

Pre-Radiation Assessment

The following guidelines can be used in considering teeth for treatment or extraction:

- Irritation caused by sharp edges of teeth, orthodontic brackets, defective restorations, or defective prosthesis should be corrected.
- Carious lesions and recurrent carious lesions should be restored.
- Deep pits and fissures should be sealed to reduce the probability of carious lesions in future.
- Any carious lesions that potentially threaten pulpal integrity should be treated with endodontic therapy or extracted.
- Any periapical lesions greater than the diameter of 3 mm in diameter radiographically should be considered for extraction, however, periapical lesions less than 3 mm diameter should be endodontically treated. If the prognosis of endodontics is poor it is better to extract the teeth.
- Patients with calculus build up and deep pockets should be treated with scaling and root planing.
- If pocket depths exist which are more than 5-6 mms, extraction of the involved teeth should be considered.
- Teeth with root furcation involvement (Class II) should also be considered for extraction as the teeth can become sources of infection.
- Non strategic teeth (e.g., not in occlusion) should be considered for extraction.
- Teeth with mobility greater than 2 should be considered for extraction.
- Teeth with large restorations with potential to fracture or which threaten pulpal integrity should be considered for extraction.
- Partially impacted wisdom teeth should be considered for extraction.