

IMPORTANT NOTE CONCERNING NBDE PART II ENDODONTICS TERMINOLOGY

Although the new endodontic terms adopted by the American Association of Endodontists were anticipated to be incorporated into the NBDE Part II in 2012, technical issues were encountered that caused an unexpected delay. These terms will now be implemented in 2013. During this transitional period, it is recommended that individuals become knowledgeable of both sets of terms, because individual researchers, practitioners, and existing textbooks can communicate information using either set of terms. The NBDE Part II Guide has been updated to reflect this change.

12/5/12 UPDATE: Based on feedback from test constructors, the American Association of Endodontists has provided the Joint Commission with an updated chart to assist students who are currently taking NBDE Part II:

OLD TERM	NEW TERM	DEFINITION
Normal Pulp	Normal Pulp	A clinical diagnostic category in which the pulp is symptom-free and normally responsive to pulp testing.
Reversible Pulpitis	Reversible Pulpitis	A clinical diagnosis based upon subjective and objective findings indicating that the inflammation should resolve and the pulp return to normal.
Irreversible Pulpitis	Symptomatic Irreversible Pulpitis	A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. <i>Additional descriptors:</i> Lingering thermal pain, spontaneous pain, referred pain.
*Irreversible Pulpitis	Asymptomatic Irreversible Pulpitis	A clinical diagnosis based on subjective and objective findings indicating that the vital inflamed pulp is incapable of healing. <i>Additional descriptors:</i> No clinical symptoms but inflammation produced by caries, caries excavation, trauma, etc.
Pulp Necrosis	Pulp Necrosis	A clinical diagnostic category indicating death of the dental pulp. The pulp is usually nonresponsive to pulp testing.
*Previously Treated (pulpless)	Previously Treated	A clinical diagnostic category indicating that the tooth has been endodontically treated and the canals are obturated with various filling materials other than intracanal medicaments.
*Previously Initiated Therapy	Previously Initiated Therapy	A clinical diagnostic category indicating that the tooth has been previously treated by partial endodontic therapy (e.g., pulpotomy, pulpectomy).

*not critical for this particular exam at this point in time.

OLD TERM	NEW TERM	DEFINITION
Normal Periapical (periradicular) Tissues	Normal Apical Tissues	Teeth with normal periradicular tissues that are not sensitive to percussion or palpation testing. The lamina dura surrounding the root is intact and the periodontal ligament space is uniform.
Acute Periapical (periradicular) Periodontitis or *Chronic Periapical (periradicular) Periodontitis with Symptoms	Symptomatic Apical Periodontitis	Inflammation, usually of the apical periodontium, producing clinical symptoms including a painful response to biting and/or percussion or palpation. It may or may not be associated with an apical radiolucent area.
Chronic Periapical (periradicular) Periodontitis	Asymptomatic Apical Periodontitis	Inflammation and destruction of apical periodontium that is of pulpal origin, appears as an apical radiolucent area, and does not produce clinical symptoms.
Acute Apical (periradicular) Abscess	Acute Apical Abscess	An inflammatory reaction to pulpal infection and necrosis characterized by rapid onset, spontaneous pain, tenderness of the tooth to pressure, pus formation and swelling of associated tissues.

Chronic Apical (periradicular) Abscess or Phoenix Abscess or Suppurative apical periodontitis)	Chronic Apical Abscess	An inflammatory reaction to pulpal infection and necrosis characterized by gradual onset, little or no discomfort, and the intermittent discharge of pus through an associated sinus tract.
Focal Sclerosing Osteomyelitis	Condensing Osteitis	Diffuse radiopaque lesion representing a localized bony reaction to a low-grade inflammatory stimulus, usually seen at apex of tooth.

***not critical for this particular exam at this point in time.**

This chart is consistent with the perspective that NBDE Test Constructors took in handling endodontic terminology when writing questions for the NBDE Part II. Current NBDE Part II test forms present questions using the older terminology.

As soon as the new terms are implemented, the NBDE Part II web page will provide appropriate notification.