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SUBJECT : "OPERATIVE DENTISTRY".

PROGRAMM : BS (D-T)
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(1)

QUESTION: NO: 01.

Q1. (b) A patient come for RCT of maxillary 2nd Molar during procedure breakage of file occurs in the canal. Manage the whole procedure?

A. When a patient come for Root Canal Treatment of maxillary Second Molar and during the procedure the file are breakage in a canal of tooth;

(a) Retrieval of the broken file :-

The file can be retrieved by opening the orifices with GG burs and then:

(i) Two files should be inserted into the canal and twisted so the file should come in between the two files and should be taken out.

(ii) Use of piezoelectric scaler, this should be done as moving the scaler around the file so that the vibration takes the file out.

(b) By passing the file :-

The file can be bypassed by a file of smaller diameter (normally 6, 8 or 10 No: file) and insert into the canal usage EDTA and copious irrigation and try to make a small way to reach the canal while by passing the broken file.

(2)

(c) Electrocauterization:-

This can be done by holding a metal connect it to the broken file and cauterise it.

(d) Leave the broken file as such do nothing keep it under observation if no signs for 2 to 3 weeks.

So the tooth will most likely remains asymptomatic for the rest of its life and obturate it.

Q1. (A). Write possible outcomes for missed root canal?

A. ∴ POSSIBLE OUTCOMES FOR MISSED ROOT CANAL:-
For missed root canal the outcomes is

- * pain.
- * periapical lesion formation and the long run.
- * Apical periodontitis.

(3)

QUESTION: NO: 03

Q3:- A patient comes to your clinic with the incomplete root formation of mandibular first molar. Diagnose the problems and manage it stepwise.

A. MANAGEMENT OF INCOMPLETE ROOT-FORMATION:

In this case the age of the patient is very important until there is complete (apexification).

- * Apex formation RCT is not advisable.
- * Canal should be cleaned washed and CaOH should be packed in the canals.
- * And then patient should be kept under observation for every three months a peri-apical X-ray should be taken.
- * Then see if the apexification has completed
- * Once the apex is closed the tooth should be obturated.

(4)

QUESTION: NO: 05:

Q5: Classify dental bridge and explain its types briefly?

A. DENTAL BRIDGE:

Dental bridge is a fixed dental restoration (a fixed dental prosthesis) used to replace one or more missing teeth by joining on artificial teeth / tooth definitively to adjacent teeth.

Advantages of dental bridge:

Several advantages.

Dental bridge offer They can usually completed in only two appointments, restore the tooth back to full chewing function, require no periodic removal for cleaning, have a long life expectancy and are aesthetically pleasing.

TYPES OF DENTAL BRIDGE:

There are three main dental bridges.

- (i) Traditional fixed bridge.
- (ii) Cantilever bridge.
- (iii) Maryland bonded bridge.

(5)

Each of these is described in more detail below

(i)

FIXED BRIDGE :-

This type of bridge is used to replace missing teeth where there are healthy teeth on either side of the gap that are able to support a bridge b/w them. Both of these teeth need to be reshaped and fitted with a crown before the bridge can be placed, to ensure they are strong enough to support the bridge.

Fixed bridge is the common type of bridge and it is typically made from porcelain fused to metal or ceramics.

Advantages:-

- * They ease of handling.
- * Fixed bridge provide cross arch splinting.

Disadvantages:-

- * Its disadvantage is possibility of bending of bridge.
- * All units have to be cemented simultaneously.
- * Mobility of abutment may result in open margins.

(ii)

CANTILEVER BRIDGE:

Cantilever bridges can be utilized when there are no teeth on one side of the missing tooth. It provides support for the pontic at one end only. The pontic may be attached to a single retainer or two or more retainers splinted together.

Cantilever bridges are designed for the pontic to be located outside of the abutment teeth.

They involve increased, off-axis forces to act on the abutment teeth and support the pontic.

As a result, their placement must be carefully planned out to reduce the risk of destabilizing the abutment teeth.

Advantages:-

- * This type of bridge preserves the tooth's structure.
- * Minimal pulp trauma.

Disadvantages:-

- * Their occlusal forces on the pontic encourage tilting of abutment teeth.

* This bridge is not successful for posterior teeth.

* Length of span is limited to one pontic only.

(iii)

MARYLAND BOUNDED BRIDGE:

The Maryland bounded bridge are made from a metal framework with porcelain fused to metal teeth.

Maryland bridges also known as resin-bounded bridges and commonly used to replace front teeth.

The Maryland bridge is more conservative alternative than the traditional fixed bridge because it does not required reshaping and the placement of crown on the adjacent teeth.

Instead, the metal wings fit behind their abutment teeth.

(iv)

SPRING CANTILIVERS BRIDGE:

The Spring cantilever bridge are replacement of upper incisor teeth. In this bridge only one pontic could be supported by a Spring Cantilevers bridge.

Advantages:-

* These bridge restored the space dentition.

Disadvantages:-

* Dislodgment of Retainers.

* Metal Connector are fractured.

* Food impaction Under metal Connector.

∴ QUESTION: NO: 04: ∴

Q4: Differentiate all types of pontic thoroughly?

A. ∴ PONTIC:

Pontic is defined as: The artificial teeth in the fixed or removable partial dentures, that is the suspended portion of the fixed partial denture (bridge) replacing the missing natural tooth or teeth.

The pontic may be fabricated from cast metal or combination of metal and porcelain. Designing of pontic is not simple.

Ideal requirement of pontics:

- * No Abutment overloading.
- * Strength and longevity.
- * Color Stability.
- * Be Esthetic.
- * Facilitate plaque control.
- * Easily Cleansable.
- * No irritation to the gingival tissues.
- * Smooth surface and convex on the ridges.

Functions of pontics:

- * Speech.
- * Mastication.
- * Esthetic.

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TYPES OF PONTIC ::

Mucosal Contact ::

- (i) Modified ridge lap pontic.
- (ii) Conical pontic -
- (iii) Ovate pontic.
- (iv) Ridge lap pontic.

(1) MODIFIED RIDGE LAP PONTIC ::

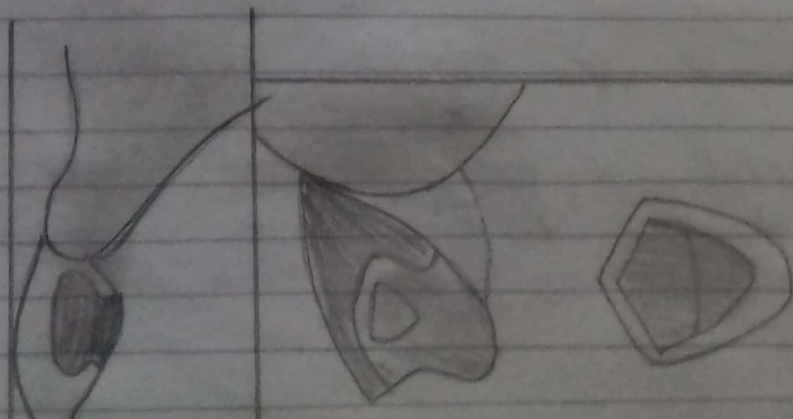
The modified ridge lap pontic of best features of hygienic and saddle pontic designs, combining esthetics with easily cleaning.

The overlaps the residual ridge on the facial appearance of tooth emerging from gingival but remain clean.

It should be convex as possible from mesial to distal (Greater the convexity).

Tissue res contact should resemble a letter "T" whose vertical arm ends at the crest of ridge.

facial ridge adaptation is essential for a natural appearance.

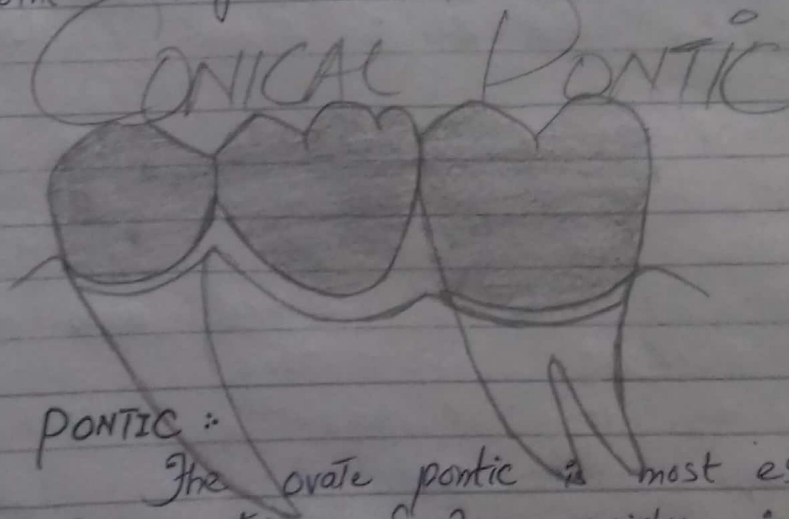


(ii) CONICAL PONTIC :

Conical pontic also called egg-shaped, bullet shaped or heart shaped, the conical pontic is easy for patient to keep clean. The conical pontic should be as convex as possible.

This is type of pontic is design is for recommended for the replacement for mandibular posterior teeth which is less esthetic.

This type of design may be unsuitable for broad residual ridges. b/c emergency profile associated with small tissue contact point may create area.



(iii) OVATE PONTIC :

The ovate pontic is most esthetic design. The convex tissue surface resides in a soft tissue depression which makes it appear that a tooth is literally emerging from the gingiva.

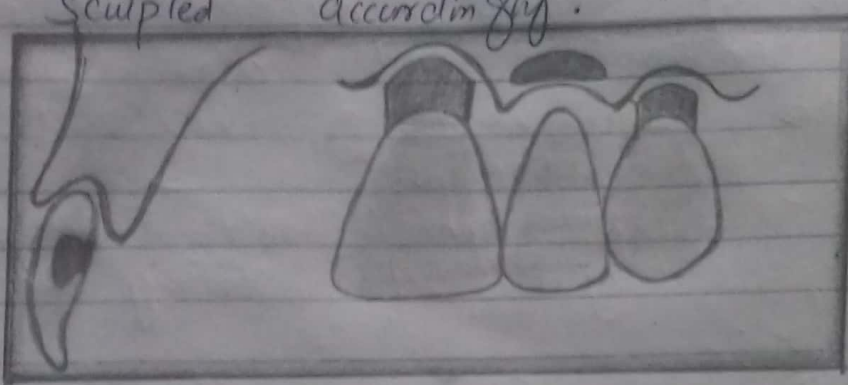
Socket - preservation techniques should be performed at the time of extraction to create tissue space recess from which ovate pontic from will emerge.

(11)

Advantages:-

- * Its pleasing appearance and its strength.
- * Its emergence from the ridge appearance identical to their natural tooth.

This type of pontic design required adequate amount of soft tissues which has sculpted accordingly.



∴ QUESTION : NO : 02 ∴

Q2: Clinically explain RCT procedure for maxillary first premolar?

A ∴ RCT PROCEDURE ∴

RCT procedure for maxillary first premolars. The successful root canal treatment needs a knowledge of both internal and external anatomy of a tooth. Untreated extra roots and canals are a major reason for failed root canal treatment.

Three separate roots in maxillary first premolar have an incidence of 0.5 - 6%.

Three rooted premolars are anatomically similar to the molars.

PTO

(12)

and sometimes called "smaller molars or radicular molars -

Root canal treatment of maxillary first premolar is very difficult procedure because of variation of their numbers of root, numbers of canals, differences of pulp cavity configuration and also difficulties in visualizing their root apices by radiographs.

Firstly the radiographs should always be carefully study before starting RCT procedure.

The pulp chamber of the maxillary first premolar is significantly wider buccolingually than mesiodistally. Usually they have two roots with two canals.

The first step of procedure we take an x-ray to see the proper shape of root canal & determine if there are any signs of infection in a surrounding bone. Then the dentist use local anesthesia to the area near the tooth.

Next, they keep the area dry and free of saliva during treatment.

At next appointment, to fill the tooth a sealer paste and rubber compound called gutta percha is placed into the tooth's root canal.

(13)

The final step may involve further restoration of a tooth. because a tooth needs root canal often is one that a large filling or other weakness a crown and post or other restoration often needs to be placed on a tooth to protect it.

Once the tooth is thoroughly cleaned, it is sealed. Some doctors like to wait a week before sealing a tooth. Instance if there is an infection. The dentist gives them medication inside the tooth to clear it up.