PREDICTION, PREVENTION AND TREATMENT

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The relevance of research

Therefore, a mandatory element in assessing the immediate results of treatment, as A.Zh. Petrikas, should be the identification of postoperative pain. Many authors admit that the determining factors in the development of post-filling pain are the methods used to prepare root canals, the nature of their medical treatment, the level of canal filling and the material of root fillings. There are many studies in this area, but they are not comprehensive. A.Yu. Turkina (2005) determined that an important factor in the appearance of pain after filling is the removal of sawdust of dentin into the periapical region with poor-quality instrumentation of the canal. The same author compared the “step-back” and “crown-down” preparation methods and proved that the “crown-down” method is the least conducive to pushing sawdust “beyond the apex”.

To prevent and combat post-filling pain, doctors use various methods available in each specific case. There are conflicting data in the literature about their effectiveness. In this regard, we considered it necessary to conduct an in-depth study of the causes of the development of post-filling pain, evaluate the effectiveness of its prevention and treatment, and develop a method for predicting.

Purpose of the study. Improving the efficiency of predicting, preventing and treating pain that occurs after endodontic dental treatment.

Endodontic treatment of teeth for pulpitis and periodontitis consisted in the treatment of a carious cavity or trepanation of the crown, opening the cavity of the tooth, searching for and expanding the orifices of the root canals, and examining the root canals.Instrumental processing of root canals was carried out by two methods - "step-back" and "crown-down". When preparing canals according to the “step-back” technique, K-reamers, K- and H-files were used. Fileling was used - longitudinal movement of the endodontic instrument with reciprocal rotation within 45° - 180°. The minimum channel expansion is ISO25, the maximum is ISO40. When preparing according to the “crown-down” technique, fully rotating instruments were used - profiles with a taper of 04, 06 and protapers - the only files that have a variable taper of the working part within one instrument. An electric micromotor with a rotation speed of 250- 400 rpm. The working length was determined by a diagnostic radiograph and by an electronic method using Lumen (Lithuania) and Foramatron (USA) apex locators. The final position of the master pin was controlled radiographically.

The canal system was filled with well-known Endometason sealers. ("Septodont"), "Eugedent" ("Rainbow-R"), "Guttasiler Plus" ("Omega"), "Seal-arex" ("Kegg") and standard gutta-percha pins by the method of lateral condensation using the "step- back". In the canals processed according to the “crown-down” method, the canal was filled with a sealer with a single gutta-percha pin corresponding to the taper of the last instrument, the profile. When preparing with protapers, a single taper pin 06 was used.

Pulpitis was treated by the method of vital (214 teeth) and devital pulpectomy (25 teeth). When performing the method of vital pulpectomy, infiltration or conduction anesthesia was used using modern carpool anesthetics based on articaine and lidocaine. To devitalize the pulp, the devitalizing paste "Arsenic" ("Omega") was used, which was applied to the opened pulp horn: in single-channel teeth - for 24 hours, in multi-channel teeth - for 48 hours.

In the presence of pain after filling, those that were not stopped by taking painkillers, the patients were recommended physiotherapy, taking into account possible contraindications. Procedures such as ASB (18 patients) and magneto-laser exposure with a semiconductor laser device "Uzor - 2K" (15 patients) were performed in the physiotherapy department. Some patients (9 people) received physiotherapy directly in the dentist's office, using a portable diode laser device from Geosoft.

The choice of methods of physiotherapeutic influence in our study was due to purely practical considerations, since these methods of treatment are the most accessible to practitioners and are most often used in practice. At the same time, we understand that the arsenal of physiotherapy methods is quite wide and the doctor, taking into account the individual characteristics of each patient, indications and contraindications, can choose other methods not involved in our work. The purpose of this fragment of the study was to show that the effectiveness of the methods of physiotherapy of post-filling pain is different and depends on the degree of its severity, as well as the individual characteristics of each patient.

CONCLUSIONS

According to the results of multivariate analysis of variance, among all the studied causes, the factor of the level of root canal filling has the greatest influence on the appearance of post-filling pain. At the same time, overfilling and underfilling of the root canal are equally unfavorable. In second place is the number of root canals in the tooth. Their interaction determines the appearance of pain by 48.53%.

Preventive use of injections of broad-spectrum antibiotics immediately after root canal filling and prediction of post-filling pain prevents its occurrence, but it has known limitations and should be used strictly individually, taking into account possible contraindications.

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