

### Pulp Diagnoses of Primary Teeth: Guidelines for Clinical Practice

**Abstract**

Objectives: The aim of this study was to discuss the importance of early diagnosis of dental pulp problems and the guidelines for the management of these conditions. It is essential to recognize and manage pulp complications in primary teeth to prevent further complications and to maintain the integrity of the tooth. The guidelines for diagnosis and treatment management for primary teeth are outlined in this article.

**Introduction**

The diagnosis and management of pulp injuries in primary teeth are challenging due to the unique characteristics of primary teeth. Pulpal diagnosis is based on the clinical diagnosis of normal pulp status versus the presence of pulpal inflammation, which may be associated with pulpal or periapical lesions.

### Clinical guidelines of subject conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irreversible pulpitis</td>
<td>Extraction or root canal therapy</td>
</tr>
<tr>
<td>Necrotic pulp with periapical pathosis</td>
<td>Extraction or root canal therapy</td>
</tr>
<tr>
<td>Spontaneous, moderate to severe pain</td>
<td>Extraction or root canal therapy</td>
</tr>
</tbody>
</table>

**Table 1: Pulp Diagnoses and Management**

<table>
<thead>
<tr>
<th>Category</th>
<th>Pulp Diagnoses</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Healthy pulp</td>
<td>Observation</td>
</tr>
<tr>
<td>B</td>
<td>Acutely inflamed pulp</td>
<td>Management of symptoms</td>
</tr>
<tr>
<td>C</td>
<td>Irreversibly inflamed pulp</td>
<td>Extraction or root canal therapy</td>
</tr>
<tr>
<td>D</td>
<td>Necrotic pulp with periapical pathosis</td>
<td>Extraction or root canal therapy</td>
</tr>
<tr>
<td>E</td>
<td>Spontaneous, moderate to severe pain</td>
<td>Extraction or root canal therapy</td>
</tr>
</tbody>
</table>

**Fig. 1: Pulp Diagnoses**

- A: Healthy pulp
- B: Acutely inflamed pulp
- C: Irreversibly inflamed pulp
- D: Necrotic pulp with periapical pathosis
- E: Spontaneous, moderate to severe pain

**Table 2: Pulp Management Options**

<table>
<thead>
<tr>
<th>Category</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>N/A</td>
</tr>
<tr>
<td>B</td>
<td>Management of symptoms</td>
</tr>
<tr>
<td>C</td>
<td>Extraction or root canal therapy</td>
</tr>
<tr>
<td>D</td>
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<td>E</td>
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</tr>
</tbody>
</table>

**Fig. 2: Internal resorption**

a) Perforation of enamel or dentin
b) Hemorrhage

**Fig. 3: External resorption**

- a) Enamel
- b) External root resorption

**Fig. 4: Radiolucent lesions**

- a) Periapical or lateral lesions
- b) Necrotic pulp with periapical pathosis

**Fig. 5: Radiopaque lesions**

- a) Pulpal calcification
- b) Pulpal hemorrhage

**Fig. 6: Radiolucent areas**

- a) Periapical or lateral lesions
- b) Necrotic pulp with periapical pathosis

**Fig. 7: Radiopaque areas**

- a) Pulpal calcification
- b) Pulpal hemorrhage

**Fig. 8: Radiographic findings**

- a) Periapical or lateral lesions
- b) Necrotic pulp with periapical pathosis

**Fig. 9: Radiographic therapy**

- a) Root canal therapy
- b) Extraction

**Fig. 10: Radiographic follow-up**

- a) Radiographic assessment of treatment effectiveness
- b) Radiographic follow-up

**Review Article**


**References**

2. Head, Department of Pediatric Dentistry, Marks Dental Practice for pediatric patients.
4. Radiographical (Fig. 4). The size of a pulpal exposure exists, and the tooth must be extracted.
5. Interpretation of hemorrhage is evidence of extensive inflammation. The clinical examination might produce evidence of degenerative changes extending into the root canals. The guidelines for diagnosis and treatment plan for pediatric patients. The guidelines for diagnosis and treatment plan for pediatric patients may not be reliable. Assessment of dental pulp status plays a vital role in the management of pulp problems.
6. Maintenance of vitality of radicular pulp) and hemostasis of the pulp. Hemorrhage is indicative of minor inflammatory changes. Stimuli is exposed to touch from a dental explorer, fingernail or tooth brush and to thermal or to other stimuli. However, the pain disappears when the stimulus is removed.