

Endodontic Flare Up a Nightmare for the Patient and Dentist

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The aim of endodontic treatment is biomechanical preparation of the root canal and to hermetically seal it with no discomfort to the patient which provides a favorable conditions for the peri-radicular tissues to heal [1-3].

A flare-up can be defined as pain and/or swelling of the facial soft tissues and the oral mucosa in the area of the endodontically treated tooth that occur within a few hours or a few days following the root canal treatment that represent frequent complications which are disturbing to both patients and clinicians and one from the most common endodontic emergencies [1,4]. The flare-up rate after endodontic treatment is 1.4 - 16%, it has higher prevalence of flare up in patients between the ages of 40 and 60 and appeared in female more than male despite there are no conclusive evidence to prove this claim.

The symptoms of flare-up are pain and/or swelling following initial debridement of the root canals or after obturation, tooth pain when biting, chewing or spontaneous pain, that pain arise in different intensities these variations depend on severity of the patient's pre-operative pathosis, signs and symptoms [1,4,5]. This condition occurred when the periradicular tissues are damaged during root canal instrumentation and chemomechanical debridement that lead to extrusion of infected debris from apical foramen to periradicular tissues and acute inflammatory response that mean there is breaching of balance between infectious microflora and defensive mechanisms of human immune system in the periodontal tissues in chronic asymptomatic pulpal conditions. Also it can be occurred due to chemical irritation from Irrigation solutions, intracanal medicaments, root fillings and substances [1,6,7].

There is a correlation between the pulpal status of the tooth and flare-up following endodontic treatment [8-10]. It was shown the low prevalence of flare-up which is directly related to the preoperative status of the tooth. The teeth with normal or inflamed pulp usually do not develop flare-up which developed in the asymptomatic chronic pulpal conditions where is the maximum number of flare-ups were seen in asymptomatic irreversible pulpitis followed by necrotic pulp with periapical lesion and without periapical lesion [8,11].

There are many risk factors should be taken in account can cause flare-up such as; s demographics, general state of health, condition of the pulp and apical periodontal tissue, clinical symptoms, tooth which is being treated and those are related to the therapeutic procedures that are one and/or several visits during the treatment, primary endodontic treatment/retreatment and intracanal medicaments [1,9].

The flare-up is unhappy event to the patient and the dentist. The correct diagnosis of the pulpal status and the awareness of the risk factors that increase the incidence of this complication play the major role of flare-up prevention.

Conflict of Interest

The author has no conflict of interest.

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