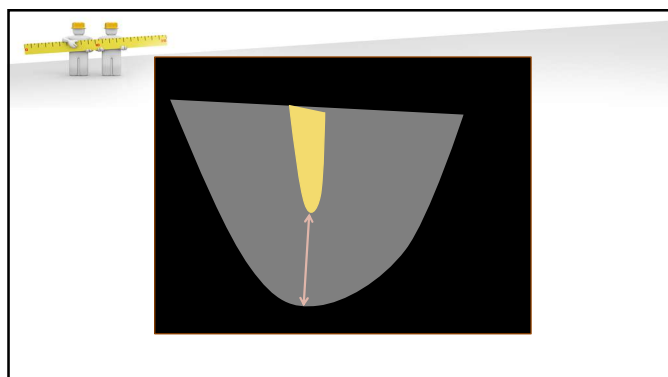
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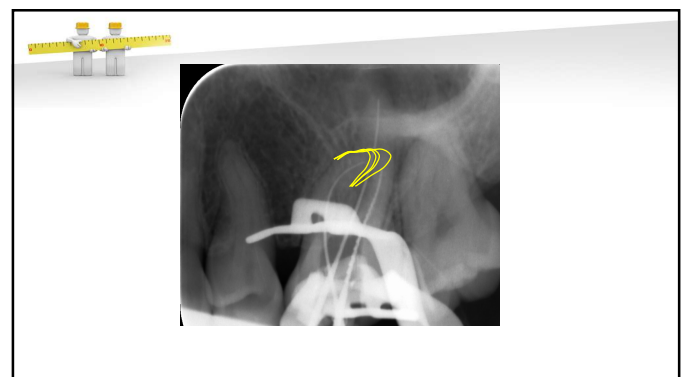
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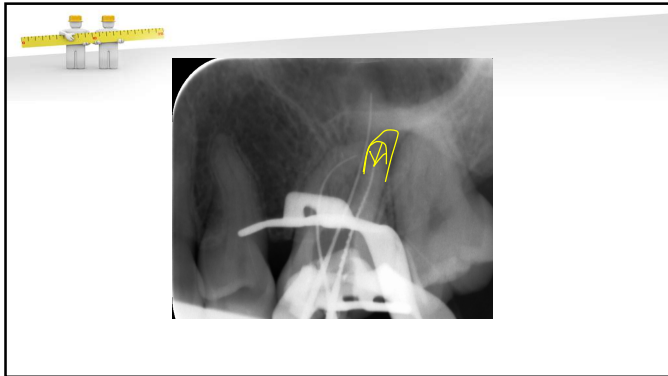
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BO12 Geadviseerd om te stoppen op;
CDJ, kan niet want het is een histological punt (Nekoofar 2006)
AC, niet betrouwbaar want minder dan helft valt op het dezelfde
punt (Dummer 1984)

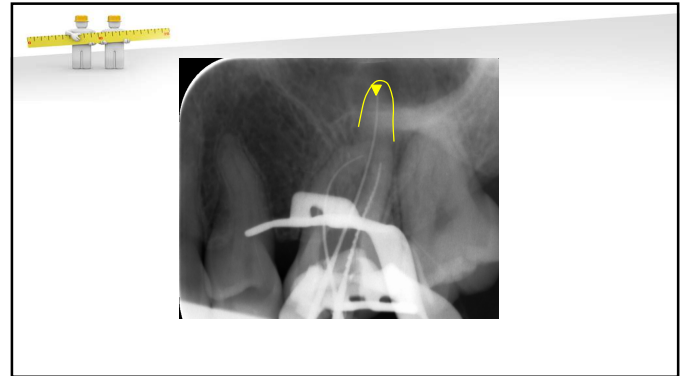
Waar dan? In een echte pt. Hebben wij de EAL

Aanbevolen stop punt is beschreven als tussen AC en MF

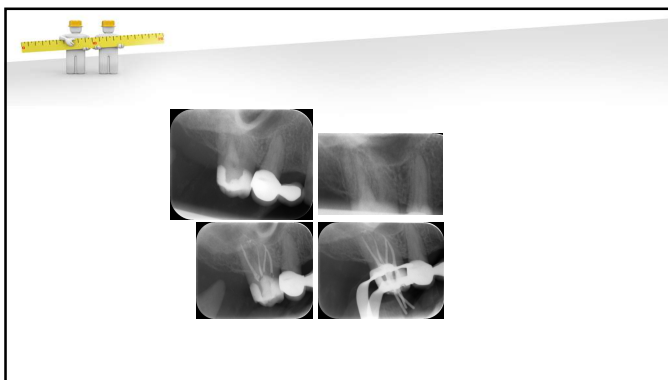
Beliz Ozel, 11/06/2025



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VDW GOLD

Voordelen	Nadelen
Een apparaat	Reparaties
Goedkoper	Tijdens het prepareren

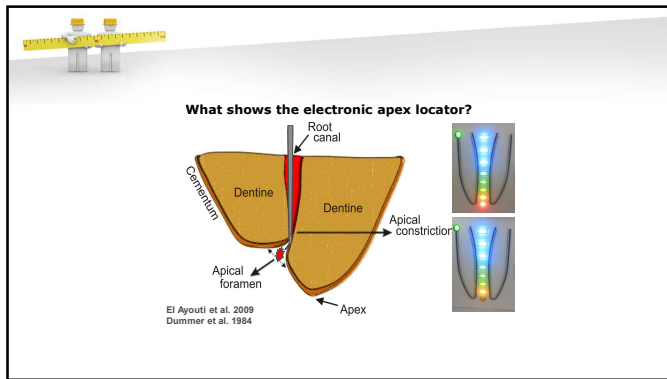
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Hoe werkt een Elektronische Apex Locator?

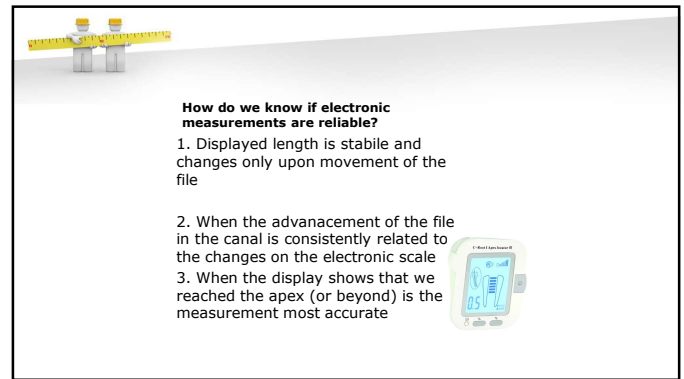
Meet elektrische weerstand van de patiënt

Wanneer de weerstand omlaag gaat
→ Je hebt de **apex** bereikt!

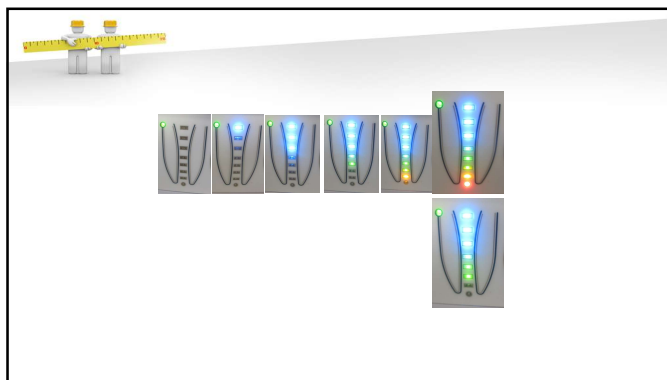
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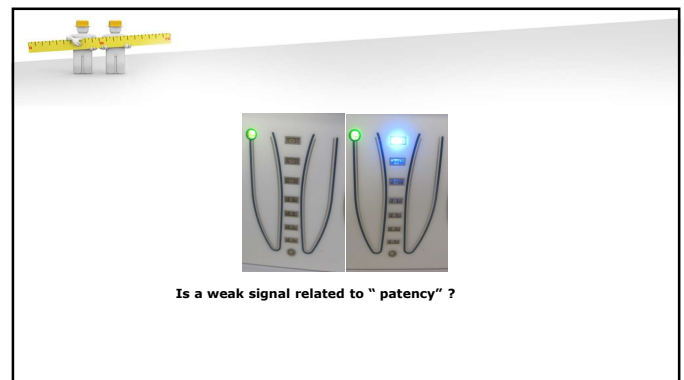
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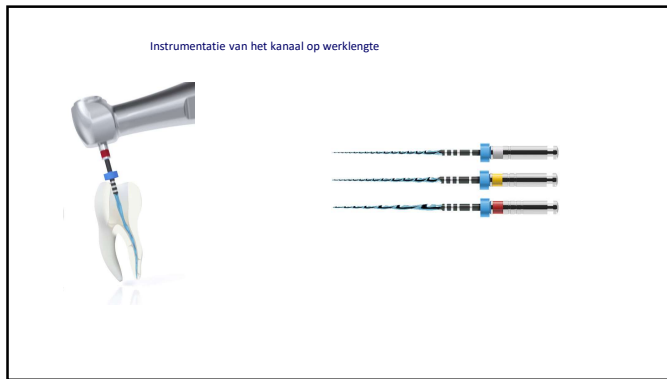
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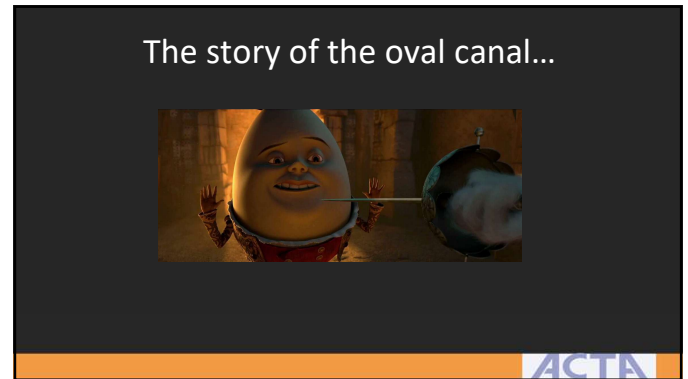
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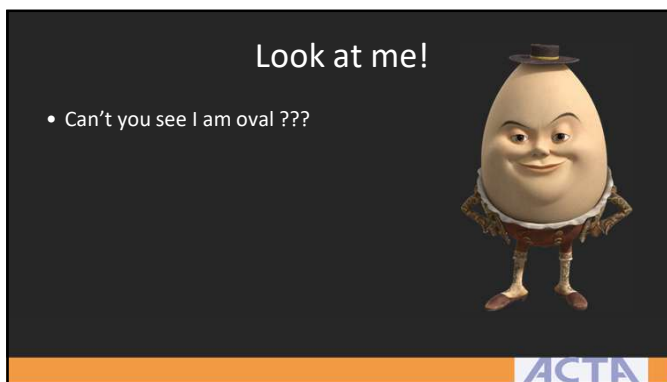
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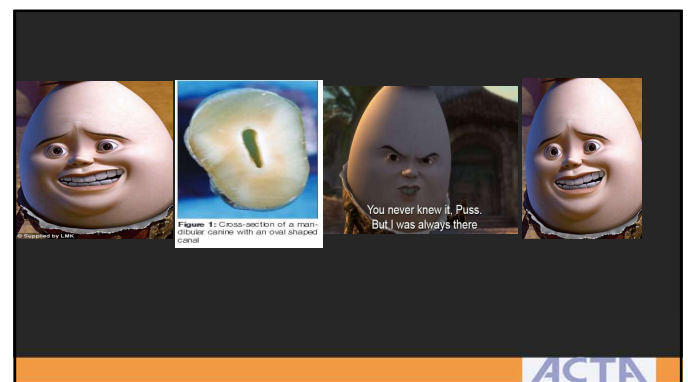
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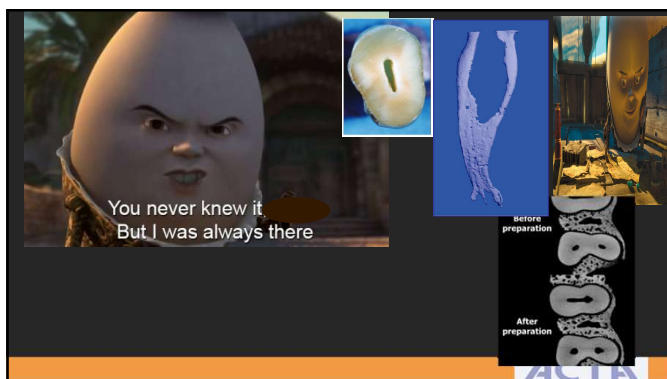
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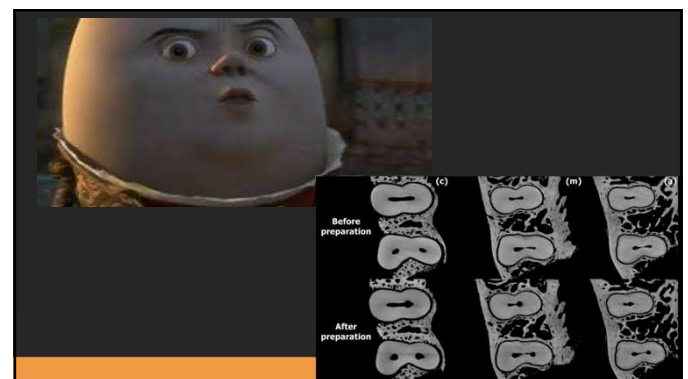
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- Prevalence and extent of long oval canals in the apical third
- Quality of cold and warm gutta-percha fillings in oval canals in mandibular premolars
- A primary observation on the preparation and obturation of oval canals

Wu et al OOOE, IEJ 2000-2001



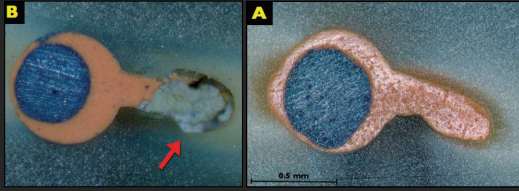

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De-Deus et al. JOE 2014




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Canals containing debris cannot be properly filled

De-Deus et al. JOE 2012




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Gebroken instrument- verwijzen ? Verwijderen?

	GUNSTIG	MINDER GUNSTIG
Diagnose	Vitaal : irreversibele pulpitis	Avitaal : parodontitis apicalis
Stap van de behandeling	Aan het eind	In het begin
Locatie	Voor de kromming	Na de kromming
Type van de vijl		

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