



American Association of Endodontists (AAE) and European Society of Endodontology (ESE): Diagnostic Terminology Proposal Document

Steering committee members:

Alan S. Law, Co-Chair, AAE
Nikita B. Ruparel, AAE
Adham A. Azim, AAE
Quian Xie, AAE Board Liaison
Robert W. Heydrich, AAE Board Liaison

Hal Duncan, Co-Chair, ESE Matthias Zehnder, ESE Maria Pigg, ESE Lise-Lotte Kirkevang, ESE Board

Background:

The Steering Group was formed by the respective boards of the AAE and ESE and was charged with reviewing <u>diagnostic terminology as published in the November 2009 issue of the Journal of Endodontics</u>, as well as proposing updates based on current research, expert opinion, and practice. Specifically, the committee was asked to:

- consider advances in Vital Pulp Therapy and evaluate an updated means of classifying the diseased pulp.
- develop a plan for liaising with relevant stakeholders, modifying the document based on their feedback and disseminating the revised terminology to communities of interest at completion of the project, and
- identify other resources or processes that would require updates based upon updated terms.

This project started in July 2023 and the steering committee has worked remotely, but intensively through regular online meetings and offline projects. The project has resulted in the creation of two tables, one addressing 'Pulpal and Pulp Space Diagnoses' and the other 'Periapical Diagnoses'. Although these tables are presented separately, it is acknowledged that they will work in synchrony, with a pulp and periapical diagnosis required as part of the overall endodontic diagnosis.

We are now at the stage of reaching out for feedback, from experts and a range of other stakeholders, so that the classification can be improved, developed further, validated and disseminated. We have included the draft versions of the two tables and an electronic evaluation document requesting general and specific feedback on the proposed classification.

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Please review the diagnostic terms and related definitions by answering the questions in the <u>online template</u>.

Notably, it has become clear to the steering committee during this process that, although there have been advances in imaging modalities such as CBCT and improved outcomes with vital pulp treatments in teeth with signs and symptoms indicative of irreversible pulpitis, there remains a lack of advanced commercially available diagnostic tools, as well as gaps in our understanding endodontic disease. This limits to some degree the development of a diagnostic classification, such as this one within Endodontics.

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Conflict of Interest: The committee members have all stated explicitly that there are no conflicts of interest in connection with this article.

Author contribution: All committee members have made substantial contributions to the classification and have approved the latest versions of the tables.