# A permanent attempt to make endodontics easy and clear

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I graduated in Dental Medicine in 2001 at the Instituto de Ciências da Saúde – Sul and completed my masters in endodontics at Universidade Internacional da Catalunha in 2004. I have worked at MALO CLINIC's endodontics department since 2001 and during the past 15 years, I have been exclusively dedicated to endodontics. I think if there is any peculiarity in my personality that can be highlighted, it would be my permanent attempt to make things easy and clear, because this is the way to success.

As most of my colleagues know, the goal of endodontics is three-dimensional sealing as well as periodontal health, the absence of symptoms and the restoration of functional capacity. Very briefly, proper instrumentation easily opens the way and creates the necessary space so that the various irrigation techniques can reach where we wish in order to achieve the results we want. The better the instrumentation, the greater the amount of irrigant remains, for a longer period, in the channel system. Obturation is the last pillar of endodontics and it is as important as instrumentation and irrigation, because it is at this stage, by using several techniques and materials, that we seal and prevent infiltration in order to achieve the result we want: treatment longevity.

Endodontics is for me the most fascinating area of dental medicine. I often say that it is my spiritual retreat. It is the place where I feel quiet, always waiting for a new challenge. For example, the case of the twelve-year-old boy with a dens in dente was very

demanding for me at the time. I was finishing up my masters degree and the case was much more difficult than the average one. It presented a type II morphology (according to Oehlers' classification) with communication—which exponentially increases difficulty—and a totally open apex. I planned an apexification with MTA and in order to have access to the whole apex I had to enlarge the apical foramen of invagination to completely seal the entire apex. The next step was to obturate the invagination, also with MTA.

As I moved forward with my professional career, I choose to focus on one-session and one-hour appointments. The reason why I prefer this is that it is better for both the patient and for me. It is better for the patient because the problem is solved in one go. It's better for me because I avoid the loss of reference with the most difficult root canals. In one session, the risk of infiltration decreases as well as the risk of tooth fracture. Only in very specific cases, or in cases with a very high level of difficulty, I opt for two appointments.

Many of my colleagues have continued to do conventional preparation while I have been working with rotary and reciprocating instruments, as well as endodontic motors. The qualitative evolution of systems and endodontic motors over the last few years has made it almost mandatory to use these new materials. In fact, they save instrumentation time and make the doctor's performance easier and safer. The possibility of choosing between a rotating and a reciprocal system is an advantage. I prefer the reciprocating system, because I think it offers me more security.

## RECIPROC® *blue*: Instrumentation has never been so fast, safe and easy

Some months ago, I started working with RECIPROC® *blue*. I was pleasantly surprised with its flexibility and ductility as well as its high cyclic fatigue resistance and low flexural resistance, which decreases the possibility of fracture in cases with more pronounced curvatures.

RECIPROC® *blue* is able to alter its structural behaviour with temperature and stress, changing from austenitic phase to martensitic phase to become more ductile and adapting better to the channel when the stress increases. This is a great advantage compared to the competition. In my opinion, the greatest justification for using RECIPROC® *blue* is that we leave behind the use of a set of mechanical files and start using only one. The applied pressure has to, however, be lower as this new file behaves differently.

RECIPROC® *blue* is an excellent option to be used in cases where access is very limited because it has the advantage of being able to undergo deformation without the risk of breaking. In addition, it can also be used for passing a ledge or a block.

Naturally, your specific technique always depends on the root canal you are dealing with. In most cases I directly use RECIPROC® *blue* up to the middle third and then the C-PILOT files for the glide path and the endodontic length. This technique allows the treating of 70 – 80% of the cases. In the remaining situations, I use different approaches until I get a glide path that allows me to use RECIPROC® *blue*. However, it is not possible to establish a modus operandi given the wide variety of cases.

In summary, I must say that RECIPROC® blue's unique file concept with enormous flexibility, resistance to fracture, resistance to cyclic fatigue and good cutting capacity puts it at a high level of quality. Instrumentation has never been so fast, safe and easy.