

## MY FINEST CASE



**Biraj Patel, DDS**

Private Practice, Houston, Texas, and London,  
England; Diplomate, American Board of Endodontics

## KEY TAKEAWAYS

**EdgeBioCeramic Sealer stands out** for its exceptional composition, clinical efficacy, and high biocompatibility. The easy-to-use sealer is well-suited for endodontic applications.

**Clinically, the handling of EdgeBioCeramic Sealer** is ideal for daily use, consistently delivering excellent results in follow-up procedures.

**In addition to being biocompatible,** other qualities/benefits of EdgeBioCeramic Sealer are that it is premixed, hydrophilic, highly antibacterial, radiopaque, re-treatable, cost-effective, and has zero shrinkage.

# Bioceramic Sealer Simplifies Endodontic Procedures

A 46-year-old man presented for evaluation and treatment of tooth No. 19. On clinical examination the tooth was sensitive to percussion and palpation. Radiographic exam showed a large radiolucency on both the mesial and distal roots—a separated instrument in the mesiolingual canal. The diagnosis of previously initiated symptomatic apical periodontitis was made, and endodontic treatment was indicated. After administration of anesthesia and rubber dam placement, access was performed and canals were located. The coronal fragment was removed; the apical fragment was bypassed. The canals were instrumented using EdgeFile® X7 files (EdgeEndo, edgeendo.com) to size 35.04 in the mesial canals and 40.04 in the distal canal. Canals were obturated using hydraulic condensation with EdgeBioCeramic™ Sealer (EdgeEndo).

In a second case, intraoral and radiographic exams of tooth No. 30 in a woman aged 36 revealed deep caries on the tooth. The area was anesthetized, the tooth was isolated using rubber dam, and the access cavity was opened. Edge X7 Utopia™ (EdgeEndo) was used for root canal shaping, to size 30.04 in the mesial canals and 35.04 in the distal canal. Final irrigation comprised a continuous delivery of EDTA and sodium hypochlorite. Solutions were activated using ultrasonic activation, 1 minute per solution. Canals were dried and obturated using hydraulic condensation with EdgeBioCeramic Sealer.



**Fig 1 and Fig 2.** (Case 1) Preoperative radiographs showing tooth No. 19 with a separated instrument in the mesiolingual canal. **Fig 3.** Postoperative radiograph.



**Fig 4 and Fig 5.** (Case 1, cont'd) At the 1-year postoperative follow-up, a complete healing of the lesion was evident. **Fig 6.** (Case 2) Preoperative radiograph. Tooth No. 30 had a deep carious lesion. The tooth was percussion-tender and lingering to cold testing. **Fig 7.** Postoperative radiograph showing adequate obturation of tooth No. 30.

*Commercially Supported by EdgeEndo*