



Case Portfolio Of  
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Endodontist At



[www.CliveEndodontics.com](http://www.CliveEndodontics.com)



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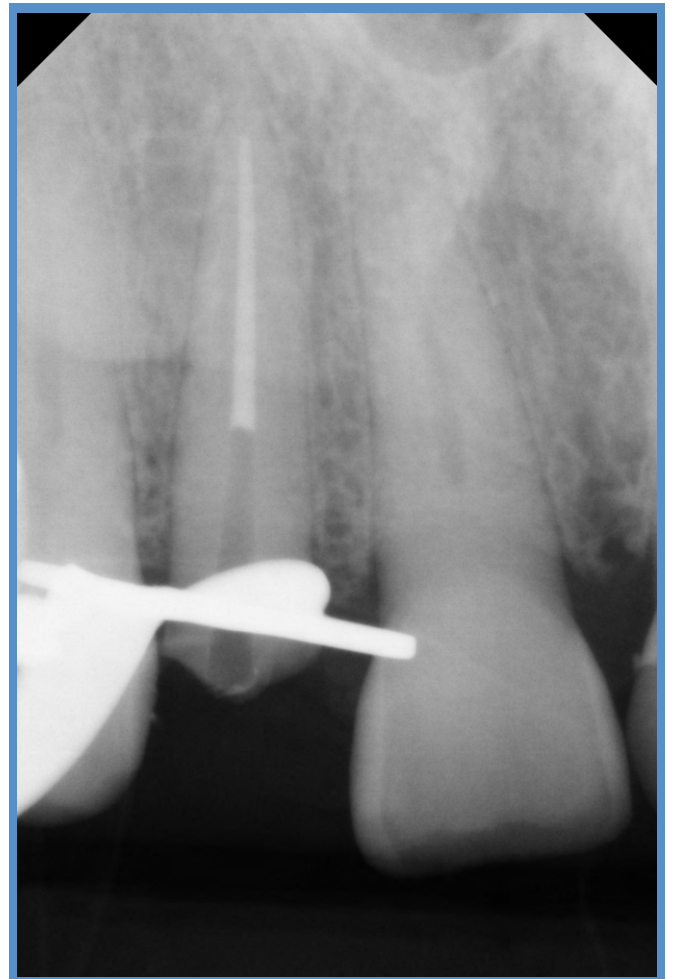
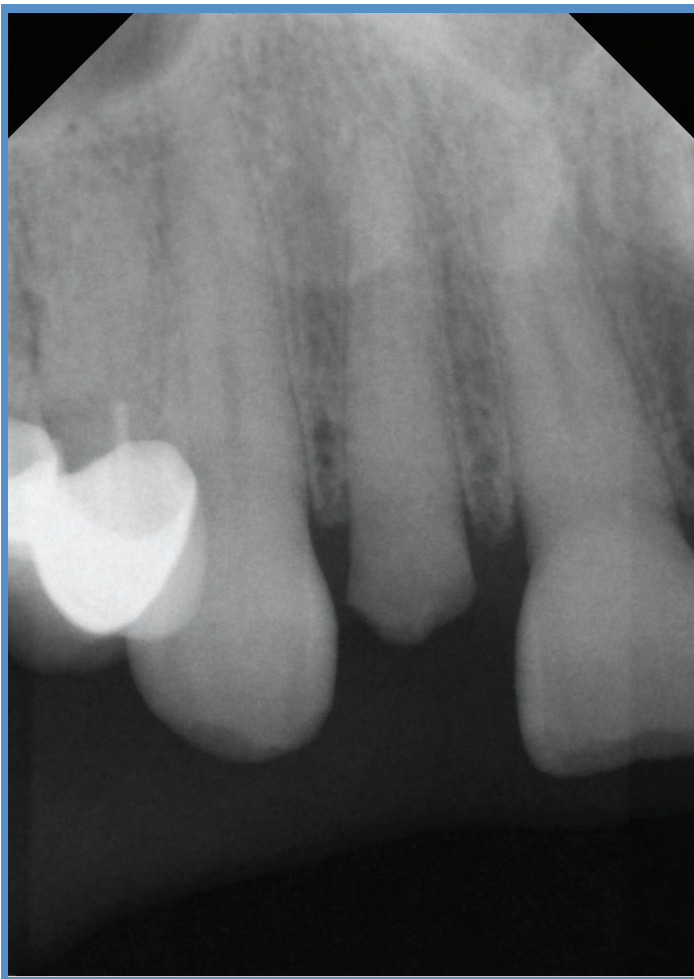


11082 SE Oak St, Milwaukie, OR 97222

## ROOT CANAL THERAPY

**If you don't practice with a microscope, it can be difficult to see small canal orifices, look down canals, and manage complications.**

Previously traumatized teeth, such as this incisor, and canals in older patients can present with severe calcification. With my experience and magnification, I can treat these canals with precision.



**When you separate a file, it can make for a difficult conversation with the patient. We can help by seeing the more difficult cases first to prevent separations from occurring; and if they do occur, by removing, bypassing, or otherwise managing this complication.**

This case was sent to us after the general dentist separated a lentulo file in a calcified premolar, and then separated a Protaper file while attempting retrieval himself. I was able to remove both with ultrasonics and complete the case. Immediate post-op PA.



Two examples of maxillary molars. First case shows managing a severely curved maxillary second molar MB root. Second case shows an MB2. I locate MB2 canals at a very high rate. Immediate post-op PAs.

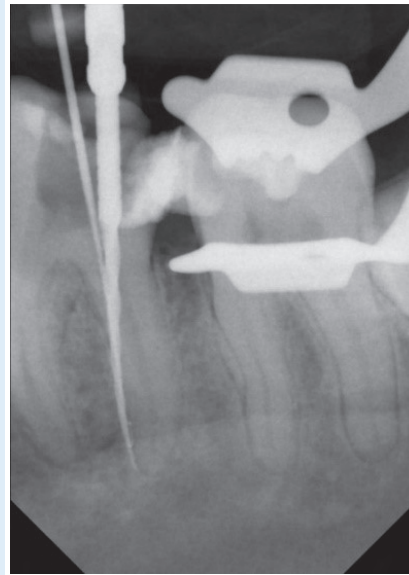




Premolars are often considered simple. However, this case demonstrates a 3-canal maxillary premolar. These cases require delicate shaping and conservative access; very difficult without a microscope.



The general dentist created a mid-root perforation and referred the patient to our office. I was able to complete the case and repair the perforation using a bioceramic putty.



**RCTs can fail when all canals are not cleaned.**

This lower molar RCT was interesting given that there was a third, middle mesial canal. I routinely search for middle mesial canals, MB2, DB2, and MB3 canals in upper molars, DL/DB canals in mandibular molars, lingual canals in lower anterior teeth, and other canal anatomies to minimize problems with healing.



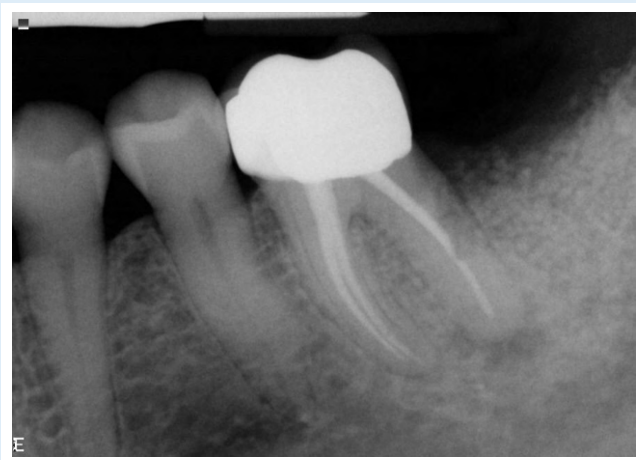
## NONSURGICAL RETREATMENT

When a root canal fails, dentists can feel a sense of duty to retreat the case themselves. This can lead to mixed results. They should see a different provider that looks at the case with different eyes.

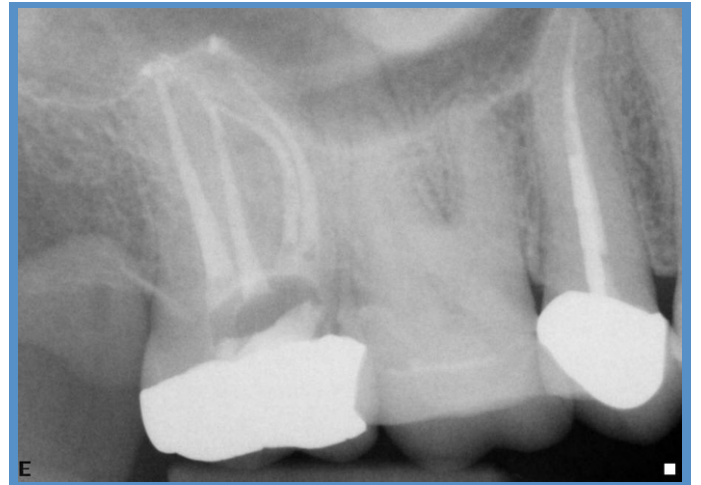
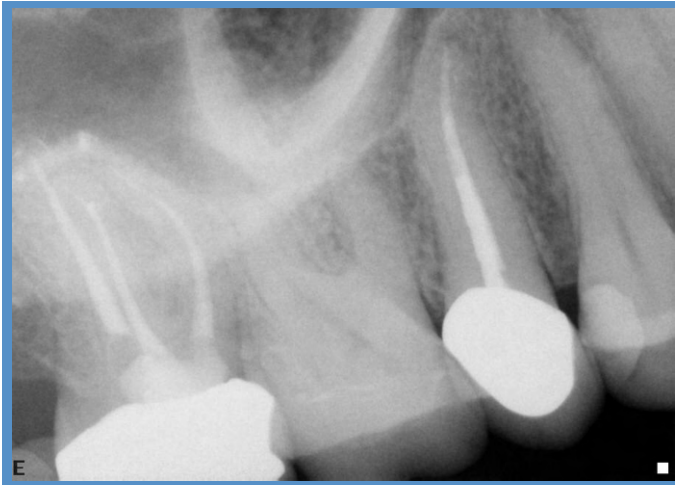
This case shows a premolar retreatment where a second canal was located in a lower premolar after removing the titanium post. Immediate post-op PA.



This case had a lesion on the distal and a bur damage defect from a recent surgical extraction of #18. I was able to repair the defect with MTA and complete the retreatment. Immediate post-op PA.



A frequent cause of retreatment is a missed MB2 canal in a maxillary molar. Surprisingly, I find MB2 canals with almost the same frequency in second molars as I do in first molars. Note the divergence in the apical third.



Lower molar retreatment that involved post removal and locating the missed DL canal. The 1-year recall showed healing. PT had delayed getting a crown.





## ENDODONTIC MICROSURGERY

Endodontic microsurgery is a great way to preserve teeth when a lesion persists, a retreatment is contraindicated, and the patient wants to keep the tooth. Apical surgery is less costly, less time consuming, and often less painful than replacing a tooth (extraction and dental implant surgery).

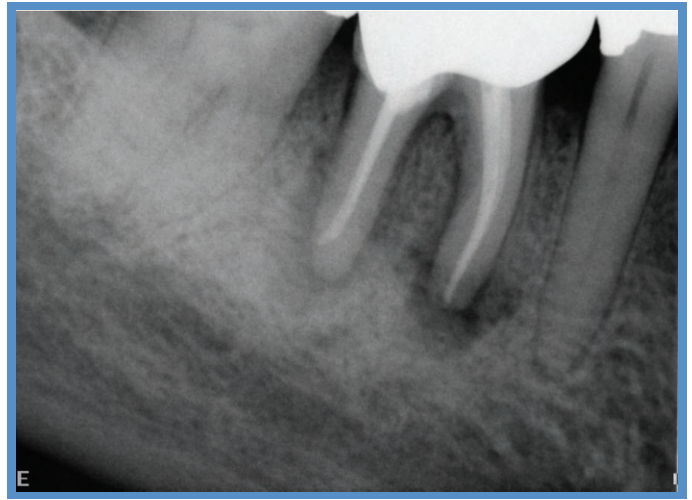
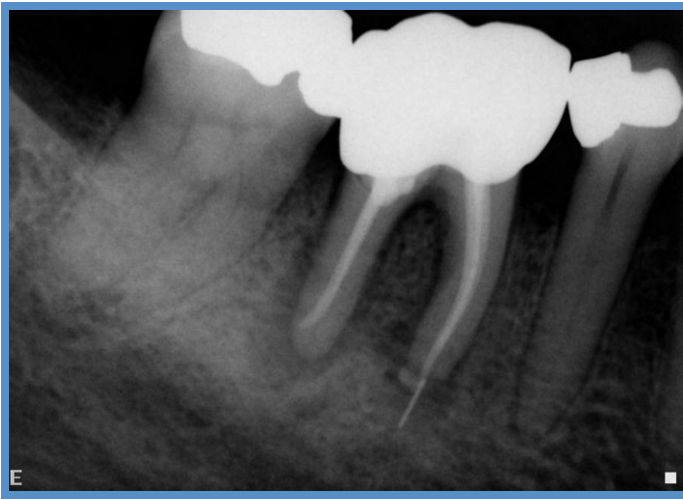
This is a maxillary molar that had a persistent infection. I treated this tooth with apical microsurgery. I treated both buccal roots (MB and DB). Immediate post-op PA.



Lower molar surgery with both roots treated! Immediate post-op PA.



When separated files are pushed out of the apex of an infected tooth, a conservative apical surgery can help to remove it and expedite healing. Immediate post-op PA.



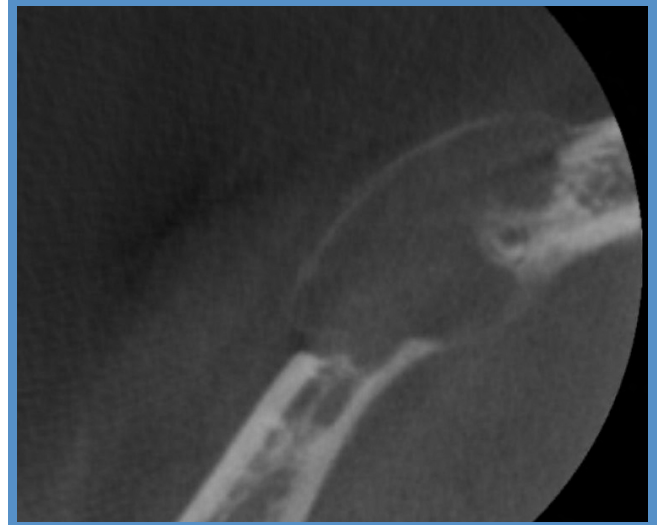
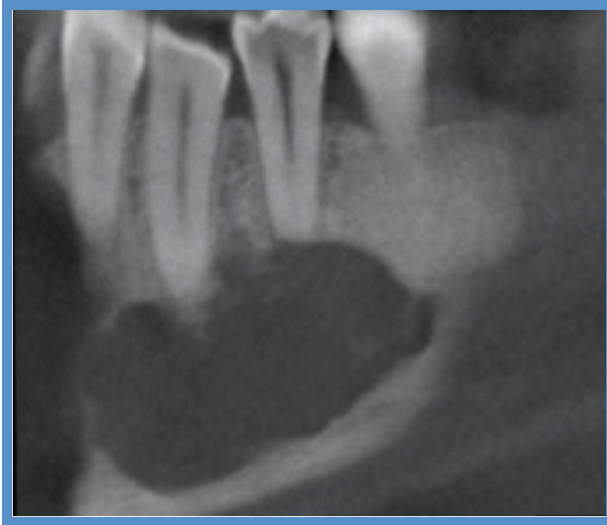
When a root fracture occurs in a multi rooted tooth. Root amputation can be a last resort that can often serve for many years. Immediate post-op PA and 1 year recall included.



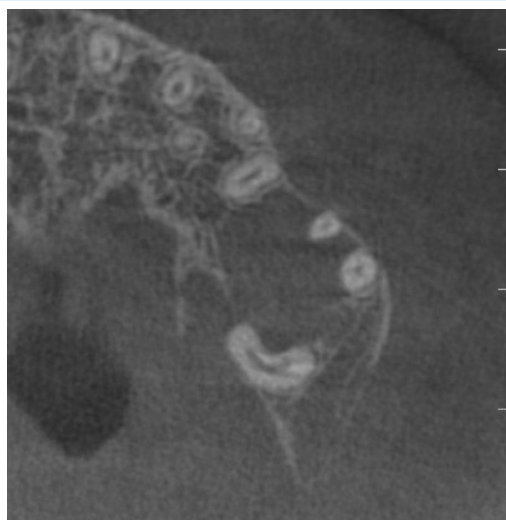


**DIAGNOSIS**

With CBCT imaging, we can spot unique pathologies. This case was sent to us for RCT, but after our CBCT, we sent the PT for urgent biopsy that revealed a diagnosis of central giant cell (granuloma).

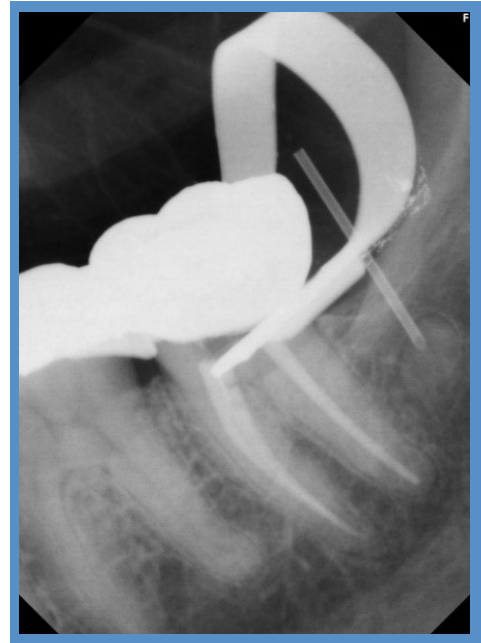


CBCT helps us perform customized root canal treatment in cases of abnormal anatomy, such as this C- shaped palatal canal.



**When symptomatic irreversible pulpitis is severe, profound anesthesia can be difficult to achieve. We can help by providing X-tip intraosseous anesthesia for a more comfortable treatment.**

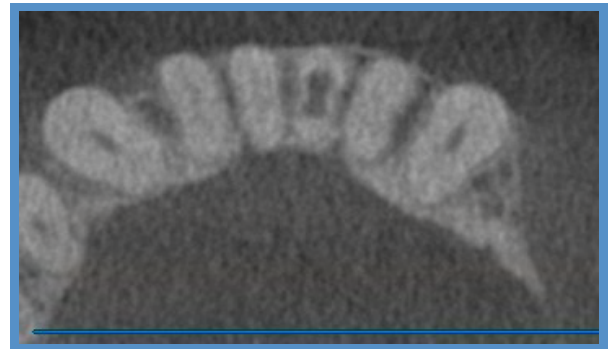
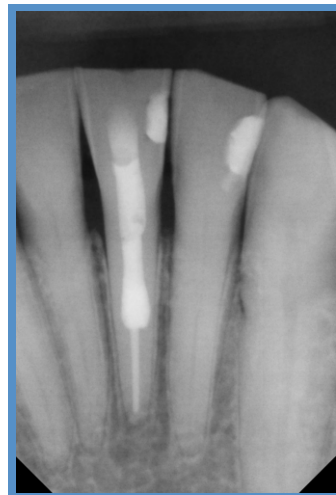
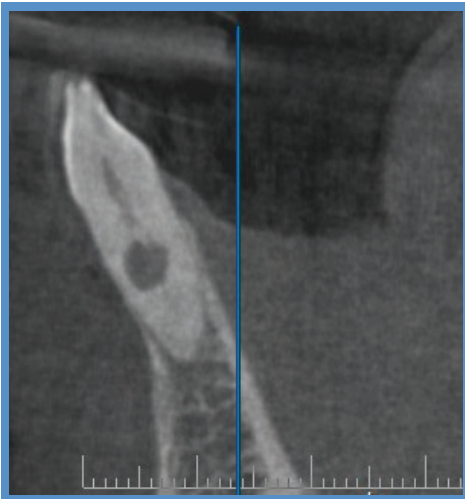
This patient could not get numb at their general dentist office after multiple IAN blocks. This post obturation film shows the X-tip in place, which allowed for comfortable treatment for the patient.



## OTHER CASES

**Resorption can be difficult to explain to patients and even more confusing when it comes to treatment.**

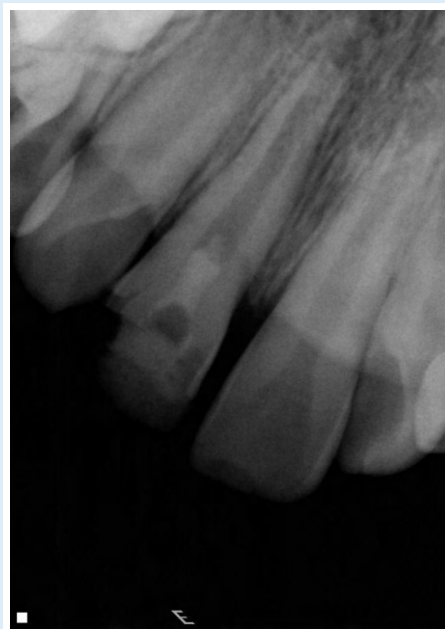
This is a case of internal resorption that was managed non-surgically.



This case involved two teeth with external cervical resorption (ECR). The case was managed with internal repair in #24 and surgical repair with biodentine in #25.



Trauma in an immature central incisor. Apexogenesis performed which allowed for continued root maturation as noted in recall radiograph.



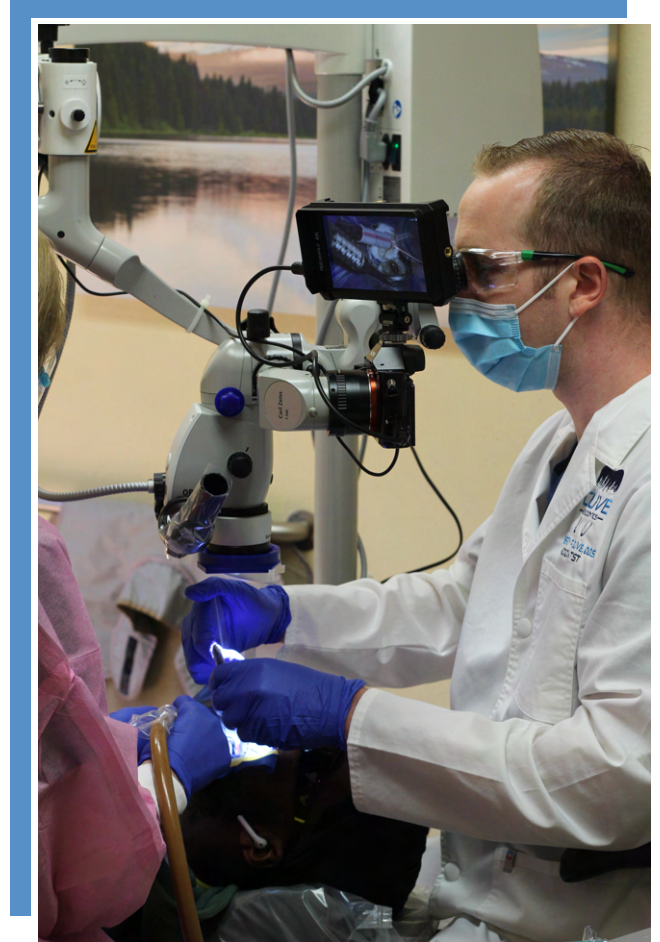


Even great dentists find that moderate or difficult root canals can bog down their schedule, cause stress, and may not have ideal outcomes.

Clive Endodontics can help! We believe that everyone deserves a root canal done right. Partner with us and enjoy the comfort of knowing that your patients will receive expert care with our specialized training and advanced technology. Our work will give you a predictable foundation for your expert restorations.

Please call our office today at (503) 654-3456 and ask to partner with us or find our referral slip online. We welcome you to come see our office and watch us work.

If you partner with us, your patients will thank you, and you won't have to bear the stress of doing it all while also wondering if you did enough.



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Staff



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Patients will be grateful you cared enough about them to send them to us.

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