



Dear readers,

As I have already mentioned in earlier editorials, the successful outcome of endodontic treatments seems to be lower than expected. New outcome studies, which combine a high recall rate with CBCT analysis of the apical radiolucency, show that around 20% of teeth diagnosed with apical periodontitis with an apical radiolucency show complete reduction of the radiolucency, and around 90% of the teeth show reduction of the radiolucency¹. Furthermore, also the treatment of teeth diagnosed with irreversible pulpitis resulted in 13.7% in apical radiolucencies². This means that we seriously have to reconsider alternative treatments that can help prevent endodontic treatment, such as indirect pulp capping (IPT) or perhaps pulp chamber pulpotomies³. A vital pulp is always better than a gutta-percha filling or an Epiphany-Resilon complex.

In this special issue, we would like to focus on Indirect Pulp Treatment (IPT) as an alternative to preventive endodontic treatment when the clinical diagnosis of the pulp is reversible pulpitis. We give an extensive overview of the dynamic of the caries process and discuss IPT with help of the highest proof of evidence, a systematic review, combined with the presentation of clinical cases and a protocol. Furthermore, we would like to offer dentists who want to participate in the collection of more data for IPT to join clinical research by uploading their treatment reports.

Recently, studies have been published describing the complete opposite of IPT, namely the attempt

to completely remove so-called infected dentine (although it is clinically impossible to diagnose if dentine is infected or not), accepting occurring pulp exposures⁴. Cases are treated under rubber dam protection with an operating microscope by experienced dentists, and pulp exposures are capped with MTA. We present here three case reports of this treatment.

We hope these articles will motivate the readers to preserve pulp vitality when possible. In my opinion an endodontist should not only perform pulpectomies but also work actively on the preservation of pulp vitality.

A handwritten signature in blue ink that reads 'Luc van der Sluis'.

Luc van der Sluis

■ References

1. Liang YH, Jiang LM, Jiang L, et al. Radiographic healing following root canal treatments performed in single-rooted teeth with and without ultrasonic activation of the irrigant: A randomized controlled trial. *J Endod* 2013;39:1218–1225.
2. Abella F, Patel S, Duran-Sindreu F, Mercadé M, Bueno R, Roig M. Evaluating the periapical status of teeth with irreversible pulpitis by using cone-beam computed tomography scanning and periapical radiographs. *J Endod* 2012;38:1588–1591.
3. Simon S, Perard M, Zanini M, et al. Should pulp chamber pulpotomy be seen as a permanent treatment? Some preliminary thoughts. *Int Endod J* 2013;46:79–87.
4. Bogen G, Kim JS, Bakland LK. Direct pulp capping with mineral trioxide aggregate: an observational study. *J Am Dent Assoc* 2008;139:305–315.