



HSCE welcomes pioneering new treatment for young patients

August 2013 – for immediate release

Regenerative Endodontics, a new treatment for saving the teeth of adolescents, is likely to enter the dental mainstream, predicts Julian Webber of Harley Street Centre for Endodontics. He has welcomed the new procedure which potentially allows endodontists to save immature posterior and anterior teeth without the need for conventional root canal treatment.

Julian explains: “Regenerative Endodontics stimulates a matrix of “new pulp” within the root canal space which then leads to continued development of the root. The treatment involves first disinfecting the canal to eliminate infection and then stimulating bleeding from the apical region so the canal is filled with blood. The ensuing blood clot contains the building blocks and stem cells of new pulp with a rich network of nerves and blood vessels, allowing the tooth to keep developing.”

A treatment for adolescents between the ages of 7 and 16, it’s estimated that 25% of children sustain damage to a front tooth. Said Julian: “Children still have accidents, both on and off the sports field, and despite mouthguards being more prevalent, they damage or knock out a tooth. Traumatic injuries to immature, undeveloped teeth represent a considerable challenge to the endodontist with many teeth lost over time.”

Julian is already treating a nine-year-old boy using the new procedure in order to save one of his front teeth. He commented: “The attraction is that the treatment can be completed in only 2 visits, spaced 4-6 weeks apart. It stimulates root end closure over time but, more importantly, root development continues to occur which narrows down the root canal space, maintaining the natural strength of the tooth.”

This is in contrast to the traditional apexification approach which involves using calcium hydroxide to create a seal at the end of the immature root so that it could be filled. The drawback of this technique is that it can take 18 months for the seal to form and once the root is filled, the tooth will not develop. More recently, MTA has been introduced as a material which will form a seal in a single visit. However, with both materials, the dentin wall of the root remains thin and fragile and the long-term health of the tooth is uncertain.

Said Julian: “What’s exciting about Regenerative Endodontics is that it harnesses the body’s natural tendency to protect and heal itself by forming a blood clot. I’m confident that it will extend the role of the endodontist in helping our young patients.”

Currently there is research underway at Liverpool University (1), due to complete next year, which is comparing the regenerative approach with the apexification procedure. Meanwhile, the American Association of Endodontists (AAE) has issued a position statement which makes Regenerative Endodontics within the scope of practice of endodontics.

Julian concluded: “This in its early stages but it’s very promising that the re-growth of healthy pulp in teeth can reverse the damage caused by a childhood accident without the need for root canal treatment.”

Note to editors

1. An outline of the research being carried out at Liverpool can be found here:
<http://clinicaltrials.gov/ct2/show/NCT01817413>

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