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Program BS-DT

Paper Operative Dentistry

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Q. (A) (1) Outcome of missed Root canal:

- * Sensitivity in the tooth
- * The mobility will increase
- * Apical periodontitis
- * formation of abscess will occur.
- * Swelling of ~~the~~ gums will go down to roots
- * Tenderness
- * Presence of pus in sinus.
- * Apical periodontitis

- ③ When a file breaks in the canal bypassing or removal can be difficult and the long term prognosis of the tooth may be compromised.
- ⇒ There are some techniques to remove instruments from canal.
- a) Use of steiglitz pliers to remove the silver point
 - b) Use of chloroform or xylol to soften gutta-percha which is then easily removed with a file.

Q. 2 =

ANS = Root canal Treatment
for maxillary 1st premolar:
→ Root canal procedure
of maxillary 1st
premolar occur in the
following steps.

Rubber dam Isolation:

→ Isolation of the tooth accomplished with a rubber Dam to keep bacteria in the saliva from ~~from~~ entering into the Tooth

⇒ Prevents debris instruments e.t.c from going down to the patient throat.

High tech instruments:-

Rotary Nickle titanium files

⇒ Efficient way to clean the canal system significantly reducing operating Time.

⇒ Able to navigate curved canal to their flexure.

Cleaning the root canal:

→ we use many

instruments of different size and different shapes to properly clean and shape your specific anatomy.

Disinfection of root canal:
→ Sodium hypochlorite is one of the disinfectants used to reduce the bacteria load within the tooth.

Accessing the root canal:
→ To gain access to the root canal of the tooth, a small opening made either on the occlusal surface of the tooth or on the lingual side.

Final preparation:

→ After thoroughly cleaning and shaping the canals are dried with absorbing paper point.

Obturation (filling):

Finally the canals are sealed with two components:

- 1) Sealer: Cement that sets over time.
- 2) Gutta-percha: A filler made of a ~~cement~~ natural form of latex.

Q.3=

ANS- To diagnose this case
~~by~~ which is Apexification.

APEXIFICATION:

→ Apexification is the endodontic procedure performed in order to induce the formation of a physical barrier of mineralized tissue in teeth. It is mainly performed when pulp necrosis occur in teeth with incomplete root formation and also in those cases where the foramen is open due to root resorption in these situations, conventional endodontic treatment becomes

difficult or virtually impossible because of the large foramen the Apexification procedure in these cases is generally performed by means of successive changes

Management: Apexification is a procedure still performed with some frequency in endodontics, although good results are achieved by using calcium hydroxide with successive dressing change. This technique requires a certain time with advent of MTA, we have alternative procedure which shows good result in short time.

Q. 4 =

ANS = TYPES OF PONTIC :

① Mucosal Contact :

- * Ridge lap
- * Modified ridge lap
- * Ovate
- * conical

Non-mucosal Contact :

- * Sanitary (Hygienic)
- * Modified Sanitary

Ridge Lap :

→ The Saddle or ridge lap pontic has a concave fitting surface that overlaps the residual ridge buccolingually simulating the contours and

emerges profile of
the missing tooth on
both side of residual
ridge.

Modified Ridge lap pontic:

Modified ridge lap pontic
combines the best
features of hygienic
and saddle pontic
design ~~combines the~~
~~best features of~~
design combining esthetic
with easy cleaning.

Non mucosal contact:

① Sanitary pontic:

⇒ It has zero tissue
contact.

→ Oclusolingual thickness
should be at least
3 mm.

→ It has convex

mesiodistally and facio-lingually.

→ Space between the pontic is 2mm.

Modified Sanitary pontic:

→ Gingival portion is shaped like a concave archway mesiodistally b/w the retainers and convex faciolingually.

→ It is recommended for mandibular posteriors.

Q.5 =

ANS = Classification of dental bridge:

Fixed-fixed bridges:

A fixed-fixed bridge refers to a pontic which is attached to a retainer at both side of the space with only one path of insertion. This type of design has a rigid at each end which connects the abutment to the pontic.

Cantilever: It is a bridge where is only attached to a retainer only at one side. The abutment tooth may be mesial or

distal to the pontic.

Fixed Movable: The pontic is firmly attached to a retainer at one end of the span and attached via a movable joint at the other end.

→ Major advantage of this bridge is that the movable joint can accommodate the angulation differences in the abutment teeth in long axis which enables the path of insertion.

Adhesive Bridge: It is alternative to the traditional.

It is also called Maryland bridge.