**OPERATIVE DENTISTRY.**

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Q: 1. Differentiate: (a) Three quarter crown.

(b) Metal ceramic crown.

(c) Seven eighth crown.

Ans: **THREE QUARTER CROWN:**

The three quarter crown on a posterior teeth probably one of the most demanding of all tooth preparation. They are always made of cast metal.

They possible to check vitality subsequently. Three quarter crown the four-fifth of the tooth’s surfaces remains intact. This type of crown is easily seat than the full veneer crown.

**SEVEN EIGHTH CROWN**:

The seven – eighth crown covers all but mesial buccal cusps of posterior teeth. They retained by inter coronal features or adhesive techniques.

The seven – eighth crown preparation in addition to covered by three quarter crown .the distal half of surface.They are mostly used in maxillary molars and pre-molars.

**METAL CEREMIC CROWN**:

The metal ceramic crown are made either by gold or silver color.Porcelin can be used on buccal and Occlusal surface of lower and reverse is true for upper jaw.

These types of crown are good esthetics they can be tolerate heavy bite force as well as chewing forces.

Q: 2. in which condition inlays and inlays are indicated and contraindicated?

Ans: **INDICATION OF INLAY AND ONLAY:**

* Esthetics.
* Large defect or previous restoration.
* Correction of the occulusal plane and diastema closure .
* Indirect restoration has more strength and their good occulusal contact especially in the large posterior restoration and good wear resistance .
* Removable prosthodontic abutment.
* ECONOMIC FACTORS :

When there is no cost issues so these restoration are the best treatment modalities .

**CONTRAINDICATION OF INLAY AND ONLAY :**

* Heavy occulusal forces :

Can fracture the tooth structure as and patient with bruxisim.

* Inability to maintain field :

If the operating field is not near to perfectly moisture free.

* High caries rates.
* Deep sub gingival preparation :

Deep gingival margin should be avoid , they are difficult to record while taking impression .

Q: 3. Define veneers, explain direct and indirect veneer techniques?

Ans:  **VENEER** : Veneer is a layer layer of tooth colored material placed over a tooth . Veneer improve the aesthetics of a smile and also protect tooth’s surface from damage and these are alternately known as dental laminates .

TYPES: There are two types of veneer: (I) Composite veneer.

(ii) Porcelain veneer.

DIRECT VENEER:

Direct veneer is one of which we make over the tooth surface by hand mostly from composite.

DIRECT VENEER TECHNIQUES:

(i) Direct partial veneer.

(ii) Direct full veneer

1. Direct partial veneer:

When there is small discoloration or defect . They restored in a single appointment with composite.

STEPS: First we cleaning the surface , then shade selection and then isolation with the rubber dam or cotton rolls .

For this technique we use round bars, prepared tooth to 0.5mm to 0.7mm.

After the preparation we use etching and restoration with composite.

(2) Direct full veneer:

Direct full veneer is made from micro filled composite.

When there is enamel hyperplasia of anterior teeth or diastema. This technique are mostly done into two appointments and also they can be done in single appointment as well. But preferably in two visits. Prepared the incisors in the first visit and the lateral and canines in the second visit .

INDIRECT VENEER:

Indirect veneer is one of which is made in the laboratory and generally constructed from porcelain.

INDIRECT VENEER TECHNIQUES:

They made of porcelain , processed composite cast or ceramic porcelain is better because of its bonding to the tooth structure ceramic offers better aesthetic qualities .

They have done into two appointments.

Chair side time is saved as most work is done in laboratory . They are attached to the tooth by acid etching and bonding with the light cure resin cement .

Q: 4. suppose you have a crown that can be virtually indistinguishable from unstored teeth and is most esthetically Pleasanton, identify the type of crown and write its advantages, disadvantages and indication?

Ans:  **CERAMIC CROWN:**

The ceramic crowns are mostly esthetically pleasing. These crowns can be virtually indistinguishable from unstored teeth.

They translucent material which gives attractive look for front teeth.

ADVANTAGES :

* They are high esthetic and high strength materials.
* Resist plaque accumulation.
* Their duration of time is short.

DISADVANTAGES:

* Brittleness.
* In this crown more reduction is occurs.

INDICATION :

* Where there are high esthetic demands.

Q: 5. Briefly explain composite and porcelain veneers?

**Ans: PORCELAIN VENEER**:

PORCELAIN VENEER:

Porcelain veneer is a type of veneer. Porcelain veneer are sometimes called dental veneer or porcelain laminates . Porcelain veneer consist of thin shell like structure which is ideally fabricated in such a way that it can be closely adapted to a prepared tooth.

Porcelain veneer is all ceramic restoration .Porcelain veneer offers a means of improving the appearance of stained / discolored tooth.

The fitting surface of veneer is etching with a solution of hydrofluoric acid and then dried and treated with the saline coupling agent to acid bonded to the composite resin .

P porcelain veneer is about 0.5 to 0.8mm thick and they constructed from feldspatic porcelain , glass ceramic , pressed ceramic or CAD \_CAM techniques .

Porcelain veneer is bounded to the tooth enamel using a composite resin –lutting agent .

The appearance of veneers depend on color of underlying tooth structure , aesthetic qualities of ceramic and correct shade of lutting composite .

CLINICAL APPLICATION:

* Discolored tooth either because of root canal treatment , stained from tetracycline or other drugs , excessive fluoride worm down teeth .
* Chipped or broken teeth.
* Midline Diastema.

ADVANTAGES:

* These materials offer their extending working time during which the veneer can be placed accurately.
* Esthetic stability.
* Stronger and durable.
* Stain resistance.

DISADVANTAGES:

* Poor durability.
* The technique time consuming.
* They cannot be easily repaired once they are cemented to the enamel.
* This technique is sensitive.
* Irreversible process.
* This technique is more costly than the composite veneer.

**COMPOSITE VENEER :**

Composite veneer can be build up in the mouth by directly placed it. The tooth is roughed and their slightly finishing line is created their basic shaped is formed with a diamond burs .

Their interproximal areas are shaped with abrasive stripe. In this type of technique their additional shaping and polishing are completed three days later.

ADVANTAGES:

* This type of veneer is done into one appointment / visit.
* The composite veneer is less expensive than porcelain veneer.
* Their minimal irreversible loss of tooth structure.

DISADVANTAGES:

* There are more disadvantages than advantages in this type of veneer.
* These are cheaper but not durable as other types of veneers.
* They replaced more often.
* In this technique we selecting the shades for tooth difficultly matched.

Chair side time is saved as most work is done in laboratory . They are attached to the tooth by acid etching and bonding with the light cure resin cement .