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COMMENTARY

Reevaluating Irreversible Pulpitis: The Case for Vital Pulp Therapy as a Conservative Approach in Modern Endodontics

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Considering recent advancements in endodontic treatment protocols - particularly those recommended by the American Association of Endodontists [1], it is imperative to underscore the significance of vital pulp therapy (VPT) in cases traditionally deemed irreversible pulpitis.

A health technology assessment has highlighted the advantages of adopting VPT as a primary treatment modality. VPT is not only feasible and widely accepted but also proven to be highly successful, accessible, affordable, and safer compared to conventional root canal therapy (RCT) [2]. By preserving pulp vitality, VPT circumvents the need for invasive procedures such as RCT, thereby reducing the burden on both patients and clinicians. Moreover, VPT offers a conservative approach that safeguards natural tooth structure and promotes long-term oral health [3].

A pressing issue is the terminology used to classify pulp conditions. The term irreversible pulpitis inherently implies an unsalvageable state, often leading clinicians to opt for invasive treatments like RCT without considering potentially conservative alternatives such as VPT. Critically, current diagnostic tools (e.g., cold testing, percussion) lack precision in predicting pulp histopathology, further complicating the implications of the "irreversible" label. This terminology may inadvertently restrict treatment choices, leading to unnecessary interventions. Therefore, the dental and endodontic community must reconsider and update this terminology to reflect the potential for successful conservative management, enabling more informed decision-making [4].

The vast variations in root canal anatomy further underscore the complexity of endodontic treatment, particularly RCT. Intricate root morphology can pose significant challenges, often limiting the clinician’s ability to adequately clean and shape the canal system. Nevertheless, achieving favorable outcomes in such cases hinges on proper

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canal disinfection and obturation. Thorough decontamination and sealing of the major canal entrances and foramina are critical for treatment success, even when anatomical challenges exist [5].

In conclusion, while traditional concepts have emphasized the technical challenges of endodontic therapy, I stress the paramount importance of VPT in managing cases previously classified as irreversible pulpitis. Given that complex root canal anatomy increases the risk of RCT failure, VPT's ability to preserve pulp vitality allows clinicians to bypass these anatomical obstacles altogether. The ease, efficacy, and biologic rationale of VPT in such cases cannot be overstated [6]. Moving forward, ongoing research and education will be essential in strengthening the role of VPT in modern endodontic practice.

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