THE USE OF L-PRF IN ENDODONTIC MICROSURGERY

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INTRODUCTION

The approach of large periapical lesions is a challenging surgical procedure due to the significant amount of resorbed bone. L-PRF, a concept of **naturally** guided tissue regeneration, contains a **dense** network of fibrin (1) which releases several **bioactive molecules** (2,3,4). L-PRF improves the initial **healing** stages (5), reducing the **inflammatory** process (6) and the **risk of infection** (4,6,7). Although L-PRF has been widely used among various dental fields (8), the regenerative potential of L-PRF in the apical region still seems to be unclear.



Endodontic Microsurgery encompasses the **removal** of pathological and necrotic tissues, followed by the **resection** of a small part of the **apex** and lastly, the preparation of the apical cavity in order to ultimately be filled with a retrograde material.



"24.5% of the referred cases for endodontic nonsurgical retreatment were judged by an endodontist as either impossible or improbable because it might jeopardize the **root** integrity'

DISCUSSION AND RESULTS

Biologically, L-PRF induced the proliferation of **fibroblasts** (9) and **stem** cells (2), acceleration of hemostasis (5), suppression of osteoclastogenesis (10), increased **osteoblastic** expression (11) and slowly released **growth factors** (2), cytokines (3) and proteins (3,4). In the apical region, was demonstrated complete regeneration in all of the studies (12-21), reduction in **post-surgical pain** (22), **inflammation** (23) and **analgesics**' administration (22). The protocol of centrifugation and the materials used demonstrated an influence over the effectiveness of the L-PRF produced (1,24).

ADVANTAGES

AIM

Interpret the available literature in order to conclude the effectiveness of L-PRF in Endodontic Microsurgery.

METHOD





In total, 24 articles were included in this review.

PROTOCOL

Given the currently available literature, it is clear that the characteristics of centrifugation, protocol and materials used influence the viability of the produced clot (1,24), being ideal:

2



CONCLUSIONS

The use of L-PRF as an aid in endodontic microsurgery proved to be successful, achieving complete healing of soft and hard tissues in the apical region in all of the studies. In addition, demonstrated to reduce post-surgical pain, inflammation and analgesics' administration.