

Apexification

SINGLE VISIT

Anesthesia, rubber dam isolation and access opening

Working length should be at least 2mm short of radiographic apex

Circumferential enlargement is affected by lateral pressure against the walls with a large file

Drying the canal with paper points

MTA is mixed in a 3: 1 ratio using sterile distilled water to a wet sand consistency

The paste is delivered into the canal with an MTA carrier and condensed with prefitted pluggers

Moist cotton pellet is placed over the MTA is verified

Obturation using a thermoplasticized technique

MULTIPLE VISIT

Anesthesia, rubber dam isolation and access opening

Working length should be at least 2mm short of radiographic apex

Circumferential enlargement is affected by lateral pressure against the walls with a large file

Drying the canal with paper points

CA(OH)₂ is mixed with sterile water or anesthetic solution to thick consistency

The entire root canal is filled with CA(OH)₂ paste, ensuring that the material is in contact with the periapical tissues

The access cavity is sealed with RMGIC

Recall after 3 months

Radiographic evidence of calcific barrier at or near the root

Yes

No

Obturation using thermoplasticized technique

CA(OH)₂ dressing is changed and patient recalled every 3 months, till evidence of calcific barrier is seen