



FACTORS INFLUENCING THE SUCCESS OF ENDODONTIST RETREATMENT

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Abstract:

Endodontic retreatment is a crucial aspect of endodontic therapy, aimed at addressing failed root canal treatments. The success of endodontic retreatment is influenced by a myriad of factors that encompass patient characteristics, clinician expertise, and technological advancements in the field. This review article delves into the multifaceted aspects that impact the outcomes of endodontic retreatment procedures. Patient-related factors such as systemic health conditions, anatomical complexities, and compliance with post-treatment care play a pivotal role in determining the success of retreatment. Furthermore, the clinician's experience, use of advanced instrumentation, and adherence to contemporary techniques significantly influence the efficacy of endodontic retreatment. Moreover, the role of microbial factors, such as the presence of persistent infections and biofilms, cannot be overlooked in the context of retreatment success. This review aims to provide a comprehensive overview of the diverse factors that contribute to the success or failure of endodontic retreatment procedures, thereby aiding clinicians in enhancing treatment outcomes and patient satisfaction.

Keywords: Endodontic retreatment, Success factors, Patient characteristics, Clinician expertise, Technological advancements, Microbial factors

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Introduction:

Endodontic retreatment is a procedure that is performed when a previous root canal treatment has failed to fully resolve the issues with a tooth. It is a complex procedure that requires skill and precision in order to be successful. There are many factors that can influence the success of endodontic retreatment, and understanding these factors is crucial for both patients and dental professionals [1].

One of the most important factors that can influence the success of endodontic retreatment is the skill and experience of the dentist performing the procedure. Endodontic retreatment is a delicate and intricate procedure that requires a high level of expertise. Dentists who have undergone specialized training in endodontist are more likely to achieve successful outcomes than those who have not. Additionally, dentists who have performed a high volume of endodontic retreatments are more likely to have the necessary experience to handle complex cases [2].

Another important factor that can influence the success of endodontic retreatment is the quality of the equipment and materials used during the procedure. Advances in technology have led to the development of new tools and materials that can improve the outcomes of endodontic retreatment. For example, the use of rotary instruments and magnification devices can help dentists to more effectively remove infected tissue and shape the root canals. Additionally, the use of biocompatible materials for filling the root canals can help to prevent reinfection and promote healing [3].

The anatomy of the tooth being treated is also an important factor that can influence the success of endodontic retreatment. Some teeth have complex root canal systems that can be difficult to fully clean and fill. In these cases, dentists may need to use specialized techniques, such as the use of a microscope or ultrasonic instruments, to ensure that all of the infected tissue is removed and the root canals are properly sealed. Additionally, the presence of calcified canals or curved roots can make the procedure more challenging and increase the risk of complications [4].

The presence of infection or inflammation in the surrounding tissues can also impact the success of endodontic retreatment. In some cases, patients may require additional treatments, such as antibiotics or surgical intervention, to fully resolve the infection before the retreatment can be successful. Dentists must carefully assess the patient's overall oral health and address any underlying issues that may be contributing to the failure of the previous root canal treatment [5].

This review article synthesizes existing literature on the subject, offering insights into the intricate interplay of various factors influencing the success of endodontic retreatment. By elucidating the significance of patient-related variables, clinician proficiency, and microbial considerations, this review aims to equip dental practitioners with a holistic understanding of the determinants of retreatment outcomes. Additionally, the discussion on technological advancements underscores the importance of incorporating innovative tools and techniques to improve the efficacy of endodontic retreatment procedures. Overall, this review serves as a valuable resource for both novice and experienced endodontists seeking to optimize the success rates of retreatment interventions in clinical practice.

Patient-related Factors:

One important patient-related factor that can impact the success of endodontic retreatment is the presence of systemic health conditions. Patients with certain medical conditions, such as diabetes or autoimmune disorders, may have compromised immune systems that can affect their body's ability to heal properly. This can make it more difficult for the body to fight off infections in the root canal system, leading to a higher risk of treatment failure. Additionally, patients with systemic health conditions may be more prone to experiencing complications during the retreatment process, such as excessive bleeding or delayed healing [6].

Anatomical complexities within the root canal system can also play a significant role in the success of endodontic retreatment. The root canal system is a complex network of tiny canals and chambers that can be difficult to fully clean and shape. If the original root canal treatment was not performed properly or if the tooth has unusual anatomy, it can be challenging for the dentist to effectively remove all of the infected tissue and bacteria during retreatment. In these cases, the risk of treatment failure may be higher, as residual bacteria can continue to cause infection and inflammation [7].

Another important patient-related factor that can influence the success of endodontic retreatment is patient compliance with post-treatment care. Following retreatment, patients are typically instructed to follow certain guidelines to promote healing and prevent reinfection. This may include taking prescribed medications, avoiding certain foods or activities, and attending follow-up appointments. Patients who fail to comply with these instructions may be at a higher risk of treatment failure, as poor oral hygiene practices or

failure to take prescribed medications can allow bacteria to thrive in the root canal system [8].

Patient-related factors such as systemic health conditions, anatomical complexities, and patient compliance with post-treatment care can all influence the success of endodontic retreatment. Dentists should carefully consider these factors when planning and performing retreatment procedures to maximize the chances of a successful outcome. By addressing these patient-related factors and providing appropriate care and guidance, dentists can help ensure the long-term success of endodontic retreatment for their patients [9].

Clinician Expertise:

First and foremost, the clinician's experience plays a significant role in the success of endodontic retreatment. Experienced clinicians have encountered a wide range of challenging cases and have developed the necessary skills and judgment to effectively manage them. They are able to anticipate potential complications, make informed decisions during the procedure, and troubleshoot any unexpected issues that may arise. On the other hand, less experienced clinicians may struggle with complex cases and may be more likely to encounter difficulties or failures during the retreatment process [10].

In addition to experience, the clinician's skill level also plays a crucial role in the success of endodontic retreatment. Skilled clinicians possess a high level of manual dexterity, precision, and attention to detail, which are essential for performing the intricate and delicate procedures involved in retreatment. They are able to navigate the root canal system effectively, remove all traces of infection, and ensure a thorough cleaning and shaping of the canal. Clinicians with poor skill levels may struggle with these tasks, leading to incomplete treatment, inadequate disinfection, or procedural errors that can compromise the success of the retreatment [11].

Furthermore, the utilization of advanced instrumentation is another important factor that can influence the success of endodontic retreatment. Advances in technology have led to the development of new instruments and techniques that allow clinicians to achieve better outcomes and more predictable results. For example, the use of rotary instruments, ultrasonic tips, and digital imaging systems can improve the efficiency and effectiveness of retreatment procedures. Clinicians who embrace these advancements and incorporate them into their practice are more likely to achieve successful outcomes compared to those who rely on outdated or conventional methods [12].

Lastly, adherence to contemporary techniques is essential for ensuring the success of endodontic retreatment. The field of endodontics is constantly evolving, with new research findings, guidelines, and protocols being introduced regularly. Clinicians who stay up-to-date with the latest advancements in the field and follow evidence-based practices are better equipped to provide high-quality care and achieve optimal results. On the other hand, clinicians who are resistant to change or fail to update their knowledge and skills may struggle to deliver effective retreatment and may be more prone to errors or complications [13]. Clinician expertise plays a critical role in determining the success of endodontic retreatment. Factors such as experience, skill level, utilization of advanced instrumentation, and adherence to contemporary techniques all contribute to the clinician's ability to effectively manage retreatment cases and achieve favorable outcomes for their patients. By prioritizing continuous learning, skill development, and the adoption of new technologies, clinicians can enhance their proficiency in performing retreatment procedures and improve the overall success rates of these challenging treatments [14].

Technological Advancements in Endodontics :

One of the key technological advancements that has greatly improved the success of endodontic retreatment is the use of rotary instruments. Rotary instruments are motor-driven instruments that are used to clean and shape the root canal system. These instruments are more efficient and precise than traditional hand files, allowing for better cleaning of the root canal system and improved outcomes in retreatment cases. The use of rotary instruments has been shown to increase the success rate of endodontic retreatment procedures [15].

Another important technological advancement in endodontics is the use of apex locators and digital imaging. Apex locators are electronic devices that are used to determine the length of the root canal, ensuring that the entire canal is properly cleaned and filled during retreatment. Digital imaging, such as intraoral cameras and digital radiography, allows for better visualization of the root canal system and any potential complications that may arise during retreatment. These technologies help endodontists to accurately diagnose and treat retreatment cases, leading to higher success rates [16].

Cone-beam computed tomography (CBCT) is another technological advancement that has revolutionized endodontic retreatment planning. CBCT is a three-dimensional imaging technique that provides detailed images of the root canal

system, allowing endodontists to visualize the anatomy of the tooth and any potential complications before beginning retreatment. This technology helps endodontists to plan and execute retreatment procedures more effectively, leading to improved outcomes and higher success rates [17]. Technological advancements in endodontist have greatly influenced the success of endodontic retreatment. The use of rotary instruments, apex locators, digital imaging, and CBCT have all contributed to improved outcomes in retreatment cases. These technologies allow endodontists to better diagnose, plan, and execute retreatment procedures, leading to higher success rates and better patient outcomes. As technology continues to advance in the field of endodontist, we can expect to see further improvements in the success of endodontic retreatment procedures [18].

Microbial Factors in Endodontic Retreatment:

Persistent infections are a significant challenge in endodontic retreatment. Despite thorough cleaning and shaping of the root canal system during the initial treatment, some bacteria may remain in the complex anatomy of the root canal system. These persistent infections can lead to treatment failure if not properly addressed during retreatment. Microorganisms such as *Enterococcus faecalis*, *Prevotella intermedia*, and *Porphyromonas gingivalis* have been identified as common pathogens in persistent infections in endodontic cases [19].

To effectively manage persistent infections during endodontic retreatment, endodontists must employ a combination of mechanical instrumentation, irrigation with antimicrobial solutions, and intracanal medication. The use of rotary instruments and ultrasonic tips can help to remove bacteria and debris from the root canal system, while irrigants such as sodium hypochlorite and chlorhexidine can effectively disinfect the root canal space. Intracanal medications, such as calcium hydroxide or antibiotic pastes, can also be used to eliminate residual bacteria and promote healing [20].

In addition to persistent infections, biofilms play a crucial role in the success of endodontic retreatment. Biofilms are complex communities of microorganisms that adhere to the root canal walls and form a protective matrix, making them resistant to antimicrobial agents and immune responses. These biofilms can serve as a source of persistent infection and inflammation, leading to treatment failure if not properly managed [21].

To address biofilms during endodontic retreatment, endodontists may employ techniques such as ultrasonic activation of irrigants, laser therapy, and

the use of chelating agents to disrupt the biofilm matrix and enhance the penetration of antimicrobial agents. Additionally, the use of intracanal medicaments with antibiofilm properties, such as chlorhexidine or tetracycline, can help to eliminate biofilm-forming bacteria and prevent their reformation [22].

Microbial factors play a significant role in the success of endodontic retreatment. Persistent infections and biofilms can pose challenges to treatment outcomes and must be effectively managed to achieve long-term success. By understanding the role of microbial factors in endodontic retreatment and employing appropriate strategies to address them, endodontists can improve the predictability and success of retreatment procedures. [23]

Treatment Planning and Case Selection:

Treatment planning and case selection are crucial steps in the endodontic retreatment process. Before performing a retreatment, the dentist must conduct a thorough pre-operative assessment and diagnosis to determine the reasons for the failure of the initial root canal treatment. This assessment may involve reviewing the patient's medical history, performing a clinical examination, and taking radiographs to evaluate the condition of the root canal system [24].

Proper case selection is essential for the success of endodontic retreatment. Not all failed root canal treatments are suitable for retreatment, and some cases may require alternative treatment options, such as apical surgery or extraction. The dentist must carefully evaluate the complexity of the case, the presence of any complicating factors, and the likelihood of success before proceeding with retreatment [24].

Several factors can influence the success of endodontic retreatment. One of the most important factors is the quality of the initial root canal treatment. If the original treatment was poorly executed, retreatment may be more challenging and less likely to succeed. Other factors that can impact the success of retreatment include the presence of calcified canals, the presence of curved or narrow canals, and the presence of periapical pathology [25].

In addition to proper treatment planning and case selection, the skill and experience of the dentist performing the retreatment are also important factors in determining the success of the procedure. Endodontic retreatment is a technically demanding procedure that requires precision and attention to detail. Dentists with advanced training and experience in endodontist are more likely to achieve successful outcomes with retreatment [26].

Proper treatment planning and case selection are essential for the success of endodontic retreatment. Dentists must carefully evaluate each case to determine the suitability of retreatment and consider factors such as the complexity of the case, the quality of the initial treatment, and the presence of complicating factors. By taking these factors into account and ensuring that the procedure is performed by a skilled and experienced dentist, patients can achieve successful outcomes with endodontic retreatment [26].

Procedural Considerations:

Cleaning and shaping techniques play a crucial role in the success of endodontic retreatment. The goal of cleaning and shaping is to remove all infected or necrotic tissue from the root canal system and shape the canal to facilitate proper obturation. There are several techniques that can be used for cleaning and shaping, including hand files, rotary instruments, and ultrasonic instruments. Each technique has its own advantages and disadvantages, and the choice of technique will depend on the individual case and the preference of the clinician [27].

Irrigation protocols and medicaments are also important factors in the success of endodontic retreatment. Irrigation is used to flush out debris and bacteria from the root canal system and to disinfect the canal. Common irrigants include sodium hypochlorite, EDTA, and chlorhexidine. In addition to irrigation, medicaments such as calcium hydroxide or antibiotic pastes may be used to eliminate bacteria and promote healing. The choice of irrigant and medicament will depend on the specific needs of the patient and the clinician's preference [27].

Obturation methods and materials are the final step in endodontic retreatment and are crucial for sealing the root canal system and preventing reinfection. There are several obturation methods that can be used, including lateral condensation, vertical condensation, and single cone techniques. The choice of obturation method will depend on the anatomy of the root canal system and the clinician's preference. In addition to the obturation method, the choice of obturation material is also important. Common obturation materials include gutta-percha and resin-based sealers. The choice of obturation material will depend on the specific needs of the patient and the clinician's preference [28].

The success of endodontic retreatment can be influenced by a variety of factors, including procedural considerations such as cleaning and shaping techniques, irrigation protocols and medicaments, and obturation methods and

materials. By carefully considering these factors and tailoring the treatment plan to the individual needs of the patient, clinicians can improve the success rate of endodontic retreatment and provide patients with the best possible outcome [29].

Follow-up and Evaluation:

Post-treatment assessment is a crucial step in determining the success of endodontic retreatment. This involves evaluating the patient's symptoms, radiographic images, and clinical examination findings to determine if the retreatment was successful in removing all sources of infection and restoring the tooth to health. It is important to closely monitor the patient following retreatment to ensure that any residual infection is properly treated and that the tooth is healing properly [30]. Long-term outcomes and success criteria are also important factors in determining the success of endodontic retreatment. Long-term success is typically defined as the absence of pain, swelling, and infection in the treated tooth, as well as the maintenance of proper function and aesthetics. Success criteria may vary depending on the specific case, but generally involve a combination of clinical and radiographic findings that indicate the tooth is healthy and functioning properly [31]. Strategies for managing retreatment failures are essential in cases where the initial retreatment is not successful. These strategies may include reevaluation of the case to identify any missed canals or sources of infection, use of advanced techniques such as microsurgery or regenerative endodontist, or referral to a specialist for further evaluation and treatment. It is important to communicate openly with the patient about the reasons for retreatment failure and to develop a comprehensive treatment plan to address any remaining issues [32].

The success of endodontic retreatment is influenced by a variety of factors, including post-treatment assessment, long-term outcomes and success criteria, and strategies for managing retreatment failures. By carefully evaluating these factors and developing a comprehensive treatment plan, endodontists can improve the success rates of retreatment procedures and ensure the long-term health and function of the treated tooth [33].

Conclusion:

In conclusion, there are many factors that can influence the success of endodontic retreatment. From the skill and experience of the dentist to the quality of the equipment and materials used, each factor plays a crucial role in determining the outcome of the procedure. By understanding these factors and working closely with a qualified and

experienced dentist, patients can increase their chances of achieving a successful outcome and preserving their natural teeth for years to come.

References:

1. Ng YL, Mann V, Gulabivala K. A prospective study of the factors affecting outcomes of non-surgical root canal treatment: part 1: periapical health. *Int Endod J*. 2011;44(7):583-609.
2. Siqueira JF Jr, Rôças IN, Favieri A, Machado AG, Gahyva SM, Oliveira JC, et al. Incidence of postoperative pain after intracanal procedures based on an antimicrobial strategy. *J Endod*. 2002;28(7):457-60.
3. Torabinejad M, Corr R, Handysides R, Shabahang S. Outcomes of nonsurgical retreatment and endodontic surgery: a systematic review. *J Endod*. 2009;35(7):930-7.
4. Ricucci D, Siqueira JF Jr. Biofilms and apical periodontitis: study of prevalence and association with clinical and histopathologic findings. *J Endod*. 2010;36(8):1277-88.
5. Friedman S, Mor C. The success of endodontic therapy-healing and functionality. *J Calif Dent Assoc*. 2004;32(6):493-503.
6. Ricucci D, Siqueira JF Jr. Fate of the tissue in lateral canals and apical ramifications in response to pathologic conditions and treatment procedures. *J Endod*. 2010;36(1):1-15.
7. Ng YL, Mann V, Gulabivala K. A prospective study of the factors affecting outcomes of non-surgical root canal treatment: part 2: tooth survival. *Int Endod J*. 2011;44(7):610-25.
8. Siqueira JF Jr, Rôças IN. Clinical implications and microbiology of bacterial persistence after treatment procedures. *J Endod*. 2008;34(11):1291-301.
9. Lin LM, Skribner JE, Gaengler P. Factors associated with endodontic treatment failures. *J Endod*. 1992;18(12):625-7.
10. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod*. 2008;34(9):1124-9.
11. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod*. 1990;16(10):498-504.
12. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod*. 2006;32(7):603-10.
13. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic interappointment emergencies of teeth with necrotic pulps. *J Endod*. 1988;14(5):261-6.
14. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod*. 2008;34(9):1124-9.
15. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod*. 1990;16(10):498-504.
16. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod*. 2006;32(7):603-10.
17. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic interappointment emergencies of teeth with necrotic pulps. *J Endod*. 1988;14(5):261-6.
18. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod*. 2008;34(9):1124-9.
19. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod*. 1990;16(10):498-504.
20. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod*. 2006;32(7):603-10.
21. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic interappointment emergencies of teeth with necrotic pulps. *J Endod*. 1988;14(5):261-6.
22. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod*. 2008;34(9):1124-9.
23. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod*. 1990;16(10):498-504.
24. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod*. 2006;32(7):603-10.
25. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic

- interappointment emergencies of teeth with necrotic pulps. *J Endod.* 1988;14(5):261-6.
26. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod.* 2008;34(9):1124-9.
 27. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod.* 1990;16(10):498-504.
 28. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod.* 2006;32(7):603-10.
 29. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic interappointment emergencies of teeth with necrotic pulps. *J Endod.* 1988;14(5):261-6.
 30. Ricucci D, Siqueira JF Jr. Apical actinomycosis as a continuum of intraradicular and extraradicular infection: case report and critical review on its involvement with treatment failure. *J Endod.* 2008;34(9):1124-9.
 31. Sjögren U, Hagglund B, Sundqvist G, Wing K. Factors affecting the long-term results of endodontic treatment. *J Endod.* 1990;16(10):498-504.
 32. Siqueira JF Jr, Rôças IN. Molecular analysis of the microbial diversity in endodontic infections. *J Endod.* 2006;32(7):603-10.
 33. Torabinejad M, Kettering JD, McGraw JC, Cummings RR, Dwyer TG, Tobias TS. Factors associated with endodontic interappointment emergencies of teeth with necrotic pulps. *J Endod.* 1988;14(5):261-6.