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Program Bs DI

Semster 6th

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Q1: Differentiate

- a) Three quarter crown.
- b) Metal ceramic crown.
- c) Seven eighth crown.

DEFINITION of Crown:

An artificial replacement that restores missing tooth structure by surrounding part or all of remaining tooth structure with a material such as metal, porcelain or combination of materials such as metal and porcelain.

Three Quarter Crowns:

- * They cover four-fifth of the tooth's surface, buccal surface remains intact.
- * They are retained by grooves on mesial, distal and occlusal surface.
- * They are always made of cast metal.

Metal Ceramic Crowns:-

are a traditional type of crown often used in bridges plus crown and bridge cases. They are often fitted onto back teeth and are considered a strong robust type of crown. BUT they are viewed less than an attractive.

SEVEN EIGHTH Crowns:-

- * Covers all but mesial buccal cusp of an upper molar tooth.
- * Retained by intracoronal features or adhesive techniques.

Q2 INDICATION

- * Large restorations
- * Endodontic ally treated teeth
- * Teeth at risk for fracture
- * Dental Rehabilitation with cast metal alloys.
- * Diastema closure and occlusal plane correction
- * Removable prosthodontic abutment

CONTRAINICATION

- * High Caries rate.
- * Young patients
- * Esthetics
- * Small restorations

42 VENEERS A veneer is a layer of material placed over a tooth veneer can improve the aesthetics of smile and protect the tooth surface from damage.

Indirect method:

- * We examine which is called preparation procedure and then we select the shade clean the teeth with water and select a perfect shade for the patient.
- * And then we prepare tooth about 0.5mm on incisal reduction is sufficient for incisal edge 0.7mm for labial 1mm.
- * for impression we use a polysiloxane or polyether material.
- * for a trial we use a temporary veneer placed when necessary.
- * In the second appointment we remove the temporary veneer with late not to damage margins areas of preparation contact need to be carefully assessed proximal contacts can be adjusted.

Direct Techniques

- Anesthetization and tooth isolation.
- Shade of Composite are tried on.
- Assessment on a central incisor.
- Any existing decay is removed.
- Tooth is roughened and slight finish line is created.
- Tooth is then etched and dentin bonding agent is applied.
- Basic shape formed with a finishing diamond ~~with~~ bur.
- Interproximal areas are shaped with abrasive strips.
- Additional polishing and shaping are completed three days later.

Q11 Types of Crowns:

All ceramic or feldspathic porcelain crown.

Advantages: esthetically pleasing, resist plaque accumulation Good tissue response.

Disadvantages: reduced strength, abrasion of opposing teeth, least conservative procedure, less tensile strength.

Q5

Veneer:

Veneer is a layer of placed over tooth. Veneer can improve the aesthetics of a smile and protect the tooth surface from damage.

→ There are two main types of material used to make a veneer composite and dental porcelain.

⇒ Porcelain veneer advantages:

- * They provide natural tooth appearance
- * Gum tissue tolerates porcelain well
- * Porcelain veneer are stain resistant
- * The color of porcelain veneer can be selected such that it make dark teeth appear whiter.

⇒ Disadvantages:

- * The process is not reversible
- * Veneer are more costly than composite resin bonding
- * Not repairable when they chip or crack.
- * Tooth with veneer can still decay.

Composite Veneers

A composite veneer may be directly or indirectly placed made by dental practitioner in dental lab. and bonded to the tooth typically using a resin cement.

Advantages:

one visit procedure
less expensive
repair potential
chair side control of the anatomy minimal
irreversible less tooth structure

Disadvantages:

tend to discolor
wear out quickly marginal staining
shade making difficulty
often require repair and replacement

The End