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**ANS 4** :

**Types of all pontic theory:**

* Wash –through pontic (also known as hygienic pontic or sanitary pontic)
* Ovate pontic
* Modified ridge –lap pontic
* dome pontic (also known as bullet or torpedo shaped)
* Ridge lap pontic (also known as full saddle pontic)

**Differentiate all types of pontic thoroughly :**

* **Modified ridge lap pontic:** Modified ridge lap pontic combine hygienic and saddle pontic design.
* Overlaps the residual laps on facial to achieve the appearance of tooth emerging from gingiva.
* Remains clear ridge on lingual side.
* **Ovate pontic:**
* Most esthetically appealing
* it convex tissue surface resides in a soft tissue depression or hollow in the residual ridge, which makes it appear that a tooth is laterally emerging from gingiva.
* **Ridge lap pontic:**
* The ridge lap pontic has a concave fitting surface that overlaps the residual ridge buccolingually , stimulating the contours and emergence profile of the missing tooth on both sides of the residual ridge.

**Sanitary or hygienic pontic:**

* zero tissue contact
* occlusalgingival thickness should be at least 3mm
* convex meiodistally and faioliingually
* space between the pontic -2mm|(rosentiel)
* -3mm(tylman)
* Adequate space for cleaning

**Dome pontic:**

* Egg shaped , bullet shaped
* It is made as convex as possible , with only one point of contact at the center of the residual ridge.
* It is recommended for the replacement of mandibular posterior teeth where esthetics is a lesser concern.

**ANS 5:**

**Dental bridges:**

* A bridge is a fixed dental restoration used to replace one or more missing teeth by joining an artificial tooth definitively to adjacent teeth or dental implants

**Different types of bridges:**

* Fixed bridge
* Fixed movable
* Cantilever
* Spring cantilever
* **Fixed bridge:**

**A** fixed bridge means that your dentist using excising natural teeth on both sides of your missing tooth(or teeth) to help hold your bridge in place. This type of bridge is permanent and cannot be taken out of your mouth with a dentist help.

* **Fixed movable:**

The pontic is firmly attached to a retainer at one end of the span (major retainer )and attached via a mobile joint at the other end (minor retainer)

A major advantage of this type of bridge is that the movable joint can accommodate the angulation differences in the abutment teeth in long axis , which enables the path of insertion to be irrespective of the alignment of the abutment tooth.

* **Cantilever :**

A cantilever is a bridge where a pontic is only attached to retainer only at one side. The abutment tooth may be mesial or distal to the pontic.

* **Spring cantilever:**

The pontic and retainer are remote from each other and connected by a metal bar. Usually a missing anterior tooth is replaced and supported by a posterior tooth. The design of bridge has been superseded.

**Ans 2:**

**Root canal treatment for maxillary ist premolar:**

* The root canal procedure of maxillary ist premolar occur in the following step

**RUBBER DAM ISOLATION:**

* Isolation of the tooth is accomplished with a rubber dam
* Keeps bacteria in the saliva from entering into the mouth
* Prevent debris instrument etc. from going down to the patient throat

**High –tech instrument:**

* Rotary nickel titanium files 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 rotary instrument of different size and different shapes to properly clean and shape your specific root canal treatment.

**Disinfection of root canal:**

* Sodium hydrochloride is one of the disinfectants used to reduce the bacteria lead within the tooth.
* Specialized blunt –ended needle and used to deliver these disinfectant to the end of the root in a safe and effective way.

**Final preparation:**

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

**Obturating (filling):**

* Finally the canals are sealed with two components:
* Sealer – A cements that sets over time.
* Gutta Purcha – a filler made of natural form of latex .upon completion of the root canal treatment a temporary filling is placed over the sealed canal that has two parts.
* Cotton pellet soaked in an antibacterial solution.
* A solid temporary filling on top final restoration usually a crown is placed by your dentist
* This will restore functionality to your tooth and protect it from, fracturing.

**Ans 3**

**Steps of the technique:**

* **1** The affected tooth is carefully isolated with a rubber dam , and an access opening is made into the pulp chamber.
* **2** A file is place in the root canal, and a radiograph is made to establish the root length accurately . it is important to avoid placing the instrument through the apex, which might injure the epithelial diagram
* **3** After the remnants of the pulp have been removed using barbed broaches and files, the canal is flooded with hydrogen peroxide to aid in the removal of debris.
* **4 .** The canal is dried with absorbent paper point and loose cotton.
* **5.** A thick paste of calcium hydroxide is transferred to the canal .an endodontic plugger may be used to push the material to the apical end, but excess material should not be forced beyond the apex.
* **6.** A cotton pledget is placed over the calcium hydroxide, and seal is completed with a layer of reinforced zinc oxide –eugenol cement

**ANS.1 A**

* There’s a high prevalence of periapical lesions when we have missed and untreated canals that causes endodontic failure. This influences the prognosis of endodontically treated teeth. For this reason is so important to have knowledge about teeth anatomy,root canal configuration and possible variations , before starting an endodontic treatment.

**B.**

* This is an unfortunate but a known cause of failure of RCT where the file used to perform RCT is broken in the canals which lead to breakage of the instrument due to excessive torsion force being applied.
* In most cases if the instrument is removed and re-RCT performed or the file is bypassed which can be done by an endodontist with a microscope the tooth can be saved from future infection.

**“ END OF THE PAPER”**