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Endodontic Postoperative Pain: Etiology, Predisposing Factors and Management

Peyman Mehrvarzfar¹

1- Associate Professor, Department of Endodontics, School of Dentistry, Islamic Azad University of Tehran

Control or elimination of postoperative pain is considered as one of the most important challenges in endodontics. Post-operative pain or flare-up is defined as an acute exacerbation of a periapical inflammation and/or infection after initiation of or during endodontic treatment. The prevalence of postoperative pain ranged from 3% to 58% based on different reports. Relatively a higher percentage of patients experienced a moderate to severe pain during the first 2 days after obturation and then dropped substantially within 7day of treatment. It is interesting to note that postoperative pain is more frequent in apprehensive patients. This pain is an undesirable event for patients and clinicians, leading to patients 'anxiety and noncooperation, a challenging attitude against clinician's skills and even extraction of the involved tooth in future.

The etiology of postoperative pain is usually multi-factorial. Various causes including initial pathological pulp or periapical status, incomplete preparation and cleaning of inflamed ,necrotic tissues or microorganisms and by-products may contribute to the initiation or exacerbation of periapical inflammation and releasing many pain mediators .On the other hand, mechanical instrumentation and chemical irrigation or overfilling of obturating materials may directly cause injury to the periradicular tissues or indirectly extrude irritants and intensify inflammation.

In fact, one of the most basic approaches to prevent and alleviate this type of pain is the knowledge of the predisposing factors, including initial pathological pulp or periapical status, retreatment of failed root canal therapy, methods and materials used during endodontic therapy, one or multiple visits, coronal seal or occlusion of temporary or permanent restorations, etc. Surely, it needs an immediate diagnosis and management. The management of this endodontic emergency is based on a new debridement and canal irrigation or using intracanal dressing, if canal is not yet filled, and /or pharmacotherapy. Pharmacotherapy could be divided to the usage of analgesics, steroids and antibiotics. Each has specific application, indications, contraindications and side effects. Effective pain management has a key role in this situation. Nowadays a combination of an NSAIDS (such as Ibuprofen) with acetaminophen has shown as an effective regime to control moderate to severe postoperative endodontic pain. However, some challenges are still remained in some cases which needed the application of stronger anti-inflammatory drugs .Antibiotics are indicated when signs and symptoms suggesting an acute infection of periradicular tissues, and for patients who are immunologically compromised. Nowadays, pre-emptive pharmacotherapy using traditional NSAIDS such as Ibuprofen or new generations of these agents, like Oxicams is suggested to be successful before treatment. In addition, local administration (infiltration or intraligamentary) of low dose of corticosteroids in tooth with symptomatic irreversible pulpitis has been promising. Therefore, it is vital to differentiate between symptomatic and etiological effects of these drugs and try to take advantage of their maximal benefits, besides their minimal side effects in our patients.

In this lecture, the aim is to elaborate the etiological and predisposing factors of postoperative pain and modern pharmacological approaches to alleviate this endodontic emergency.

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