

Name:

Shafiq-Ur-Rehman.

ID:

6952.

paper

operative dentistry

Submitted to

Sir Osman.

Q.1

Pontics:

An artificial tooth on a fixed dental prosthesis that replace a missing natural tooth restores its function and usually fills the space previously occupied by the clinical crown.

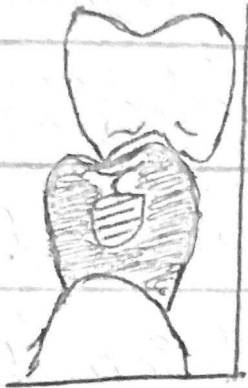
Mucosal Contact:

- ridge lap
- modified ridge lap.
- ovate.
- conical.
- Saddle pontics.

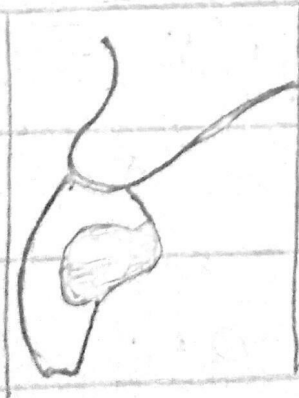
No Mucosal Contact:

- Sanitary
- modified Sanitary

Ridge lap pontics.



Modified ridge lap pontic.



Ridge gap pontic:- resemble to natural Tooth gt is designed to adapt closely to the ridge. It is avoided because it is difficult to maintain and often leads to inflammation of tissue contact area.

Modified ridge gap
= = = = = these

pontics are designed to
further reduce tissue contact
that do not overlap the
ridge on either side
but instead are limited
to contact on buccal side
of alveolar ridge.

Ovate Pontics

Ovate pontics are used in case cases where residual ridge is defective or incompletely healed. They can also be used in broad flat ridge. The pontic is designed so that its cervical end extends into the defect of the edentulous ridge.

Saddle pontic is a pontic

with a concave gingival surface
that overlaps the ~~Saddle pontic~~
ridge buccally and lingually.

Non Mucosal Contact

Sanitary or Hygienic

- zero tissue contact
- occlusalgingival thickness should be at least 3mm.
- convex mesiodistally and ^{and} faciolingually
- Space beneath the pontics
 - 2mm (Rosenstiel)
 - 3mm (Fylaman)
- Adequate space for cleaning.

Modified Sanitary

Gingival portion is shaped like a concave archway mesiodistally ^{of} the retainer and convex faciolingually.

Q2

Isolation with rubber dam.

Isolation of the tooth is accomplished with rubber dam.

- Keep bacteria in the saliva from entering into the tooth
- prevent debris, instrument etc from going down the patients throat.

High technique Instruments:-

Rotary nickel-titanium Ni-Ti

- Effect way to clean the canal system significantly reducing operating time
- Able to navigate curved canal due to their flexure
- Cleaning the Root Canal

We use many instrument of different sizes and different shapes to properly clean and shape your specific root canal anatomy.

Disinfection of the root canal Sodium hypochlorite

is one of the disinfectant used to reduce the bacterial load within the tooth.

Specialized blunt ended needle are used to deliver these disinfectants to the ends of the roots in a safe and effective way.

Accessing the Root Canal:-

To gain access to the root canal of the tooth a small opening is made either on the occlusal surface of the tooth.

In multirooted tooth gaining access into the root canal is more challenging.

with the end of a microscope we are able to locate any Calcified Canal.

Final preparation:

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

Obturation:-

Finally the canals are sealed two component.

- Sealer - a cement that set over time

Gutta percha - a filler made of a natural form of latex.

Upon completion of the root canal treatment a temporary filling is placed over the sealed canal.

- Cotton pellet soaked in an antibacterial solution.

Q3

Using MTA:

The canal has been opened, rinsed with 5% sodium hypochlorite, dried and Calcium hydroxide was then placed in the canal 1 week.

7 days after initial treatment with Calcium hydroxide, the pulser was instrumented to remove Calcium hydroxide and all the remaining tissue before further treatment.

The apical 4 to 5 mm of
the incisors root has been
filled with trioxide aggregate.
A moist cotton wool pledge
was then placed in the canal
overnight and the system
temporarily sealed using
thermoplasticized gutta percha
using obturating and a zinc
oxide/eugenol dressing.
Chest radiograph was obtained
to evaluate the apical seal.

The gutta percha and Cotton wool pledge was removed the following days and a definite root filling placed Coronal to the root using thermoplastized gutta-percha.

The incisors completed initial treatment with IVITA temporary restoration has been placed to seal the canal opening. At the 6-month and 1 year follow up the clinical and radiographic appearance of teeth showed resolution of the periapical lesion.

Q4

Missed root Canal:

This is one of the most common reason for a failed root canal procedure in molars as there are multiple root and pulp chambers and these are the teeth which are most common to have an extra canal or additional canal. According to study the presence of an additional canal reported to close to 75% of the time in the upper first molar.

⑧ This is an unfortunate but a known cause of failure of RCT where the file used to perform RCT is broken in the canal which lead to breakage of the instruments due to excessive torsion force being applied.

In most cases of the instrument is removed and re-RCT performed or the file is bypass which can be done by an endodontics with microscope the tooth can be saved from future infection.

Q5 Classify dental bridge.

Five most common types of bridges being used today. Traditional bridge, Cantilever Bridge, Maryland Bridge, Composite bridge and Implant support bridge.

Bridges.

Any dental prosthesis that is luted, screwed or mechanically attached to natural teeth, tooth roots and implant abutments that furnish primary support for dental prosthesis.

Types of bridge.

1) Fixed bridge.

has rigid connectors at both ends of pontics which forms a rigid prosthesis.

Advantages.

provide cross arch splinting

Disadvantages:-

- possible bending of bridge
- Mobility of abutment may result in open margin.
- All units have to be cemented simultaneously.

2) Fixed Movable Bridge:-

It has a rigid connector usually at the distal end of the pontic & a movable connector that allows some vertical movement of mesial abutment tooth.

Advantages:-

- Allow flex use of mandible
- Allow units to be cemented.

Disadvantages:-

- More space required
- Metal may show occlusally
- Food impaction.

Cantilever Bridges

It's a kind of minimal preparation bridge. It provides support for the pontic at one end. The pontic may be attached to a single retainer or two or more retainers splinted together.

e.g. Maryland bridge, socket bridge.

Advantages:-

- preserve tooth structure
- minimal pulp trauma
- Rebond possible.

Disadvantages:-

- Length of span is limited to one pontic only.
- occlusal forces on the pontic encourage tilting of abutment tooth.
- Not successful for posterior prosthesis.

Spring Cantilever bridges

They are restricted to the replacement of upper incisor teeth. only one pontic could be supported by a spring cantilever bridge.

Advantages:-

• Restoration of spaced dentition.

Disadvantages:-

• Food Impaction Under metal Connectors

• Fracture of metal Connectors.

• Dislodgment of retainers.