Tannfrakturer etter funksjonelle og behandlingsrelaterte belastninger: Terminologi, diagnostikk, etiologi, forebyggelse og behandling



#### **Delvis lånt fra:**

#### Longitudinal Tooth Fractures: Classification, Identification and Treatment



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# Akutte vs repeterte/induserte traumer

#### Akutte



- Subluksasjon
- Luksasjon
- Avulsjon
- Frakturer
  - Typisk horisontale eller skrå

#### Repeterte/induserte

- Infraksjoner
- Kuspefraktur
- Sprekker
- Vertikale frakturer: vi mangler norsk presis terminologi
- Horisontale: interne i kroner













- Craze Line
- Cuspal fracture
- Cracked Tooth
- Split Tooth
- Vertical Root Fracture

- Infraksjoner
- Kuspefraktur
- Sprekk
- Vertikal kronefraktur
- Vertikal rotfraktur



- Craze Line infraksjoner
  - Location: Crown
  - Direction: Variable
  - Orientation: Occlusal
  - Symptoms: None
  - Signs: None
  - How to ID:Illumination
  - Treatment: None
  - Prognosis: Excellent







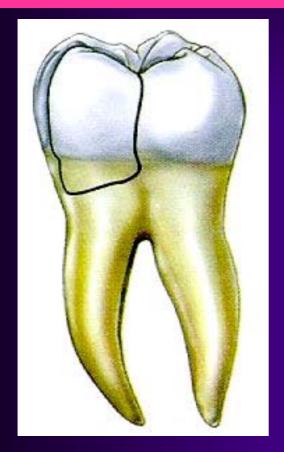


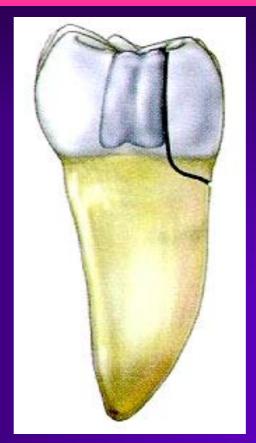


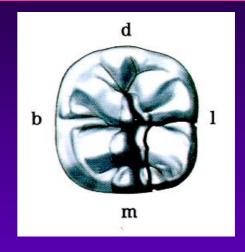
- Cuspal Fracture kuspefraktur
  - Location: Crown
  - Direction: M-D and/or F-L
  - Orientation: Occlusal
  - Symptoms: Acute
  - Signs: Separable Segments
  - How to ID: Remove Segment
  - Treatment: Remove Segment and Restore
  - Prognosis: Fair



# Cuspal Fracture - kuspefraktur

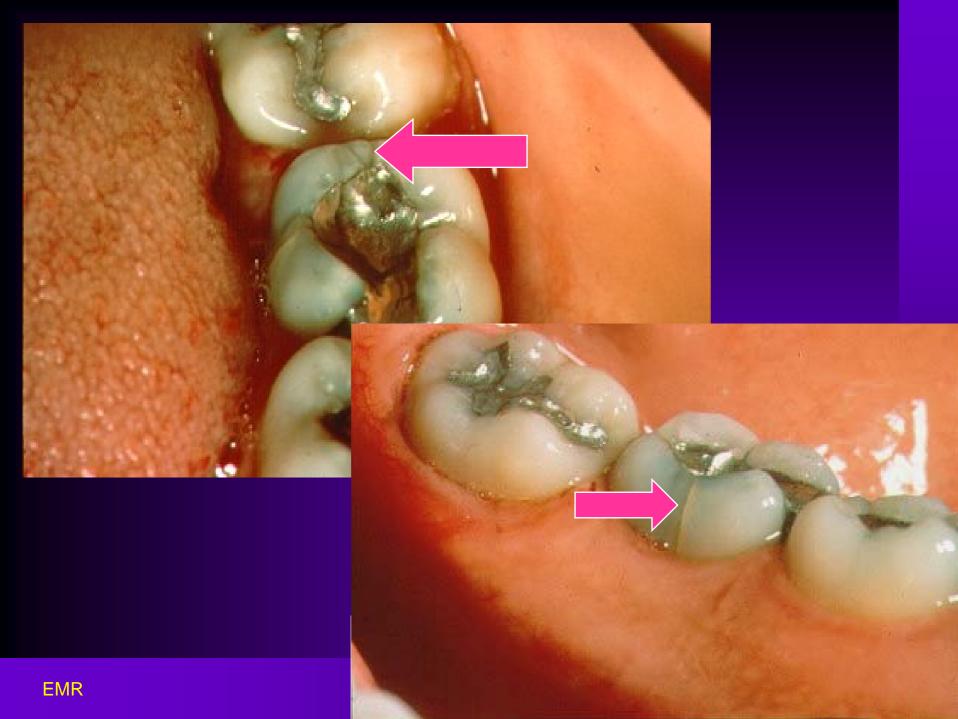






































- An incomplete fracture initiated from the crown and extending subgingivally, usually directed mesio-distally.
- The fracture may extend through either or both of the marginal ridges and through the proximal surfaces.

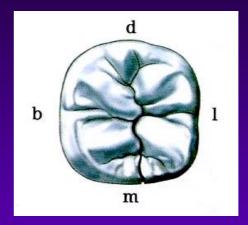


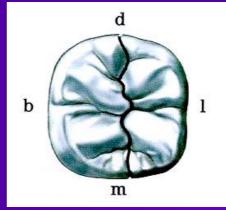
- Cracked Tooth Vertikal sprekk
  - Location: Crown
  - Direction: M-D
  - Orientation: Occlusal
  - Symptoms: Highly Variable
  - Signs: Variable
  - How to ID: Illumination, Stain, Remove Restoration, Biting, Magnification
  - Treatment: Varied
  - Prognosis: Varied



# Cracked Tooth -Sprekk







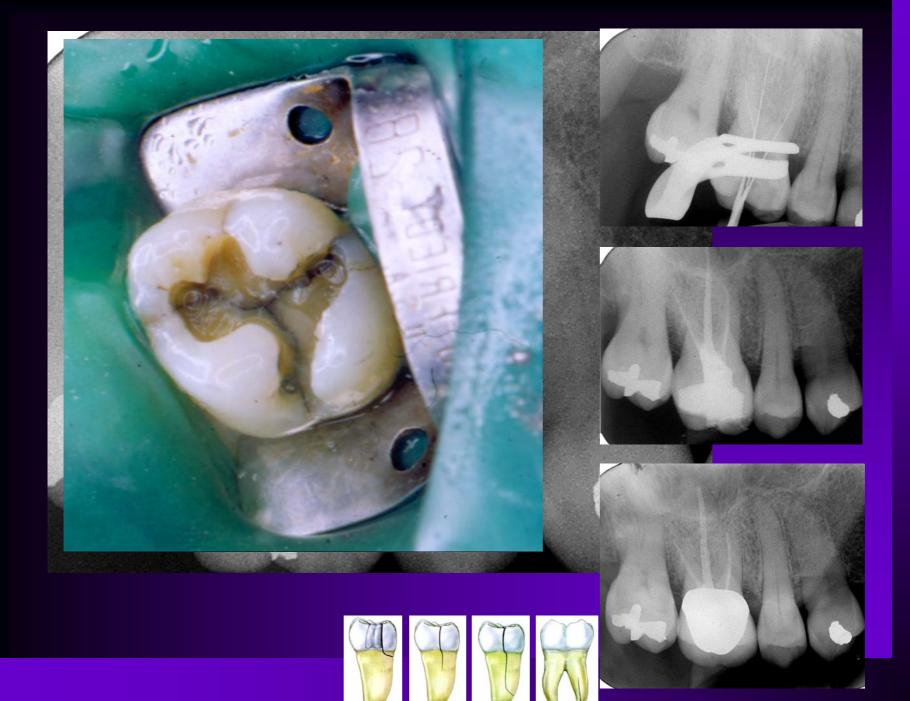












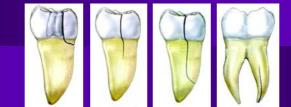
- Hiatt, J Periodontol 1973;44:369
  - Teeth with incomplete crown-root fractures have good cusp/fossa relationships.
  - The fractures run in a mesio-distal direction.
  - Only posterior teeth are involved.
  - 74% of involved teeth had no proximal restorations.
  - 71% of fractures were found in mandibular molars.



- Cameron J Am Dent Assoc 1976;93:971
  - 2/3 of 102 fractures occurred in mandibular molars.
  - 35% of patients gave a history of previous cracked tooth.
  - 25% of patients could make their own diagnosis.
  - Pulp testing and radiographic findings often do not contribute to the diagnosis.



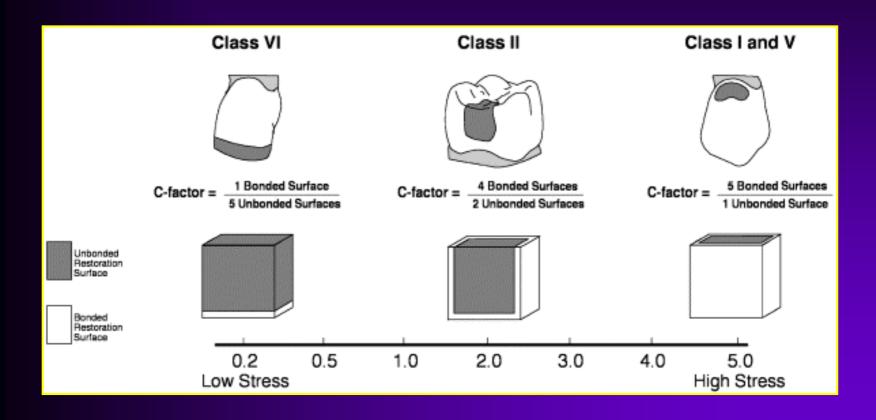
- Cameron J Am Dent Assoc 1976;93:971
  - > 75% of the cracked teeth were vital (ie. responsive to Sensitivity Testing).
  - 81% of the cases revealed normal radiographic structures.



- Suggested Etiologies
  - Heavy masticatory musculature
  - Crunching habit
  - Steep cuspal inclines
  - Large MOD restorations
  - Teeth that have had RCT and not been (properly) restored
  - ??Bonding and shrinkage??



#### "C factor" for contraction stress





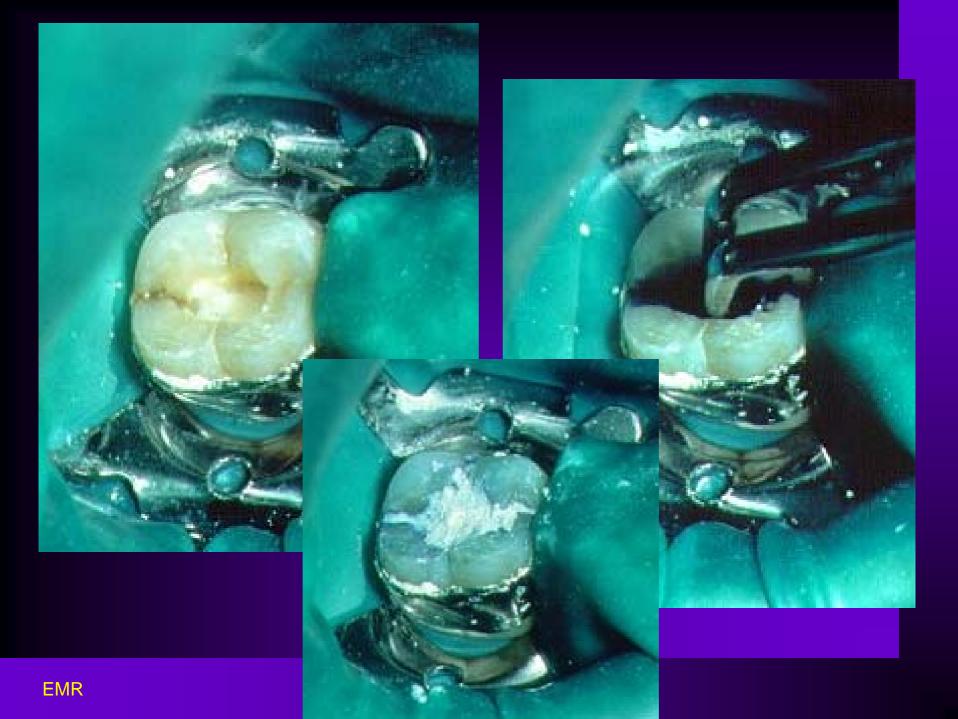
Feltzer et al 1987, Price et al 2003



# Cracked Tooth Syndrome???

- A Syndrome is a group of signs and symptoms that characterize and specify a particular abnormality.
- A Syndrome is a set of concurrent and repeatable things that form a distinct identifiable pattern.





































#### Treatment

- Providing the tooth is responsive to Sensitivity Testing and there are no periodontal defects, a cast restoration is placed to prevent progression of crack???
- If endodontic and/or periodontal problems exist, they should be treated prior to fabrication of a cast restoration????
- Prognosis: Dubious



#### Treatment

- Dentin and enamel bonding with adhesive resins, if placed with special techniques, may reinforce weakened tooth structure and provide cuspal protection.
  - Boyer DB, Roth L (1994). Fracture resistance of teeth with bonded amalgams. *Am J Dent* 7(2):91-4.
  - Reeh ES, Douglas WH, Messer HH (1989). Stiffness of endodontically-treated teeth related to restoration technique. J Dent Res 68(11):1540-4.
  - Trope M, Langer I, Maltz D, Tronstad L (1986). Resistance to fracture of restored endodontically treated premolars. *Endod Dent Traumatol* 2(1):35-8.
  - Trope M, Tronstad L (1991). Resistance to fracture of endodontically treated premolars restored with glass ionomer cement or acceptable (1991). Endod 17(6):257-9.

#### Treatment

- Oral Surg Oral Med Oral Pathol Oral Radiol Endod.
   2001 Nov;92(5):553-5
- Vertical root fracture in endodontically treated teeth: a review of 25 cases.
- Llena-Puy MC, Forner-Navarro L, Barbero-Navarro I. Department of Somatology, Faculty of Medicine and Dentistry, University of Valencia, Spain.
- NB: Gjelder egentlig cracked teeth, hvilket bekrefter behovet for presis terminologi!



#### Treatment

OBJECTIVE: We sought to examine the clinical conditions under which 25 endodontically treated teeth underwent vertical root fracture (VRF) and to relate this condition to the time elapsed from endodontic treatment to fracture.



#### Treatment

STUDY DESIGN: This was a retrospective study in which we reviewed 25 case histories of patients with postendodontic VRF and studied the effect of various pretreatment and posttreatment factors as they related to VRF.



**Table III.** Restorative materials used in 25 teeth with VRF and the time elapsed from restorative treatment to VRF

Restorative material	Frequency	Percentage	Mean, range (mo)
Composite resin	11	44%	25; 21-28
Amalgam	9	36%	104; 84-124*
Bonded amalgam	5	20%	29; 21-37

<sup>\*</sup>Teeth restored with conventional amalgam took a significantly longer time to fracture (P < .05).



#### Treatment

RESULTS AND CONCLUSIONS: The mean time to VRF was 54 months; this was not significantly influenced by the presence or absence of prior restoration or by the presence or absence of a crown fitting. The use of a prefabricated, cylindrical, cemented intraradicular retainer increased the time between endodontics and VRF. Teeth restored with conventional amalgam took significantly longer to undergo VRF than those restored with composite or bonded amalgam. In contrast, amalgam-restored teeth suffered more coronal fractures before VRF than did teeth in the other 2 groups.











































#### **Definitions**

- Split Tooth Vertikal kronefraktur
  - Location: Crown
  - Direction: M-D
  - Orientation: Occlusal
  - Symptoms: Acute, Mastication
  - Signs: Separable Segments
  - How to ID: Separable Segments
  - Treatment: Remove Separable Segment
  - Prognosis: Hopeless



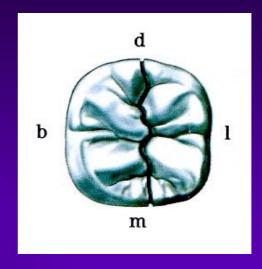






## Split Tooth – Vertikal kronefraktur







































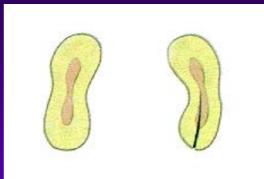


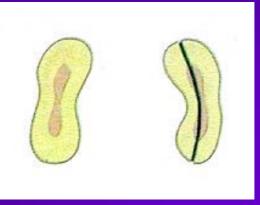
#### **Definitions**

- Vertical Root Fracture vertikal rotfraktur
  - Location: Roots
  - Direction: F-L
  - Orientation: Root
  - Symptoms: Usually None
  - Signs: Variable
  - How to ID: Flap Reflection
  - Treatment: Removal
  - Prognosis: Hopeless

















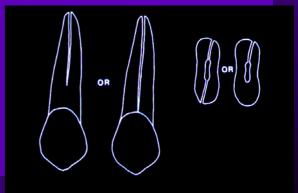


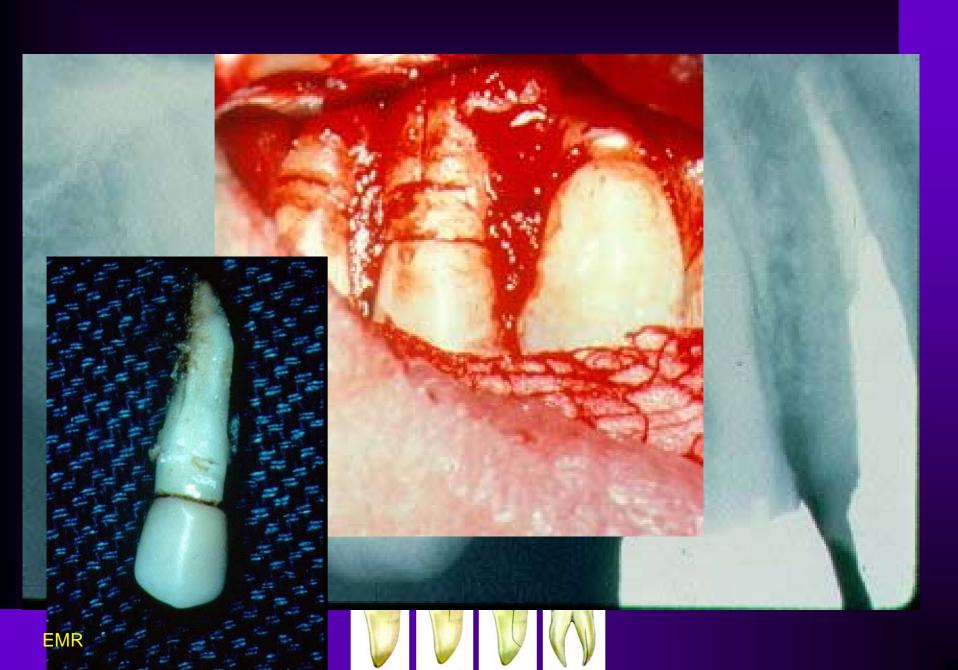




- What direction is the fracture?
- Primarily facial-lingual
  - Pitts DL, Natkin E (1983). Diagnosis and treatment of vertical root fractures. *J Endod* 9(8):338-46.
  - Pitts DL, Matheny HE, Nicholls JI (1983). An in vitro study of spreader loads required to cause vertical root fracture during lateral condensation. *J Endod* 9(12):544-50.
  - Ricks-Williamson LJ, Fotos PG, Goel VK, Spivey JD, Rivera EM (1995). A three-dimensional finite-element stress analysis of an endodontically prepared maxillary central incisor. *J Endodon* 21(7):362-367.
  - Tamse A, Fuss Z, Lustig J, Kaplavi J (1999). An evaluation of endodontically treated vertically fractured teeth. J Endod 25(7):506-8.
  - Lustig JP, Tamse A, Fuss Z (2000). Pattern of bone resorption in vertically fractured, endodontically treated teeth. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 90(2):224-7.







- What is the etiology for these fractures?
- Post placement and condensation forces during obturation are the two major etiologies.
  - Meister F, Jr., Lommel TJ, Gerstein H (1980). Diagnosis and possible causes of vertical root fractures. Oral Surg Oral Med Oral Pathol 49(3):243-53.
  - Harvey TE, White JT, Leeb IJ (1981). Lateral condensation stress in root canals. *J Endodon* 7(4):151-55.
  - Pitts DL, Matheny HE, Nicholls JI (1983). An in vitro study of spreader loads required to cause vertical root fracture during lateral condensation. *J Endod* 9(12):544-50.
  - Tamse A (1988). latrogenic vertical root fractures in endodontically treated teeth. *Endod Dent Traumatol* 4(5):190-6.
  - Obermayr G, Walton RE, Leary JM, Krell KV (1991). Vertical root fracture and relative deformation during obturation and post cementation. J Prosthet Dent 66(2):181-7.
  - Murgel CA, Walton RE (1990). Vertical root fracture and dentin deformation in curved roots: the influence of spreader design. Endod Dent Traumatol 6(6):273-8.
  - Dang DA, Walton RE (1989). Vertical root fracture and root distortion: effect of spreader design. J Endod 15(7):294-301.
  - Holcomb JQ, Pitts DL, Nicholls JI (1987). Further investigation of spreader loads required to cause vertical root fracture during lateral condensation. *J Endod* 13(6):277-84.









- What about probing patterns?
- Probing patterns may be normal, but also may be narrow or rectangular and isolated to a specific area.
  - Lustig JP, Tamse A, Fuss Z (2000). Pattern of bone resorption in vertically fractured, endodontically treated teeth. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 90(2):224-7.
  - Tamse A, Fuss Z, Lustig J, Kaplavi J (1999). An evaluation of endodontically treated vertically fractured teeth. J Endod 25(7):506-8.
  - Harrington GW (1979). The perio-endo question: differential diagnosis. Dent Clin N Amer 23(4):673-90.







- Does a sinus tract have to be present?
- A sinus tract may be present.
  - Tamse A, Fuss Z, Lustig J, Kaplavi J (1999). An evaluation of endodontically treated vertically fractured teeth. *J Endod* 25(7):506-8.
  - Torabinejad (Personal Communication)







- Radiographic changes are variable.
  - Some teeth show no radiographic changes.
  - Many resorptive patterns resemble failed root canal treatment (hanging drop).
  - Bone resorption, when present, tends to be marked, extending from the apex along the lateral surface of the root.
    - Tamse A, Fuss Z, Lustig J, Ganor Y, Kaffe I (1999). Radiographic features of vertically fractured, endodontically treated maxillary premolars. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 88(3):348-52.
    - Tamse A, Fuss Z, Lustig J, Kaplavi J (1999). An evaluation of endodontically treated vertically fractured teeth. J Endod 25(7):506-8.
    - Michelich (Personal Communication)



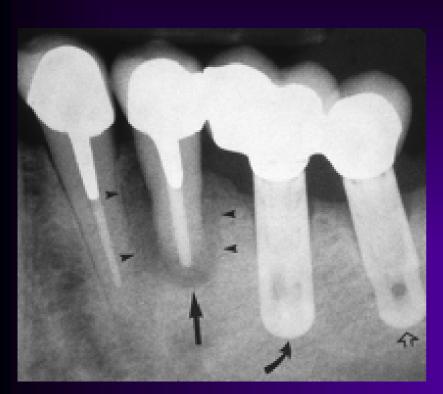
- Radiographic changes are variable.
  - Some show visible separation of fractured root segments.
    - A radiolucent line that seems to separate filling (ie. gutta percha) from the dentin wall may be diagnostic.

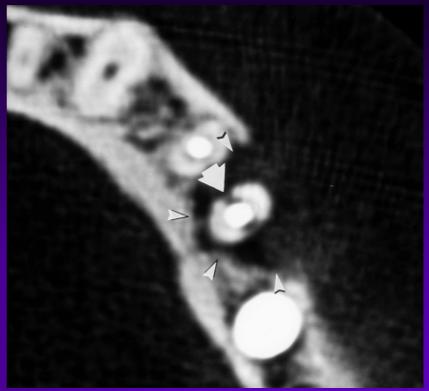


"Halo" lesion, perilateral radiolucency, and angular resorption of the crestal bone, combined with diffuse or defined but not corticated borders, indicated a high probability of vertical root fracture in maxillary premolars.

Lustig JP, Tamse A, Fuss Z. 2000







Youssefzadeh 1999





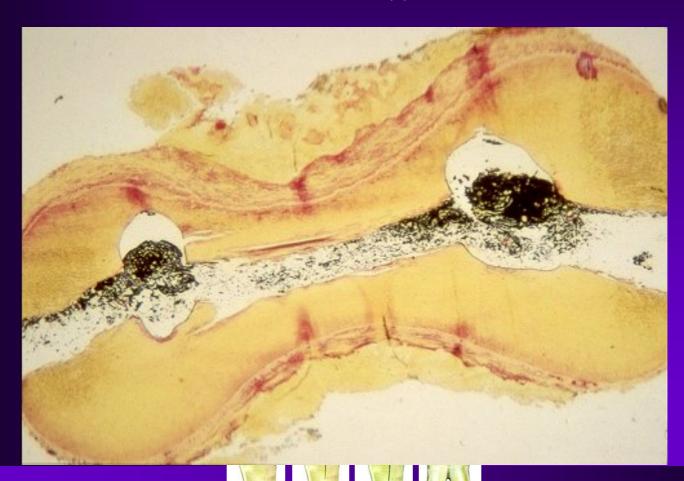






#### Histopathogenesis

■ Walton RE, Michelich RJ, Smith GN (1984). The histopathogenesis of vertical root fractures. *J Endod* 10(2):48-56.



Okitsu et al. 2005 DMJ 24:66-69:

# Effective factors including periodontal ligament on vertical root fractures



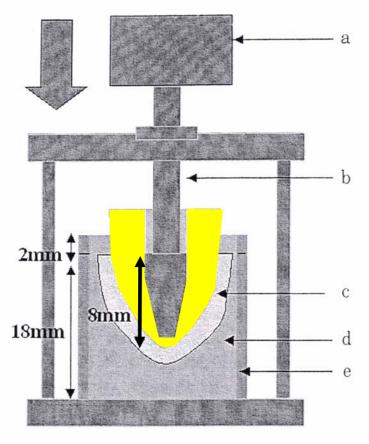


Fig. 1 Schema of loading apparatus. a: cross-head of universal testing machine, b: Co-Cr rod, c: simulated periodontal ligament, d: autopolymerizing resin, e: acrylic tube.

# C: Al-folie erstattet med polysiloxan avtrykksmateriale



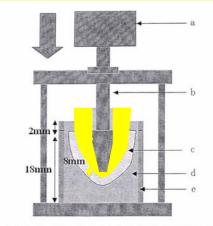
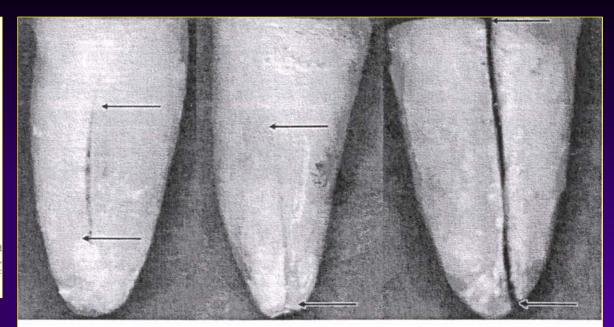


Fig. 1 Schema of loading apparatus. a: cross-head of universal testing machine, b: Co-Cr rod, c: simulated periodontal ligament, d: autopolymerizing resin, e: acrylic tube.

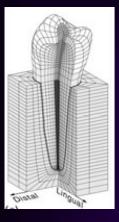


PF AF CF

Fig. 2 Typical fracture patterns. PF: partial fracture not involving the root apex, AF: partial fracture involving the root apex, CF: complete fracture.

Okitsu et al. 2005 DMJ 24:66-69





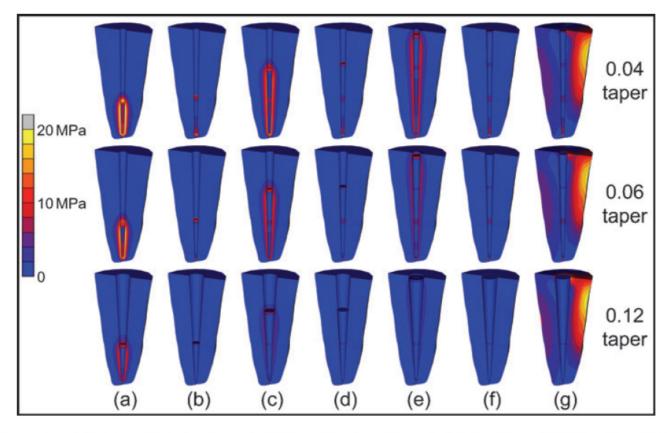


Figure 4 Equivalent stress distributions in a root with three different canal tapers: (a-f) during filling; and (g) followed by a 50 N occlusal loading on the buccal cusp incline. The compaction force was 10 N.











Yang SF, Rivera EM, Walton RE (1995). Vertical root fractures in nonendodontically treated teeth. *J Endod* 21(6):337-39.









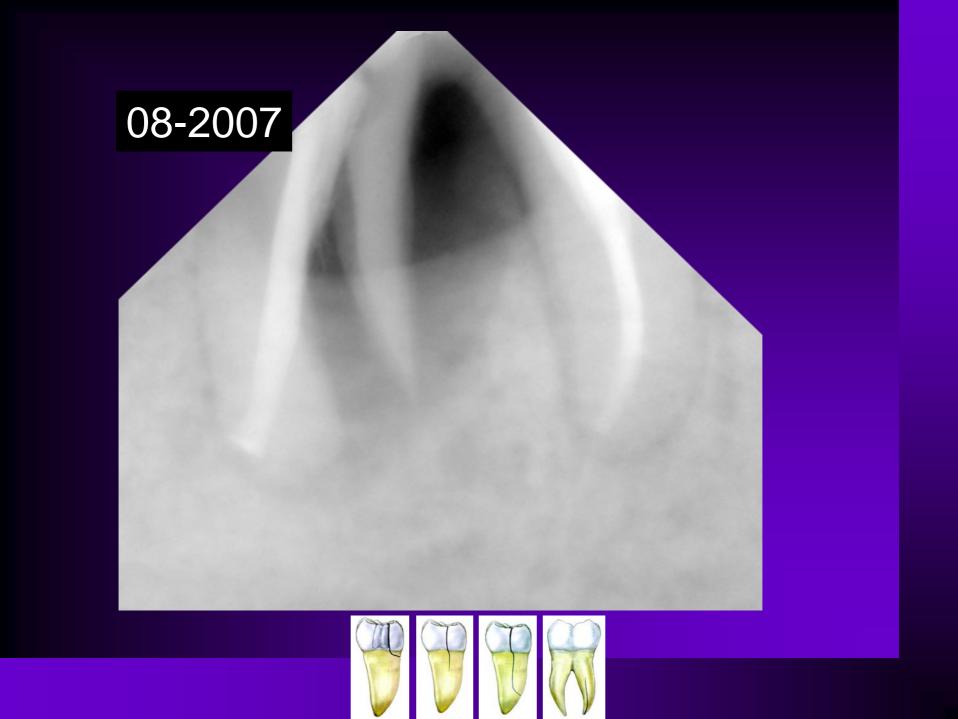


Yang SF, Rivera EM, Walton RE (1995). **Vertical root fractures in nonendodontically treated teeth.** *J Endodon* 21(6):337-39.

Vertical root fractures have been reported to occur primarily in endodontically treated teeth due to condensation forces and/or with post placement. This study describes 11 Chinese patients with 12 molars that developed vertical root fractures without endodontic or post procedures. These showed characteristics of a true vertical root fracture as confirmed after extraction. Fractured teeth showed a consistent pattern. The majority were severely attrited mandibular molars in males. All had clinically intact crowns with no or minimal restorations.









Tamse A, Kaffe I, Lustig J, Ganor Y, Fuss Z. OOOOE 2006









# Overview

	Location	Direction	Orientation	Symptoms	Signs	Diagnosis	Treatment	Prognosis
Craze line	Crown	Variable	Occlusal	None	None	Illumination	None	Excellent
Cuspal fracture	Crown	M-D or F-L	Occlusal	Acute	Separable segment		Remove and restore	Location dependent
Cracked tooth	Crown	M-D	Occlusal	Variable	I Variania 🔠	IIIu, stain, biting	Enforce; extract	Dubious
Split tooth	Crown	M-D		Variable; acute; mastication	Separable segment	•	Remove segments	Hopeless
Vertical root fracture	Root	F-L	Root	Usually none	Variable	Flap reflection	Extract	Hopeless









#### Prevention

- Prevention of Cracked Tooth
  - Change Patients' Habits gjelder kanskje alle kategorier?
  - Restore to Protect Occlusion
- Split Tooth Prevention
  - Restore with Crown
  - Protect Weakened Structures
- Cusp Fracture Prevention
  - Protect Weakened Cusps
  - Minimize Class II Width/Depth?















Apex er nær, men enden er her.

