



TREASURE VALLEY  
**ENDODONTICS**

January 4, 2010

G. Brent Adams, D.M.D.  
6144 Birch Lane  
Nampa, ID 83687

Dear Dr. Adams:

Happy New Year! For several decades, **diagnostic terminology used in endodontics has varied widely** with numerous diagnostic terms promulgated by different educational institutions. Lack of standardization of diagnostic terms creates difficulty and confusion when communicating with colleagues and patients regarding endodontic conditions. Many diagnostic terms currently in use are histologically-based even though poor correlation exists between clinical symptoms and pulpal histopathology.

The American Association of Endodontists (**AAE**) recently held a **consensus conference to standardize diagnostic terms used in endodontics**. The entire December 2009 issue of the Journal of Endodontics focused on the findings from the work of this conference **and delineated the AAEs recommended diagnostic terminology**.

**Proper endodontic diagnosis includes a two-part description of findings involving both pulpal and apical tissues**. For example, lingering pain to cold stimulus and pain to percussion of tooth #30 would be diagnosed with a *pulpal diagnosis* of symptomatic irreversible pulpitis and an *apical diagnosis* of symptomatic apical periodontitis.

For your reference, the AAE's recommended diagnostic terminology is described on the next page. On this reference, I have highlighted the points that I feel are key in formulating an accurate diagnosis and added additional descriptors derived from the findings of the consensus committee to help you formulate an accurate diagnosis and treatment plan. **I encourage you to use the recommended terminology in your own practice**. I am happy to be of assistance if you have any questions in relation to this new information, to a diagnostic challenge you may encounter, or to any other endodontic topic. In addition, I hope to enjoy the privilege of treating any patients you may choose to refer for endodontic treatment, particularly those who live or work near Caldwell.

Sincerely,

Stanton D. Widmer, D.D.S.



## AAE Consensus Conference Recommended Diagnostic Terminology

### Pulpal

- **Normal pulp:** A clinical diagnostic category in which the *pulp is symptom-free and normally responsive to pulp testing.*
- **Reversible pulpitis:** A clinical diagnosis based on subjective and objective findings indicating that the inflammation should resolve and the *pulp is capable of healing when the cause of the offending stimulus is adequately treated.*
- **Symptomatic irreversible pulpitis:** A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed *pulp is incapable of healing.* Additional descriptors: *lingering thermal pain, spontaneous pain, referred pain.*
- **Asymptomatic irreversible pulpitis:** A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed *pulp is incapable of healing.* Additional descriptors: *no clinical symptoms but inflammation produced by caries, caries excavation, trauma.*
- **Pulp necrosis:** A clinical diagnostic category indicating *death of the dental pulp.* The pulp is *usually nonresponsive to pulp testing.*
- **Previously treated:** A clinical diagnostic category indicating that the tooth has been endodontically treated and the *canals are obturated with various filling materials other than intracanal medicaments.*
- **Previously initiated therapy:** A clinical diagnostic category indicating that the tooth has been previously treated by *partial endodontic therapy* (e.g., pulpotomy, pulpectomy).

### Apical

- **Normal apical tissues:** Teeth with normal periradicular tissues that are *not sensitive to percussion or palpation* testing. The lamina dura surrounding the root is intact, and the *periodontal ligament space is uniform.*
- **Symptomatic apical periodontitis:** Inflammation, usually of the apical periodontium, producing clinical symptoms including a *painful response to biting and/or percussion or palpation.* It might or might not be associated with an apical radiolucent area.
- **Asymptomatic apical periodontitis:** Inflammation and destruction of the apical periodontium that is of pulpal origin, appears as an *apical radiolucent area, and does not produce clinical symptoms.*
- **Acute apical abscess:** An inflammatory reaction to pulpal infection and necrosis characterized by *rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation, and swelling* of associated tissues.
- **Chronic apical abscess:** An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and the *intermittent discharge of pus through an associated sinus tract.*
- **Condensing osteitis:** *Diffuse radiopaque lesion* representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at apex of tooth.