

MODERN METHODS OF ROOT CANAL FILLING AND ITS IMPORTANCE

Ismailova Dilnoz Kurbanovna

Faculty of Medicine, International University of Asia, Uzbekistan.

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Abstract. High-quality filling of the root canal, on which the outcome of the disease depends, is the most responsible stage of endodontic treatment [1]. The purpose of root canal obturation of permanent teeth, according to the basic quality indicators of the European Endodontic Society (ESE) [2], is “to prevent the penetration of microorganisms and fluids along the root canal; to fill the entire canal system, obturating not only the periodontal exit area, but also the dentinal tubules and additional canals”, which implies the tightness of the root filling.

Keywords: endodontic treatment, anastomoses, entire canal system, dentin zone, intracanal, microorganisms, siler-gutta-percha, siler-glass ionomer.

СОВРЕМЕННЫЕ МЕТОДЫ ПЛОМБИРОВАНИЯ КОРНЕВЫХ КАНАЛОВ И ИХ ЗНАЧЕНИЕ

Аннотация. Качественное пломбирование корневого канала, от которого зависит исход заболевания, является наиболее ответственным этапом эндодонтического лечения [1]. Целью obturation корневых каналов постоянных зубов, согласно основным показателям качества Европейского эндодонтического общества (ESE) [2], является «предотвращение проникновения микроорганизмов и жидкостей по корневому каналу; запломбирование всей системы каналов, obturating не только выходной области периодонта, но и dentinных канальцев и дополнительных каналов», что подразумевает герметичность корневой пломбы.

Ключевые слова: эндодонтическое лечение, анастомозы, вся система каналов, dentинная зона, внутриканальный, микроорганизмы, силер-гуттаперча, силер-стеклоиономер.

The root canal system of a tooth can have a very complex morphology that often has a large number of lateral branches and anastomoses, especially in the apical part. Complete cleaning, shaping and sterilization of root canals is not possible in all cases. The morphological structure of the root canal is even more complex: from the center of the canal to the periphery it is represented by pulp tissue, a layer of odontoblasts, predentin, that is, the dentin zone, corresponding to the mineral composition of the concept of “dentin mineralization boundary”, and dentin with a complex tubular system of structure. The number of dentinal tubules varies from 20,000 to 40,000 per square millimeter, and the average diameter is between 1 and 4 microns.

In case of pulp death, dehydration of dentinal tubules occurs, leaving only tissue decay of odontoblast outgrowth in the lumen [3]. Authors [4,5] determined a regular relationship between the depth of root canal obturation and variants of their structure. Obturation to the level of 3/4 of the root canal length was combined with the presence of apical bend twice as often (31.9%) than with other variants of filling depth, which is one of the main causes of incomplete root canal obturation.

Analysis of the literature on root canal obturation [6,10-12] indicates that various methods of root canal filling with gutta-percha are used, allowing three-dimensional sealing of root canals, but currently the most common method of filling with cold lateral condensation [13]. Gutta-percha itself does not have the fluidity and adhesiveness that would allow it to guarantee sealing of the root canal. For this purpose, special paste-like materials - sizers (from the English word "seal") are used [14]. Moreover, intracanal sizers should provide long-term tightness of the root canal, prevent both the exit of the residual microflora from the dentinal tubules into the periodontium and the entry of microflora into the canal through the apical or mouth part of the canal. It is necessary to carry out special methods of sealing gutta-percha [15] to compensate for their disadvantages such as lack of adhesion to the root canal walls and inability to block microorganisms, preventing their multiplication or movement into the periapical area.

Despite the fact that gutta-percha satisfies most of the requirements for filling materials, numerous studies [16-18] have shown that root canal filling by lateral condensation often causes "microbial leakage", which leads to the need for repeated endodontic treatment. At the present stage, there is a tendency to abandon hardening pastes, cements, except glass ionomer cement, in favor of polymeric materials. Among physicians who perform manipulations for pulpitis and periodontitis treatment, there is a recently established opinion [19-21] that non-hardening and hardening pastes cannot be a root filling, in rare cases they are used in the form of sizers, as the role of the latter is performed by polymers (AH Plus, AH 26, Adseal, EndoREZ, etc.).

However, even with this technology, it is difficult to guarantee reliable adaptation of the canal filling material to the dentin of the tooth cavity, as there are multiple contacts in the areas of dentin-silver, silver-gutta-percha, silver-glass ionomer cement, gutta-percha-glass ionomer cement, glass ionomer cement-fillings. Such a variety of contacts should be reduced to avoid subsequent microleakage, as a result of which microbial toxins can penetrate through the root canal into the periapical tissues and the periodontium as a whole.

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