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What happens if a root canal fails

Most teeth treated with root canal therapy remain healthy. Occasionally a tooth treated with root canal therapy (RCT) fails to heal or the pain continues. The tooth can become painful or diseased months or even years after successful treatment. The good news is a procedure to save your tooth can be performed. There are many reasons a treated tooth may not heal as expected: Narrow or curved canals which were not treated during the initial procedure. Complicated canal anatomy went undetected in the first procedure. The crown or other restoration was not placed soon enough after the procedure. The restoration did not prevent saliva from contaminating the inside of the tooth. New decay can also jeopardize a successfully treated tooth by allowing bacteria into the filling material causing a new infection. If the doctor prescribes retreatment, they will reopen your tooth to gain access to the root canal filling material. After removing the canal filling, the endodontist can clean the canals and carefully examine the inside of your tooth with the high-power microscope. During this examination they will be looking for any additional canals or unusual anatomy that requires treatment. The advent of the dental microscope and our endodontist's specialized training enable them to discover canals that would not otherwise be visible to the human eye. After cleaning the newly discovered canal(s) they will fill and seal the canal(s) and place a temporary filling in the access site. You will then be advised to visit your dentist as soon as possible to have a new crown or other restoration placed on the tooth to protect and restore it to full function. Is Root Canal Retreatment the Best Choice? Retreated teeth can function well for years, even for a lifetime! It is always best to save the tooth if possible. Extraction should always be the last option. An extracted tooth should then be replaced with a dental implant, bridge, or removable partial denture to restore chewing function and to prevent adjacent teeth from shifting. No matter how effective tooth replacements are, and they can be very effective, nothing is as good as your natural tooth. You've already made an investment in saving your tooth. The payoff for choosing retreatment could be a healthy, functioning natural tooth. Of course, there are no guarantees with any dental or medical procedure. The endodontists will discuss your options and the chances of success before beginning any therapy. How Much Will a Root Canal Retreatment Procedure Cost? The fees vary depending on how complicated the procedure will be. The treatment will probably be more complex than your first root canal therapy, because your restoration and filling material may need to be removed to accomplish the new procedure. In addition, the endodontist may need to spend considerable time searching for unusual canal anatomy. While dental insurance may cover part or all the cost for retreatment, some policies limit coverage to a single procedure on a tooth in each period of time. Check with your employer or insurance company prior to treatment to be sure of your out of pocket expense. Ready to Get Started? Request an appointment by clicking the button below. Also Consider Reading... Endodontics Emergency Endodontic Care Meet Our Team With proper care, even teeth that have had root canal treatment can last a lifetime. But sometimes, a tooth that has been treated doesn't heal properly and can become painful or diseased months or even years after treatment. If your tooth failed to heal or develops new problems, you have a second chance. An additional procedure may be able to support healing and save your tooth. If you have pain or discomfort in a previously treated tooth, talk to an endodontist about retreatment. As occasionally happens with any dental or medical procedure, a tooth may not heal as expected after initial treatment for a variety of reasons: Narrow or curved canals were not treated during the initial procedure. Complicated canal anatomy went undetected in the first procedure. The placement of the crown or other restoration was delayed following the endodontic treatment. The restoration did not prevent salivary contamination to the inside of the tooth. In other cases, a new problem can jeopardize a tooth that was successfully treated. For example: New decay can expose the root canal filling material to bacteria, causing a new infection in the tooth. A loose, cracked or broken crown or filling can expose the tooth to new infection. A tooth sustains a fracture. First, the endodontist will discuss your treatment options. If you and your endodontist choose retreatment, the endodontist will reopen your tooth to gain access to the root canal filling material. In many cases, complex restorative materials—crown, post and core material—must be disassembled and removed to permit access to the root canals. After removing the canal filling, the endodontist can clean the canals and carefully examine the inside of your tooth using magnification and illumination, searching for any additional canals or unusual anatomy that requires treatment. After cleaning the canals, the endodontist will fill and seal the canals and place a temporary filling in the tooth. If the canals are unusually narrow or blocked, your endodontist may recommend endodontic surgery. This surgery involves making an incision to allow the other end of the root to be sealed. After your endodontist completes retreatment, you will need to return to your dentist as soon as possible to have a new crown or other restoration placed on the tooth to protect and restore it to its full function. Whenever possible, it is best to save your natural tooth. Retreated teeth can function well for years, even for a lifetime. Advances in technology are constantly changing the way root canal treatment is performed, so your endodontist may use new techniques that were not available when you had your first procedure. Your endodontist may be able to resolve your problem with retreatment. As with any dental or medical procedure, there are no guarantees. Your endodontist will discuss your options and the chances of success before beginning retreatment. The cost varies depending on how complicated the procedure will be. The procedure will probably be more complex than your first root canal treatment, because your restoration and filling material may need to be removed to accomplish the new procedure. In addition, your endodontist may need to spend extra time searching for unusual canal anatomy. Therefore, you can generally expect retreatment to cost more than the initial endodontic treatment. While dental insurance may cover part or all of the cost for retreatment, some policies limit coverage to a single procedure on a tooth in a given period of time. Check with your employer or insurance company prior to retreatment to be sure of your coverage. If nonsurgical retreatment is not an option, then endodontic surgery should be considered. This surgery involves making an incision to allow access to the tip of the root. Endodontic surgery may also be recommended in conjunction with retreatment or as an alternative. Your endodontist will discuss your options and recommend appropriate treatment. The only other alternative is the extraction of the tooth. The extracted tooth must then be replaced with an implant, bridge or removable partial denture to restore chewing function and to prevent adjacent teeth from shifting. Because these options require extensive surgery or dental procedures on adjacent healthy teeth, they can be far more costly and time-consuming than retreatment and restoration of the natural tooth. No matter how effective tooth replacements are—nothing is as good as your own natural tooth. You've already made an investment in saving your tooth. The payoff for choosing retreatment could be a healthy, functioning natural tooth for many years to come. All topics. »All Root Canal pages. »Treatment failure - Signs & SymptomsSymptoms that you may notice - Sensitivity / Pain / Swelling. | The subtle indications your dentist knows to look for. | If you suspect problems, what should your next step be?While the root canal therapy that's been performed for your tooth will hopefully last you a lifetime, complications and treatment failures can and do occur. This may even take place with a tooth that have an established history of providing you with years, or even decades, of successful service.What should you watch out for?This page outlines clinical signs and symptoms that are frequently associated with failed endodontic therapy.That includes both indications that you the patient may notice, and also the more subtle hints that are often only obvious to the trained eyes of a dentist.Following that discussion, this page also explains what your next steps should be if you suspect problems.More information about root canal failure.As companion pages to this one, we also discuss the following associated topics:Common Signs and symptoms of root canal failure.A) How can you tell if your root canalled tooth has a problem?Many of the signs and symptoms of failed or failing root canal therapy are the same ones as those that originally signaled the tooth's need for treatment. What to look for. In brief, here are some of the things you may notice:1) Sensitivity to pressure -Having persistent or renewed discomfort with a treated tooth typically isn't a good sign.The discomfort noticed might range from just slight tenderness to outright pain.It may be felt when biting/closing your teeth together, tapping on your tooth (sensitivity to percussion) or directing forces to the tooth from the side (pressing, tapping).(When a dentist evaluates a tooth for this symptom, it's referred to as a percussion test. How it's done.)The cause.Typically this type of sensitivity is a sign of inflammation in the tissues that surround the tooth's root.The general scenario.Most cases of root canal treatment failure involve a situation where infection has reestablished itself inside the tooth. (This link explains the types of tooth and/or treatment technical issues that frequently result in endodontic therapy failure. Our list.)(The microorganisms involved are usually bacteria but in some cases they may be fungi [fungus].)Microorganisms and infection byproducts [pus] that leak out of the tooth trigger an inflammation reaction in the tissues surrounding its root. It's the symptoms associated with this process, in these tissues external to the tooth, that result in its sensitivity to percussion.▲ Section references - Hargreaves, Tronstad2) Swelling. -Since failed endodontic cases typically do involve the presence of infection, swelling is often observed.The tissues affected may be limited to just those adjacent to the tooth. Or possibly even just those in the immediate area of its root tip.At the other extreme, the swelling may be extensive and extend into the patient's face, or even neck.The extent of swelling that's present at any one point in time will simply correlate with the current level of activity of the infection, which can fluctuate (days, weeks, months).While not always noticeable, swollen tissues typically are tender to touch. (For this reason, palpation is an important examination method How it's done, for a dentist to use.) A persistent gum boil can be a sign of infection associated with failed root canal therapy.Variants,With some cases, a vent may form through which the pus from the infection can drain, thus keeping the level of swelling that occurs to a minimum.This type of lesion (formally referred to as a "sinus tract") typically takes the form of a persistent gum boil whose position is in the region of the tip of the tooth's root.Due to the draining pus, a bad taste or odor may be present. Additionally, the tissue around the lesion's opening may be tender. However, in cases where these symptoms are not noticed, the tract may lie undiscovered, possibly even for years.This page provides more detailed coverage about these lesions: What is a sinus tract? Pictures | Diagrams3) Thermal sensitivity.This symptom isn't as characteristic for failed endodontic work as pain and swelling. But experiencing it is a possibility.Since the tooth's previous treatment removed its nerve tissue, a response to hot or cold would not be expected. But in cases where one or more of a tooth's root canals have been overlooked and therefore not treated A common reason for failure., this type of sensitivity is possible. (Hargreaves)Related: Thermal (hot/cold) testing. How it's done.▲ Section references - Hargreaves, Ingle4) How a tooth's symptoms may change.The level or degree to which a person experiences symptoms can fluctuate. The time period involved might be days, weeks or months.What's noticed at any particular point in time will generally correspond with the current level of activity of the infection associated with the tooth.With any luck, the person's immune system can keep the tooth's infection in check and relatively confined within it. If so, the symptoms they notice may be quite limited.However, and as a worst-case scenario, teeth with failed endodontic work have the potential to flare up at any time, resulting in an acute apical abscess. What it's like.5) Symptom variability is common.It must be stated that what we've outlined above is not all-inclusive. Your failing tooth may display additional symptoms, or possibly none at all.Variability is commonplace, and that means that with many cases it will take your dentist's best efforts in detection and interpretation to be able to definitively conclude that your tooth's root canal work has failed.B) Having symptoms doesn't always indicate endodontic failure.It's possible that the symptoms you've noticed are not associated with your tooth's root canal work per se. Here are some possibilities:1) Referred pain -The nerve that services a tooth will have the duties of servicing other teeth and structures too. And it's possible that a dental or medical problem associated with one of them may cause sensations that just happen to feel like they're coming from your root canalled tooth.2) Persistent Dentoalveolar Pain disorder (PDAP) -PDAP disorder is a relatively new term used to label situations characterized by this set of events:Pain associated with a tooth signals its need for root canal therapy.But following its treatment, the patient continues to experience discomfort with the tooth, for months on end.On evaluation, nothing can be found at fault with the tooth or the endodontic treatment it has received.PDAP cases can be especially problematic, and difficult for a person to endure. For instance, it often takes a dentist some time to finally arrive at this diagnosis. And even then, possibly only after subjecting the tooth, or even neighboring teeth, to dental procedures that have no chance in providing a solution.And since the underlying cause of PDAP disorder is unknown, treating it is unpredictable. Complete resolution of the patient's pain may not be possible.We've given our coverage of this condition its own page. You can find it here: Persistent dentoalveolar pain disorder. PDAP3) Temporomandibular joint disorder (TMJ) -TMJ disorder, a condition involving pain and limited function of the jaw joint and the muscles that operate the jaw, is usually precipitated by a person's habit of clenching and grinding their teeth. (Dentists refer to this activity as bruxism.)While the actual cause of the pain is due to the TMJ condition, it may feel as though it comes from the area of a tooth, such as one that has received endodontic therapy.As a separate cause of pain, the excessive forces typically involved with bruxism may get directed primarily to just one or a few teeth, causing them to become sensitive (sensitivity to biting pressure would be characteristic).When this scenario occurs in association with a tooth that has had root canal therapy, the sensitivity comes from nerve fibers within the ligament that holds the tooth in place, and therefore is not an indication of endodontic treatment failure.Some signs of endodontic failure can only be detected by your dentist. The dark spot (radiolucency) at the tip of this tooth's root suggests that a problem exists.C) Not all problem teeth display symptoms you can detect.Some teeth that have failed endodontically may not display any symptoms that you, the patient, will really notice.A common scenario is one where from the patient's point of view, their tooth seems perfectly fine. But during x-ray examination (possibly taken as part of a routine dental checkup, or as planned monitoring of a tooth's work) one of the films suggests that a problem exists.Usually what the dentist has discovered is referred to as a "radiolucency Why these form, " like the one shown in our illustration.The grey area of treatment success.The point that a tooth's work might be classified as a failure even though it remains asymptomatic brings up the issue of tooth survival vs. case success.In endodontic terms, "survival" refers to a lack of symptoms while "success" is associated with the more rigorous standard of both an absence of symptoms and evidence of periradicular (around-the-root) tissue healing (as in no radiolucency is present).What should you do if you suspect endodontic treatment failure?a) If your root canalled tooth isn't symptom-free, it should be evaluated.For the most part, if you have a tooth that's had root canal therapy and it continues to have, or has started to show, essentially any type of symptom, it should be examined by your dentist.What's normal.The expectation is that following the completion of a tooth's endodontic therapy, following an initial period of healing of the tissues that surround the root, the tooth will remain quiet and symptom-free. That's because:The tooth's nerve has been removed, so there's no tissue inside the tooth capable of feeling sensation.While nerve fibers do lie in the tissues that surround the tooth's root, successful root canal treatment resolves any issues (like infection, inflammation) that might create an irritating effect on them.Per these two accomplishments, the tooth should remain asymptomatic (without symptoms). If it doesn't, it should be evaluated.b) If something seems wrong, how soon should you have your tooth checked out?If you notice that something seems amiss with your root canalled tooth you should make contact with your dentist's office promptly so they can determine the level of urgency associated with your case and schedule you accordingly.Why is doing so important?Infection typically plays a role in root canal failure, and how active it may become at any one point in time can't be predicted. As such, teeth that have an endodontic problem have the potential to flare up at any time.As a worse case scenario, a long-standing low-grade infection that has only caused minor symptoms may shift into an acute phase, bringing with it intense pain and significant swelling.Of course, just because this potential exists doesn't mean that it will happen. But it does mean that there's absolutely no good reason to delay in contacting your dentist's office and seeking their attention. Once you've done so, they can make a determination about the urgency of your needs.If scheduling is difficult.In the case where you can't be appointed to see your dentist immediately, they may feel that phoning in a prescription for antibiotics for you (either to be started immediately or to have on hand if your situation worsens (a "delayed" prescription)) can provide a means of helping to control your current symptoms and/or risk level.However, according to current prescribing concepts, the use of an antibiotic in managing endodontic emergencies should typically play a secondary role to direct treatment. So, it is in your best interest to shuffle your schedule however is needed to accommodate whatever appointment your dentist has to offer.c) Timing your tooth's corrective treatment.Once a decision has been made about the type of corrective treatment that's required for your tooth, it should be performed within the time guidelines recommended by your dentist, for exactly the same reasons just mentioned.Until that point in time when your tooth's issues are finally resolved, it still remains unpredictable. And as such, it leaves you at risk for complications and/or acute flare-up.As a precaution, your dentist may decide to write you a prescription for antibiotics so you already have it on hand if conditions with your tooth worsen before your definitive treatment can be performed. Their decision for a need to do this will simply depend on the conditions associated with your tooth.Further reading about endodontic case failure. Page references sources: Hargreaves KM, et al. Cohen's Pathway of the pulp. Chapter: Nonsurgical retreatment.Ingle JI, et al. Ingle's Endodontics. Chapter: Retreatment of Non-Healing Endodontic Therapy and Management of MishapsTronstad L. Clinical Endodontics. Chapter: Oral and Perioral Pain of Endodontic Interest.All reference sources for topic Root Canals.

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