Letter to the Editor

Aspiration of endodontic file

Dear Editor,

We read with great interest the Case report, 'Aspiration of an endodontic file' by Thakral et al e-publication in *Med J Armed Forces India* (2013), <http://dx.doi.org/10.1016/j.mjafi.2013.09.009> (article in press).¹

The authors have given an excellent presentation on the sequence of events of the case in particular and also the complications associated with such incidents and their management in general. However, as one of the stated purposes of the article was to emphasize on the preventive measures (Refer to Paragraph 2 of the 'Introduction' segment), it is essential that additional strategies, apart from the ones mentioned in the article, be highlighted upon. Some of these are as under^{2,3}:

- (a) Instructions to the patient not to swallow anything in the mouth while procedure is being performed without the consent of the Dentist;
- (b) Tethering of endodontic instruments with floss/suitable suture material;
- (c) Use of electronic apex locators;
- (d) Using rotary instrumentation;
- (e) Keeping ready the high velocity evacuation system as a backup;

Despite the preventive strategies mentioned in the preceding paragraph, it is imperative to emphasize here that tooth isolation using rubber dam is the 'gold standard' for any non surgical endodontic treatment. It not only prevents such incidents, but also helps achieve root canal sterilization, prevention of occasional injury with comparatively caustic root canal irrigation solution etc. However it is an established fact that most dental practitioners do not routinely use rubber dam when performing endodontic treatment. In a survey by Whitworth et al in the United Kingdom, a very low proportion of the surveyed dentists (fewer than 20%) were using rubber dam routinely; while a vast majority of them (60%) reported having never used rubber dam.⁴ Similarly, Kapitan et al reported that fewer than 10% of Czech dental practitioners used rubber dam routinely; while 70% never used it during endodontic practice.⁵

Postgraduate endodontic students are trained and expected to place the rubber dam even under the difficult clinical conditions such as crownless or cone shaped teeth.⁶ The other technical challenging situations for the use of the rubber dam or placement of the retentive clamp are short crown length, missing walls, partially erupted tooth and gingival overgrowth etc. The Dental surgeon should first resolve the issues that hamper the placement of rubber dam. One might consider not to

use the rubber dam till treatment options such as building a temporary crown using restorative materials, orthodontic extrusion or periodontal crown lengthening are exhausted, or in cases with severe respiratory impairment.³

It would be pertinent to point out here that unwarranted incidents, such as the one reported in the article under discussion, should be considered as a catalytic factor to address shortcomings in our treatment approach in particular, and improvement of the health care delivery system, in general. Hence, routine use of rubber dam in the Dental health care setup needs to be encouraged.

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