

PULPAL CURETTAGE, A CONSERVATIVE TECHNIQUE

Mace

Mace always took good care of his teeth.

He wanted the best dentistry money could buy,

and when restorations were necessary, he preferred gold.

When removing caries from Mace's maxillary right cuspid (#6), I was surprised to find a pulpal exposure. In this instance, many dentists would automatically perform root canal therapy; however, this is a perfect case for a more conservative approach. In less than ten minutes I performed a pulpal curettage, placed Pulpdent Paste as the pulpal dressing, and sealed it with a hard base.

This case goes back to 1962, and at the time I placed a restoration of self-curing resin. In 1980 I decided to replace the restoration using modern materials. I cleaned out the old self-curing resin and took a radiograph that shows the "new" dentin bridge formation at the amputation site (*M1*).

I love this curettage procedure. It is a quick, one-visit procedure, the success rate is very high, and it saves the patient a lot of heartache and considerable expense.

How lucky can a dentist get! Mace came to my office on election day, November 7, 2000. He was having slight discomfort on his left side, so he came into town to have his teeth checked. I examined him clinically and reviewed the radiographs that he brought me from his periodontist, but I was unable to identify a problem. I told Mace that his case was going to be in my book, and I asked if I could take another radiograph of his maxillary right cuspid. *Figure M2* is the radiograph taken thirty-eight years and one day following pulpal curettage. Note the density of the dentin bridge and the still patent root canal.



Figure M1
Shows dentin bridge eighteen years following pulpal curettage.



Figure M2
Mace's cuspid thirty-eight years following pulpal curettage.