

Historically the American Board of Endodontics had relied upon the American Association of Endodontists Glossary of Terminology for the diagnostic categories of pulpal and periradicular pathosis. We had recommended to our Candidates that they use those terms whenever possible and to provide a description of the diagnostic categories that they used if they were different than the AAE glossary. In order to eliminate any confusion, the following action was recently approved.

American Board of Endodontics Pulpal & Periapical Diagnostic Terminology

At the April 22, 2007 Board Meeting, the Directors considered and approved a simplified pulpal and periradicular diagnostic terminology list to be used by Candidates to document their cases for the Case History Portfolio and while sitting for the Oral Examination.

Candidates will still be allowed to submit cases utilizing diagnostic terminology of their own choosing, however, as before; it is essential that they provide an introductory letter preceding the cases describing the terminology they are using.

American Board of Endodontics Pulpal & Periapical Diagnostic Terminology:

PULPAL:

Normal pulp – A clinical diagnostic category in which the pulp is symptom free and normally responsive to vitality testing.

Reversible pulpitis – A clinical diagnosis based upon subjective and objective findings indicating that the inflammation should resolve and the pulp return to normal.

Irreversible pulpitis – A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing.

Additional descriptions:

Symptomatic – Lingering thermal pain, spontaneous pain, referred pain

Asymptomatic – No clinical symptoms but inflammation produced by caries, caries excavation, trauma, etc.

Pulp necrosis – A clinical diagnostic category indicating death of the dental pulp. The pulp is non-responsive to vitality 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 (PERIAPICAL):

Normal apical tissues – Teeth with normal periradicular tissues that will not be abnormally 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 painful response to biting and percussion. It may or may not be associated with an apical radiolucent area.

Asymptomatic apical periodontitis – Inflammation and destruction of 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.