

Distribution Information

AAE members may reprint this position statement for distribution to patients or referring dentists.

About This Document

The following statement was prepared by the AAE Clinical Practice Committee.

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The guidance in this statement is not intended to substitute for a clinician's independent judgment in light of the conditions and needs of a specific patient.

References

1. Jasper EA. Root canal therapy in modern dentistry. *Dental Cosmos* 1933;75:823-9.
2. Heuer M. Root canal fillings with silver points: the rigid core techniques.
3. In: Techniques in clinical endodontics. Gerstein H, editor. Philadelphia:L WB Saunders; 1983. p.259-95.
4. Seltzer S, Green DB, Weiner N, DeRenzis F. A scanning electron microscope examination of silver cones removed from endodontically treated teeth. *Oral Surg Oral Med Oral Pathol* 1972;33:589-605.
5. Brady JM, del Rio CE. Corrosion of endodontic silver cones in humans: a scanning electron microscope and
6. X-ray microprobe study. *J Endod* 1975;1:205-10.

Use of Silver Points

AAE Position Statement

The American Association of Endodontists is dedicated to maintaining the highest quality of care in the practice of endodontics. As part of that dedication, the AAE actively supports the use of safe and effective materials in all phases of endodontic treatment. The AAE recognizes that legitimate differences of professional opinion may exist as to the “safest” or “most effective” material for a specific patient or specific circumstance. In recognition of those legitimate differences of professional opinion, the AAE does not *endorse* the use of specific materials; however, the AAE does recommend *against* the continued use of silver points, as they have been shown to be clinically problematic.

Silver points were historically indicated and well accepted as a root canal obturation material; however, modern techniques and improved materials provide the clinician with much better options.

Silver points have been shown to corrode spontaneously in the presence of serum and blood due to an unstable electrochemical behavior. Corrosion byproducts can also cause irreversible staining of the tooth structure and surrounding tissues (argyrosis). Silver points lack plasticity, and the consequent failure to flow and conform to the shape of the root canal system makes them less favorable as filling materials. There are additional clinically practical problems associated with the use of silver points. Specifically:

- post and core buildups become impossible with intact silver points, necessitating retreatment and replacement of the points with another material;
- apical surgery becomes more complicated due to the difficulties encountered when attempting a root-end preparation in canals that are filled with metal; and
- corrosion products, which cause argyrosis and periradicular inflammation, have the potential to induce inflammatory root resorption.

Despite the shortcomings of silver points relative to newer materials, the AAE does **not** recommend the prophylactic revision of silver point obturation, unless there is clear evidence of endodontic pathosis or if the silver points complicate proper restoration of the tooth. The AAE believes that effective treatment should be guided by scientific evidence.