KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES

CONSERVATIVE DENTISTRY AND ENDODONTICS

May / 2026
(Month / Year)

Total no. of OPD patient for the month -

Details of major clinical procedure being performed–

S/n	OPD No.	Age / Gender	Major clinical procedure	Details
1	693512	20/F	Separated Instrument Retrieval with 46	Patient reported to the Department of Conservative Dentistry and Endodontics with the chief complaint of pain in the lower right posterior region. Clinical and radiographic examination of tooth 46 indicated irreversible pulpitis, and root canal treatment was initiated. During biomechanical preparation, a rotary instrument separated in the mesiobuccal canal. The patient was informed about the complication and treatment options. Retrieval of the separated instrument was planned under a Dental Operating Microscope (DOM). Using ultrasonic tips under magnification, staging platform preparation was performed and the fractured instrument was successfully retrieved. Cleaning, shaping, and obturation of all canals were subsequently completed. Postoperative radiograph confirmed satisfactory treatment outcome.
2	672476	44/M	Radix Entomolariswith 37	Patient reported to the Department of Conservative Dentistry and Endodontics with the chief complaint of pain in the lower left posterior region. Clinical examination and intraoral periapical radiograph of tooth 37 revealed the presence of an additional distolingual root, suggestive of Radix Entomolaris. After explaining the treatment plan, nonsurgical root canal treatment was initiated. Access cavity modification and magnification were used to identify the additional canal. Thorough cleaning and shaping of all canals were performed followed by obturation. Postoperative radiograph confirmed satisfactory obturation. The patient was asymptomatic on follow-up, and the tooth was restored with a permanent coronal restoration.
3	666059	21M	MB2 Canal in Maxillary Molar with 16	Patient reported to the Department of Conservative Dentistry and Endodontics with the chief complaint of pain in the upper right posterior region. Clinical and radiographic examination of tooth 16 indicated the need for root canal treatment. During access cavity preparation, the mesiobuccal second (MB2) canal was suspected based on pulpal floor anatomy. Under Dental Operating Microscope (DOM) magnification, careful exploration

				of the groove between MB1 and palatal canal was performed. The MB2 canal was successfully located and negotiated using small K-files. Working length determination, cleaning and shaping, and obturation of all canals were completed successfully. Postoperative radiograph showed satisfactory root canal treatment.
4	629200	34/F	PFM Crown preparation with 16	A patient reported to the OPD with a chief complaint of pain in the maxillary right posterior region. Clinical and radiographic examination indicated the need for endodontic treatment of tooth #16. Root canal treatment was completed, followed by post-obturation restoration. Subsequently, tooth preparation for a porcelain-fused-to-metal (PFM) crown was carried out to provide cuspal coverage and restore function. Final impression was made, and the tooth was planned for definitive PFM crown placement.
5	669198	21/F	Two canals in anterior teeth with 31,32	A patient reported to the OPD with a chief complaint of pain in the mandibular anterior region. Clinical and radiographic examination revealed a periapical radiolucency associated with teeth #31 and #32. Endodontic treatment was initiated with access opening and careful canal negotiation. Both teeth were found to exhibit two canals. Biomechanical preparation was performed, followed by placement of an intracanal calcium hydroxide dressing between appointments. At the subsequent visit, the canals were reassessed, cleaned, and obturated after resolution of symptoms. The treatment was completed with satisfactory obturation of all negotiated canals.
6	689216	67/F	Two canals in anterior teeth	A patient reported to the OPD with a chief complaint of pain in the mandibular anterior region. Clinical and radiographic examination revealed a periapical radiolucency associated with teeth #31, #32, and #33. Endodontic treatment was planned and initiated. Access opening and canal negotiation were performed, and tooth #33 was found to have two canals. Biomechanical preparation was carried out, followed by placement of an intracanal calcium hydroxide dressing. At the subsequent appointment, the canals were reassessed, cleaned, and obturated after resolution of symptoms. The treatment was completed with satisfactory obturation of all canals.
9	626541	34/F	Hemisection with 46	A patient reported to the OPD with a chief complaint of pain in the lower right posterior region. Clinical examination revealed deep occlusal caries in tooth #46. Radiographic evaluation showed a radiolucent lesion extending to the furcation area, predominantly involving the mesial root. Considering the extent of involvement, root canal treatment of tooth #46 was performed, followed by post-obturation restoration. Subsequently, hemisection of the mesial root was carried out, and the remaining distal segment was preserved and stabilized through splinting to adjacent teeth to restore function and maintain the tooth in the arch.
10	674497	55/M	Management of Apical Third Root Fracture in Non-Vital Teeth 31 and 41	A patient presented with a history of dental trauma involving mandibular central incisors, tooth numbers 31 and 41. Clinical examination revealed Grade I mobility in both teeth, while radiographic evaluation demonstrated an apical third root fracture. Vitality testing indicated loss of pulpal vitality, confirming a diagnosis of apical third root fracture associated with pulpal necrosis in teeth 31 and 41.

				Considering the non-vital status of the teeth and the presence of mobility, a conservative treatment approach was planned. Access Opening and biomechanical preparation Performed in both teeth up to the level of the fracture line to eliminate intracanal infection and promote periapical healing. Following endodontic therapy, stabilization was achieved using a semi-rigid splint extending from tooth number 35 to 45 to provide adequate immobilization of the fractured segments and facilitate periodontal ligament repair. The patient was advised regarding oral hygiene maintenance and scheduled for periodic clinical and radiographic follow-up. The treatment aimed to preserve the natural teeth, promote healing of the fractured root segments, reduce mobility, and restore function and esthetics.
11	667559	55/F	Root Amputation With Distobuccal Root Of 36	Patient had visited to the department with the chief complaint of pain in lower left back tooth region, patient was advised to take a RVG and according to RVG there was periapical radiolucency covering the whole root noticed in the distal root of 36, it was Radix entomolaris. Cbct was advised. Treatment options given to patient were 1) Root amputation with distobuccal root of 36 after completion of root canal treatment with 36 2) Extraction Patient opted for root amputation and the procedure was carried out under microscope. Root canal treatment was completed for tooth 36. Subsequently, under Dental Operating Microscope (DOM) magnification, a root amputation procedure was performed. A full-thickness mucoperiosteal flap was reflected to gain access to the affected root. The Radix Entomolaris root was carefully separated from the crown and remaining root structure using microsurgical techniques and atraumatic instrumentation, followed by complete removal of the diseased root. The surgical site was thoroughly debrided and irrigated, preserving the remaining tooth structure and supporting bone. The flap was repositioned and sutured.
12	672083	48/F	Guided endodontics with 11,21	Patient visited to the department on with the chief complaint of pain in upper front tooth region patient was advised to take a RVG and according to RVG there was periapical radiolucency covering the periapical region of 21 and 11, the teeth were calcified. Cbct was advised. Treatment options given to patient were 3) Guided endodontics followed by prosthesis with 21,11 4) Extraction followed by implant Patient opted for guided endodontics . A digital impression of both the arches was taken and sent to the lab along with CBCT DICOM file to create a customiseed endodontic guide.This guide was then used to gain access to the canal with 11,21 . A dental operating microscope was used for the same.
13	693599	20/F	Fiber Post and Core with 12	A patient presented with a severely damaged maxillary right lateral incisor (tooth no. 12) exhibiting extensive coronal tooth structure loss following endodontic treatment. Clinical and radiographic examination confirmed satisfactory root canal obturation with adequate periodontal support and absence of periapical pathology. Due to insufficient remaining coronal

				structure for direct restoration, a fiber post and composite core build-up were planned to enhance retention and support for the final prosthetic restoration. Post space preparation was performed by removing a portion of the root canal filling material while maintaining an adequate apical seal. A prefabricated fiber-reinforced post was selected, tried in, and cemented using resin cement according to the manufacturer's instructions. Subsequently, a composite resin core was fabricated to restore the lost coronal anatomy and provide a proper foundation for crown preparation. The procedure resulted in improved retention, stress distribution, and reinforcement of the endodontically treated tooth. The tooth was then prepared for definitive crown placement, restoring both esthetics and function.
14	695049	19/F	RCT with Bifid Premolar 45	Patient visited to department with complaint of pain presented with pulpal involvement requiring endodontic management. Clinical and radiographic examination revealed a bifid root morphology, an uncommon anatomical variation characterized by the presence of two distinct root canals. The patient reported symptoms suggestive of pulpal pathology, and diagnostic tests confirmed the need for root canal treatment. After administration of local anesthesia and rubber dam isolation, an access cavity was prepared. Careful exploration of the pulp chamber floor led to the identification of both canal orifices. Working lengths were determined using an electronic apex locator and confirmed radiographically. Biomechanical preparation was performed using endodontic files with copious irrigation using sodium hypochlorite and EDTA to ensure effective debridement and disinfection of the complex canal system. Following complete cleaning and shaping, both canals were obturated with gutta-percha and an appropriate root canal sealer using a standardized obturation technique. A postoperative radiograph confirmed satisfactory obturation of both canals. The tooth was subsequently restored to provide an adequate coronal seal and preserve function. The treatment outcome was favorable, with the patient remaining asymptomatic during follow-up.
15	677267	22/F	Root canal treatment with molarised premolar 14	Patient reported to the Department with the chief complaint of pain in the upper right back tooth region for the past one month. Clinical examination revealed deep dental caries associated with tooth 14. Radiographic examination demonstrated a radiolucent lesion involving the enamel, dentin, and pulp, suggestive of pulpal involvement and indicating the need for root canal treatment.Further evaluation using Cone Beam Computed Tomography (CBCT) was performed to assess the root canal anatomy and facilitate treatment planning. CBCT examination revealed a rare anatomical variation of a three-rooted maxillary first premolar, consisting of mesiobuccal, distobuccal, and palatal roots, each containing a separate root canal. This morphology is commonly referred to as a molarized premolar or mini-molar because of its resemblance to a maxillary molar. Endodontic treatment was subsequently planned and carried out under magnification, ensuring complete management of the complex root canal system and reducing the risk of missed canals.

16	642445	33/F	Fibre post and core treatment with 11,12	Patient reported to the Department with the chief complaint of pain in the upper front tooth region. Clinical examination revealed extensive loss of coronal tooth structure involving the affected anterior tooth. The tooth was symptomatic and showed signs suggestive of pulpal involvement.Radiographic examination revealed a radiolucent lesion involving the enamel, dentin, and pulp, indicating deep carious involvement with pulpal pathology. Based on the clinical and radiographic findings, the tooth was diagnosed as requiring root canal treatment (RCT).Considering the significant loss of tooth structure and the anticipated need for reinforcement of the remaining tooth, the patient was advised to undergo root canal treatment followed by post and core rehabilitation to restore structural integrity and provide adequate support for the final coronal restoration.The treatment plan was explained to the patient, and informed consent was obtained before proceeding with the endodontic and restorative procedures.tooth number is 11,12Case Description Patient Name: Jayshree Mohite Mrs. Jayshree Mohite reported to the Department with the chief complaint of pain in the upper front tooth region. Clinical examination revealed extensive destruction and loss of coronal tooth structure involving teeth 11 and 12. The affected teeth were tender and showed signs suggestive of pulpal involvement.Radiographic examination revealed deep radiolucent lesions involving the enamel, dentin, and pulp in relation to teeth 11 and 12, indicating advanced carious involvement with pulpal pathology. Based on the clinical and radiographic findings, root canal treatment was advised for both teeth.Considering the substantial loss of coronal tooth structure, it was determined that endodontic treatment alone would not provide adequate structural support for long-term function. Therefore, the patient was advised to undergo root canal treatment followed by post and core restoration to reinforce the remaining tooth structure and provide retention for the definitive coronal restoration. The treatment plan, prognosis, and available restorative options were explained to the patient, and informed consent was obtained prior to initiating treatment. The objective of treatment was to eliminate infection, preserve the natural teeth, and restore esthetics and function in the anterior region.
17	666520	28/F	Hemisection was performed in relation to 36 with extraction of the distal root	Hemisection procedure was performed in relation to tooth 36. Following administration of local anesthesia and flap reflection, the distal root was sectioned and surgically extracted while preserving the mesial root. The extraction socket was thoroughly curetted and irrigated. The retained mesial root was evaluated for periodontal and endodontic prognosis, followed by flap repositioning and suturing. Postoperative instructions and medications were provided, and the patient was scheduled for follow-up.
18	686685	18/M	Vertucci Type II (2-1) canal configuration identified in relation to 31 and 41	Root canal treatment was performed in relation to 31 and 41 exhibiting Vertucci Type II (2-1) canal configuration. Biomechanical preparation and obturation were completed, followed by post space preparation, fiber post cementation using dual-cure resin cement, composite core build-up, and postoperative radiographic evaluation."

19	683464	22/F	Vertucci Type II (2-1) canal configuration identified in relation to 45	A patient presented with pain and sensitivity in tooth number 45 (mandibular right second premolar), which was diagnosed with irreversible pulpitis and indicated for root canal treatment. Preoperative radiographic examination revealed the presence of two root canals, an anatomical variation that required careful assessment and treatment planning. Following administration of local anesthesia and rubber dam isolation, access cavity preparation was performed. Canal exploration confirmed the presence of two distinct canals. Working length determination was carried out using an electronic apex locator and confirmed radiographically. Biomechanical preparation was completed using hand and rotary instruments with copious irrigation using sodium hypochlorite and EDTA to ensure effective debridement and disinfection. The canals were dried and obturated three-dimensionally with gutta-percha and an endodontic sealer using an appropriate obturation technique. A postoperative radiograph confirmed satisfactory obturation of both canals up to the working length. The tooth was subsequently restored with a permanent coronal restoration to achieve an adequate coronal seal. The treatment resulted in resolution of symptoms and preservation of the tooth's function and esthetics

21/06/26.

Dr. Rushikesh R. Mahajanrale

HEAD OF THE DEPARTMENT

(Name, Sign, seal & Date)

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