

31st International Conference on
DENTAL SCIENCE & ADVANCED DENTISTRY
June 25-26, 2018 | Vancouver, Canada

Diagnosis and verifying of vertical root fractures

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Vertical root fractures (VRFs) are complete or incomplete longitudinally oriented fractures of the root, which is usually directed in the buccolingual plan. These fracture generally tend to develop from the apex and extend coronally. It has been described that occlusal prematurities, heavy and stressful chewing or parafunctional habit and resorption-induced weakened root increase occurrence of VRFs. VRFs will generally worsen regardless of any efforts and will eventually result in tooth extraction. Determination of VRFs can be challenging, even for veteran clinicians because the presence of VRFs cannot be readily verified until extraction of the affected tooth. Accurate and timely diagnosis is crucial in VRFs cases through comprehensive clinical, radiographic, and periodontal examination. The purpose of these case series were report to the progression about the diagnosis of VRFs and verifying the fractures of root. The assessment of a potential VRFs may be based on objective and subjective findings. Although VRFs may be observed directly on a periapical radiograph, unfortunately, this is not likely most of the time, the radiograph may not be helpful in diagnosing VRFs. The presence of pain to percussion, palpation, and mastication is sign and symptom that cause starting to observe VRFs and deep narrow periodontal probing can be affect diagnosis of these fractures. Nevertheless, this procedure of the diagnosis yield a kind of prediction rather than a definitive diagnosis. The clinician should synthesize chief complaint, presenting signs and symptoms, and his or her intuition to inform the patient of the probability of VRFs. When VRFs are determined to be present, it is recommended that extraction of the affected tooth as soon as possible. Any delay may increase the possibility of additional periradicular bone loss. Therefore, the measures and means that may allow the clinician to make the diagnosis at early stages are important.

Biography

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