COMPLICATIONS OF RADIOGRAPHS OF MAXILLARY ANTERIOR TEETH FOR ENDODONTIC TREATMENT IN INDIVIDUALS WITH COMPLETE UNILATERAL CLEFT LIP AND PALATE

Sávio Brandelero Junior, Daniela Alejandra Cusicanqui Mendez, Lidiane de Castro Pinto and Gisele da Silva Dalben

Objectives: The particular anatomy of the palate in these individuals, after reconstructive surgeries, represents a challenge for correct positioning of radiographic films, requiring technical modifications. Endodontics is a dental specialty that requires the achievement of several radiographs during treatment, which should be accurate and without distortions, to allow correct root canal instrumentation and obturation at the proper working length. This study assessed the complications observed during radiography in individuals with complete unilateral cleft lip and palate, analyzing the number of radiograph repetitions and errors involved. Methods: The sample consisted of 27 individuals attending the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC/USP), submitted to endodontic treatment of maxillary anterior teeth. The study analyzed the radiographic technique used, number of radiographies requiring repetition in each endodontic treatment step, and the errors observed on radiographies. Results: The results revealed that, among the 27 individuals in the sample, 16 were males. The sample added up to 217 radiographs. The prevailing age range was 10 to 20 years (37.03%). The greater number of repetitions was observed for odontometry and gutta percha testing. The most frequent error was image elongation, observed on 65 radiographs, followed by image trimmimg, with means of 2.4 and 2.2 per individual, respectively. Conclusions: Individuals with complete unilateral cleft lip and palate present complications in radiographies because of their anatomic characteristics. Further studies are suggested to evaluate other techniques to determine the working length, in an attempt to reduce the number of radiographies taken during endodontic treatment of these individuals.