Review

The Impact of Systemic Diseases on Endodontic Treatment Outcomes

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Abstracts

Endodontic treatment is vital for preserving teeth as it involves removing pulp tissue and sealing the root canal system. Individuals with compromised function may present with aggressive forms of periapical lesions, which can complicate treatment approaches. Strict infection control measures are crucial during procedures for immunocompromised patients due to the increased risk of infections. This review discusses the connection between diseases and endodontic treatment outcomes. It sheds light on how conditions like diabetes, cardiovascular diseases, immunocompromised states, and osteoporosis can affect manifestations and management strategies. The clinical landscape presents challenges, such as delayed healing and persistent lesions in diabetes due to compromised responses to tissue repair issues caused by vascular changes in cardiovascular diseases, atypical periapical lesions in immunocompromised states, and compromised bone healing in osteoporosis. Managing these conditions requires an approach that puts the patient at the center. It involves monitoring, infection control measures, collaborating with specialists, and making decisions together with the patient. These insights emphasize the importance of endodontic practitioners considering health factors when planning treatments to achieve outcomes.

Keywords: Systemic Diseases, Endodontic Treatment, Diabetes Mellitus, Cardiovascular Diseases, Immunocompromised States
Introduction

Endodontic treatment is vital for preserving teeth as it involves removing pulp tissue and sealing the root canal system. While the success of this treatment has typically been attributed to instrumentation, disinfection and obturation, recent research suggests that systemic diseases can also play a role in determining treatment outcomes (1). Diabetes mellitus, a metabolic disorder characterized by blood sugar levels (hyperglycemia) has been identified as one such systemic factor that can affect endodontic outcomes (2, 3). The immune response of individuals may be compromised, which can hinder the resolution of infections and contribute to persistent or recurring endodontic issues (4, 5). Moreover, diabetes-related changes in microcirculation and collagen metabolism could affect the healing process of tissues potentially leading to treatment outcomes (6, 7).

Cardiovascular diseases like hypertension and atherosclerosis also have an impact on procedures. The systemic vascular changes associated with these conditions may affect the blood supply to tissues making it difficult for processes necessary for successful endodontic outcomes (8, 9). Additionally, when patients with diseases are taking medications, special consideration must be given during endodontic procedures to minimize bleeding complications (10). Immunocompromised states observed in conditions like HIV/AIDS and immunosuppressive therapy pose challenges in managing cases (11, 12). Individuals with compromised function may present with aggressive forms of periapical lesions, which can complicate treatment approaches. Strict infection control measures are crucial during procedures for immunocompromised patients due to the increased risk of infections. The impact of osteoporosis on outcomes is an area that is gaining attention. Changes in bone density and quality associated with osteoporosis can affect bone integrity, potentially influencing endodontic treatments’ long-term success (13). Osteoporotic individuals with compromised bone healing capacity may require a treatment plan and careful post-operative care (14, 15). The connection between diseases and the outcome of treatment is a complex area of research that continues to evolve. The impact of conditions such as diabetes, cardiovascular diseases, weakened immune systems and osteoporosis on the success and prognosis of procedures emphasizes the importance of understanding the patient's health. Endodontists should acknowledge the challenges posed by diseases and adapt their treatment approaches accordingly integrating medical considerations into dental care to enhance patient outcomes. This review aims to provide an overview of how systemic diseases can affect the results of treatment.

Discussion

The discussion surrounding the impact of diseases on the outcomes of treatment reveals a complex relationship between overall health and the effectiveness of dental interventions. When it comes to diseases like diabetes, cardiovascular diseases, weakened immune systems, and osteoporosis, endodontic practitioners face challenges (16). The intricate interplay between compromised responses, altered tissue repair processes and the structural integrity of the bone requires a nuanced understanding. In cases of diabetes for example, compromised healing due to changes in blood circulation and collagen metabolism makes it difficult to achieve health (17, 18). Careful monitoring and strict infection control measures are crucial to address recurring lesions in cases. Cardiovascular diseases introduce complexities by affecting blood supply and potentially prolonging healing times. The use of medications adds another layer of importance to thoroughly assessing medication history. Immunocompromised states lead to aggressive lesions that demand rigorous infection control practices and meticulous treatment planning. The increased risk of infections calls for an approach that incorporates advanced imaging techniques for accurate diagnosis. Osteoporosis presents challenges related to bone density and quality, which can affect the long-term success of treatments. To overcome these challenges, reinforced restorations, and alternative post-operative care strategies become essential in promoting bone healing.
**Clinical Manifestation**

The impact of diseases on the success and prognosis of treatment is a complex landscape that clinicians must consider. Understanding how conditions like diabetes and cardiovascular diseases affect the healing process in endodontics is crucial for tailoring treatment approaches and optimizing outcomes. In the case of diabetes which's a metabolic disorder, it can lead to compromised immune responses and delayed resolution of periapical infections. This may result in recurrent issues making it challenging to achieve periapical health (19, 20). Additionally, diabetes can impede the phases for successful endodontic outcomes due to changes in microcirculation and collagen metabolism. Clinicians should be cautious when treating patients, ensuring monitoring, strict infection control measures and extended follow up periods. Likewise, cardiovascular conditions like hypertension and atherosclerosis can cause changes that affect blood supply to periapical tissues. This compromised blood circulation may lead to prolonged healing times or difficulties in achieving optimal tissue repair during procedures. Moreover, when it comes to patients the administration of medications can result in noticeable clinical effects such as a higher occurrence of bleeding complications during endodontic procedures. It is crucial to assess their medication histories and potential risks of bleeding in order to minimize complications and maximize treatment results. Individuals with compromised systems whether due to HIV/AIDS or immunosuppressive therapy exhibit clinical signs in the field of endodontics. These patients may display aggressive forms of lesions, which can complicate the usual diagnostic and treatment procedures. Clinicians may face difficulties in achieving treatment outcomes due to the weakened response of the hosts system. It is crucial to prioritize infection control measures in the setting to prevent opportunistic infections. Additionally, the elevated risk of complications emphasizes the importance of case selection and thorough treatment planning for immunocompromised individuals undergoing therapy. The impact of osteoporosis on endodontics primarily relates to the integrity of the bone. Changes in bone density and quality associated with osteoporosis can affect the long-term success of treatments. Clinically this may present challenges in ensuring support for tooth retention. In some cases, clinicians may need to explore strategies like reinforced restorations or modifications in post-operative care to address compromised bone healing capacity in individuals with osteoporosis. A comprehensive understanding of how systemic diseases manifest clinically allows for a nuanced approach when planning and executing treatments in endodontics. Therefore, it is evident that systemic diseases have impacts on treatment outcomes each posing unique challenges, for clinicians. The medical field faces challenges when it comes to treating patients with conditions like diabetes, cardiovascular diseases and weakened immune systems. These challenges include issues with healing delays, higher risks of infections and difficulties in tissue repair. Therefore, healthcare professionals need to adopt approaches to address the needs of each patient. Understanding these signs allows doctors to predict complications, implement treatment plans and improve the effectiveness of endodontic treatments, in patients with systemic illnesses. It emphasizes the importance of a patient focused approach that recognizes and tackles the obstacles that arise from the complex connection between overall health and the outcomes of endodontic procedures.

**Management**

The management of treatment outcomes in relation to diseases is a complex task that requires a comprehensive and customized approach. Systemic conditions have an impact on therapy requiring clinicians to navigate challenges skillfully, implement precise strategies and prioritize patient centered care. When it comes to managing treatments in individuals with diabetes mellitus it is crucial to pay attention to the unique challenges posed by this systemic condition. Due to compromised responses in patients, there is an increased risk of delayed or inadequate resolution of periapical infections (21, 22). To effectively handle outcomes in this population clinicians should focus on monitoring the treatment progress through
regular follow up appointments. These appointments are essential for assessing healing progress and promptly addressing any signs of recurrent lesions. Additionally, strict infection control measures such as using irrigants and antibiotics play a role in reducing infection risks and optimizing treatment success. The collaborative efforts between endodontists and diabetologists are vital to ensure care that addresses both health and oral health aspects. In patients with diseases, clinical management requires a nuanced understanding of how systemic vascular changes affect outcomes. Compromised blood circulation can hinder the processes for successful treatments. To address these issues, clinicians should consider adopting strategies that enhance blood flow and promote tissue repair. To achieve this, we can consider using treatments or substances that stimulate the growth of blood vessels and promote the regeneration of tissues. Additionally, it is crucial to review medication records in order to evaluate any risks of bleeding related to anticoagulant drugs.

Collaboration between clinicians and cardiologists is essential to optimize medication regimens and minimize bleeding complications during procedures. When it comes to managing treatments in immunocompromised individuals a meticulous approach is required to prevent infections and achieve the best treatment outcomes. To ensure infection control, clinicians should strictly adhere to protocols. They may also consider employing imaging techniques like cone beam computed tomography (CBCT) for a comprehensive evaluation of periapical lesions in immunocompromised patients. It's crucial for clinicians to carefully assess the risks and benefits of interventions in these individuals making case selection an aspect. In cases involving osteoporosis, managing outcomes requires an approach that takes into account compromised bone density and quality. Evaluating the integrity of the bone and considering alternative strategies for tooth retention are important considerations for clinicians. They may choose to use reinforced restorations such as fiber posts or made dowels to enhance the stability of teeth that have undergone treatment in osteoporotic patients. Additionally, post-operative care modifications, like using bone stimulating agents or supplements can be considered to promote bone healing. Working together with specialists, in rheumatology or endocrinology can be advantageous to ensure an approach that takes into account the bone health aspects for individuals, with osteoporosis. When dealing with treatment outcomes in the context of diseases it is crucial to prioritize a patient centered approach. It is essential to provide patients with education so they understand how their overall health can affect their treatment. As clinicians we should communicate openly and honestly addressing any concerns or preferences the patient may have. It is important to involve patients in the decision-making process allowing them to actively participate in planning their treatment. Additionally, regular follow up and monitoring are crucial to evaluate the effectiveness of the treatment and address any changes in the patient's health. Managing endodontic treatment outcomes for patients with diseases requires an approach that takes into account specific conditions. This can range from monitoring and controlling infections for patients to implementing strategies that promote tissue repair for individuals with cardiovascular diseases. Working collaboratively with specialists providing patient education and prioritizing shared decision making are all key aspects of an effective management approach. By understanding the relationship between health and endodontic treatment outcomes clinicians can improve success rates and provide high quality care for individuals with systemic diseases who undergo endodontic therapy.

Conclusion

It is essential to take a patient centered approach when dealing with the impact of diseases on endodontic treatment outcomes. The complex clinical manifestations highlight the need for customized strategies for each condition. Managing diabetes involves care and continuous monitoring while cardiovascular disease requires an understanding of vascular changes and bleeding risks. For immunocompromised individuals, meticulous infection control is crucial and addressing compromised bone density becomes
important in osteoporosis cases. By collaborating with specialists, educating patients and involving them in decision making clinicians can optimize treatment success and improve overall care quality for individuals with systemic diseases who are undergoing endodontic therapy.

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Author contribution

All authors contributed to conceptualizing, data drafting, collection and final writing of the manuscript.

References


15. Xie Y, Zhang L, Xiong Q, Gao Y, Ge W, Tang P. Bench-to-bedside strategies for osteoporotic fracture:


