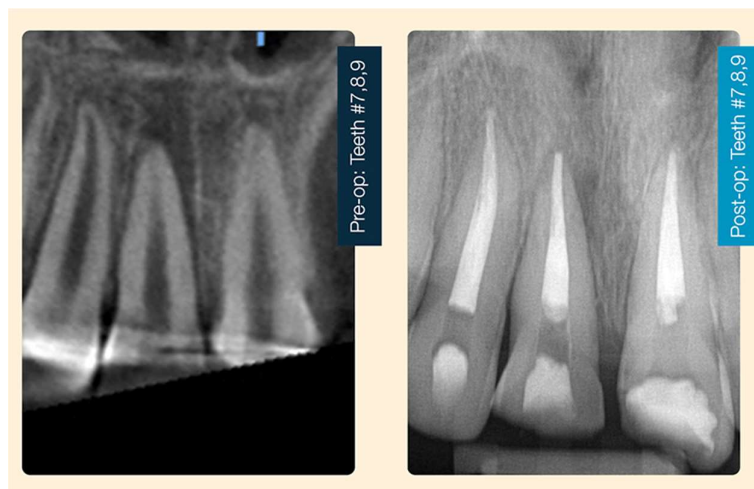


## BioRoot Flow Paediatric & Warm Technique Cases by Julianna Bair, DMD



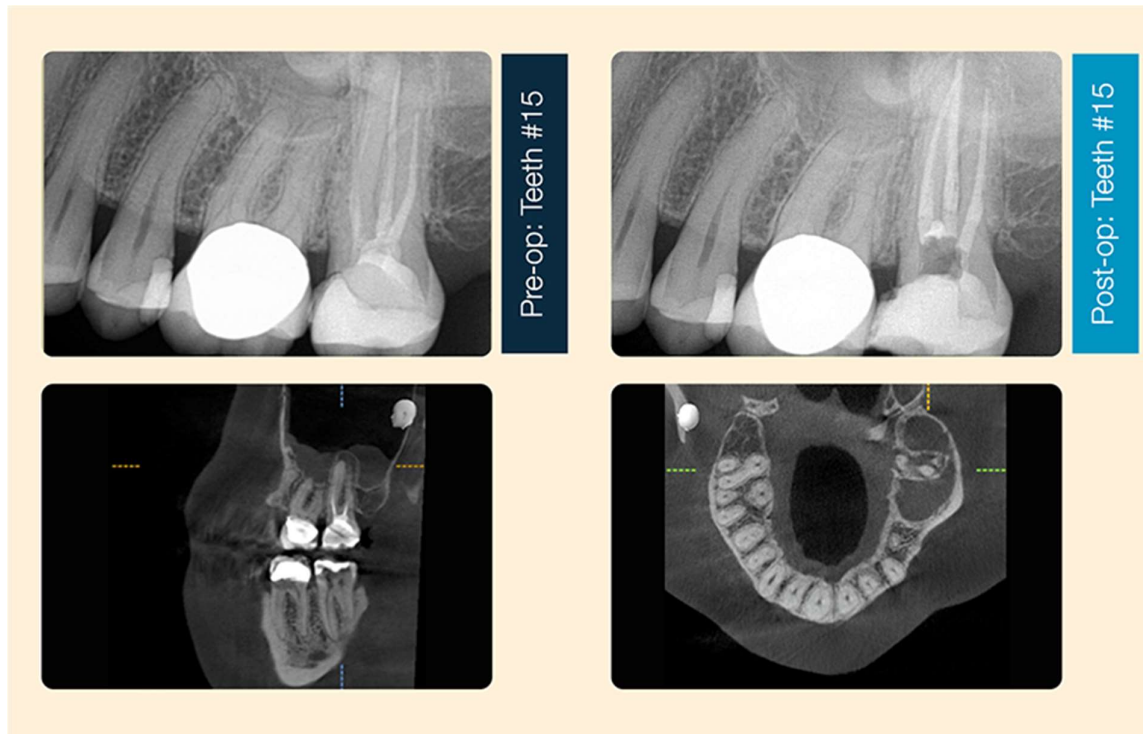
In this insightful article, Dr. Julianna Bair shares her experiences using BioRoot® Flow in paediatric cases and the warm vertical obturation technique. Discover how BioRoot® Flow simplifies procedures and saves time in paediatric root canal therapy. Dr. Bair also highlights the advantages of the warm vertical technique in achieving optimal canal fillings, emphasizing the radiolucency of BioRoot® Flow for precise application. Join us as we explore Dr. Bair's expertise and the effectiveness of BioRoot® Flow in endodontic practice.

### 1) The ease of use of the pre-mixed syringe makes BioRoot Flow great for paediatric cases.



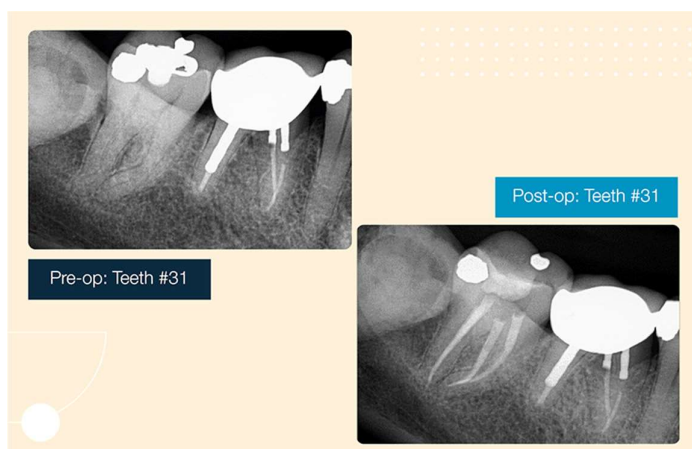
12-year-old male, trauma to front teeth at school. Tooth #8 was intruded. Teeth #8,9 pulp exposures. Tooth #7 was non-responsive to cold test and EPT. Oral surgery surgically repositioned #8 and splinted the teeth. I treated teeth #7,8,9 with 2-visit root canal therapy with 1-month calcium hydroxide. I obturated the teeth with gutta-percha and BioRoot Flow Sealer. The ease of use of the pre-mixed syringe really helped in this case because the patient had a bad experience with the splinting and was really anxious in my chair. The pre-mixed syringe saved treatment time.

## 2) Warm Vertical Obturation Technique



Tooth #15 Retreatment with interim calcium hydroxide. RCT #15 was initially completed 2 years ago in another office. The patient presented to me symptomatic, with a throbbing ache in the upper left quadrant. Tooth #15 was +++percussion, +++palpation, and ++bite, mobility and probings were WNL. On the preop CBCT, there is an apical lucency associated with #15 and mucositis of the maxillary sinus. Prior root canal fills were short and inadequate. I initiated retreatment and achieved patencies on all canals. At the second visit 2 weeks later, the patient was asymptomatic and I obturated with gutta-percha and BioRoot Flow Sealer, with the warm vertical technique.

## 3) Advantages Warm Vertical Technique



I prefer the warm vertical technique because canals are not circular, hollow tubes. I like to sear down the gutta-percha with heat, compact the gutta-percha to fit the canal shape as best as I can, pushing the biocompatible and bioactive sealer into all the spaces within. I like the BioRoot Flow for my technique because it is not as radiodense as other sealers I have used, allowing me to differentiate between gutta-percha and sealer. This is illustrated in the case I shared above, the sealer puff of the palatal canal is less dense than the gutta-percha.

Here is another case I completed with BioRoot Flow. Tooth #31 RCT. The patient presents symptomatic +++percussion and +++cold test lingering. There was a crack across the mesial marginal ridge and buccal, but did not extend to the orifices. I completed the RCT and obturated with gutta-percha and BioRoot Flow Sealer, with the warm vertical technique. Again, I like how I can differentiate the sealer from the gutta percha at the apex of the distal root.

