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BS (DT) 6th Semester.

subject: Operative Dentistry.

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Question: 01

Part A: Write possible --- root canal.

Answer:

OUTCOMES OF MISSED ROOT CANAL:

Adverse effect on endodontic outcomes

a → Associated with periapical lesion

b → Severe pain.

c → Disruption of lamina dura

d → Failed RCT

e → Post - Operative periapical lesion

Part B: A patient --- procedure.

Answer:

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

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

(2)

portion of canal.

2. By passing 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 accordingly.

Question: 02

Clinically explain --- 1st premolar.

Answer:

1st Visit:

- Rubber dam isolation
- Anesthesia
- Cavity preparation.
- Opening of pulp chamber.
- Access to canal.
- Cleaning of the canal.
- Clean the canals with paper point
- Washing canals through normal saline and hypochlorite

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- keep pulp dent inside the canals fill tooth with temporary material
- medicate patient

2nd Visit:

- Cleaning of canals.
- Obturating with gutta percha point final filling.

Question: 05

Classify dental --- type briefly.

Answer:

DEFINITION OF BRIDGE:

- 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.

- A bridge is a fixed dental restoration used to replace one or more missing teeth by

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joining an artificial tooth -
definitively to adjacent teeth
or dental implants.

TYPES OF BRIDGE:

- Fixed Bridge.
- Fixed movable.
- Cantilever.
- Spring cantilever.

1- FIXED BRIDGE:

Has rigid connectors at both ends of pontics which forms a rigid prosthesis.

2- FIXED MOVABLE BRIDGE:

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

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3- CANTILEVER BRIDGE:

- 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. Maryland bridge, rochette bridge.

4- SPRING CANTILEVER BRIDGE:

- They are restricted to the replacement of upper incisor teeth. Only one pontic could be supported by a spring cantilever bridge.

Question: 04

Differentiate all --- thoroughly.

Answer:

An artificial teeth on a

(6)

fixed partial denture that replaces missing natural teeth restores its function and usually fills the space previously filled by natural teeth.

Tylman:

The suspended member of a fixed partial denture which replaces the lost natural tooth, restores function and occupies the spaces of the missing tooth.

TYPES OF PONTIC:

1- SANITARY / HYGIENE PONTIC:

Recommended location
Posterior mandible.

* MATERIAL:

All metal.

* SADDLE RIDGE LAP:

Recommended location.
Not recommended.

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* MATERIAL:

Not applicable
Conical pontic.

* RECOMMENDED LOCATION:

Molars without esthetics requirements

* MATERIAL:

All metal
All metal ceramic
All resin

* MODIFIED RIDGE LAP:

Recommended location
High esthetics requirements i.e.
anterior teeth and premolars,
some maxillary molars.

* MATERIAL:

metal ceramic.
All resin
All ceramic

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* OVATE PONTIC :

Recommended location.

Very high esthetics requirements
maxillary incisors, canine, and
premolars.

* MATERIAL :

Metal ceramic.

All resin.

All ceramic.

Question: 03

A patient came --- 1st molar.

Answer:

The diagnosis for above
problem is apertification.

STEPS :

1- The affected tooth is
carefully isolated with a
rubber dam, and an access
opening is made into the

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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 instrument 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 points and loose cotton.

5- A thick paste of calcium hydroxide is transferred to

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the canal. An endodontic plugger 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.

7- 7 days after initial treatment with calcium hydroxide, the incisor was instrumented to remove calcium hydroxide and all the remaining tissue before further treatment.
