Average time in between appointments for multivisit pulpectomy in patients reported to a university dental hospital

M. Srinisha, Mahesh Ramakrishnan¹

Departments of Pediatric Dentistry and ¹Pedodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India

J. Adv. Pharm. Technol. Res.

ABSTRACT

Complete removal of the infected coronal and radicular pulp tissue along with obturation of the canal space with suitable medication is defined as pulpectomy. The most common indication for pulpectomy is a tooth with irreversible pulpitis which shows symptoms of nocturnal pain and abscess. To determine the average time in appointments for multivisit pulpectomy in patients reported to a university dental hospital. It is planned as a retrospective analysis of the case records of patients who were treated as two visit pulpectomy procedures in a university dental hospital, India. The study concluded that in the majority of the situations the average time in between appointments for multivisit pulpectomy was found to be within 1 week.

Key words: Innovative, multiple visit, pulpectomy, university hospital

INTRODUCTION

Most of the patients who report to dental clinics with infected pulp tissue and irreversible pulpitis are treated by pulpectomy procedures. It can be either a single sitting or multivisit pulpectomy. The treatment depends on the amount of infection and the corporate level of the child. In situations where there is a draining abscess then it is indicated for multivisit procedure.

The infected root canal is prepared biomechanically using a hand or rotary system, followed by copious irrigation with

Address for correspondence: Prof. Mahesh Ramakrishnan, Department of Pedodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600 077, Tamil Nadu, India. E-mail: maheshpedo@gmail.com

Submitted: 17-May-2022 Accepted: 17-Jul-2022 **Revised:** 22-Jun-2022 **Published:** 30-Nov-2022

Access this article online	
Quick Response Code:	Website:
	www.japtr.org
	DOI: 10.4103/japtr.japtr_391_22

root canal irrigants.^[1] Once the canal is clear of any microbial remnants, it is dried and packed with resorbable material till the apex. The absence of any signs of reinfection such as pain or mobility indicates successful endodontic therapy.

Multivisit endodontic procedure is commonly preferred compared to a single visit since the time frame helps in adequate healing of the periapical structures and complete elimination of bacterial load.^[2] The treatment stage for multivisit pulpectomy involves access opening and debridement in the initial sitting; the canals are placed with intracanal medicament for a certain period of time.^[2-5] In the follow-up appointment, once all the microbial infections have reduced, the canal is dried, and obturation is completed. Postendodontic restoration with an intact coronal seal is the factor that evaluates the long-term prognosis in pulpectomy procedures.^[6-9] Multivisit pulpectomy with various medications are also reported.^[10,11] Multivisit pulpectomy procedures have better success and less pain perception compared to single visits.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Srinisha M, Ramakrishnan M. Average time in between appointments for multivisit pulpectomy in patients reported to a university dental hospital. J Adv Pharm Technol Res 2022;13:S181-5.

^[12-18] The authors have many impact journals that have been translated into high-quality publications.^[19-38] Hence, to determine the average time in between appointments for multivisit pulpectomy in patients reported to a university dental hospital.

MATERIALS AND METHODS

Study designs and study setting

The retrospective analysis of case records in a private dental hospital. The children who visited in the time from January 2021 to December 2021 were included as a part of the study. (Ethical clearance approval number. SDC/SIHEC/2020/DIASDATA/0711-0320).

Sampling

Case records involving 727 pediatric patients were analyzed, and then, data were extracted. All pediatric patients who underwent multiple visit pulpectomy were included in the study. A simple random sampling methodology was used. Case records with incomplete case details were eliminated from the study.

Data collection

Single examiner who was calibrated and blindly examined all the records. Data obtained were age, gender, a tooth which underwent pulpectomy, and the time interval between the first and second visits. The data collected were entered into Excel format.

RESULTS AND DISCUSSION

Pulpectomy procedures are aimed at reducing a load of infected microorganisms inside the root canal chamber and promoting the healing of the periradicular tissue



Figure 1: Age distribution of the pediatric patients who underwent multiple visit pulpectomy. The common age group was found to be 6–10 years (52.54%)

takes place. It also eliminates the pain and discomfort for the children. Complete eradication of the infection can be done either in a single or multivisit procedure. Once the canal is cleared of infectious organisms, it is sealed with a resorbable material. Although biomedical preparation results in the elimination of microorganisms, the complete lack of infectious material is not possible in many situations.^[39] In multivisit pulpectomy procedures, the time frame between appointments plays an important role in elimination and healing^[40] and in permanent dentition, some studies indicate that calcium hydroxide dressing does not eliminate bacteria, and in some situations, it can favor increased bacterial load.^[41,42]

The most common age group of patients who underwent multiple visit pulpectomy was found to be 6–10 years (52.54%) [Figure 1]. The most common gender of patients who underwent multiple visit pulpectomy was found to be male (57.77%) [Figure 2]. The most common tooth which underwent multiple visit pulpectomy was found to be tooth number 54 (19.94%) [Figure 3]. The most common time interval between the first and second visit pulpectomy was found to be within 1 week (35.21%) [Figure 4]. According to a few studies, the second visit of multiple visit pulpectomy was done within 3–4 days which is in accordance with our study.^[6-9,43.49]

On the association between the age group and time interval between the first and second visit of multiple visit pulpectomy, it was found that 6–10 years of patients were recalled within 1 week (19.3%) [Figure 5]. On the association between the gender and time interval between the first and second visit of multiple visit pulpectomy, it was found that male patients were recalled at 1 week (20.9%) [Figure 6]. On the association between the tooth which underwent multiple visit pulpectomy and the time interval between the first and



Figure 2: Gender distribution of the pediatric patients who underwent multiple visit pulpectomy. The most common gender was male (57.77%)



Figure 3: Graph showing tooth which underwent multiple visit pulpectomy. The most common tooth which underwent multiple visit pulpectomy was found to be tooth number 54 (19.94%)



Figure 5: Age of the pediatric patients and time interval between the first and second visit of multiple visit pulpectomy. The blue bar denotes within 1 week, green denotes 1 week, and brown denotes more than 1 week. 6–10 years patients were recalled within 1 week (19.3%)

second visit of multiple visit pulpectomy, it was found that tooth number 54 has undergone multiple visit pulpectomy within 1 week (15.8%) [Figure 7].

CONCLUSION

The most common tooth which underwent multiple visit pulpectomy was found to be tooth number 54 (19.94%). The most common time interval between the first and second visit pulpectomy was found to be within 1 week (35.21%). The main significance of multivisit pulpectomy is that it helps in proper healing. Thus, multiple visit pulpectomy done within 1 week was common in university settings.



Figure 4: Time interval between the first and second visit of the multiple visit pulpectomy. The most common time interval was found to be within 1 week (35.21%)



Figure 6: Gender of the pediatric patients and time interval between the first and second visit of multiple visit pulpectomy. The blue bar denotes within 1 week, green denotes 1 week and brown denotes more than 1 week. Male patients were recalled at 1 week (20.9%)

Acknowledgments

Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Science, Saveetha University.

Financial support and sponsorship

The present study was supported by the following agencies

- Saveetha Dental College
- Saveetha Institute of Medical and Technical Sciences, Saveetha University
- Kumaran TV center and furniture, Attur, Salem.

Conflicts of interest

There are no conflicts of interest.



Figure 7: Shows the association between the tooth which underwent multiple visit pulpectomy and the time interval between the first and second visit of a multiple visit pulpectomy. The blue bar denotes within 1 week, green denotes 1 week, and brown denotes more than 1 week. Tooth number 54 has undergone multiple visit pulpectomy within 1 week (15.8%). However, there was a significant difference between the tooth which underwent multiple visit pulpectomy and the time interval between the first and second visit of multiple visit pulpectomy and the time interval between the first and second visit of multiple visit pulpectomy and the time interval between the first and second visit of multiple visit pulpectomy

REFERENCES

- Ratnasabapathy Y, Chi-Lun Lee A, Feigin V, Anderson C. Blood pressure lowering interventions for preventing dementia in patients with cerebrovascular disease (Protocol). Cochrane Database Syst Rev 20037(2):CD004130.
- Ozalp N, Saroğlu I, Sönmez H. Evaluation of various root canal filling materials in primary molar pulpectomies: An *in vivo* study. Am J Dent 2005;18:347-50.
- Hargreaves KM. Single-visit more effective than multiple-visit root canal treatment? Evid Based Dent 2006;7:13-4.
- Sathorn C, Parashos P, Messer HH. Effectiveness of single- versus multiple-visit endodontic treatment of teeth with apical periodontitis: A systematic review and meta-analysis. Int Endod J 2005;38:347-55.
- Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M, et al. Preferred reporting items for systematic review and metaanalysis protocols (PRISMA-P) 2015 statement. Syst Rev 2015;4:1.
- Trope M, Delano EO, Orstavik D. Endodontic treatment of teeth with apical periodontitis: Single vs. multivisit treatment. J Endod 1999;25:345-50.
- Albashaireh ZS, Alnegrish AS. Postobturation pain after single- and multiple-visit endodontic therapy. A prospective study. J Dent 1998;26:227-32.
- DiRenzo A, Gresla T, Johnson BR, Rogers M, Tucker D, BeGole EA. Postoperative pain after 1- and 2-visit root canal therapy. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2002;93:605-10.
- Ghoddusi J, Javidi M, Zarrabi MH, Bagheri H. Flare-ups incidence and severity after using calcium hydroxide as intracanal dressing. Y State Dent J 2006;72:24-8.
- Al-Negrish AR, Habahbeh R. Flare up rate related to root canal treatment of asymptomatic pulpally necrotic central incisor teeth

in patients attending a military hospital. J Dent 2006;34:635-40.

- 11. Peters OA, Barbakow F, Peters CI. An analysis of endodontic treatment with three nickel-titanium rotary root canal preparation techniques. Int Endod J 2004;37:849-59.
- 12. Mortazavi M, Mesbahi M. Comparison of zinc oxide and eugenol, and Vitapex for root canal treatment of necrotic primary teeth. Int J Paediatr Dent 2004;14:417-24.
- Rabinowitch BZ. Pulp management in primary teeth. Oral Surg Oral Med Oral Pathol 1953;6:671-6.
- 14. Spedding RH. Root canal treatments for primary teeth. Dent Clin North Am 1973;17:105-24.
- Cartwright HV, Bevans JL. Management of two abscessed primary molars in a four-year-old child: Report of interesting case. ASDC J Dent Child 1970;37:230-2.
- 16. Rifkin A. Simple, effective, safe technique for the root canal treatment of abscessed primary teeth. ASDC J Dent Child 1980;47:435-41.
- Nakornchai S, Banditsing P, Visetratana N. Clinical evaluation of 3Mix and Vitapex as treatment options for pulpally involved primary molars. Int J Paediatr Dent 2010;20:214-21.
- Chen XX, Lin BC, Zhong J, Ge LH. Degradation evaluation and success of pulpectomy with a modified primary root canal filling in primary molars. Beijing Da Xue Xue Bao 2015;47:529-35.
- Rubika J, Felicita AS, Sivambiga V. Gonial angle as an indicator for the Prediction of Growth Pattern. World J Dent 2015;6:161-3.
- Subashri A, Thenmozhi MS. Occipital emissary foramina in human adult skull and their clinical implications. Res J Pharm Technol 2016;9:716.
- Anbu RT, Suresh V, Gounder R, Kannan A. Comparison of the efficacy of three different bone regeneration materials: An animal study. Eur J Dent 2019;13:22-8.
- Nandhini JS, Thaslima Nandhini JS, Yuvaraj Babu K, Mohanraj KG. Size, shape, prominence and localization of Gerdy's tubercle in dry human tibial bones. Res J Pharm Technol 2018;11:3604.
- Viswanath A, Ramamurthy J, Dinesh SP, Srinivas A. Obstructive sleep apnea: Awakening the hidden truth. Niger J Clin Pract 2015;18:1-7.
- Dinesh SP, Arun AV, Sundari KK, Samantha C, Ambika K. An indigenously designed apparatus for measuring orthodontic force. Clin Diagn Res 2013;7:2623-6.
- Varghese SS, Thomas H, Jayakumar ND, Sankari M, Lakshmanan R. Estimation of salivary tumor necrosis factor-alpha in chronic and aggressive periodontitis patients. Contemp Clin Dent 2015;6:S152-6.
- Priyanka S, Kaarthikeyan G, Nadathur JD, Mohanraj A, Kavarthapu A. Detection of cytomegalovirus, Epstein-Barr virus, and Torque Teno virus in subgingival and atheromatous plaques of cardiac patients with chronic periodontitis. J Indian Soc Periodontol 2017;21:456-60.
- Panda S, Jayakumar ND, Sankari M, Varghese SS, Kumar DS. Platelet rich fibrin and xenograft in treatment of intrabony defect. Contemp Clin Dent 2014;5:550-4.
- Kamisetty SK, Verma JK, Arun J, Sundari S, Chandrasekhar S, Kumar A. SBS vs. inhouse recycling methods - An *in vitro* evaluation. J Clin Diagn Res 2015;9:C04-8.
- Rajagopal R, Padmanabhan S, Gnanamani J. A comparison of shear bond strength and debonding characteristics of conventional, moisture-insensitive, and self-etching primers *in vitro*. Angle Orthod 2004;74:264-8.
- Sahu D, Kannan GM, Vijayaraghavan R. Carbon black particle exhibits size dependent toxicity in human monocytes. Int J Inflam 2014;2014:827019.
- 31. Jose J, Ajitha P, Subbaiyan H. Different treatment modalities followed by dental practitioners for Ellis class 2 fracture A

Questionnaire-based Survey. Open Dent J 2020;14:59-65.

- 32. Patil SB, Durairaj D, Suresh Kumar G, Karthikeyan D, Pradeep D. Comparison of extended nasolabial flap versus buccal fat pad graft in the surgical management of oral submucous fibrosis: A prospective pilot study. J Maxillofac Oral Surg 2017;16:312-21.
- 33. Vijayakumar Jain S, Muthusekhar MR, Baig MF, Senthilnathan P, Loganathan S, Abdul Wahab PU, *et al.* Evaluation of threedimensional changes in pharyngeal airway following isolated lefort one osteotomy for the correction of vertical maxillary excess: A prospective study. J Maxillofac Oral Surg 2019;18:139-46.
- 34. Kumar SP, Praveen Kumar S, Smiline Girija AS, Vijayashree Priyadharsini J. Targeting NM23-H1-mediated Inhibition of Tumour Metastasis in Viral Hepatitis with Bioactive Compounds from Ganoderma lucidum: A computational study. Indian J Pharm Sci 2020;82(2):300-305. Available from: http://dx.doi.org/10.36468/ pharmaceutical-sciences. 650. Accessed on 1st May 2022.
- 35. Prasad SV, Vishnu Prasad S, Kumar M, Ramakrishnan M, Ravikumar D. Report on oral health status and treatment needs of 5-15 years old children with sensory deficits in Chennai, India. Spec Care Dent 2018;38:58-9.
- 36. Eapen BV, Baig MF, Avinash S. An assessment of the incidence of prolonged postoperative bleeding after dental extraction among patients on uninterrupted low dose aspirin therapy and to evaluate the need to stop such medication prior to dental extractions. J Maxillofac Oral Surg 2017;16:48-52.
- 37. Krishnamurthy A, Sherlin HJ, Ramalingam K, Natesan A, Premkumar P, Ramani P, *et al.* Glandular odontogenic cyst: Report of two cases and review of literature. Head Neck Pathol 2009;3:153-8.
- Abdul Wahab PU, Senthil Nathan P, Madhulaxmi M, Muthusekhar MR, Loong SC, Abhinav RP. Risk factors for postoperative infection following single piece osteotomy. J Maxillofac Oral Surg 2017;16:328-32.
- Gutmann JL. Clinical, radiographic, and histologic perspectives on success and failure in endodontics. Dent Clin North Am 1992;36:379-92.

- 40. Faria G, Nelson-Filho P, Freitas AC de, Assed S, Ito IY. Antibacterial effect of root canal preparation and calcium hydroxide paste (Calen) intracanal dressing in primary teeth with apical periodontitis. J Appl Oral Sci 2005;13:351-5.
- Kvist T, Molander A, Dahlén G, Reit C. Microbiological evaluation of one- and two-visit endodontic treatment of teeth with apical periodontitis: A randomized, clinical trial. J Endod 2004;30:572-6.
- Orstavik D, Kerekes K, Molven O. Effects of extensive apical reaming and calcium hydroxide dressing on bacterial infection during treatment of apical periodontitis: A pilot study. Int Endod J 1991;24:1-7.
- 43. de Souza CA, Teles RP, Souto R, Chaves MA, Colombo AP. Endodontic therapy associated with calcium hydroxide as an intracanal dressing: microbiologic evaluation by the checkerboard DNA-DNA hybridization technique. J Endod 2005;31:79-83.
- 44. Bystrom A, Sundqvist G. The antibacterial action of sodium hypochlorite and EDTA in 60 cases of endodontic therapy. Int Endod J 1985;18:35-40.
- 45. Rodrigues HH, Biffi JC. A histobacteriological assessment of nonvital teeth after ultrasonic root canal instrumentation. Endod Dent Traumatol 1989;5:182-7.
- 46. Ito IY, Junior FM, Paula-Silva FW, Da Silva LA, Leonardo MR, Nelson-Filho P. Microbial culture and checkerboard DNA-DNA hybridization assessment of bacteria in root canals of primary teeth pre- and post-endodontic therapy with a calcium hydroxide/ chlorhexidine paste. Int J Paediatr Dent 2011;21:353-60.
- 47. Sjögren U, Figdor D, Persson S, Sundqvist G. Influence of infection at the time of root filling on the outcome of endodontic treatment of teeth with apical periodontitis. Int Endod J 1997;30:297-306.
- Weiger R, Rosendahl R, Löst C. Influence of calcium hydroxide intracanal dressings on the prognosis of teeth with endodontically induced periapical lesions. Int Endod J 2000;33:219-26.
- Sruthi MA, Mani G, Ramakrishnan M, Selvaraj J. Dental caries as a source of Helicobacter pylori infection in children. Int J Paediatr Dent 2022. doi: 10.1111/ipd.13017. Online ahead of print.