MTA pulpotomy for primary incisors and molars with vital pulps

The techniques below are used interchangeably and are based upon the following investigation. Doyle TL, Casas MJ, Kenny DJ, Judd PL. MTA produces superior outcomes in vital primary molar pulpotomy. Pediatric Dentistry 2010: 32; 41-47.

MTA pulpotomy
Method:
• After complete removal of all caries, open pulp chamber
• Remove coronal pulp with slow speed round bur
• Using moistened cotton pellets and moderate pressure achieve pulp hemostasis.
If bleeding does not stop after a 60 second application of moistened cotton with moderate pressure, then proceed to primary molar root canal therapy or extraction.
• Apply MTA paste to cover the exposed radicular pulp surface and a margin of not less than 1mm beyond the pulp dentin interface
• Seal with ZOE (IRM or other fortified ZOE)
• Restore with SSC using glass ionomer cement

MTA/FS pulpotomy
Method:
• After complete removal of all caries, open pulp chamber
• Remove coronal pulp with slow speed round bur
• Use Dento-Infusor syringe to wipe amputated pulps at entrance to canals with 15.5% solution of FS (Astringedent®) for 10-15 seconds
• Flush Astringedent® from pulp chamber with water
If bleeding does not stop after a 15 second application of Astringedent®, then proceed to primary molar root canal therapy or extraction.
• Apply MTA paste to cover the exposed radicular pulp surface and a margin of not less than 1mm beyond the pulp dentin interface
• Seal with ZOE (IRM or other fortified ZOE)
• Restore with SSC using glass ionomer cement