



# Advanced Endodontics

Repairing and restoring function • Preserving and renewing smiles

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## Diagnosis Definitions

### Pulpal Dx:

Reversible Pulpitis: The pulp is inflamed to the extent that thermal stimuli (usually cold) cause a quick, sharp, hypersensitive response that subsides as soon as the stimulus is removed. Otherwise, the pulp remains asymptomatic.

Asymptomatic Irreversible Pulpitis: Characterized by little to no discomfort. Usually seen due to caries or trauma.

Symptomatic Irreversible Pulpitis: Characterized by spontaneous (unprovoked) intermittent or continuous pain. Sudden temp changes can elicit lingering pain. It is generally moderate to severe, sharp or dull, localized or referred. Thickening of the PDL may be seen in advanced stages.

Pulpal Necrosis: Death of the pulp due to an untreated irreversible pulpitis or trauma. May be partial or total. Partial will show some symptoms of irreversible pulpitis in a multi-rooted tooth. Total necrosis is asymptomatic until it reaches the apex and there is no response to thermal or electric pulp tests. In anterior teeth, the tooth may discolor.

Previous RCT: Root canal treatment completed

Previously Initiated Therapy: Root canal treatment has been started but not completed

### Periradicular Dx:

Periradicular Normal: No discomfort to biting, pressure, or percussion. The x-ray shows no evidence of a thickened PDL or radiolucency.

Asymptomatic Apical Periodontitis = asymptomatic with a periapical radiolucency. The result of bacteria in a necrotic pulp which moves down into the periapical area causing a breakdown of the bone.

Symptomatic Apical Periodontitis = painful inflammation around the root/apex characterized by discomfort to biting, pressure and percussion. It can be the result of extension of pulpal disease into the periapical tissue, an overextension of endo materials, or occlusal trauma such as grinding/clenching. It can be seen in vital and nonvital teeth.

Acute Apical Abscess = painful, exudate (pus) around the apex as a result of acute periradicular periodontitis from a necrotic tooth. The x-ray may or may not show a thickened PDL or radiolucency. Usually rapid onset of slight to severe swelling, moderate to severe pain, and a slight increase in tooth mobility is seen.

Chronic Apical Abscess = asymptomatic with signs of exudate (pus). Normally it is characterized by a draining or closed sinus tract.