CBCT was used prospectively to identify anatomy and assess the complex root canal system. Due to the complex nature of RCT, complications do arise and the CBCT is a valuable aid to determine future treatment and postoperative evaluation of endodontic treatment.

In a separate study CBCT again showed significantly more internal root resorption than periapical radiographies alone. In two patients with symptomatic internal root resorption, one tooth was treated with endodontics and another tooth was observed. The endodontic tooth was treated successfully whereas the observed tooth was not.

Other studies agreed with the aforementioned and added CBCT exams offer more resources for an accurate diagnosis with the ability to look at virtually any slice of the tooth or perforation.

CBCT can be a valuable tool to identify vertical root fractures (VRF) and periapical radiographs (PXR) offer detection of root fractures. A recent study was conducted to determine the accuracy of CBCT in detecting VRF and found to be 84% accurate in detecting these lesions. The positive predictive value was 91% and negative predictive value was 97%. The sensitivity was 86%, specificity was 75%. In addition, the correlation between clinical findings (clinical pain, radiographic bone loss, pain on palpation and history of trauma) and CBCT was assessed. Another study assessed the accuracy of the PXR and CBCT in the detection of root fractures when compared to gold standard of surgical exposure and found 100% accuracy of CBCT in the detection of root fractures.

CBCT can also be very helpful in diagnosing sinusitis and its proximity to sensitive anatomical structures. In order to avoid such complications, CBCT scans should be performed prior to treatment. The American Academy of Endodontists recommends the use of CBCT for root perforation and internal root resorption.

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