

LISTA CU MATERIALE ENDODONTICE DE PE PIAȚA ROMÂNESCĂ CONTRAINDICATE A FI FOLOSITE DE CĂTRE AAE (American Association of Endodontists) ȘI ESE (European Society of Endodontology)

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Consensus report of the European Society of Endodontology on quality guidelines for endodontic treatment

EUROPEAN SOCIETY OF ENDODONTOLOGY

6.7. Interappointment disinfection

This should be used in addition to proper cleaning and irrigation between visits to prevent growth and multiplication of micro-organisms left in the canal system despite careful cleaning. This may not be necessary after pulpectomy and root canal preparation.

An effective temporary restoration is essential to prevent contamination of the canal system between visits.

The requirements of an interappointment disinfectant are: disinfectant action; non-irritating to periradicular tissues; no systemic effect; easily and completely removable; and not damaging to tooth structure or the restorative material.

In general, preference is given to materials that are inorganic, do not bind to proteins and/or do not act as immunogens. Disinfectants based on organic solutions containing phenols or aldehydes are therefore not recommended.

CRESOPHENE SEPTODONT

COMPOZITIE:

Dexametazona baza: 0.10%;
Paraclor**fenol**: 30.00%;
Timol: 5.00%;
Camfor: 64.90%.



ROCKLE'S 4 SEPTODONT

COMPOZITIE:

Dexametazona acetat.....0.138g;
Fenol.....45.285g;
Gaiacol.....6.790g.
Excipienti: glicerol, amid acetat, apa.



TRICREZOL FORMALIN

COMPOZITIE:

TRICREZOL 35%,
FORM**ALDEHIDA** 19%,
EXCIPIENTI PINA LA 100%



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6.8. Obturation of the root canal system

The objectives are: to prevent the passage of microorganisms and fluid along the root canal; and to fill the whole canal system, not only to block the portals of exit to the periapex but also the dentinal tubules and accessory canals.

The requirements for materials used to obturate the root canal system are: biocompatibility, dimensionally stable, capable of sealing, unaffected by tissue fluids and insoluble, not enhancing bacterial growth, radiopaque, (easily) removable from the canal.

Techniques. The objective of any technique used should be to apply a biocompatible hermetically sealing canal filling that obturates the prepared canal space from pulp chamber just to its apical termination.

The root canal filling should be mainly made up of a (semi-) solid material in combination with a root canal sealer to fill the voids between the (semi-) solid material and root canal wall. Sealers containing organic materials such as aldehydes are not recommended.



AAE POSITION STATEMENT

AAE members may photocopy this statement for distribution to patients or referring dentists.

CONCERNING PARAFORMALDEHYDE-CONTAINING ENDODONTIC FILLING MATERIALS AND SEALERS

The American Association of Endodontists (AAE) is dedicated to maintaining the highest quality of care in the practice of endodontics. As part of that dedication, the AAE actively supports the use of safe and effective materials in connection with root canal treatment. The AAE recognizes that legitimate differences of professional opinion may exist as to the "safest" or "most effective" material for a specific patient or specific circumstances. In recognition of those legitimate differences of professional opinion, the AAE does not endorse the use of specific materials. However, the AAE does recommend **against** the use of paraformaldehyde-containing materials as they have proven to be both unsafe and ineffective.

Paraformaldehyde-containing endodontic filling materials or sealers (frequently known as Sargenti pastes, N-2, N-2 Universal, RC-2B or RC-2B White) should not be used for endodontic treatment because those materials are unsafe. Extensive scientific research has proven unequivocally that paraformaldehyde-containing filling materials and sealers can cause irreversible damage to tissues near the root canal system including the following: destruction of connective tissue and bone; intractable pain; paresthesia and dyesthesia of the mandibular and maxillary nerves; and chronic infections of the maxillary sinus. Moreover, scientific evidence has demonstrated that the damage from paraformaldehyde-containing filling materials and sealers is not necessarily confined to tissues near the root canal. The active ingredients of these filling materials and sealers have been found to travel throughout the body and have been shown to infiltrate the blood, lymph nodes, adrenal glands, kidney, spleen, liver and brain.

Public health concerns and litigation have made the AAE aware of a significant number of patients who have suffered injuries as a result of treatment with paraformaldehyde-containing filling materials and sealers. Undoubtedly, there are many other patients who have also suffered injuries because of these materials, but whose injuries have not been publicly disclosed.

Safe and effective root canal filling materials and sealers are available. In light of the availability of safe and effective alternatives, the American Association of Endodontists recommends against the use of paraformaldehyde-containing filling materials or sealers because the use of such is below the standard of care for endodontic treatment.

ENDOMETHASONE

COMPOZITIE:

Pudra:

Dexametazona: 0.01g;

Hidrocortizon acetat: 1,00g;

Timol: 25,00g;

Paraformadehida: 2,20g;

Excipient radioopac q.s: 0.100g.

Lichid:

Eugenol: 91ml;

Mentol q.s. Ad: 100ml.



FORFENAN SEPTODONT

COMPOZITIE:

Pudra:

Enoxolone.....1.00g;

Sulfat de bari.....49.00g;

Excipient q.s.ad.....100.00g .

Lichid de tratament:

Formadelhida solutie 35%.....80.00g;

Excipient q.s.ad.....100.00g.

Lichid de priza:

Resorcinol.....25.00g;

Acid hidrocloric.....13.00g;

Excipient q.s.ad.....100.00g.

