

" Enhanced vital pulp therapy protocol, what's the difference"

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<Abstract>

The first pulp capping case using gold foil was reported in 1756. Entering the 20th century, Ca(OH)₂ has been used as a gold standard as a pulp capping material, and pulp capping has become a representative vital pulp therapy. However, long-term clinical studies showed unfavorable outcomes such as tunnel defect of dentin bridge. As various limitations were reported, interest and related studies decreased.

Since the 2000s, however, studies related to pulp capping have increased again. There are a lot of studies reporting high success rates. They reported wider indications and reduced prognostic factors compared to previously performed pulp capping. We can expect that this favorable change might be due to the introduction of biocompatible materials such as mineral trioxide aggregates (MTA) and the re-evaluation of the healing ability of exposed pulp tissue.

The principle of the pulp capping procedure did not change. However, the outcome of recently performed pulp capping definitely has a good prognosis. According to the European endodontic treatment society, the enhanced protocol (using of the microscope, disinfection irrigant, and CSC) leads to a high level of success even after complete caries removal and pulp exposure. Today, I'd like to review the process of enhanced protocol and share them with you. If you have a more advanced understanding of pulp capping than before and have confidence in the procedure, it will be a good treatment option that you can fully consider before performing root canal treatment.