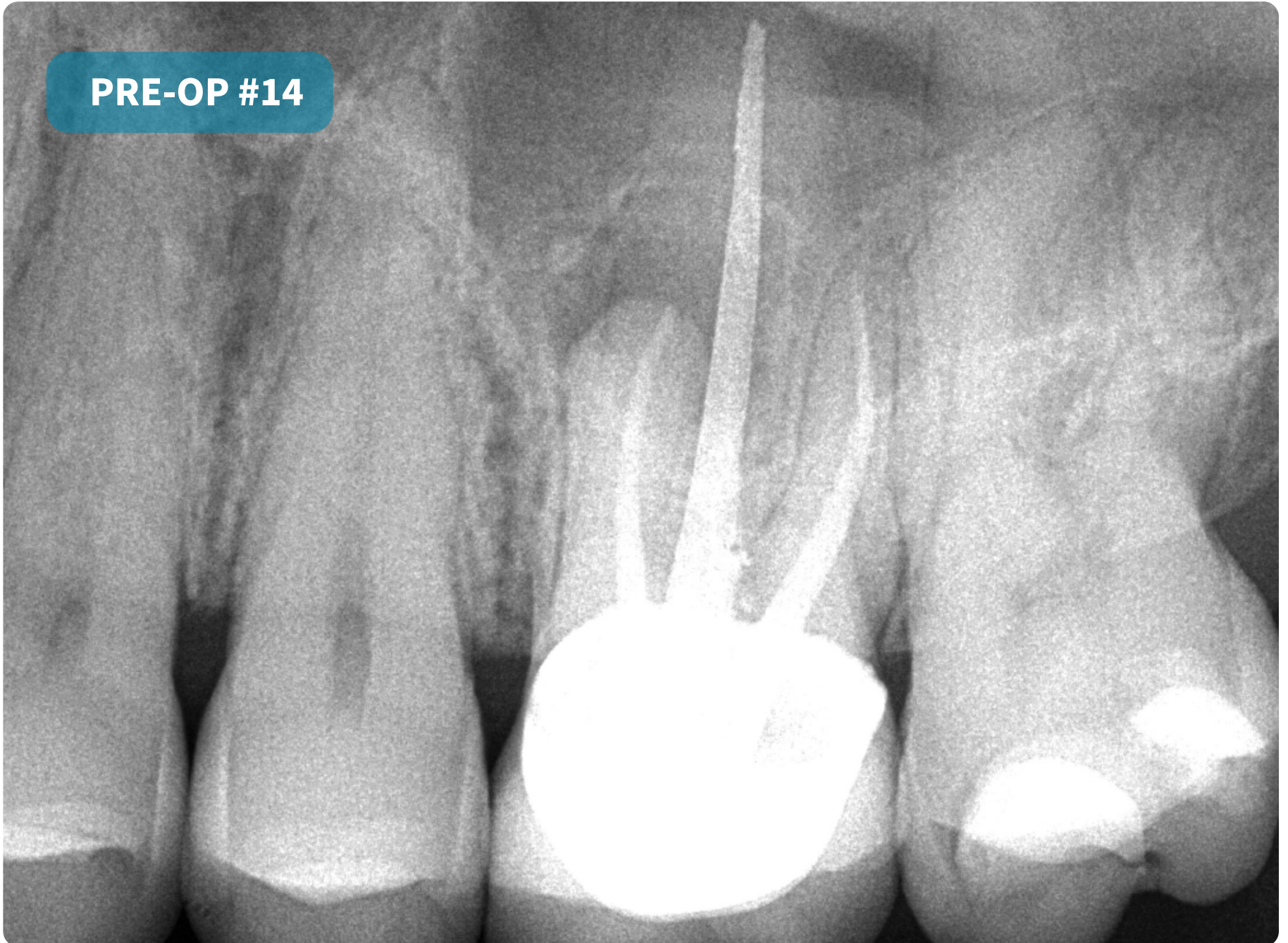


MB2 WHERE ART THOU?

PRE-OP #14



CBCT

PERIAPICAL
RADIOLUCENCY

Missed MB2

Do you see the MB apical lesion centered more on the lingual of the MB root? MB2 portal of exit? I see this every day in my practice.

MB2 WHERE ART THOU?

CBCT

MB2 where are you?

CBCT

This is an axial slice more apical than the previous axial slice. Now you can see the MB2 clearly.

There you are!

MB2 WHERE ART THOU?



**MUST
DO!**

**The prior clinician never
fully unroofed the pulp
chamber.**

Is this the MB2?

Which one? MB3?

The mesial wall is already “pulled” back in this case so all I need to do is trough back palatally from the MB orifice along the isthmus to look for the MB2.

MB2 WHERE ART THOU?

A close-up clinical photograph of a tooth preparation. The image shows a central access cavity with a dark, elongated opening. The surrounding tooth structure is light-colored and appears to be a composite or ceramic restoration. A dark, possibly metallic, instrument is visible within the cavity, positioned to access the MB2 orifice. The background is a blurred blue, likely a clinical setting.

ACCESSING THE MB2

**KILLER
TIP!**

After troughing palatally from the MB1 orifice with a #1/2 SL round bur, it turns out that the 2nd small “dot” from the previous picture was the MB2 orifice. It was staring at me the entire time. I did have to drill 2mm apically right at the “dot” because I was unable to thread a #8 or #10 C file in. Only after drilling down apically was I able to thread a #8 C file in but it was tight.

NEGOTIATING THE MB2

#8C 21 mm hand file --
first file in to the MB2.



MB2 WHERE ART THOU?

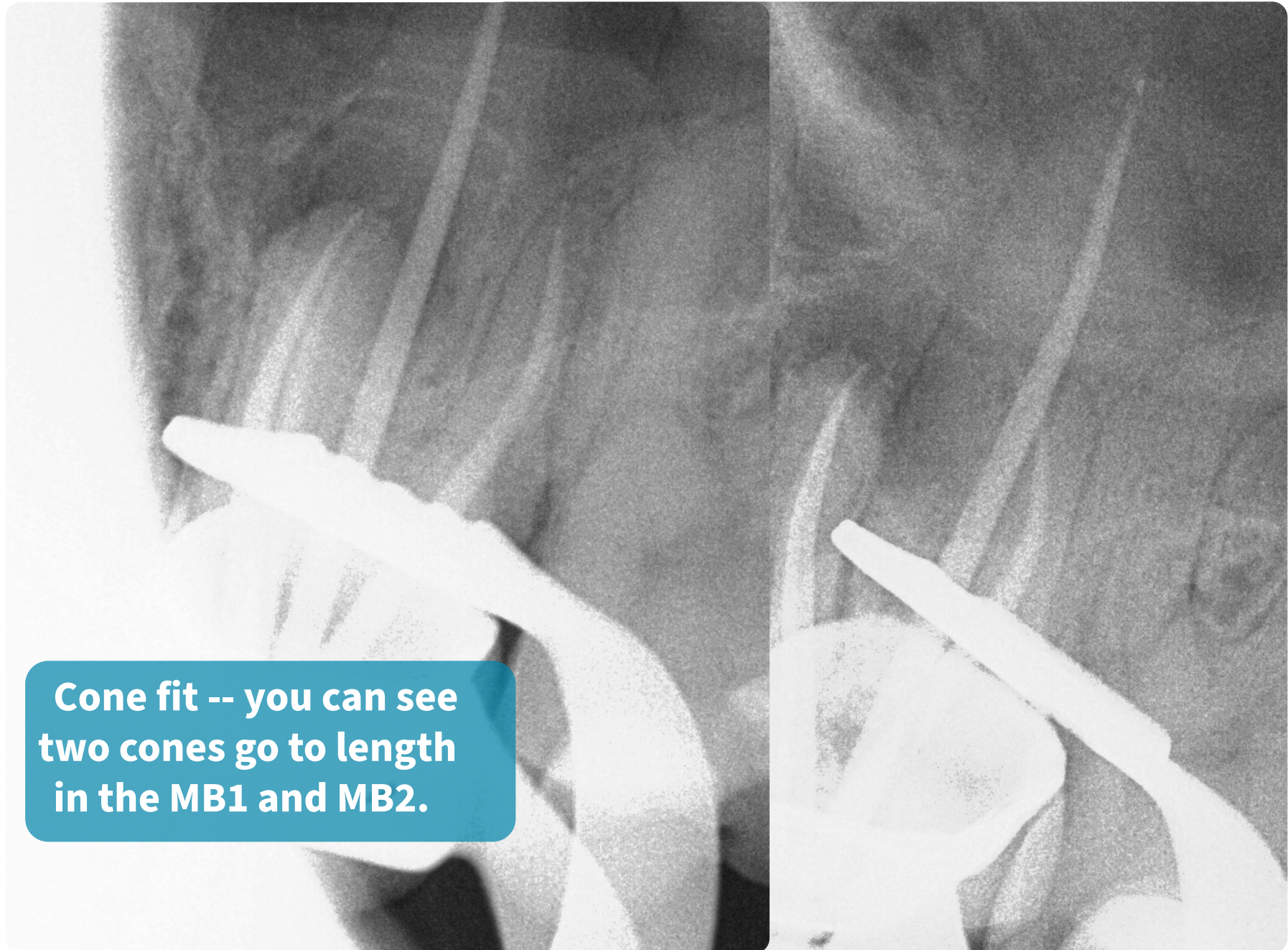


**Coronal flare = open orifice.
Protaper Gold SX in action.**

**MB2 orifice after coronal
flare with Protaper Gold SX.**

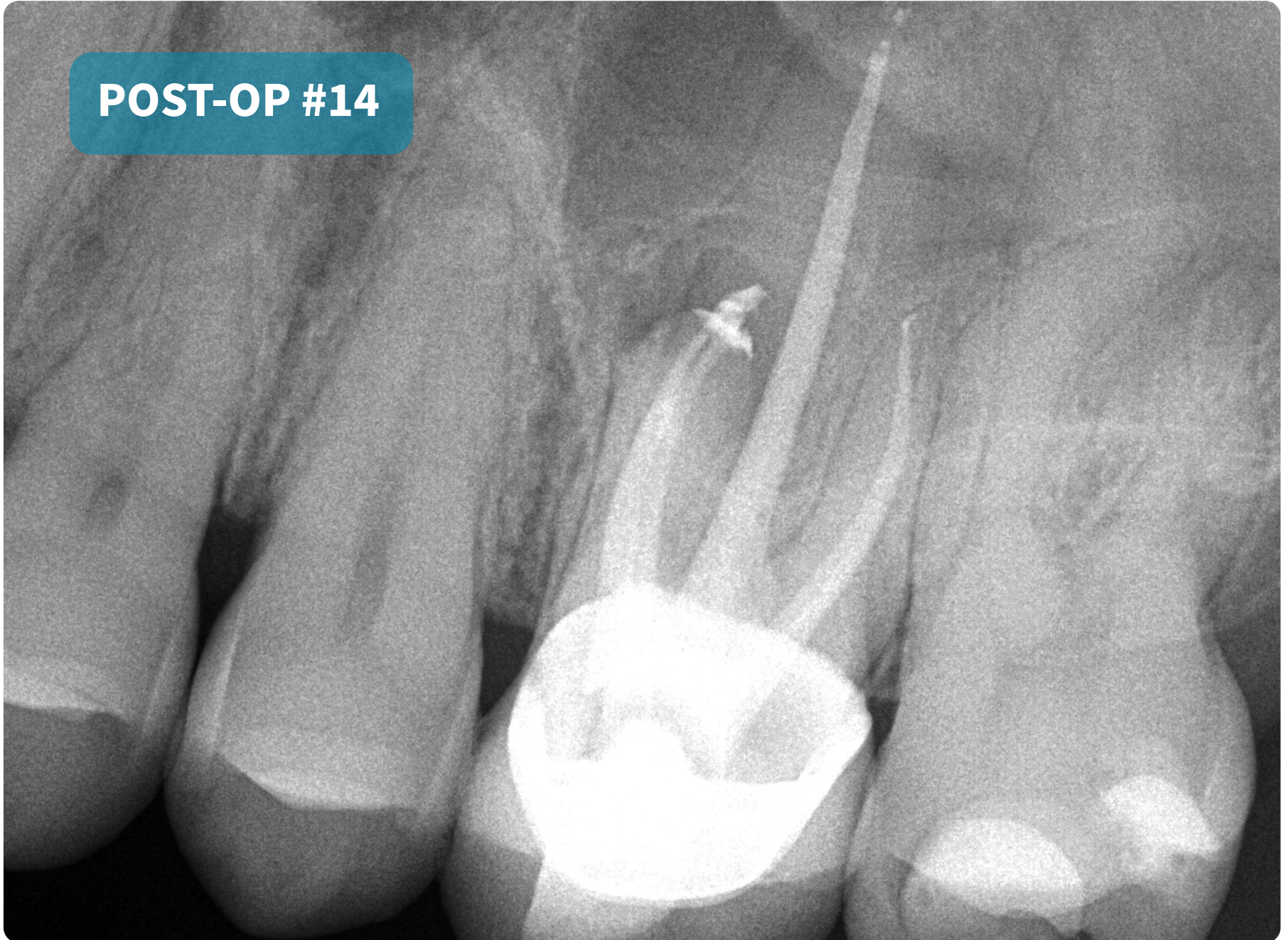
MB1

MB2 WHERE ART THOU?



Cone fit -- you can see two cones go to length in the MB1 and MB2.

POST-OP #14



WHAT HAVE YOU LEARNED?

1. First find the MB1, coronally negotiate ($\approx 10\text{mm}$ down) and then perform a coronal flare. Open up the orifice and remove the coronal and pulpal tissue. ✓
2. If you still can't see the pulpal floor clearly due to hyperemic pulp tissue or just tissue and debris on the pulp tissue, rinse and dry pulp chamber. ✓
3. Locate the other canal canals (DB and Palatal) and coronally negotiate and perform a coronal flare. ✓
4. Irrigate with bleach and allow the bleach to soak and dissolve some of the pulp tissue. ✓
5. I often times do not even search for the MB2 until I am well under way shaping the other 3 canals. I just don't worry about the MB2 until I feel that I have a handle on the other 3 canals. ✓
6. Control the case first and then search for MB2. This relieves root canal stress and tension. What do I mean control the case? Please keep reading and you will learn. ✓



COACH'S CORNER

1. It's time to put away your fear of the dreaded MB2.
2. It's time to learn how to locate the MB2.
3. It's time to learn how to "get down" the MB2.
4. It's time to put on your big dental pants and shape and clean this canal.
5. It's time to put away your fear of treating maxillary molars.

