Which tooth is *IMPROPERLY* matched with the reason for difficulty of its access preparation?

- Maxillary first premolar - mesial concavity
- Maxillary molar - proximity of canals to mesio-buccal line angle
- Mandibular molar - mesio-lingual tilt of tooth
- Mandibular incisor - small buccal-lingual dimension

Maxillary molar - proximity of canals to mesio-buccal line angle

Major objectives of the access preparation:

1. Straight-line access
2. Conservation of tooth structure
3. Unroofing of the chamber and to remove pulp horns

Access to the root canal is the **initial step** in canal preparation. It is necessary to establish **straight-line access** to the apical foramen to ensure free movement of the instrument during debridement and preparation of the canal. All the treatment that follows hinges on the **correctness** of the access preparation. All access cavities are made through the **lingual** on **anterior teeth** and through the **occlusal** on **posterior teeth.**

Note: A **facial** approach is recommended for an access opening on **maxillary primary incisors.**

Remember: Mandibular incisors and **maxillary first premolars** require the most care to **avoid perforation** during preparation of the access opening. This is due to the **narrow mesio-distal** dimension of the **mandibular incisors** and the **mesial concavity** of the **maxillary first premolars.**

Important: During access preparation on **mandibular molars,** the following two regions tend to be "overcut" which results in the undesirable over preparation of the tooth:

- The mesial aspect under the marginal ridge
- The lingual surface under the lingual cusps

******* Mandibular molars **tip mesially** and **lingually.** If a bur is directed straight inferior it may cause unnecessary loss of tooth structure from the these areas.