**Subject Operative Dentistry. instructor: Mr. Usman**

 **Midterm Assignment 30 Marks**

 **Department AHS Semester DT 6th**

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Attempt all questions, all questions carry equal marks.

**Q1. Differentiate**

• Three quarter crown

• Metal ceramic crown

• Seven eighth crown

**Ans: part A:**

 **(Three quarter crown)**

The three quarter crown was introduced to the profession in 1901 by Carmichael and is even

today referred to in some schools as ‘The Carmichael Crown’. It has several good features;

• (1) It is easier to seat than a full veneer crown,

• (2) It is possible to check vitality subsequently,

• (3) There is less destruction of tooth tissue,

• (4) Aesthetics are more easily maintained.

The three-quarter crown on a posterior teeth probably one of the most demanding of all tooth

preparations. As with such preparations on other teeth, on a posterior molar it involves the proximal

and lingual surfaces and leaves the facial surface intact.

They are always made of cast metal.

**Difference:**

1)they cover forth-fifth of the tooth surface buccal surface remain intact.

2)they are retained by grooves on mesial, distal and occlusal surface.

3)they are always made up of cast metal.

**Part B:**

**(Metal ceramic crown)**  These restorations are made using either a gold or "white"

(silver-colored) dental alloy. They're known for their great

strength and exceptional durability.

**Difference:**

• Dental porcelain can be bounded to a variety of metal alloy such us

gold,silver,nickel etc.

• It can be tolerate heavy bite force as well as chewing force.

• They are very durable and costly.

• Good aesthetic

**PART C:**

**(Seven eighty crown)**

The seven-eighths crown preparation includes, in addition to the

surfaces covered by the three-quarter crown, the distal half of the

buccal surface. Therefore the mesial aspect of this preparation

resembles that for a three-quarter crown; the distal aspect

resembles that for a complete crown.

**Difference:**

• Cover all the mesial buccal cusp of the upper molar tooth.

• Retained by intercoronal features adhesive techniques.

• Used in maxillary molar and pre-molars it encompasses seven

eight the gingival circumference of the tooth.

 **Q3. Define veneer, explain direct and indirect veneer technique?**

**Ans: Veneer:**

A veneer is a layer of tooth colour material that is applied to a tooth

to restore localize defect and intransic discoloration .Alternately

known as dental laminate

❖ Direct veneers technique :

These defect can be restore in one visit by light cured.

❖ Steps:

• Cleaning

• Shade selection

• Isolation

• Removal ofthe defect and tooth preparation dept0.5 to 0.7 mm.

• Etching

• Restore of the cavity with composit resin.

❖ Indirect veneer technique:

Two appointments are required for this.

❖ Steps:

**1)First appointment**

• Veneers preparation procedure.

• Shade selection

• Tooth preparation

• Impression

• Temporary veneers.

**2nd appointment**

• Remove temporary veneers.

• Clinical try in. • Cementation.

 **Q5. Briefly explain composite and porcelain veneer?**

**Ans: composit veneers:**

• On visit procedures.

• Less expensive

• Repairs potentials

• Chair-side controll of the anatomy.

• Minimal irriversable lose of the tooth structure.

• Can be built up in the mouth by directly placing it.

• Can be fibricated in the dental laboratories.

Porcelain veneer:

• Esthatic stability

• Stain resistant

• Stronger and durable

• Gum tissur tolerate porcelian well

• The colour of the porcelain veneer can be selected such

that dark teeth appear whiter.

• Veneer offer a conservative approach to change the

tooth colour and shape.

• Can’t be built in mouth.

• Hence fabricated out side and fitted later.

**Indications:**

• Esthatically compromised anterior teeths

• Poorly shaped ir crooked teeth.

• Closure or diastema.

• Enamel hypoplasia.

• Fractured teeth.

• Approve extreme discoloration such a

➢Tertacyclene staining

➢Flourosis

>Devatilized teeth

• Ability to lengthen anterior teeths.

**Contraindications**:

• No enamel is present ,full crown should be

considered.

• Central tooth to tooth habit bruring or other para

functional habit such as pencil chewing.

• Certain type of occlusal problem such as class iii.

**Q4. Suppose you have a crown that can be virtually**

**indistinguishable from unrestored teeth and is most**

**esthetically pleasing, identify the type of crown and write its**

**advantages and disadvantages and indications.**

**Ans: Ceremic crown:**

• It is the type òf anterior complete crown for vital teeth.

• They are made out of translucent material which give us

a very attrective look to out teeths.

**Advantages:**

• They are suitedfor those people whohas minimum space

on their teeths.

• They are thinner material to other crowns.

• To stop plaque accumulation. Disadvantage:

• Too much pressure might be break the crown.

• High cost.

• Short duration of time.

**Indications:**

**. Disadvantage:**

• Too much pressure might be break the crown.

• High cost.

• Short duration of time.

**Indications:**

•High esthetic demand.

• Indicated for anterior teeth’s that are destroy,fracture or

discoloration etc.