

recorded working length. The radiographic assessment is only capable of determining the relationship of the master cone to the radiographic apex and not to the anatomical apical foramen or constriction. However, this method of radiographic assessment is widely used in clinical studies in the literature as a method of determining satisfactory root canal treatment.^{1-3,26}

If the outcome measure is deemed acceptable, this does not necessarily mean that the root canal filling is actually within the root canal system, because the anatomical foramen may be 2 or 3 mm away from the radiographic apex. This problem may affect the PA group more than the AL group. On the other hand, when using the apex locator, a root canal filling may appear to be short on a radiograph (more than 2 mm) but in fact it is at or close to the apical foramen. The available assessment technique does not allow the operator to assess if the root filling is confined to the root canal system. Cone beam CT may provide a new standard for assessment of root canal success, however the high radiographic dose, low resolution and expense may hinder its use.³²

In this study, the apex locator was only used once to measure root canal length. This single use method was used to simulate the most common practice by general dental practitioners. However, this can lead to inaccuracies due to changes in length of the canals after preparation, especially in curved roots. In addition, other factors such as the presence of vital tissue, irrigants in the canals, metal restorations or caries can lead to inaccurate readings.¹⁰ Therefore, a more reliable method to confirm the working length may be to utilise the apex locators throughout the root canal treatment.

Although using the apex locator to determine the working length gave a higher proportion of acceptable GP master cones, this pilot study was not powered to detect a statistically significant difference between the two groups.

CONCLUSIONS

In general dental practice, no significant difference was observed in working lengths when determined using an apex locator combined with a master cone GP radiograph or using the conventional method. There is a need for further studies to assess the effectiveness of different methods of working length determination and their effect on the clinical outcome of root canal treated teeth in general dental practice.

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Corrigendum

General article (*BDJ* 2011; **211**: 379-385):

'See you in three months! The rationale for the three monthly periodontal recall interval: a risk based approach'

In the above general article, the caption for Figure 3 should have read: BOP is 9%, six residual pockets ≥ 5 mm, four teeth had been lost, the bone factor in relation to the age is 0.75 and there are genetic influences.