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Subject : Operative Dentistry

Submitted to = Dear Sir

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Q1

Ans

A *

B *

C *

D *

E *

Outcomes of missed Root canal.

Adverse effect on endodontic outcomes

Associated with periapical lesion

Severe Pain

Disruption of lamina dura.

Failed R-C-T.

Post-operative Periapical lesion.

Part "b"

The four treatment protocols have been suggested by the literature for management of instrument in root canals.

①

Allowing the separated instrument to be retained in the canal and treating the remaining portion of canal.

②

Bypassing the separated fragment and treating the canal.

③

Retrieving the separated fragment and treating the canal.

④

Surgical approach for retrieval of separated fragment followed by treatment according.



Q:2:

Root Canal treatment for maxillary 1st premolar

The root canal procedure of maxillary 1st premolar occur in the following steps.

⇒ Rubber Dam Isolation:

Isolation of the tooth is accomplished with a rubber dam to keep bacteria in the saliva from entering into the tooth.

high-tech instruments:

Rotary nickel titanium files
⇒ Efficient way to clean the canal system, significantly reducing operating time.

⇒ Able to navigate curved canal due to their flexure.

Cleaning the root canals:

We use many instruments of different size and different shapes to properly clean and shape your specific root canal anatomy.

Disinfection of root canal

Sodium hypochloride is one of the disinfectants used to reduce the bacteria load within the tooth.

⇒ specialized blunt-ended needles are used to deliver these disinfectant to the end of the root in a safe and effective way.

Accessing the root canals.

To gain access to the root canal of the tooth a small opening is made either on the occlusal surface of the tooth or on the lingual side of the tooth (for anterior).

→ In a multi-rooted - or on the lingual side of the tooth access into the root canal is more challenging.

→ With the aid of a microscope we are able to locate any hidden or calcified canal.

★ Final Preparation

→ After thoroughly clearing and shaping the canal, the canals are dried with absorbing paper point.

★ Obturating (filling) ⇒

→ Finally the canal are sealed with two components.

- Sealer - a cement that sets over time.

- Gutta percha - a filler made of a nature form of latex.

Upon completion of the root canal treatment a temporary filling is placed over the sealed canal that has two parts.

→ Cotton pellet soaked in an antibacterial solution.

→ A solid temporary filling on top final restoration (usually a crown) is placed over the sealed canal has two parts.

Ans 3

Step of the technique

- ① The affected tooth is carefully isolated with a rubber dam, and an access opening is made into the pulp chamber.
- ② A file is placed in the root canal, and a radiograph is made to establish the root length accurately. It is important to avoid placing the instruments through the apex, which might injure the epithelial diaphragm.
- ③ After the remnants of the pulp have been removed using barbed broaches and files, the canal is flooded with hydrogen peroxide to aid in the removal of debris.
- ④ The canal is dried with absorbent paper point and loose cotton.
- ⑤ A thick paste of calcium hydroxide is transferred to the canal. An endodontic pluggers may be used to push the material to the apical end, but excess material should not be forced beyond the apex.
- ⑥ A cotton pledget is placed over the calcium hydroxide and the seal is completed with a layer of reinforced zinc oxide-eugenol cement.

⇒ Diagnosis:

Apexification is a procedure still performed with some frequency in endodontics. Although good results are achieved by using calcium hydroxide, with successive dressing changes, this technique requires a certain time. With the advent of MTA, we have an alternative procedure, which shows good results within a short period of time.



Q4 Different all types of pontic :

Ans **Pontic** :

In artificial tooth or a fixed dental prosthesis that replaces a missing tooth, restores its function, and usually fills the space previously occupied by the clinical crown.

Pontics is the suspended member of a fixed partial denture, it replaces the lost natural tooth, restores function and occupies the spaces of the missing teeth.

○ **IDEAL Requirements** :

- * Smooth surface and convex in all direction.
- * Easily cleansable.
- * Pinpoint pressure free contact on the ridge.
- * No irritation to the gingival tissue.
- * Restore function.
- * No abutment overloading Color stable.

○ **Function**

- * Mastication
- * Speech
- * Esthetics

○ **Mucosal Contact** :

- * Ridge lap
- * Modified ~~lap~~ ridge lap
- * Olate
- * Corical

No Mucosal Contact

Sanitary (hygienic).

Modified Sanitary.



Q 5:
Ans

Classify Dental Bridges

Any dental prosthesis that is luted, screwed or mechanically attached to natural teeth, tooth roots and/or implant abutments that furnish primary support for dental prosthesis.

→

Materials for Construction of Bridgework

- *
- *
- *
- *
- *
- *

The following materials are used for dental bridges.

Metal.

Metal - Ceramic.

All - Ceramic.

Acrylic.

Different types of Bridges

- *
- *
- *
- *

Fixed Bridge.

Fixed movable.

Cantilever.

Spring Cantilever.

→

Fixed Bridge:

- Has rigid connector at both ends of Pontics which forms a rigid prosthesis.

→

Advantages:

- Provides cross arch splinting.
- Ease of handling.

→

Disadvantages:

- Possible bending of bridges.
- Mobility of abutments may result in open margins.
- All units have to be cemented simultaneously.

Fixed Movable Bridges

- * It has a rigid connector usually at the distal end of the pontic and a movable connector that allow some vertical movement of the mesial abutment tooth.



Advantages:

- * Allow flexure of mandible.
- * Allow units to be cemented as individual.



Disadvantages:

- * More space required.
- * Metal may show occlusally.
- * Food impaction.



Cantilever Bridges

- * It's a kind of minimal preparation bridge. It provides support for the pontic at one end only. The pontic may be attached to a single retainer or two or more retainers splinted together.

- * E.g: mayland bridge, rochette bridge.



Advantages:

- ★ Preserve tooth structure
- ★ Minimal pulp trauma
- ★ Reband possible



Disadvantages:

- ★ length of span is limited to one pontic only.
- ★ Occlusal forces on the pontic encourage tilting of abutment tooth.
- ★ Not successful for posterior prosthesis.

Spring Cantilever Bridges

They are restricted to the replacement of upper incisor teeth. Only one pontic could be supported by a Spring Cantilever bridges.

Advantages:

Restoration of spaced dentition.

Dis Advantages:

- Food impaction under metal connector.
- Fracture of metal connector.
- Dislodgment of retainer.

