PULPDENT Corporation

Calcium Hydroxide Pastes for Root Canal Therapy

PULPDENT: Makers of the Original Calcium Hydroxide Paste

Since developing the first pre-mixed calcium hydroxide aqueous methylcellulose pulpal dressing in 1947, the Pulpdent name has been synonymous with calcium hydroxide and is the standard against which all others are measured.

Pulpdent Calcium Hydroxide Pastes for Root Canal Therapy

- Bactericidal
- Bacteriostatic
- Radiopaque
- pH>12
- Non-setting

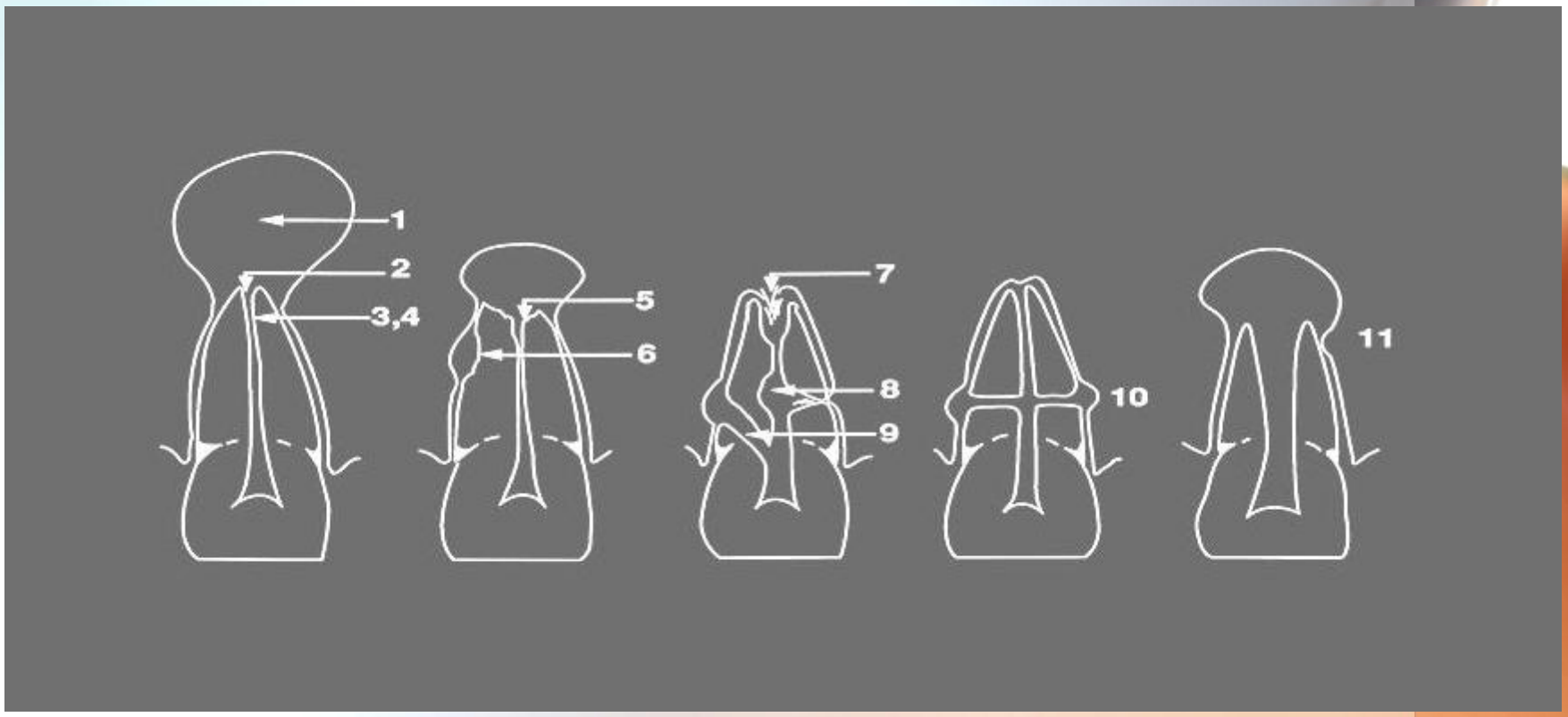
For Routine Use

- For routine use as an antimicrobial intracanal dressing between visits
- Disinfects canals and prevents Flare-ups
- Non-setting. Easily removed with file and irrigation.

For Complicated Cases

- Non-surgical solution for abscessed teeth and failed root canals
- For treatment of abscesses, cysts, periapical lesions, root resorption, root fractures, perforations, apexification, pus, hemorrhage, exudation, weeping canals
- Treatment of traumatic injuries

Clinical Uses of Pulpdent Calcium Hydroxide Pastes



1. Exudation control 2. large periapical lesions 3. antibacterial dressing 4. temporary root filling 5. apical inflammatory resporption 6. inflammatory resorption following trauma 7. apical internal resorption 8. internal-external root resorption 9. perforations 10. transverse root fractures 11. incompletely developed pulpless teeth.

Heithersay GS. Calcium hydroxide in the treatment of pulpless teeth with associated pathology. J Brit Endo Society 1975:8(2);74-93.

Pulpdent Calcium Hydroxide Pastes for Root Canal Therapy

All four products produce the same exceptional results

- Pulpdent Paste
- TempCanal
- Multi-Cal
- Forendo Paste

Pulpdent Paste

The original pre-mixed calcium hydroxide aqueous methylcellulose paste

- **Thick Paste – non-setting**
- **Radiopaque**
- **Syringe delivery**
- **Available in 3 mL syringe**
- **Available with 18-gauge x 1” needles**

TempCanal

Pre-mixed calcium hydroxide-aqueous methylcellulose paste

- **Creamy consistency – non-setting**
- **Radiopaque**
- **Syringe delivery**
- **Available in 3 mL screw type syringe**
- **Also available with 22- and 25-gauge x 1.25” needles**

Multi-Cal

Pre-mixed calcium hydroxide-aqueous methylcellulose paste

- Creamy consistency – non-setting
- Radiopaque
- Syringe delivery
- Available in kits containing 4 x 1.2 mL syringes paste + 22-gauge x ½” needles, or in a 3 mL syringe

Pulpdent Paste, TempCanal, Multi-Cal

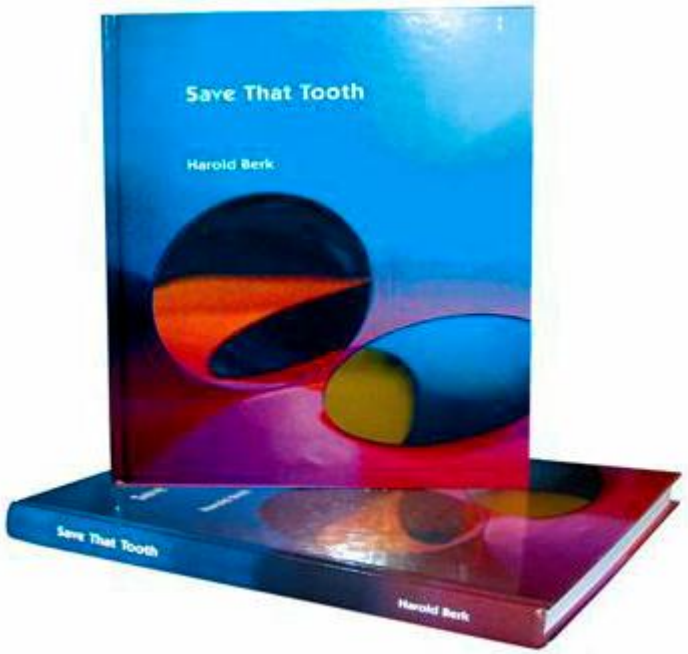
- Calcium hydroxide: 38-42%
- Radiopaque
- Different viscosities and packaging options
- Non-setting pastes
- Pre-mixed
- Easily removed from canal with file and irrigation
- Easy to Use
- Syringe dispensing

Forendo Paste
with iodoform

Pre-mixed calcium hydroxide paste with iodoform in a silicone oil base – a strong disinfectant

- Creamy consistency – non-setting
- Radiopaque
- Syringe delivery with curved applicator tips
- Available in a 2.2 gm syringe with 20 curved applicator tips for direct dispensing into the root canal

Competes with Vitapex, Diapex and Metapex



Three Case Studies from ***Save That Tooth***

By Dr. Harold Berk

Case #1: Treating Periapical Lesions

After four years of pain, pus and discomfort, eighteen-year-old male was referred to have his maxillary left central incisor (#9) extracted.

Figure A1

Figure A1 shows large periapical lesion over teeth #9 and #10. Note shortened root and incomplete formation of #9.

Case #1: Treating Periapical Lesions

Treatment Plan:

- **Immediately start root canal therapy on #9 and #10. Debride and clean out canals.**
- **Place Pulpdent Paste, TempCanal or Multi-Cal in the canals to disinfect the canals, promote healing and prevent flare-ups.**
- **See patient again in two weeks for evaluation.**

Case #1: Treating Periapical Lesions

Two weeks later #10 was obturated with Pulpdent Root Canal Sealer using the Pressure Syringe Technique. The calcium hydroxide dressing was changed in #9.

Figure A2

A2. Six weeks after treatment with Pulpdent Paste, Figure A2 shows Pulpdent Paste in #9, trabeculation into the lesion and obturation of #10 with Pulpdent Root Canal Sealer. Healing is occurring.

Case #1: Treating Periapical Lesions

The Patient was seen once a month for three months, and the canal of #9 was cleaned out and the Pulpdent Paste was replaced at each visit.

Complete healing resulted. Extraction was avoided. No surgery was required.

Figure A3

Figure A3 is a radiograph taken six months following the initial treatment with Pulpdent Paste. Shows healing of the periapical lesion, closure of the apex, and obturation of #9 and #10 with Pulpdent Root Canal Sealer using the Pressure Syringe technique.

Case #2: One-Visit Primary Root Canals

Preserving primary teeth for function, space maintenance and proper growth and development of the arch should be a top priority. Extraction should be a last resort.

Figure B1

B1. Nine-year-old child presented with parulis of her primary second molar.

Case #2: One-visit Primary Root Canals

Treatment Plan:

- **Debride and clean canals.**
- **Place Pulpdent Paste, TempCanal or Multi-Cal in the canals to disinfect the canals, promote healing and prevent flare-ups.**
- **At same visit, place final restoration.**
- **See patient for evaluation in 1-2 weeks.**

Case #2: One-visit Primary Root Canals

After one week, there was 75% improvement and the patient was comfortable.

Figure B2

B2. Photo taken three months after treatment with TempCanal shows healed parulis without surgery.

Case #2: One-visit Primary Root Canals

Figure B3 is a radiograph taken at the same visit, three months after treatment with Temp-Canal, showing the erupting second bicuspid.

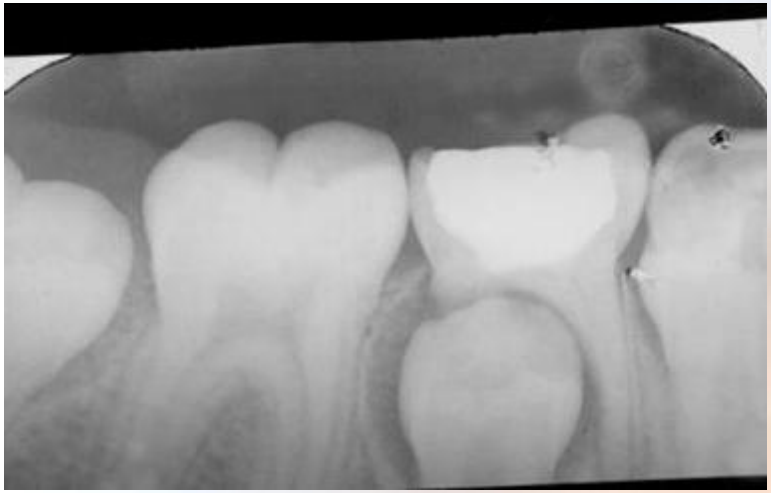


Figure B3

The patient remained comfortable with normal mastication until the tooth exfoliated. A space maintainer was never required.

Case #3: Reversing Root Canal Failures in Endodontically Treated Teeth

Root Canal failures can be treated successfully with a non-surgical technique by using Pulpdent calcium hydroxide pastes to promote healing.

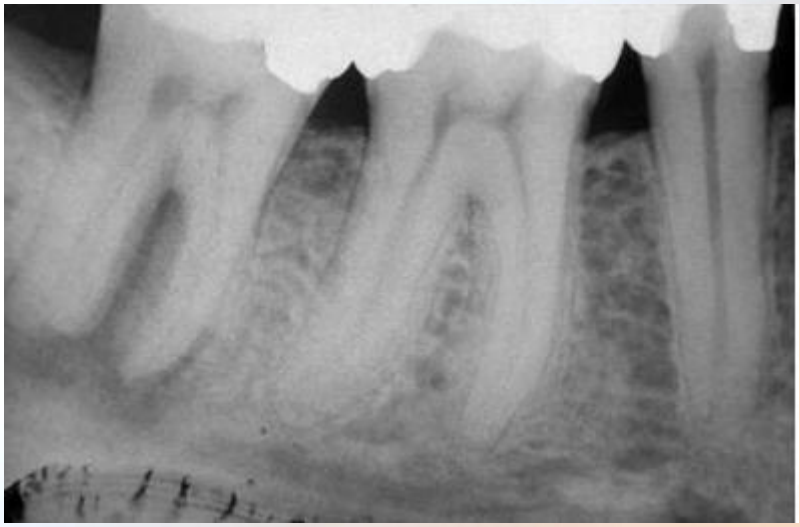


Figure C1

C1. Patient presented with a large periapical lesion of lower right second molar #31 with furcation involvement.

Case #3: Reversing Root Canal Failures in Endodontically Treated Teeth

The patient was referred to an endodontist. Root Canal therapy was performed and the tooth was filled with gutta percha. Six years later, the patient complained of pain.

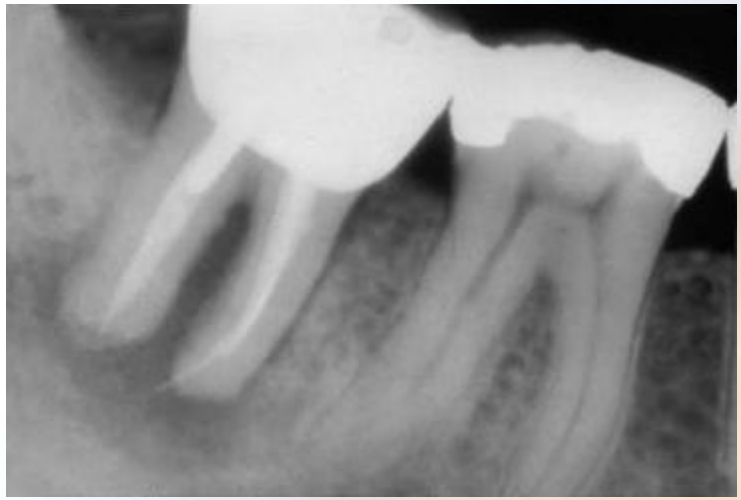


Figure C2

C2. A radiograph taken six years after initial root canal treatment shows that the periapical lesion is even worse.

The endodontist recommended extraction.

Case #3: Reversing Root Canal Failures in Endodontically Treated Teeth

Treatment Plan:

- **Remove post, crown and gutta percha and clean out canals.**
- **Place Pulpdent Paste, TempCanal or Multi-Cal in the canals as an antimicrobial dressing to disinfect the canals and promote healing.**
- **Schedule regular visits to change over the calcium hydroxide dressing and follow the case.**

Case #3: Reversing Root Canal Failures in Endodontically Treated Teeth

Figure C3

C3. Nine months following treatment with TempCanal, the periapical lesion is completely healed and there is bone fill into the furcation.

Figure C4

C4. Shows canals obturated with Pulpdent Root Canal Sealer and new post and crown in place.

Case #3: Reversing Root Canal Failures in Endodontically Treated Teeth

Complete healing resulted. Extraction was avoided. No surgery was required.

Figure C5

C5. A radiograph taken twelve years after treatment with TempCanal shows normal, healthy tooth.

Pulpdent Paste, TempCanal and Multi-Cal provide long-term success and offer a safe and effective non-surgical approach to saving teeth.