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**Title:** KEYS TO CLINICAL SUCCESS WITH PULP CAPPING  
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**Abstract:** The consequences of pulp exposure from caries, trauma or tooth preparation misadventure can be severe, with pain and infection the result. Often requiring either extraction or root canal therapy. An alternative procedure to extraction or endodontic therapy is pulp capping, in which a medicament is placed directly over the exposed pulp (direct pulp cap), or a cavity liner or sealer is placed over residual caries (indirect pulp cap) in an attempt to maintain pulp vitality and avoid the more extensive treatment dictated by extraction or endodontic therapy. Various factors are believed to influence the success of both direct and indirect pulp capping. The material have been suggested for use in pulp capping: zinc oxide eugenol (ZOE), glass ionomer (GI), resin-modified glass ionomer (RMGI), adhesive systems, calcium hydroxide, mineral trioxide aggregate (MTA). It is the purpose of this literature review to examine the evidence, issues and material relevant to pulp capping. Avoid exposing the pulp. The chances for tooth survival are excellent if the tooth is asymptomatic and well sealed, even if residual caries remains.  

**Presentation:** Poster