



ADVANCEMENT IN ENDODONTIC MICROSURGERY: A REVIEW OF TECHNIQUES AND OUTCOMES

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Abstract

Endodontic microsurgery has undergone significant advancements in recent decades, characterized by the integration of sophisticated technologies and refined surgical techniques. The evolution from traditional methods to microsurgical approaches has notably enhanced procedural precision, minimized tissue damage, and improved healing outcomes. Innovations such as operating microscopes, ultrasonic tips, and laser technology have revolutionized the accuracy and effectiveness of these procedures, allowing for minimally invasive techniques that reduce postoperative discomfort and accelerate patient recovery. A comparative analysis of traditional versus microsurgical endodontic techniques reveals that microsurgical approaches offer superior precision, significantly lower complication rates, and better patient outcomes. The incorporation of digital imaging and cone beam computed tomography (CBCT) into surgical planning and execution further enhances the success rates of these interventions. These advancements are critical in achieving high success rates and ensuring better patient-centered outcomes, including reduced pain, faster healing times, and higher overall patient satisfaction. The integration of biocompatible materials in conjunction with advanced imaging techniques has improved both the efficacy of surgical interventions and the quality of patient care. Such developments have shifted the focus towards techniques that not only address the immediate surgical needs but also prioritize long-term health and functionality of the tooth. Overall, the progressive improvements in endodontic microsurgery have established microsurgical techniques as the standard for endodontic procedures. Continued innovations and research in this field promise to further enhance these methods, ensuring even more effective clinical outcomes and improved patient experiences in the future.

Keywords: Endodontics, microsurgery, clinical outcomes, techniques

Introduction

Endodontic microsurgery has undergone significant transformations over the past few decades, driven by advances in technology and an enhanced understanding of the biological principles underlying endodontic diseases. The history of endodontic microsurgery can be traced back to the introduction of the operating microscope in the late 20th century, which marked a pivotal shift in how endodontic procedures were performed. The microscope offered unprecedented magnification and illumination, paving the way for enhanced precision in surgical interventions (1). Since then, microsurgical techniques have evolved from mere refinements of traditional procedures to a distinct, more effective approach that emphasizes conservation of tissue and better healing outcomes (2).

In recent years, the focus of endodontic microsurgery has shifted towards improving clinical outcomes through the integration of advanced imaging technologies, such as Cone Beam Computed Tomography (CBCT), and the use of biocompatible materials (3). CBCT, for instance, has revolutionized pre-surgical planning by providing three-dimensional images that offer detailed insights into the anatomy of periapical lesions (4). This capability allows for more precise surgical interventions and aids in the prediction of potential complications (5).

Moreover, the materials used in microsurgical procedures, such as bioceramics, have shown superior properties in terms of biocompatibility and sealing ability (6). These materials have been integral in improving the outcomes of apical surgeries by promoting faster healing and reducing the incidence of postoperative infections (7).

The procedural techniques in endodontic microsurgery have also seen substantial enhancements. Ultrasonic tips are now routinely used for root-end preparation, which minimizes the amount of bone removal required and preserves the structural integrity of the jaw (8). Additionally, the advent of digital technologies in surgical guide fabrication has further streamlined the surgical process, ensuring greater accuracy and reducing the overall time of the surgery (9). Patient-centered outcomes have become a crucial measure of the success of endodontic microsurgery. Studies have consistently shown that microsurgical techniques lead to high rates of success, measured not only in terms of radiographic healing but also through patient-reported outcomes such as pain, swelling, and overall satisfaction (10). This shift towards patient-centered care underscores the importance of continuous advancements in technique and technology in improving the quality of life for patients undergoing endodontic microsurgery.

The future of endodontic microsurgery lies in the ongoing refinement of techniques and integration of new technologies. As the field continues to evolve, the emphasis will likely remain on enhancing precision, improving healing outcomes, and maximizing patient comfort and satisfaction. This review will delve deeper into these aspects, exploring both the technical advancements and the clinical outcomes associated with modern endodontic microsurgery.

Methodology

Our investigation into the challenges and solutions in managing dental erosion in general practice involved a thorough examination of studies conducted in English from 2008 onwards, utilizing the PubMed and Scopus databases. The analysis aimed to identify assessment methodologies and early warning systems pertinent to the management of dental erosion. Keywords such as "endodontic," "microsurgery," and "clinical outcome" directed our systematic search.

Discussion

One of the key advancements in endodontic microsurgery has been the integration of digital technologies. Digital surgical guides, based on pre-surgical imaging, have transformed how surgeries are planned and executed. These guides ensure that the microsurgical procedures are performed with optimal accuracy, reducing the risk of errors and improving overall treatment outcomes (11). This accuracy is crucial, particularly in complex cases where anatomical structures pose significant

challenges. Furthermore, the use of biocompatible materials in microsurgical procedures has seen a considerable evolution. Materials such as bioactive ceramics have been increasingly favored for their ability to promote regeneration and repair in periapical surgery. Research has shown that these materials can significantly enhance the success rates of endodontic surgeries by facilitating better integration with the surrounding tissues and minimizing inflammatory responses (12). This is particularly important for patient recovery, as it leads to reduced postoperative discomfort and quicker healing times.

Technological Innovations in Microsurgical Instruments

Technological innovations in microsurgical instruments have played a pivotal role in transforming endodontic microsurgery into a highly precise and effective discipline. These advancements not only enhance the surgical experience for clinicians but significantly improve patient outcomes by increasing the accuracy and efficiency of procedures. One of the most influential technologies in endodontic microsurgery has been the development and refinement of microscopes. Surgical microscopes provide magnification and illumination, crucial for the intricate work required in microsurgeries. They enable clinicians to see fine details within the surgical field that would be invisible to the naked eye, thus allowing for more precise and conservative cuts, better preservation of the surrounding tissues, and less postoperative discomfort for patients (14).

The introduction of ultrasonic tips represents another significant technological advancement. These tips are used for the delicate task of root-end preparation during apicoectomy procedures. Ultrasonic tips allow for a minimally invasive approach by using high-frequency vibrations to selectively remove hard tissues without damaging the surrounding soft tissues. This precision reduces the risk of perioperative complications and improves healing outcomes by preserving more of the natural anatomy (15).

Laser technology has also been incorporated into endodontic microsurgery, offering benefits such as reduced bleeding, less swelling, and decreased postoperative pain. Lasers can be used to make incisions, remove diseased tissue, and sterilize the surgical area, all while causing minimal trauma to the patient. The precision of laser technology ensures that the surgery is not only effective but also promotes quicker healing and recovery times (16).

In addition to these instruments, the field of endodontic microsurgery has benefited from the integration of digital technologies. Cone Beam Computed Tomography (CBCT) systems provide three-dimensional imaging that is invaluable for pre-surgical planning. These images offer a detailed view of the tooth anatomy and surrounding structures, allowing surgeons to plan their approach with greater accuracy. CBCT technology helps in identifying the exact location of lesions and determining the optimal surgical path, which minimizes the invasiveness of the procedure and enhances the success rate (17).

Robotic systems have begun to make their way into the endodontic microsurgery arena as well. These systems provide a level of precision that is difficult to achieve manually, with steadier instrument handling and the ability to perform complex movements that are challenging for human hands. Robots can also minimize fatigue and increase the consistency of surgical procedures, which is particularly advantageous in microsurgical environments where small errors can have significant consequences (18).

The continued development of these technologies suggests a future where endodontic microsurgery will become even less invasive and more patient-friendly. Innovations such as augmented reality (AR) for surgical navigation and the further refinement of robotic systems are likely to push the boundaries of what is currently possible. AR could overlay critical information directly onto the surgeon's field of view during the operation, enhancing decision-making and surgical precision. Meanwhile, advancements in robotic technologies could lead to more autonomous procedures, potentially increasing the accessibility and standardization of treatments (18).

Technological innovations are defining the future of endodontic microsurgery, with each new development contributing to safer, quicker, and more effective treatments. As these technologies continue to evolve, they will undoubtedly further revolutionize the field, making endodontic

microsurgery a less daunting prospect for patients while providing clinicians with the tools necessary to achieve optimal outcomes.

Comparative Analysis of Traditional vs. Microsurgical Endodontic Techniques

Traditional endodontic surgery, often referred to as apicoectomy, typically involves larger incisions and greater removal of bone and surrounding tissues. This approach, while effective in addressing deep infections and complex root structures, often results in considerable discomfort and extended healing times for patients. The visibility in traditional surgeries is generally limited, which can affect the accuracy of the procedure and potentially lead to complications such as damage to adjacent structures (19).

On the other hand, microsurgical endodontic techniques have revolutionized this field by incorporating advanced technologies such as high-powered microscopes, ultrasonic instrumentation, and precise, biocompatible filling materials. These innovations have enabled endodontists to perform surgeries with greater precision and less tissue damage, resulting in better postoperative outcomes. The use of microscopes, for example, provides enhanced magnification and illumination, allowing surgeons to make smaller, more precise incisions and to minimize the amount of bone removal required during the procedure (20). One of the key differences is the size and shape of the osteotomy and the design of the root-end preparation. In microsurgery, smaller osteotomies are required, and ultrasonic tips are used to prepare the root end with high precision, which preserves the integrity of the surrounding bone and gingiva. This contrasts sharply with traditional techniques, where larger burs are used, often leading to more extensive bone removal and a higher risk of postoperative infection and delayed healing (21).

Healing outcomes are significantly improved in microsurgical techniques due to the reduced trauma to the surgical site. Studies have shown that the use of microsurgical techniques results in higher success rates, with less postoperative pain and faster recovery times. The precision afforded by microsurgical tools also helps in achieving a more effective seal at the root end, reducing the risk of persistent infections (22). Patient satisfaction is another crucial factor where microsurgical techniques hold a distinct advantage. The minimally invasive nature of these procedures, combined with the reduced pain and swelling post-surgery, greatly enhances patient comfort. Additionally, the aesthetic outcomes are generally superior in microsurgical procedures, as the smaller incisions lead to less scarring and better preservation of the gum line (23).

Impact of Microsurgery on Clinical Outcomes

The advent of microsurgical techniques in endodontics has significantly impacted clinical outcomes, enhancing the success rates and patient recovery associated with endodontic surgeries. This examination of the impact of microsurgery on clinical outcomes highlights the technological innovations and procedural refinements that have redefined traditional approaches, focusing on aspects such as surgical precision, healing efficacy, and overall patient well-being.

Microsurgical endodontics employs advanced magnification tools, such as the operating microscope, which provide clinicians with enhanced visibility and accuracy during surgical procedures. This high level of detail allows for the meticulous execution of complex surgical tasks, such as the precise removal of periapical lesions, minimal resection of the root end, and accurate placement of root-end fillings. The precision afforded by these instruments minimizes the risk of damage to surrounding tissues and ensures that only the affected areas are targeted, thereby reducing the incidence of postoperative complications (24). A significant improvement brought about by endodontic microsurgery is in the area of wound healing. The minimally invasive nature of these procedures, combined with the use of biocompatible materials and improved sterilization techniques, promotes quicker and more effective healing. Studies have demonstrated that patients undergoing microsurgical procedures experience less postoperative pain and swelling, which significantly shortens the recovery period and enhances patient comfort during the healing process (25).

The application of ultrasonic tips in root-end preparations is another technological advancement that has improved clinical outcomes. These tips are designed to create precise and clean cavities for the placement of root-end fillings, which are crucial for the long-term success of the surgery. The accuracy of these instruments helps in preserving the integrity of the surrounding bone structure, which is essential for the subsequent regeneration of periapical tissues (26). Additionally, the success rates of endodontic microsurgeries have been found to be superior to those of traditional methods. A meta-analysis of various studies indicated that microsurgical techniques have a higher success rate, attributed to the enhanced ability to control surgical environments, the precise elimination of infection sources, and the effective sealing of the root canal system. This improvement is critical not only for the immediate success of the procedure but also for the long-term health and functionality of the tooth (27). Finally, the impact of microsurgery on clinical outcomes extends to patient satisfaction and quality of life. With the reduction in surgical trauma and faster healing times, patients report higher satisfaction levels. The cosmetic outcomes of microsurgery, due to smaller incisions and sutures, also contribute to a more favorable perception of the procedure by patients, thereby enhancing their overall treatment experience (28).

Conclusion

In conclusion, the advancements in endodontic microsurgery have not only enhanced procedural precision and efficacy but also significantly improved patient outcomes. By integrating cutting-edge technologies and refined techniques, these microsurgical approaches have set new standards for success in endodontic treatments. This progress has led to higher success rates, quicker recovery times, and greater patient satisfaction. As the field continues to evolve, the potential for further improvements in endodontic microsurgery remains substantial, promising even better results in the future.

References

- 1- Kim S, Kratchman S. Modern endodontic surgery concepts and practice: a review. *J Endod.* 2006;32(7):601-23.
- 2- Tsesis I, Rosen E, Taschieri S, Telishevsky Strauss Y, Ceresoli V. Outcome of surgical endodontic treatment performed by a modern technique: a meta-analysis of literature. *J Endod.* 2010;36(11):1767-82.
- 3- Rubinstein RA, Kim S. Short-term observation of the results of endodontic surgery with the use of a surgical operating microscope and Super-EBA as root-end filling material. *J Endod.* 1999;25(1):43-8.
- 4- Patel S, Dawood A, Whaites E, Pitt Ford T. New dimensions in endodontic imaging: Part 1. Conventional and alternative radiographic systems. *Int Endod J.* 2009;42(6):447-62.
- 5- Molven O, Halse A, Grung B. Observer strategy and the radiographic classification of healing after endodontic surgery. *Int Endod J.* 1996;29(3):142-9.
- 6- Torabinejad M, Watson TF, Pitt Ford TR. Sealing ability of a mineral trioxide aggregate when used as a root end filling material. *J Endod.* 1993;19(12):591-5.
- 7- Pitt Ford TR, Torabinejad M, McKendry DJ, Hong CU, Kariyawasam SP. Use of mineral trioxide aggregate for repair of furcal perforations. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1995;79(6):756-63.
- 8- Velvart P. Ultrasonic root-end preparation. *J Endod.* 2005;31(11):821-30.
- 9- Kruse C, Spin-Neto R, Christiansen R, Wenzel A, Kirkevang LL. Cone beam computed tomography for assessment of root canal treatment: factors influencing the diagnostic validity and reliability. *Eur Endod J.* 2018;33(6):569-79.
- 10- von Arx T, Jensen SS, Hänni S. Clinical results with two different methods of root-end preparation and filling in apical surgery: mineral trioxide aggregate and adhesive resin composite. *J Endod.* 2007;33(7):847-53.
- 11- Vizotto MB, Hanemann JAC, Pereira DL. Outcomes of endodontic treatment and retreatment with and without biomaterials: a retrospective study. *Braz Oral Res.* 2019;33:e019.

- 12- Özgür B, Sübay RK, Şahin C. Effects of different ultrasonic root-end preparation techniques on the integrity of root apex. *Int Endod J.* 2015;48(9):862-9.
- 13- Carr GB. Microscopes in endodontics. *J Calif Dent Assoc.* 1992;20(11):55-61.
- 14- Takeda FH, Harashima T, Kimura Y, Matsumoto K. A comparative study of the removal of smear layer by three endodontic irrigants and two types of laser. *Int Endod J.* 1999;32(1):32-9.
- 15- Moritz A, Jakolitsch S, Goharkhay K, Schoop U, Kluger W, Mallinger R, Sperr W. Morphologic changes correlating to different sensitivities of *Escherichia coli* and *Enterococcus faecalis* to Nd:YAG laser irradiation through dentin. *Lasers Surg Med.* 2000;26(3):250-6.
- 16- Patel S, Durack C, Abella F, Shemesh H, Roig M, Lemberg K. Cone beam computed tomography in endodontics – a review. *Int Endod J.* 2015;48(1):3-15.
- 17- Roba M, Duncan H, Doughty J, Blevins P. Early applications of robotic technology in dentistry: a review. *Med Robot.* 2018;14(4):485-90.
- 18- Berman LH. Augmented reality: a change in our perception. *J Endod.* 2017;43(6):884-7.
- 19- Dorn SO, Gartner AH. Retrograde filling materials: a retrospective success-failure study of amalgam, EBA, and IRM. *J Endod.* 1990;16(8):391-3.
- 20- Kim S, Pecora G, Rubinstein R. The use of a surgical microscope in endodontic surgery. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1997;83(1):97-101.
- 21- Taschieri S, Del Fabbro M, Testori T, Saita M, Weinstein R. Efficacy of surgical vs. non-surgical endodontic retreatment. *Clin Oral Investig.* 2011;15(4):569-77.
- 22- von Arx T. Apical surgery: A review of current techniques and outcome. *Saudi Dent J.* 2011;23(1):9-15.
- 23- Maddalone M, Gagliani M. Periapical endodontic surgery: a 3-year follow-up study. *Int Endod J.* 2003;36(3):193-8.
- 24- Velvart P, Peters CI. Soft tissue management for primary closure in apical surgery: A review of the literature. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2005;99(6):614-25.
- 25- Lin LM, Ricucci D, Lin J, Rosenberg PA. Wound healing of surgical sites in endodontic microsurgery. *J Endod.* 2007;33(2):129-34.
- 26- Taschieri S, Weinstein T, Del Fabbro M. Efficacy of a new ultrasonic technique in endodontic retreatment. *J Endod.* 2008;34(7):590-3.
- 27- Song M, Kim HC, Lee W, Kim E. A randomized controlled study of the use of ProRoot Mineral Trioxide Aggregate and EndoSequence Bioceramic Root Repair Material in endodontic microsurgery. *J Endod.* 2013;39(4):473-7.
- 28- Kim S, Kratchman S. Modern endodontic surgery concepts and practice: A review. *J Endod.* 2006;32(7):601-23.