Results
The mean time to reach working length was significantly shorter for Guttacore than Thermafil ($p<0.05$).
There was significantly more debris remaining in the apical third compared to the coronal and middle thirds in all groups ($p <0.05$).

Conclusions
The Guttacore system requires less time than other sealing systems to reach the working length using Protaper files during the retreat. However, it was the group obturated with Calamus system which presented less obturation material remaining.

- Oral Presentation 24

TITLE: Orthodontic extrusion, an alternative to restitute the biologic width to the anterior sector

AUTHORS: Fernández B, González J, Escribano N, Gomes G, Da Silva D, Fuentes MV, Míguez M, Ceballos L.
SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S12.

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Introduction
The restoration of anterior teeth presenting an invasion of the biologic width implies a challenge to the clinician, since it is essential the reposition of the preparation margin prior to the prosthetic treatment.
One of the possibilities is to perform a forced orthodontic extrusion to allow margin displacement without alteration of the gingival contour of the teeth nor bone elimination.

Case report
We will describe a clinical case of a patient, a 43 year-old woman, that came to the Rey Juan Carlos University Clinic in search of a solution for a chronic gingival swelling in her tooth 11 after an crown had been placed.
Once the exploration was performed it was determined that both the old crown and the preformed metallic post had to be removed and the root canal treatment redone. Once the coronal portion had been restored with composite and a fiber glass post, a provisional crown made of acrylic resin was placed.
Due to the invasion of the biologic width, it was decided that a forced orthodontic extrusion of the incisor should be performed. Following the stabilization period we proceeded to restore the tooth with a zirconia corecrown. In the subsequent revisions the absence of gingival swelling and the aesthetical integration of the artificial crown were observed.

Conclusions
The orthodontic extrusion is a restorative alternative to crown lengthening for those cases where a change in the gingival countour of the treated tooth is not desirable.

- Oral Presentation 25

TITLE: Pulp revascularization with triple antiobiotic paste apropos of a case

AUTHORS: Fernández Pazos G, Fernández Millán D, Souto Míguez A, Rivas Mundiña B, Martín Biedma B, Varela Patiño P.
SOURCE: J Clin Exp Dent. 2014 1;6 (Supplement1):S12.

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Introduction
Pulp revascularization is a treatment that allows the development of roots in permanent teeth with immature apex whose pulp is not vital. It consists of disinfection system of root canals and insertion of a triple antibiotic paste. Subsequently a natural matrix composed of a blood clot is going to provide new cells with the ability to grow and produce the closure of the apical third, achieving the physiological formation of the root canal.

Case report
An 11-year-old boy, comes to consultation for caries in 3.6. The relevant diagnostic tests were performed that confirm the definitive diagnosis: pulp necrosis. The anesthesia of choice is without vasoconstrictor, Mepivacaine 3%. A manual pre-instrumentation was performed with K-files #20 and each canal was irrigated with 20ml of 5.25% NaOCl for 20 minutes. Canals were gently dried with paper points and a triple antibiotic paste was placed inside all of the canals with a K-file size #25: Metronidazole, Ciprofloxacin and Minocycline from 3mm before the apex. The tooth was restored temporarily with Cavit. At the 3-week follow-up, the temporary restoration was removed and the triple antibiotic paste was removed from the canals by 10ml irrigation of 5.25% NaOCl per canal. Apical tissues were irritated until bleeding by using K-file #40 in distal canal and K-file #20 in mesial canals. After 10 minutes, the entry of the canals was filled with MTA. For the final restoration, 2mm fluid composite were placed over the MTA and the direct restauration was performed with composite. The patient was checked at 3, 6, 12, 18 and 24 months. The molar is asymptomatic and functional.