NEW CONCEPTS IN MICRO SURGERY.

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In most cases, we must perform the non-surgical method as first choice, but in certain situations where failure to perform endodontic retreatment has occurred, in the incomplete eradication of the apical biofilm, we must indicate paraendodontic surgery. The perpetuation of periradicular pathological processes originated by the persistence of an endodontic infection, retreatment of extensive lesions with recurrences, lesions that persist in calcified apices and side ways are indications for surgical intervention. In the paraendodontic surgery, apicetomy, the retropreparation of the apical portion and the retrofilling of these retrocavities with endodontic cements are intended to overcome the deficiencies in the apical sealing of the previously established treatment. The biological response is also related to the precision of the operative procedures. Added to this, the use of Bloceramics in the microsurgery procedures has shown an extremely biocompatible biomaterial, with excellent regeneration capacity and induction of periapical region reestablishment.We can remove to the suture in 17 hours when can we used the concepts periodontal microsurgery plastic. In this context, the incorporation of the optical microscope into the clinical use facilitates this process as it increases the luminosity and magnification of the periapical region, also facilitates the detection of anatomical details and provides a refinement in the operative techniques in which the visual acuity is qualified and improved when Ideal optical magnification is used.

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