ABSTRACT
Background: The objective of this cone beam computed tomography study (CBCT) is to evaluate the frequency of C-shaped canals in mandibular second molars (MSMs) in a Turkish population with respect to gender, age and tooth position (unilateral (left versus right) and bilateral) in addition to root morphology.

Material and Methods: A total of 243 patients (112 females and 131 males) who presented to the Oral and Maxillofacial Radiology service at the Ataturk University Faculty of Dentistry and required radiographic examination by CBCT as part of their dental treatment were analyzed.

Results: The samples include 86 CBCT images of MSMs; 86 subjects had unilateral molars and 157 subjects had bilateral molars. Of 243 patients, 34 (14.0%) had C-shaped MSMs. This frequency did not differ with gender and age. C-shaped canal system were determined in 36 (9.0%) of the teeth. Thirty-two cases (94.1%) were unilateral and 2 (5.9%) were bilateral. Of the 32 unilateral cases, 15 (46.9%) were on the left and 17 (53.1%) were on the right side. Single roots were present in 47.3% (30.6% several canals and 16.7% one canal) of MSMs with C-shaped canal. In contrast, this rate was only 1.6% in MSMs without C-shaped canal.

Conclusion: C-shaped MSMs occurred relatively low frequency in this Turkish population. CBCT is an effective tool for the detection of C-shaped roots/canals, and it is a valuable aid for dentists providing root canal treatment.

Key words: Mandibular second molar · C-shaped canal · Cone beam computed tomography · Root morphology

ÖZET
Amaç: Bu dental volumetrik tomografi (DVT) çalışmasının amacı Türk populasyonuna ait bir çalışma gurubunda alt ikinci molarlardaki (AIM) C şekilli kanalların sıklığı kök morfolojisinin yanında cinsiyet, yaş ve diş pozisyonu (tek taraflı (sağ/sol) ve çift taraflı) açısından değerlendirilmektir.


Bulgular: Örnekler 86 hastada tek taraflı, 157 hastada çift taraflı toplam 400 AIM'inin DVT imajını içerdi. 243 hastanın 34'u (%14.0) C şekilli AIM'ye sahipti. Bu sıklık yaş ve cinsiyet ile farklılaşmadı. C şekilli kanal sistemi 36 dişte (%9.0) tespit edildi. 32 vaka (%94.1) tek taraflı ve 2 vaka (%5.9) çift taraflıydı. 32 tek taraflı vakancın, 151 (%46.9) sol ve 17'si (%53.1) sağ taraftarıldardır. Tek kökler C şekilli AIM'nin %47.3'ünde (%30.6 bir kaçak canal ve %16.7 tek canal) mevcuttu. Aksine, bu oran C şekilli olmayan AIM'in sadece %1.6'sydi.

Sonuç: C şekilli AIM Türk populasyonunda nispeten düşük sıklıkta ortaya çıktı. DVT C şekilli kök/kanalların belirlenmesinde etkili bir araçtır ve kök kanal tedavisinde diş hekimleri için değerli bir yardımcıdır.

Anahtar Kelimeler: Alt ikinci molar · C-şekilli kanal · Dental volumetrik tomografi · Kök morfolojisı
INTRODUCTION

Knowledge of root canal anatomy and variations between ethnic groups is important for clinicians to facilitate effective root canal treatment. The C-shaped canal is an anatomical variation as well the failure of the Hertwig's epithelial root sheath to fuse on the lingual or buccal root surface was the main cause of a C-shaped root and canal. The term of 'C-shaped canal' is first used by Cooke and Cox in 1979 nevertheless the main feature of this variation is the presence of form a letter 'C' shape at the root canal orifice.

Mandibular second molars (MSMs) are more often more variable in shape as well the C-shaped canal is most frequently found in MSMs. Radiography has an essential place in dentistry and some radiographic methods used in analyzing root canal morphology as well the cone beam computed tomography (CBCT) is one of these methods. Most of the investigations concerning the anatomic characteristics of C-shaped canals were conducted with extracted teeth and were invasive however as a noninvasive three-dimensional (3D) imaging technique, CBCT was reported to be adequately precise for morphological analysis. Compared with conventional medical computed tomography, CBCT studies have adequately lower effective dose and shorter working time.

Dental anatomists and anthropologists identified morphological variations and commented on their relative frequencies in different ethnic groups separately. There is a significant ethnic variation in the incidence of C-shaped molars, with a presence of loud prevalence in Asians. Reported prevalence have included 2.7-8.0% for American, 31.9% and 39.0% for Chinese, 10.6% for Saudi Arabian, 19.1% for Lebanese, 32.7% and 44.5 for Korean, 7.2% for Iranian, and 8.1% for Caucasian Turkish populations. The objective of this CBCT study is to evaluate the frequency of C-shaped canals in MSMs in a Turkish population with respect to gender, sex and tooth position (unilateral (left versus right) and bilateral) in addition to root morphology.

MATERIAL AND METHODS

In this retrospective study, we examined the C-shaped canal configuration in MSMs using CBCT images (New Tom FP QR-DVT 9000, 110 kVp, 15 mA, 36 s scan time, 5.4 s typical X-ray emission time, 17 cm diameter–13 cm height scan volume, Verona, Italy). A total of 243 patients (112 females and 131 males) who presented to the Oral and Maxillofacial Radiology service at the Ataturk University Faculty of Dentistry and required radiographic examination by CBCT as part of their dental treatment were analyzed between February 2010 and April 2011. Axial, coronal and sagittal views were examined by three investigators (one professor and two postgraduate dentomaxillofacial radiologist) at the same time. The thickness of the image slices was 1 mm and the distance between slices was 1 mm. Views were performed with the patient’s palatal plane parallel to the beam. The following observations were made (i) frequency and root morphology and (ii) frequency of C-shaped canals by gender, age and localization (left versus right). The investigators classified the root morphology on CBCT images as presented in figure 1.

Figure 1. Root morphology
1. Three separate roots
2. Two separate roots are divergent or parallel from the furcation
3. Two separate roots are conical: trabecula patterns are apparent between roots
4. Two separate roots are conical: trabecula patterns rarely appear between roots
5. One root and several canals
6. One root and one canal

The relative frequencies of 6 groups of root morphologies were calculated and compared among MSMs with and without C-shaped canals. The variables were analyzed using the Statistical Package for Social Sciences (SPSS 11.5; Chicago, IL) program. The chi square test was used to determine potential differences in the range of lesions when stratified by gender and age. P value of <0.05 was considered as statistically significant.
RESULTS

The samples include 400 CBCT images of MSMs; 86 subjects had unilateral molars and 157 subjects had bilateral molars. Of 243 patients, 34 (14.0%) had C-shaped MSMs. This frequency did not differ with gender and age. C-shaped canal system were determined in 36 (9.0%) of the teeth. Thirty-two cases (94.1%) were unilateral and 2 (5.9%) were bilateral. Of the 32 unilateral cases, 15 (46.9%) were on the left and 17 (53.1%) were on the right side. (Table I). Single roots (Group 5 and 6) were present in 47.3% (30.6% several canals and 16.7% one canal) of MSMs with C-shaped canal. In contrast, this rate was only 1.6% in MSMs without C-shaped canal. The most common root morphology was group 4 (2 separate conical roots and trabecular pattern are apparent between roots) among MSMs with C-shaped canals and group 2 (2 separate roots that were either divergent or parallel from furcation) among molars without C-shaped canals (Table II).

Table I. Details of detected C-shaped canals cases in present study

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>C-shaped canals</th>
<th>Frequency (%)</th>
<th>X2</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>112</td>
<td>14</td>
<td>12.5</td>
<td>0.42</td>
<td>0.50</td>
</tr>
<tr>
<td>male</td>
<td>131</td>
<td>20</td>
<td>15.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-40</td>
<td>109</td>
<td>15</td>
<td>13.8</td>
<td>0.92</td>
<td>0.09</td>
</tr>
<tr>
<td>40-65</td>
<td>134</td>
<td>19</td>
<td>14.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laterality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unilateral</td>
<td>15</td>
<td>46.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bilateral</td>
<td>17</td>
<td>53.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Localization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>left</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>right</td>
<td>17</td>
<td></td>
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</tr>
</tbody>
</table>

DISCUSSION

It is important to identified morphological variations and commented on their relative frequencies in different ethnic groups. This study evaluates the frequency and root morphology of C-shaped MSMs in 243 Turkish individuals using CBCT. The population is selected from a purely ethnic East Anatolian Turkish population, and the CBCT images were collected only from indigenous eastern Turkish individuals in this study. Moreover, the present study is the first study evaluating C-shaped canals with CBCT in East Anatolian Turkish population in the literature.

Most previous studies have been performed using ground up samples of extracted teeth. However, the extracted teeth could be pathologic teeth and could have varied root shapes compared with normal teeth because of calcification. Although the investigations conducted with extracted teeth were invasive, CBCT is a noninvasive three-dimensional (3D) imaging technique. Hence, in our study, presences of C-shaped canals were examined in normal teeth using CBCT.

The canal shape was significantly connected with race, 2 with a presence of loud prevalence of C-shaped canals in Asians. 9,10 The current study revealed that 9% of the MSMs had C-shaped canal configuration in Turkish population, which was less than the 44.5% reported by Jin et al., 16 39.0% reported by Zheng et al., 5 32.7% reported Seo and Park, 10 31.5% reported by Yang et al., 9 29.0% reported by Jung et al., 18 and 19.4% reported by Haddad et al. 14 Conversely, this is higher than the 8.1% reported by Cimilli et al., 17 8.0% reported by

Table II. The relationship between root morphology and C-shaped canal in second molars

<table>
<thead>
<tr>
<th></th>
<th>Grou p 1</th>
<th>Grou p 2</th>
<th>Grou p 3</th>
<th>Grou p 4</th>
<th>Grou p 5</th>
<th>Grou p 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molars with C-shaped canal</td>
<td>0 (0.0)</td>
<td>5 (13.9)</td>
<td>2 (5.5)</td>
<td>12 (33.3)</td>
<td>11 (30.6)</td>
<td>6 (16.7)</td>
<td>36 (100.0)</td>
</tr>
<tr>
<td>Molars without C-shaped canal</td>
<td>4 (1.1)</td>
<td>185 (50.8)</td>
<td>37 (10.2)</td>
<td>132 (36.3)</td>
<td>6 (1.6)</td>
<td>0 (0.0)</td>
<td>364 (100.0)</td>
</tr>
</tbody>
</table>
Cooke and Cox,\(^3\) 7.6% reported by Weine,\(^{11}\) 7.2% reported by Rahimi et al.,\(^8\) and 2.7% reported by Weine.\(^{12}\) In appearance of the consequential differences among the results of studies on the prevalence of C-shaped canals in MSMs in different ethnic populations, following studies may reveal interesting data about the prevalence and canal configuration of C-shaped canals in MSMs in the different parts of the world.

Çalışkan et al.\(^{19}\) did not find single rooted MSMs in 100 teeth in Turkish population. Whereas Cimilli et al.\(^{17}\) conducted that single rooted MSMs were found 112 (22.8%) in 491 teeth. 40 (8.1% in 491 teeth and 35.7% in 112 single rooted teeth) of these teeth had C-shaped canals with spiral computed tomography in Caucasian Turkish population. However, single rooted MSMs were found to be 23 (5.7%) in 400 teeth and 17 (4.25% in 400 teeth and 73.9% in 23 single rooted teeth) of these teeth had C-shaped canal with CBCT in eastern Turkish population. This is the first study evaluating C-shaped canals with CBCT in East Anatolian Turkish population. The great differences clear among studies and the prevalence of C-shaped canals may be traceless to racial differences and study methods. The C-shaped canal system tends to vary considerably in their anatomical configuration and thus leads to difficulties in debridement, filling and restoration. The CBCT could be suggested as the effective diagnostic modality for root and canal configuration.

**ACKNOWLEDGMENT**

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