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Program Bs IT

Q.1

A) Write Possible outcome for missed root canal.

B) A Patient came for root canal treatment of maxillary and molar during procedure breaking of file occur in the canal. Manage the whole procedure.

Ans:-

Outcome of missed Root Canal.  
→ Adverse effect on endodontic outcomes.

- Associated with Periapical lesion
- Seve Pain.
- Distruption of lamina dura.

- failed R.C.T
- post operate Periapical lesion

3) ET

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

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

Bypassing the separated fragment and treating the canal.

Retrieving the separated fragment and the canal.

4) Surgical approach for retrieval of separated fragment followed by treatment accordingly.

5) Separated fragment may be left in the canal and that the coronal to the object should be treated according to standard endodontic procedures. Separated fragment that could.

Q: clinically explain procedure for root canal 1<sup>st</sup> premolar.

Ans: The endodontic treatment depends on an appreciation of the internal and external tooth morphology. Teeth with unusual canal anatomy present

a unique challenged even to experienced clinicians. This case series describes the

endodontic treatment of maxillary premolars with three roots canals. The identification and management of this uncommon anatomical variation of the root canal system is discussed.

→ Step 1: Local anesthesia is administered via injection

to numb to the tooth to  
be treated and the  
surrounding tissue.

If the pulp in a tooth  
is acutely inflamed, and  
therefore very painful.

Step: 2.

A dental dam a thin  
sheet of rubber or vinyl will  
be placed over the affected  
and adjacent over teeth.  
The tooth undergoing  
treatment protrudes through  
a hole punched in the  
dam, isolating it from  
the rest of the  
mouth. This allows the  
root canal treatment to  
be carried out in a sterile  
environment free from  
contamination by bacteria  
found in saliva or the  
rest of the mouth.

Step: 3:

A small access hole  
is drilled through the biting  
surface of an affected  
back tooth or form behind  
a front tooth, allowing  
access to the pulp chamber  
and root canal for  
treatment.

Step: 4

The diseased and dead pulp tissue is removed from the tooth with specially designed instruments used to clean out the root canals and pulp chamber.

This is not painful; the area is numb and the tissue being removed is either dead or dying.

once the pulp, along with the nerve contained in it, is removed, the tooth itself can no longer feel pain.

Step: 5

The canals are disinfected with antiseptic and antibacterial solutions.

Step: 6

The canals are then shaped with tiny flexible instruments to allow them to receive root canal filling and cleaned again to remove root canal debris prior to sealing them.

Step: 7

Root canal fillings are selected that will exactly



(5) <sup>(4)</sup>  
fill into the freshly prepared canals.

usually a rubber-like material called gutta-percha is used to fill the canal space. It is a thermoplastic material ("thermo" heat; "plastic" to shape).

which is heated and then compressed into canal against the canal walls of the root canal space.

Sealing the canal is critically important to prevent them from becoming reinfected with bacteria.

→ Step: 8:

Filling A temporary or permanent material will then

be placed to seal the access hole that was made to treat the canals, and the dental dam is removed.

If the tooth lacks sufficient structure to hold a restoration (filling) in place, the dentist or endodontist may place a post (either metal or a very strong plastic) in one of the canals inside the tooth.

(6) . (10/10)  
to help retain it.

Step 9: After the procedure, an antibiotic may be prescribed to treat or prevent infection.

Be sure to follow the instructions of your dentist or endodontist carefully.

After effects or treatment are minimal, generally lasting from a couple of days to about a week. It is normal to have some minor discomfort after treatment including slight soreness that can usually be managed with over-the-counter medications (aspirin, ibuprofen).

or prescription (codeine-type) drugs, or a combination of the two.

Step 10: Your tooth will need a permanent restoration - a filling or a crown - to replace lost tooth structure, and provide a complete seal to the top of the tooth.

Your general will send you back to your general dentist to determine which type of restoration is best for you.



Q. Differentiate pontic all types of thoroughly?

Ans. Pontic: An artificial tooth on a fixed dental prosthesis that replaces a missing natural tooth, restores its function and

- usually fills the space previously occupied by the crown.
- Smooth surfaced and convex in all directions.
- Easily cleansable.

- Pinpoint pressure free contact on the ridge.
- No irritation to the gingival tissue.
- Restore function.
- No abutment overloading.

- Color stable
- Function of pontic:
  - Mastication
  - Speech.
  - Esthetics.

- Muscular Contact
  - Ridge lap
  - Modified ridge lap
    - ovate
    - conical
  - No Muscular Contact
  - Modified sanitary.



Q.5. Classify and explain dental bridges its type briefly?

Ans. → Dental Bridge: they are dental prosthesis that is fixed, screwed or mechanically attached to natural teeth, tooth roots and or implants abutments that furnish primary support for dental prosthesis esp.

### Classification of Bridges:\*

- Fixed Fixed
- Fixed movable
- Cantilever
- Spring Cantilever.

Explain its type: Fixed Fixed Bridge:

It has rigid connector at both end of rigid prosthesis which form a rigid prosthesis.

- Advantages:
  - Provides cross arch splinting
  - Ease of handling.

- Disadvantages:
  - Probability of abutment may result is open margins.
  - Possible bending of bridge.

Fixed Movable bridge:

It has a rigid connector usually at the distal end of the pontic.



and that a movable connector allows some vertical moment of the mesial abutments.

→ Advantage: Allows flexure of mandible - allows unit to be cemented as individual section).

→ Disadvantage: Metal may show more space required wear of join.

→ Convulver bridge: It's a kind of minimal preparation bridge. It provides one support for the pontic and may be attached to a single spined together.

Advantage: → Preserve tooth structure → minimal pulp trauma.

Disadvantage: length of span is limited to one point only. occluded force on the pontic encourage tilting of abutment tooth. Not successful for posterior prothesis. Spring cantilever:

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



Advantage :

→ Restoration of spaced dentition.

Disadvantage :

→ Food impaction under metal connector.

→ Fracture of metal connector retained.

A patient come to your clinic with incomplete root formation of mandibular 1st molar?

Diagnose the problem and manage it stepwise.

→ To diagnose this case which are Apexification?

Apexification is the endodontic procedure performed in order to induce the formation of a physical barrier of mineralized tissue

in the teeth with incomplete root formation. It is mainly performed any reason, pulpal necrosis occur in teeth with incomplete root formation and also in those cases where the foramen is open, due to root resorption.

In these situation, conventional endodontic treatment become difficult or



or virtually impossible, because of the large foramen. The apexified procedure in these cases is generally performed by means of successive change of calcium hydroxide dressings, aiming to induce the formation of a physical barrier of mineralized tissue, thus permitting the obturation of root canal.

The protocol introduced in this article, as well as the clinical case reported illustrate an option for faster treatment conducted within

three sessions by using a MTA or Cap or plug material that offer good biological and physical properties.

Managements

Apexification is a procedure still performed with same frequency in endodontic

Although are achieved by using calcium hydroxide, with successive dressing changes, this technique certain time.

With the advent of MTA we have alternative procedure which show speed of time.