

# Assessment Of Knowledge, Attitude And Practice Based Survey On The Incidence Of Pulp Stones In Mandibular Molars Among Postgraduates And Undergraduates - A Questionnaire Based Survey

ShaliniSathiyamoorthy<sup>1</sup>,AdimulapuHima Sandeep<sup>2</sup>,Ravindra Kumar Jain<sup>3</sup>

<sup>1</sup>Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Science, Saveetha University Chennai- 600077

<sup>2</sup>Senior Lecturer, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Science,

<sup>3</sup>Reader, Department of Orthodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Science, Chennai - 600077.

Mail id

:<sup>1</sup>151501087.sdc@saveetha.com,<sup>2</sup>himas.sdc@saveetha.com,<sup>3</sup>ravindrakumar@saveetha.com

**Abstract :***Aim: The aim of this knowledge, attitude, practice (KAP) survey was to study the level of awareness among postgraduates and undergraduates, the current status of KAP survey is towards the incidence of pulp stones in mandibular molars.*

**Introduction:** *Pulp stones are foci of calcification in the pulp of the tooth. Calcification can occur in the dental pulp as discrete calcified stones or in a diffuse form that can occur freely in the pulp tissue or attached to or embedded into dentin. Depending on their microscopic structures, pulp stones have been classified into true or false form.*

**Materials and Method:** *This survey is a cross - sectional questionnaire based study, which was conducted in Saveetha Dental College among postgraduates and undergraduates. Ethical approval was given by the Institutional ethical committee. Predesigned validated questionnaire was used to assess the knowledge, attitude and practice on incidence of pulp stones in mandibular molars. The questionnaire consisting of 10 questions was formulated and were circulated through an online forum. The sample size was 100 People. The results were tabulated in the excel sheet and imported to SPSS software. The statistical test used was the Chi square test*  
**Result:** *The results show that more than two-third (85%) of the respondents were aware about the types of pulp stones and the association was statistically not significant ( $p>0.05$ ); 73% of respondents tend to remove the pulp stone even after finding canals and the association was statistically significant ( $p<0.05$ ). Hence proving that pulp stone are removed even after finding a canal.*

**Conclusion:** *Within the limitations of the study, knowledge, attitude and practice among postgraduates was higher when compared to undergraduates. Among undergraduates the knowledge in regard to pulp stone was higher when compared to attitude and practice.*

**Key words:** *Pulp stones;calcification;Truepulp;False pulp.*

## 1. INTRODUCTION

Pulp stones are foci of calcification that are commonly positioned in the pulp chamber or pulp canals of deciduous and permanent teeth [1]. Diseases of pulp can be infectious or inflammatory [2,3] and they may be revealed as a confined dense mass in the coronal or reticular pulp or occasionally seen continuing from the pulp chamber into root canals [4,5]. Pulp stones can be noticed in all tooth types but molars are known to be all the more often included and they are freely located in the pulp chamber or may be identified as attached to the Dentinal wall [6][7].

Pulp stones can be classified as embedded adherent free types based on their location and are further classified histologically as “true” or “false” types [8][9]. True pulp stones are known to be lined by odontoblast and consist of tubular structure resembling the Dentin.[10,11] and hence it is presumed that true pulp stones arise as a result of epithelial mesenchymal interactions [12][13,14] and false pulp stones are made up of degenerating cellular material of the pulp that mineralizes later. They are composed of concentric layers of mineralised tissue formed by surface acceleration over the blood thrombi, dead and degenerating cells or collagen fibres[15,16]. Mineralization of false pulp stones is known to happen gradually ; cell nests come to be closed by concentrically structured fibres further developed into impregnated with mineral salts.[17,18].

Another entity of pulp stones known as “Diffuse” or “Amorphous” layer , is more irregular in shape compared to false pulp stones , known to be formed in close proximity with the blood vessels [19][20,21]. Pulp stones have been regarded as manifestation of alteration in the pulp tissues instead of their etiology. Although etiology and pathophysiology of pulp stones is not clearly established , numerous etiological elements have been affirmed to predispose the formation of pulp stones, which includes aging, compromised blood supply of the pulpal tissue , attrition , abrasion , caries degeneration, of pulp tissue , operative procedures , periodontal pathology , orthodontic treatment and epithelial rest in pulp tissue [22][23].

Pulp stones have been noted in patients with systemic disorders , dentine dysplasia , dentinogenesis imperfecta and Vander Woude syndrome. But no firm evidence exists that they are associated with any systemic components [24][25]. So, the purpose of this present study was to assess the Knowledge , Attitude and practice on incidence of pulp stones in mandibular molars among postgraduates and undergraduates.

## 2. MATERIALS AND METHOD

This was a cross - sectional questionnaire based study, which was conducted in Saveetha Dental College among postgraduates and undergraduates. Ethical approval was given by the Institutional ethical committee and a Predesigned validated questionnaire was used to assess the knowledge, attitude and practice on incidence of pulp stones in mandibular molar. A validated and structured questionnaire containing 10 questions was framed and it was circulated through an online forum. The sample size was 100 people and the sampling method used was a simple random sampling method. In order to minimise bias all variables were included (Randomisation) and no sorting process was done. Data collection verified by 2 reviewers and Internal validity was a pretested questionnaire. External validity was Homogenisation, replication of experiment and cross verification with existing studies.

Data analysis was done in the Statistical Product and service solutions (SPSS) software and the Statistical test used was the Chi - square test. Dependent variables are gender, experience

and Independent variables are pulp stone incidence and knowledge. Type of analysis used is correlation and association and the results were tabulated in excel sheet and transferred to SPSS software to analyse and represent in the bar graph.

### 3. RESULTS

From the sample size of 100 people ; Majority of the subjects in the study population were female (74%) and male (26%) out of which 73% were postgraduates and 27% were undergraduate (Figure 1). In present study it is evident that 85% of respondents are aware of pulp stones and only 15% of respondents are not aware of it ( Figure 2). 52% of people diagnosed pulp stones clinically whereas 48% diagnosed radiographically (Figure 3). It is clear that 65% of pulp stones were encountered rarely in mandibular molars; 26% of people encountered the pulp stone very rarely and 9% of people experienced them often ( Figure 4). 54% of respondents feel canal visibility was difficult during removal of pulp stones ; 22% of them felt that Instrumental fracture was more often and 21% of them responded that it results in perforation while removing the pulp stone (Figure 5). Moreover among them, 76% of respondents felt that it is difficult to identify the canals due to the presence of pulp stones whereas 24% of them felt no difficulties (Figure 6). In order to remove the pulp stones 59% respondents prefer to use ultrasonic instruments whereas 32% of respondents use hand instruments and 9% of them use burs( Figure 7). Around 50% of respondents disagreed that root canal success rate will not decrease due to the presence of pulp stone and 34% of respondents agreed and 16% of respondents opted that it may decrease (Figure 8). Around 59% of respondents remove pulp stone even after finding canals whereas 41% of respondents do not remove even after finding canals (Figure 9).

### 4. DISCUSSION

Knowledge, attitude and practice among postgraduates was higher when compared to undergraduates. Among undergraduates the knowledge in regard to pulp stone was higher when compared to attitude and practice. Postgraduates were more exposed than undergraduates clinically, whereas undergraduates had good theoretical knowledge but not exposed much clinically to pulp stone.

Prevalence of pulp stone study done by Gulsahi et al ., [26] showed that distribution of teeth with pulp stones according to tooth is taken into consideration maxillary 1st and 2nd molar showed a strong positive significance with 33% and 31% and similar evidence has been reported in the study that 56% of pulp stones were diagnosed clinically. The prevalence of pulp stone study done by Sisman Y et al., [27] reported the similar evidence in the study that 68% of pulp stones were encountered rarely in mandibular molars and the occurrence of pulp stone was higher in maxilla when compared to mandible. However indicating the higher frequency of pulp stone in the maxilla.

M.Turkal et al., [28] mentioned that pulp stones were significantly more common in maxilla (3%) when compared to mandible [1.21%]. He concluded that the frequency of pulp was higher in the first molars than in the second molars. Moss Salentijn et al., [8] mentioned in the study that 78% of pulp stones are removed using ultrasonic instruments. He concluded that ultrasonic instruments were faster and superior compared to the hand / conventional method.

The Chi square test was done and statistical significance was seen for each response between

the field of practices based on their knowledge, attitude and practice regarding the pulp stones in which only one response had statistical significance (p value - 0.004) when compared to other responses (Table 1).

Survey helps in assessing the level of knowledge attained by the participants and also enables the researchers to reach a wider group of population and assess the awareness, knowledge and practice of the participants especially regarding the recent advancement in the field of dentistry.

Limitations:

- Confined to a smaller number of respondents
- Cannot be generalised to larger population
- Sampling errors arise due to online survey

In future, a larger population, particularly for a certain speciality/age/experience group among dentists should be studied.

## **5. CONCLUSION**

Within the limitations of the study, Knowledge, attitude and practice among postgraduates was higher when compared to undergraduates. Among undergraduates the knowledge in regard to pulp stone was higher when compared to attitude and practice. Further scope of the study is to establish a larger population or to a certain speciality among dentists.

## **6. ACKNOWLEDGEMENT**

We thank Saveetha Dental College and Hospitals, Chennai for access to the retrospective data.

## **AUTHOR CONTRIBUTIONS**

Author 1 (ShaliniSathiyamoorthy) carried out the retrospective study by collecting data and drafted the manuscript after performing the necessary statistical analysis. Author 2 (Dr. AdimulapuHimaSandeep) added in conception of the topic, has participated in the study design, statistical analysis and has supervised the preparation of the manuscript. Author 3 (Dr.Ravindra Kumar Jain) has participated in the study design, and has coordinated in developing the manuscript. All the authors have discussed the results among themselves and contributed to the final manuscript.

## **CONFLICT OF INTEREST**

No conflict of interest

## **7. REFERENCE**

- [1] Sener S, Cobankara FK, Akgünlü F. Calcifications of the pulp chamber: prevalence and implicated factors. Clin Oral Investig. 2009 Jun;13(2):209–15.
- [2] Janani K, Palanivelu A, Sandhya R. Diagnostic accuracy of dental pulse oximeter with customized sensor holder, thermal test and electric pulp test for the evaluation of pulp

- vitality - An in vivo study [Internet]. Vol. 23, Brazilian Dental Science. 2020. Available from: <http://dx.doi.org/10.14295/bds.2020.v23i1.1805>
- [3] Jose J, P. A, Subbaiyan H. Different Treatment Modalities followed by Dental Practitioners for Ellis Class 2 Fracture – A Questionnaire-based Survey [Internet]. Vol. 14, The Open Dentistry Journal. 2020. p. 59–65. Available from: <http://dx.doi.org/10.2174/1874210602014010059>
- [4] Hussainy SN, Nasim I, Thomas T, Ranjan M. Clinical performance of resin-modified glass ionomer cement, flowable composite, and polyacid-modified resin composite in noncarious cervical lesions: One-year follow-up. *J Conserv Dent*. 2018 Sep;21(5):510–5.
- [5] Rajendran R, Kunjusankaran RN, Sandhya R, Anilkumar A, Santhosh R, Patil SR. Comparative Evaluation of Remineralizing Potential of a Paste Containing Bioactive Glass and a Topical Cream Containing Casein Phosphopeptide-Amorphous Calcium Phosphate: An in Vitro Study [Internet]. Vol. 19, Pesquisa Brasileira em Odontopediatria e Clínica Integrada. 2019. p. 1–10. Available from: <http://dx.doi.org/10.4034/pboci.2019.191.61>
- [6] Kaswan S, Patil S, Maheshwari S, Rahman F, Khandelwal S. The relationship between pulp calcifications and salivary gland calcifications. *J ClinExp Dent*. 2014 Dec;6(5):e474–8.
- [7] Teja KV, Ramesh S. Is a filled lateral canal – A sign of superiority? [Internet]. *Journal of Dental Sciences*. 2020. Available from: <http://dx.doi.org/10.1016/j.jds.2020.02.009>
- [8] Moss-Salentijn L, Klyvert MH. Epithelially induced denticles in the pulps of recently erupted, noncarious human premolars. *J Endod*. 1983 Dec;9(12):554–60.
- [9] Ramanathan S, Solete P. Cone-beam Computed Tomography Evaluation of Root Canal Preparation using Various Rotary Instruments: An in vitro Study [Internet]. Vol. 16, The Journal of Contemporary Dental Practice. 2015. p. 869–72. Available from: <http://dx.doi.org/10.5005/jp-journals-10024-1773>
- [10] Teja KV, Ramesh S, Priya V. Regulation of matrix metalloproteinase-3 gene expression in inflammation: A molecular study. *J Conserv Dent*. 2018 Nov;21(6):592–6.
- [11] Noor SSSE, S Syed Shihaab, Pradeep. Chlorhexidine: Its properties and effects [Internet]. Vol. 9, Research Journal of Pharmacy and Technology. 2016. p. 1755. Available from: <http://dx.doi.org/10.5958/0974-360x.2016.00353.x>
- [12] Goga R, Chandler NP, Oginni AO. Pulp stones: a review [Internet]. Vol. 41, International Endodontic Journal. 2008. p. 457–68. Available from: <http://dx.doi.org/10.1111/j.1365-2591.2008.01374.x>
- [13] Siddique R, Sureshababu NM, Somasundaram J, Jacob B, Selvam D. Qualitative and quantitative analysis of precipitate formation following interaction of chlorhexidine with sodium hypochlorite, neem, and tulsi. *J Conserv Dent*. 2019 Jan;22(1):40–7.
- [14] R R, Rajakeerthi R, Ms N. Natural Product as the Storage medium for an avulsed tooth – A Systematic Review [Internet]. Vol. 22, Cumhuriyet Dental Journal. 2019. p. 249–56. Available from: <http://dx.doi.org/10.7126/cumudj.525182>
- [15] Ravinthar K, Jayalakshmi. Recent Advancements in Laminates and Veneers in Dentistry [Internet]. Vol. 11, Research Journal of Pharmacy and Technology. 2018. p. 785. Available from: <http://dx.doi.org/10.5958/0974-360x.2018.00148.8>
- [16] Kumar D, Delphine Priscilla Antony S. Calcified Canal and Negotiation-A Review [Internet]. Vol. 11, Research Journal of Pharmacy and Technology. 2018. p. 3727. Available from: <http://dx.doi.org/10.5958/0974-360x.2018.00683.2>
- [17] Edds A, Walden J, Scheetz J, Goldsmith L, Drisko C, Eleazer P. Pilot Study of Correlation of Pulp Stones with Cardiovascular Disease [Internet]. Vol. 31, *Journal of Endodontics*. 2005. p. 504–6. Available from: <http://dx.doi.org/10.1097/01.don.0000168890.42903.2b>

- [18] Kansu O, Ozbek M, Avcu N, Aslan U, Kansu H, Gençtoy G. Can dental pulp calcification serve as a diagnostic marker for carotid artery calcification in patients with renal diseases? *DentomaxillofacRadiol.* 2009 Dec;38(8):542–5.
- [19] Nayak M, Kumar J, Prasad L. A radiographic correlation between systemic disorders and pulp stones [Internet]. Vol. 21, *Indian Journal of Dental Research.* 2010. p. 369. Available from: <http://dx.doi.org/10.4103/0970-9290.70806>
- [20] Nasim I, Nandakumar M. Comparative evaluation of grape seed and cranberry extracts in preventing enamel erosion: An optical emission spectrometric analysis [Internet]. Vol. 21, *Journal of Conservative Dentistry.* 2018. p. 516. Available from: [http://dx.doi.org/10.4103/jcd.jcd\\_110\\_18](http://dx.doi.org/10.4103/jcd.jcd_110_18)
- [21] Manohar MP, Sharma S. A survey of the knowledge, attitude, and awareness about the principal choice of intracanal medicaments among the general dental practitioners and nonendodontic specialists. *Indian J Dent Res.* 2018 Nov;29(6):716–20.
- [22] Patil S, Sinha N. Pulp Stone, Haemodialysis, End-stage Renal Disease, Carotid Atherosclerosis. *J ClinDiagn Res.* 2013 Jun;7(6):1228–31.
- [23] Jain P, Patni P, Hiremath H, Jain N. Successful removal of a 16 mm long pulp stone using ultrasonic tips from maxillary left first molar and its endodontic management. *J Conserv Dent.* 2014 Jan;17(1):92–5.
- [24] Sayegh FS, Reed AJ. Calcification in the dental pulp. *Oral Surg Oral Med Oral Pathol.* 1968 Jun;25(6):873–82.
- [25] Ramamoorthi S, Nivedhitha MS, Divyanand MJ. Comparative evaluation of postoperative pain after using endodontic needle and EndoActivator during root canal irrigation: A randomised controlled trial [Internet]. Vol. 41, *Australian Endodontic Journal.* 2015. p. 78–87. Available from: <http://dx.doi.org/10.1111/aej.12076>
- [26] Gulsahi A, Cebeci AI, Ozden S. A radiographic assessment of the prevalence of pulp stones in a group of Turkish dental patients. *IntEndod J.* 2009 Aug;42(8):735–9.
- [27] Sisman Y, Aktan A-M, Tarim-Ertas E, Ciftçi M-E, Sekerci A-E. The prevalence of pulp stones in a Turkish population. A radiographic survey. *Med Oral Patol Oral Cir Bucal.* 2012 Mar 1;17(2):e212–7.
- [28] Tan E, Uzgur R, Hamidi MM, Çolak H, Uzgur Z, Turkal M. Incidence and distribution of pulp stones found in radiographic dental examination of adult Turkish Dental Patients [Internet]. Vol. 3, *Annals of Medical and Health Sciences Research.* 2013. p. 572. Available from: <http://dx.doi.org/10.4103/2141-9248.122115>

#### **LIST OF TABLES:**

**TABLE 1 :** Chi square test showing KAP method with field of practice

**TABLE 2 :** Demographic variables

#### **LIST OF FIGURES:**

**FIGURE 1 :** Frequency distribution of gender and field of practice

**FIGURE 2 :** Awareness about pulp stone.

**FIGURE 3 :** Diagnose pulp stone.

**FIGURE 4 :** Pulp stone in mandibular molar.

**FIGURE 5 :** Difficulties during removal of pulp stone.

**FIGURE 6 :** Difficulties in canal identification due to pulp stone.

**FIGURE 7 :** Method to remove pulp stone.

**FIGURE 8 :** Root canal success rate.

**FIGURE 9 :** Removal of pulp stone after finding canals.

| Questions   | Category              | Field of Practice |    | Chi-square Value | P Value |
|---|-----------------------|-------------------|----|------------------|---------|
|   |                       | UG                | PG |                  |         |
| Are you aware of types of pulp stone?   | Yes                   | 23                | 62 | 0.001            | 0.975   |
|   | No                    | 4                 | 11 |                  |         |
| How do you diagnose pulp stone?   | Clinical              | 15                | 37 | 0.187            | 0.665   |
|   | Radiographic          | 12                | 36 |                  |         |
| How often do you encounter pulp stone in mandibular molars?                       | Very Rare             | 3                 | 23 | 5.012            | 0.082   |
|   | Rare                  | 20                | 45 |                  |         |
|   | Often                 | 4                 | 5  |                  |         |
| Do you tend to remove the pulp stone even after finding canals?                   | Yes                   | 14                | 59 | 8.398            | 0.004   |
|   | No                    | 13                | 14 |                  |         |
| What difficulty do you face while removing pulp stone?                            | Instrument Fracture   | 7                 | 15 | 2.232            | 0.526   |
|   | Canal visibility      | 16                | 38 |                  |         |
|   | Perforation           | 4                 | 17 |                  |         |
| Do you experience difficulty in canal identification due to pulp stone?           | Yes                   | 22                | 54 | 0.609            | 0.435   |
|   | No                    | 5                 | 19 |                  |         |
| Do you think root canal success rate will decrease due to presence of pulp stone? | Yes                   | 6                 | 28 | 2.632            | 0.268   |
|   | No                    | 15                | 35 |                  |         |
|   | Maybe                 | 6                 | 10 |                  |         |
| Which method do you prefer to remove pulp stone?                                  | Ultrasonic Instrument | 13                | 46 | 2.632            | 0.268   |
|   | Burs                  | 2                 | 7  |                  |         |
|   | Hand Instrument       | 12                | 20 |                  |         |

Table 1 The different responses with the given questionnaire: The Chi square test was done and statistical significance was seen for each response between the field of practices based on their knowledge, attitude and practice regarding the pulp stones in which only one response had statistical significance (p value - 0.004) when compared to other responses. Proving that postgraduates had higher knowledge, attitude and practice when compared to undergraduates on pulp stones.

| Demographic Variables | Categories    | No. of Respondents | Total |
|-----------------------|---------------|--------------------|-------|
| Gender                | Male          | 26                 | 100   |
|                       | Female        | 74                 |       |
| Field of Practice     | Undergraduate | 27                 |       |
|                       | Postgraduate  | 73                 |       |

Table 2 Showing Demographic data of participants: 100 people participated in this study, 26

were male and 74 were females; number of postgraduates (73) responded to this study were higher than the undergraduates (27).

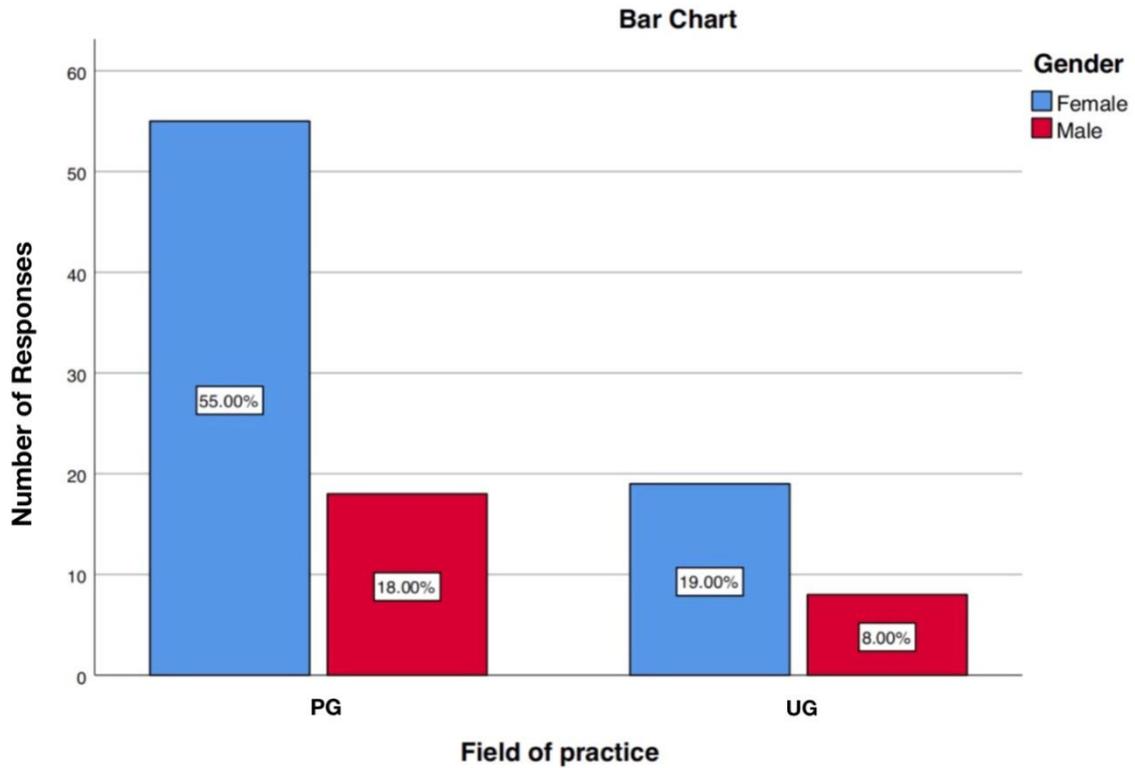


Figure 1 Bar chart represents the frequency between field of practice and number of responses according to gender. X axis represents the field of practice and Y axis represents the number of respondents. This Bar shows both Male and female respondents of postgraduates are higher compared to undergraduate.

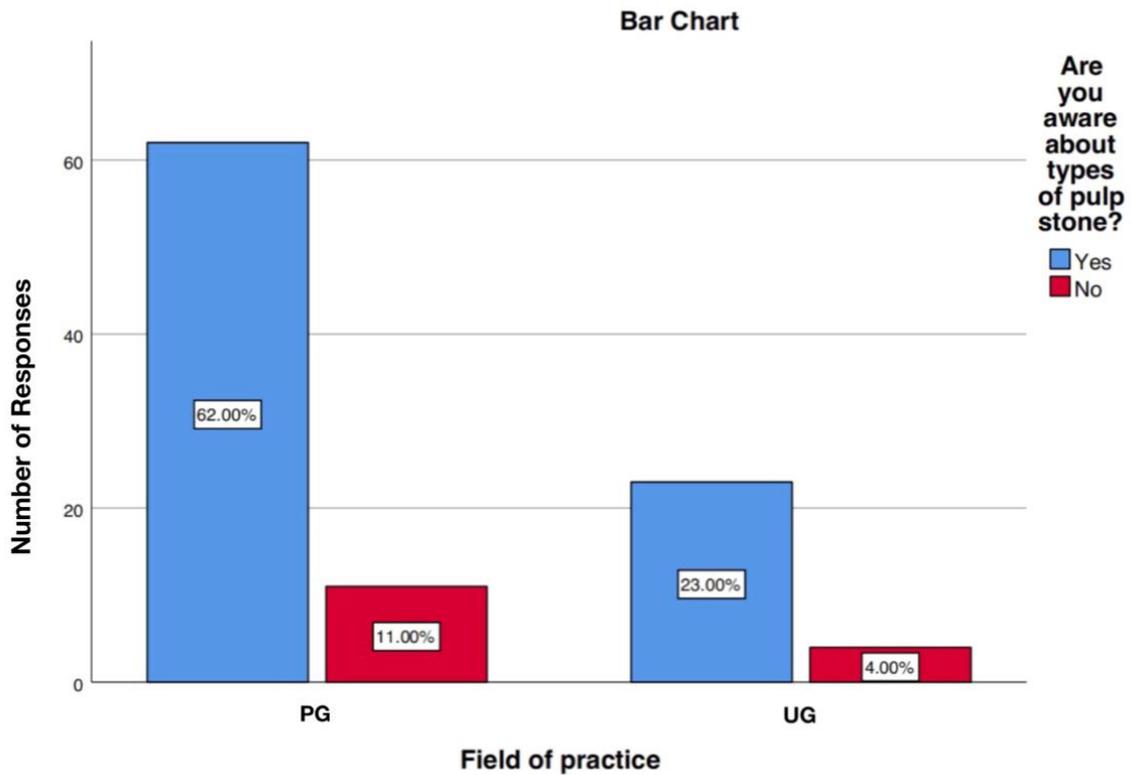


Figure 2 Shows graphical representation of association between field of practice and awareness on the type of pulp stone. X axis represents the field of practice and Y axis represents the number of responses in each category . Blue colour represents yes and Red colour represents no. Chi square test was done and association was found to be statistically not significant. Pearson's chi square Value: 0.001, p value: 0.975 (>0.05), proving that postgraduates have more awareness about the types of pulp stone.

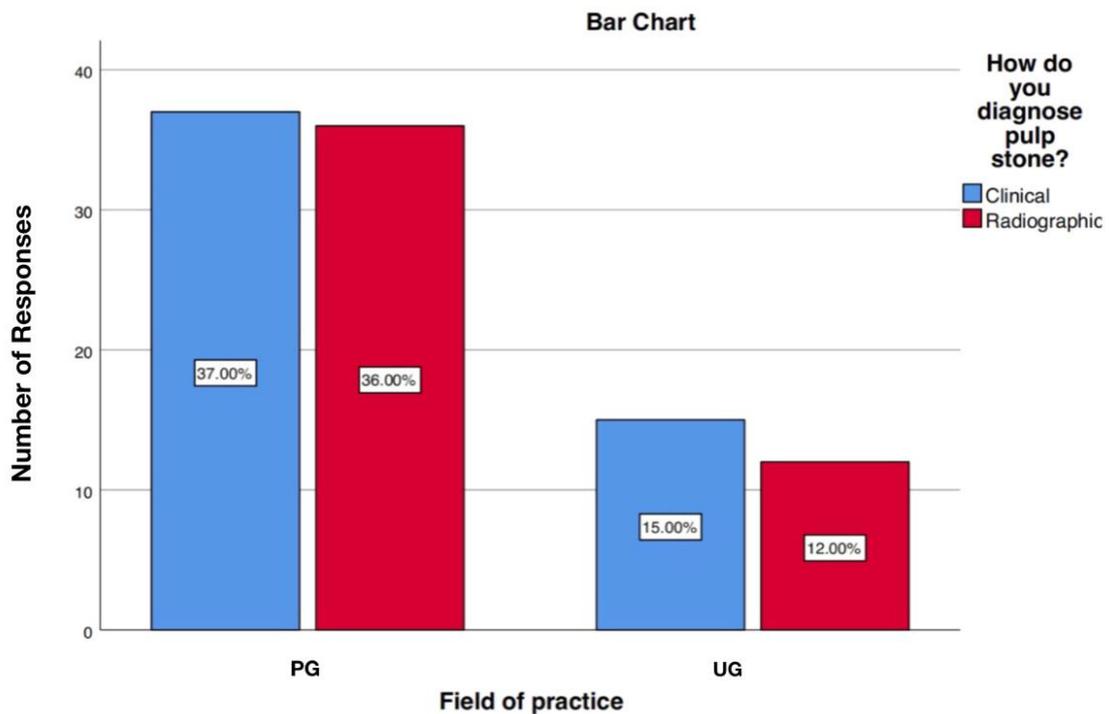


Figure 3 Shows graphical representation of association between field of practice and diagnose pulp stone. X axis represents the field of practice and Y axis represents the number of responses in each category. Blue colour denotes clinical and Red colour denotes radiographic method. Chi square test was done and association was statistically not significant. Pearson's chi value: 0.187, p value: 0.665 ( $>0.05$ ). Proving that clinical method was more favourable in both undergraduates and postgraduates.

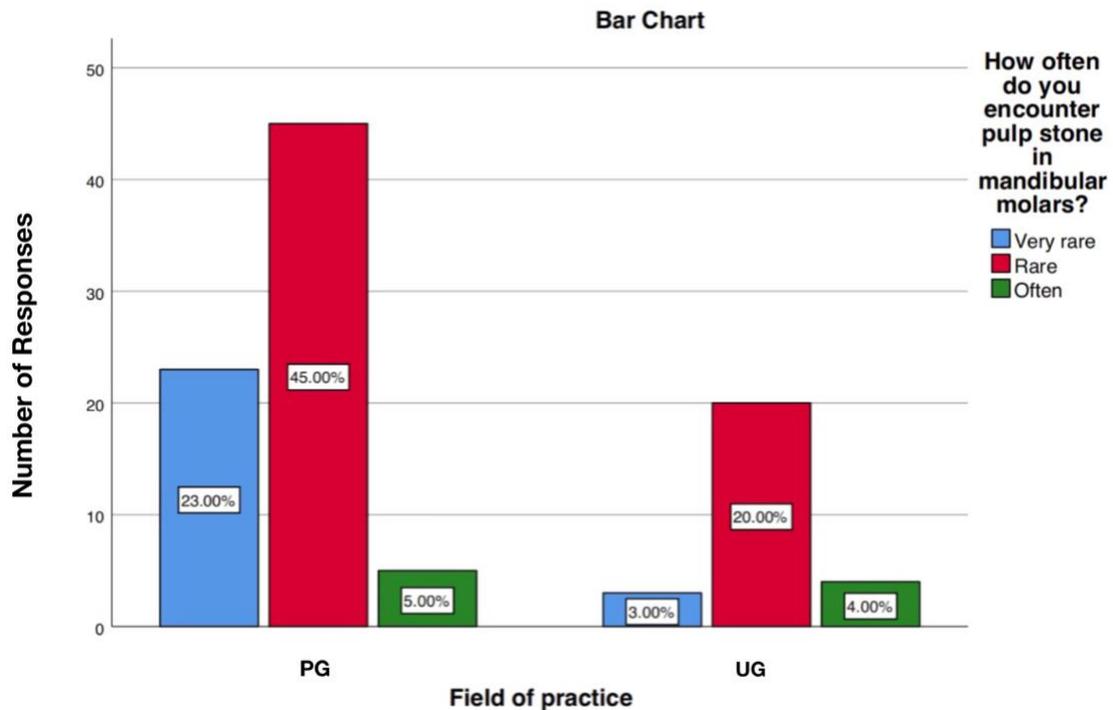


Figure 4 Shows graphical representation of association between field of practice and encountering pulp stone in a mandibular molar. X axis represents the field of practice and Y axis represents the number of responses in each category. Blue colour denotes very rare; Red colour denotes rare; Green colour denotes often. Chi square test was done and the association was statistically not significant. Pearson's chi value: 5.012, p value: 0.082 ( $>0.05$ ). Proving that encountering pulp stone in a mandibular molar is rare in both undergraduates and postgraduates.

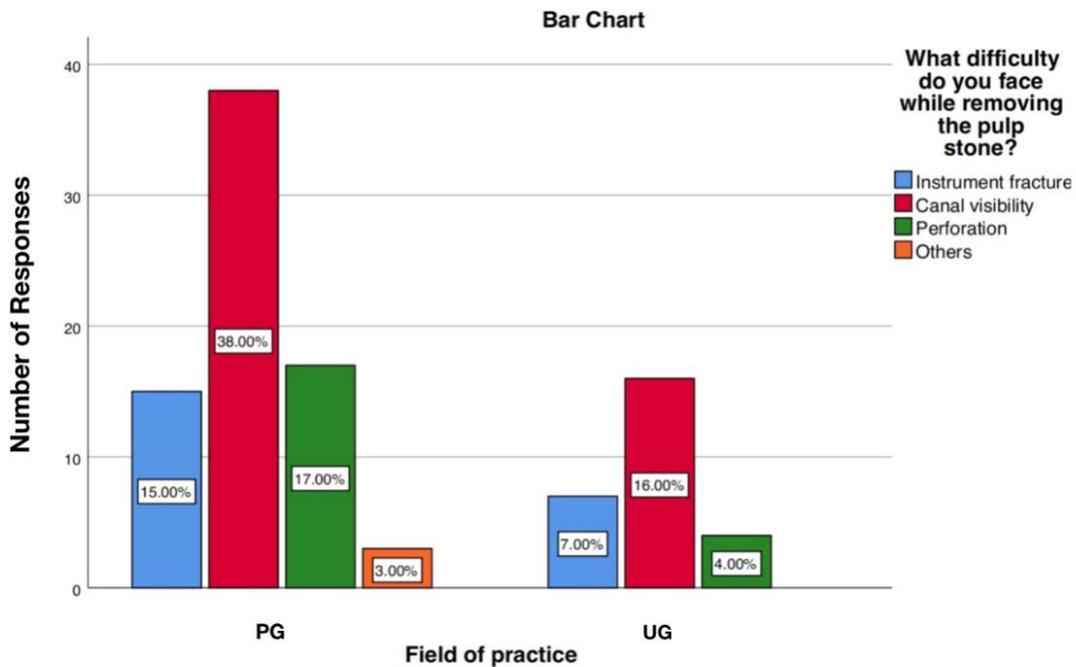


Figure 5 Shows graphical representation of association between field of practice and difficulties during removal of pulp stone. X axis represents the field of practice and Y axis represents number of the number of responses in each category. Blue colour represents Instrument Fracture; Red colour represents canal visibility; Green colour represents perforation and Orange colour represents others. Chi square test was done and association was statistically not significant. Pearson's chi value: 2.232, p value: 0.526. . Proving that Canal visibility is the most common difficulty experienced by both undergraduates and postgraduates while removing pulp stone.

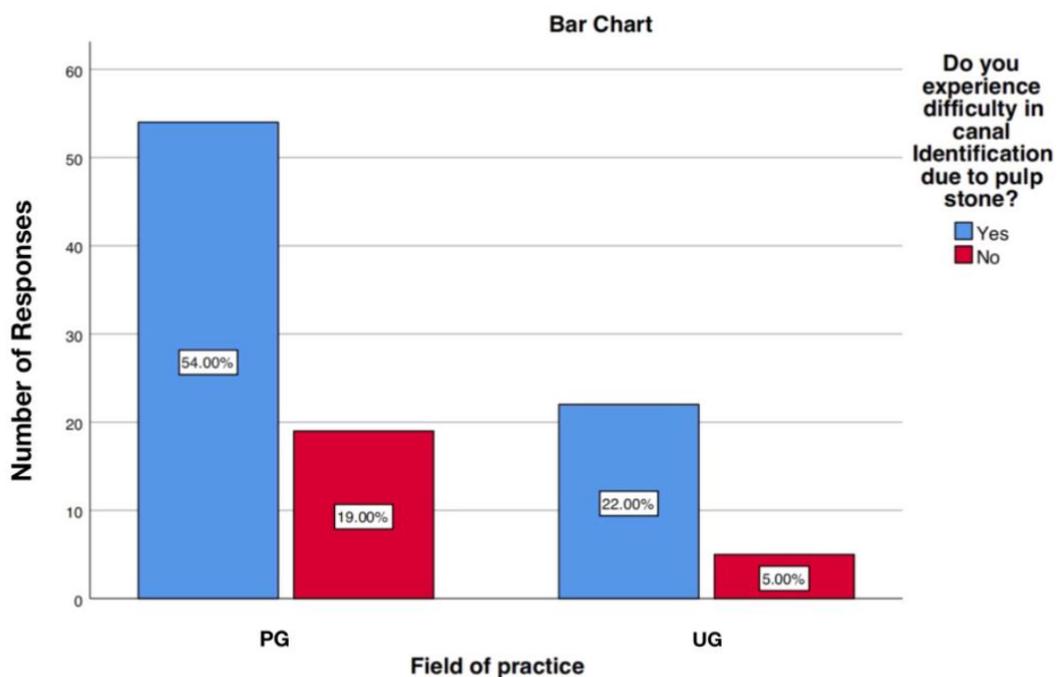


Figure 6 Shows graphical representation of association between field of practice and difficulty in canal identification due to pulp stone. X axis represents field of practice and Y axis represents the number of responses in each category. Blue colour represents Yes and Red colour represents No. Chi square test was done and association was statistically not significant. Pearson's chi value: 0.609, p value: 0.435 (>0.05). Proving that both undergraduates and postgraduates experienced difficulty in canal identification due to pulp stone.

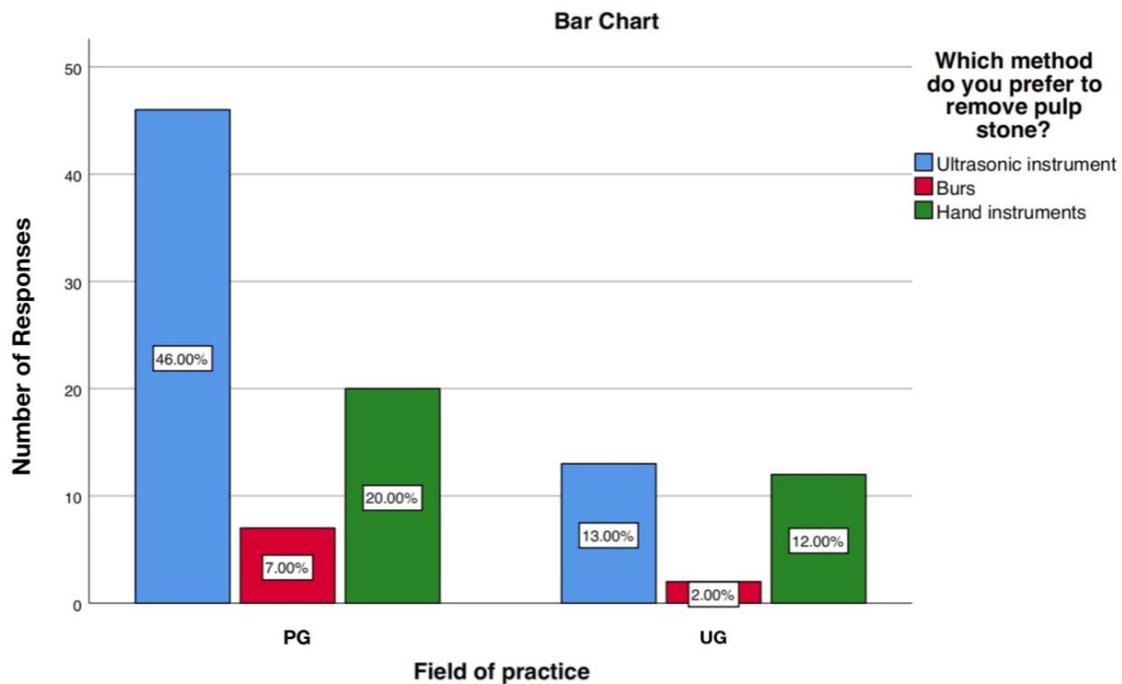


Figure 7 Shows graphical representation of association between field of practice and method to remove pulp stone. X axis represents the field of practice and Y axis represents the number of responses in each category. Blue colour represents Ultrasonic Instrument; Red colour represents burs and Green colour represents hand instrument. Chi square test was done and association was statistically not significant. Pearson's chi value: 2.632, p value: 0.268 (>0.05). Proving that more number of postgraduates prefer to use ultrasonic instruments than undergraduates.

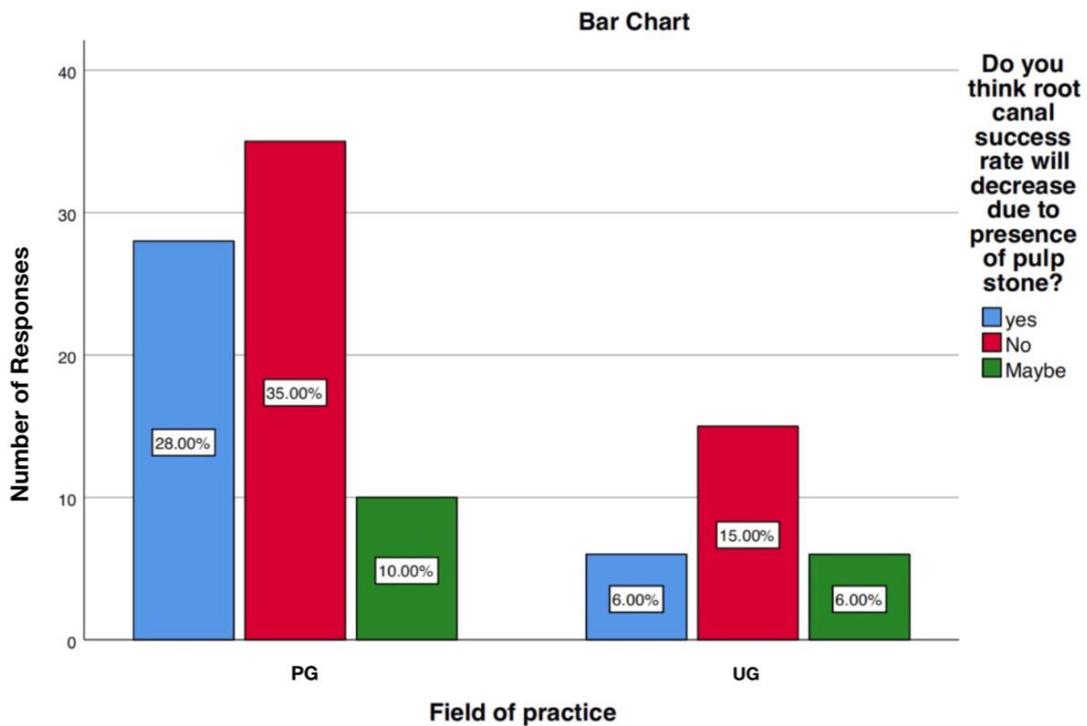


Figure 8 Shows graphical representation of association between field of practice and root canal success rate. X axis represents the field of practice and Y axis represents the number of responses in each category. Blue colour represents Yes; Red colour represents no and Green colour represents maybe. Chi square test was done and association was statistically not significant. Pearson's chi value: 2.632, p value: 0.268 ( $>0.05$ ). Proving that both undergraduates and postgraduates disagree root canal success rate will decrease due to the presence of pulp stone.

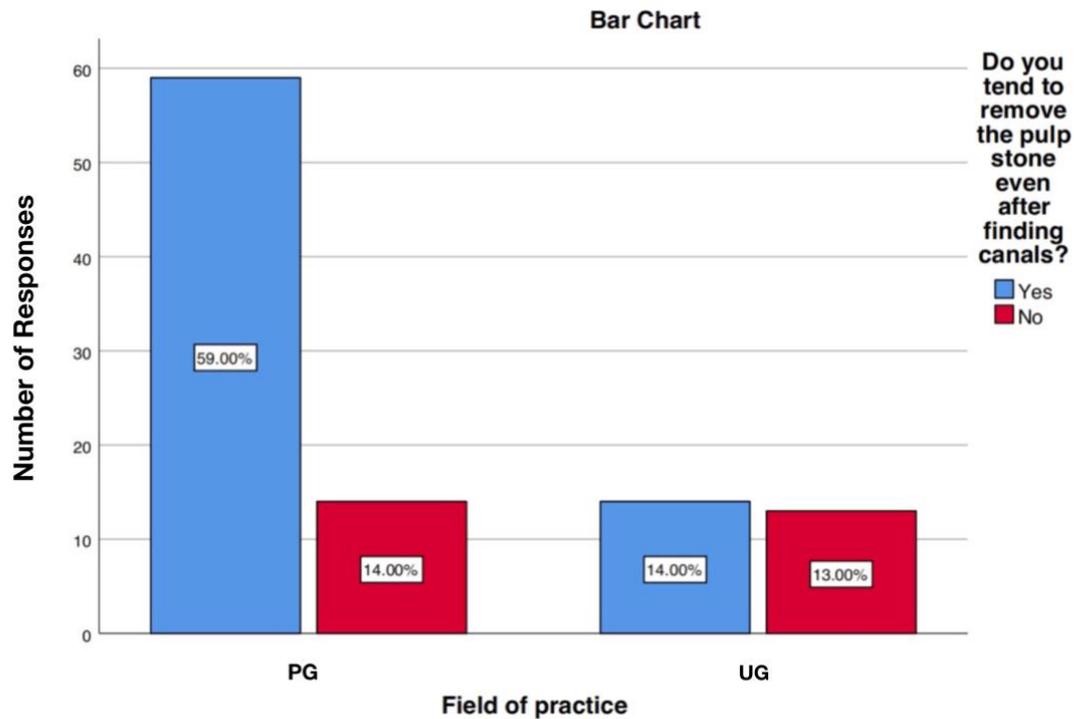


Figure 9 Shows graphical representation of association between field of practice and removal of pulp stone after finding canals. X axis represents the field of practice and Y axis represents the number of responses in each category. Blue colour represents Yes and Red colour represents No. Chi square test was done and association was statistically significant. Pearson's chi value: 8.398, p value: 0.004. Proving that removal of pulp stones even after finding a canal in postgraduates is more.