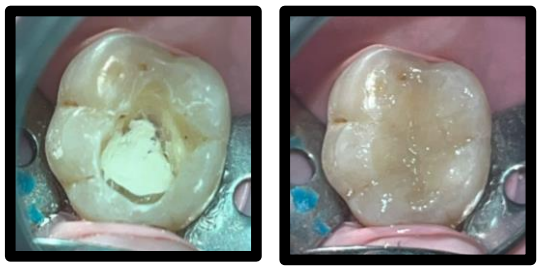
39th IACDE National Conference

Effect of Different Hemostatic and Disinfecting Agents in Partial Pulpotomy: A Case series

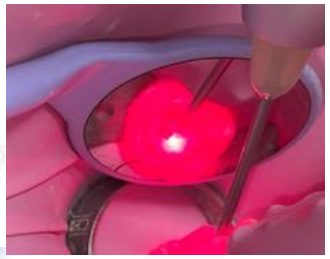
INTRODUCTION

Histopathological studies show that in irreversible pulpitis,inflammation is confined to the area near the exposure site, suggesting that removal of deeper tissue may be unnecessary. Thus, vital pulp therapy, including complete or partial pulpotomy, is emerging as a minimally invasive treatment for inflamed pulps.

Due to challenges in clinically assessing pulp inflammation, there is a risk of leaving residual infected tissue. Using an appropriate wound lavage agent can enhance partial pulpotomy outcomes



Four haemostatic agents used



DIODE LASER AT 1.5W FOR 10 SEC WITH FIBER DIAMETER 400µm

5.25% sodium hypochlorite

3% sodium hypochlorite

2% Chlorhexidine gluconate

REFERENCES:

1.Durmus B, Tanboga I. In vivo evaluation of the treatment outcome of pulpotomy in primary molars using diode laser, formocresol, and ferric sulphate. Photomed Laser Surg. 2014;32(5):289-95.

2. Qudeimat MA, Alyahya A, Hasan AA. Mineral trioxide aggregate pulpotomy for permanent molars with clinical signs indicative of irreversible pulpitis: a preliminary study.Int Endod J 2017;50(2):126–34