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Subject : Operative dentistry

PROGRAMME : B.S dental technology (6th semester)

Q No 1:-

Answer:-

(A) Three quarter crown :-

There are Crown which cover four-fifth of the tooth's surface and buccal surface remains intact. They are retained by grooves on mesial, distal and occlusal surfaces. They are always made up of cast metal.

(B) Seven-eighths crowns :-

These crowns cover all tooth surfaces except mesio-buccal cusp of an upper molar tooth. They are retained by intra coronal features or adhesive techniques.

Advantages And Disadvantages of Three quarter crown and Seven eighth crown :-

Advantages :-

- > More Conservative
- > possible to test vitality of tooth via buccal surface
- > periodontal problems are less

Disadvantages :-

- > preparation is bit difficult.
- > less retention.

Indications And Contraindications of Three Quarter Crown and Seven - eighths Crown :-

Indications :-

- Teeth with sufficient bulk
- Can be used for retainer for fixed partial denture, bridge or spring cantilever design.

Contraindications :-

- malpositioned teeth
- Short clinical crown
- Teeth that are thin buccal - lingually.

(B) Metal Ceramic Crown :-

Also known as porcelain fused to metal crown. dental porcelain can be bonded to a variety of metal alloys such as Gold, Silver, nickel etc.

Advantages :-

- High strength
- adequate tooth reduction can be done on palatal side in teeth which are severely worn by erosion.

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Disadvantages:-

- Crown is stronger than natural dental tissue so an accidental blow can result in fracture of root.
- To achieve aesthetic margin is often placed subgingivally, causing periodontal problems.

Indication:-

- Aesthetics
- Can serve as a retainer for fixed dental prosthesis due to its metal substructure.

Contraindication:-

- Active carious lesion & perio problems
- Young patient with large pulp chambers.

QNO2:

Answer:

INLAYS :-

An inlay is defined as a restoration which has been constructed out of the mouth from gold, porcelain or other metal and then cemented into the prepared cavity of the tooth.

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Onlays :-

The onlay essentially an inlay that covers one or more cusps and ~~occlusal~~ adjoining occlusal surface of the tooth.

Indication :-

- Large Restorations
- Endodontic ally treated teeth
- Teeth at risk for fracture
- dental Rehabilitation with cast metal alloys
- Diastema closure and occlusal plane correction
- Removable prosthodontics abutment.

Contraindication :-

- High Caries rate
- Young patients
- Esthetics
- Small restoration.

QNO (3)

Answer :-

Veneer :-

Dental Veneer are Custom made Shells made from tooth colored material that facilitate covering the front surface of the tooth and these are alternately known as dental laminates.

Direct Techniques (Also called partial veneers)

Are indicated for the restoration of localized defects or areas of intrinsic discoloration.

Steps of direct techniques :-

- 1) Remove Carious lesion
- 2) Acid etch the required area to be restored
- 3) Apply bonding agent
- 4) Air thin the bonding agent
- 5) Cure it with ~~laser~~ light cure.
- 6) Apply the Composite of proper shade over the tooth.
- 7) give proper shape
- 8) light Cure it.
- 9) polish it.

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Advantages of direct technique:-

- > One visit procedure
- > Less expensive
- > Repair potential
- > Chair-side control of the anatomy
- > minimal irreversible loss of tooth structure

Disadvantages of direct techniques:-

- > Tend to discolor
- > wear out quickly
- > marginal staining
- > Shade matching difficulty
- > Often require repair and replacement

Indirect Technique: (also called full veneers)

are indicated for the restoration of generalized defects or areas of intrinsic staining involving most of the facial surface of the tooth. Composite veneers can be processed in laboratory to achieve superior properties.

Techniques:

First Appointment:

- > window preparation recommended due to limited bond strength.
- > Incisal lapping if incisal defect
- > Intraenamel preparation
- > Elastomeric Impression
- > No temporization

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Second appointment:-

- > Evaluate fit of veneer
- > Tooth side of veneer (pre etched) is primed.
- > Tooth etched, rinsed and dried. adhesive is applied but not cured
- > adhesive cement applied
- > veneer placed and excess cement removed
- > light cured for 40-60 sec facial & lingual.
- > check for fit with no-2 explorer.

QNO11:-

Answer:- A type of crown that can be virtually indistinguishable from unrestored teeth and is most esthetically pleasing is Ceramic crown

Advantages:-

- > Highly esthetic
- > High strength material
- > Resist plaque accumulation

Disadvantages:-

- > more tooth reduction Brittleness, in most cases is a disadvantage.

Indications:-

- > Indicated where there are high aesthetic demands (particularly in incisal area).

Q No 5)

Answer:-

Dental veneers:-

dental veneers are custom shells made from tooth colored material that facilitate covering the front surface of the tooth and these are alternately known as dental laminates. dental veneers are normally classified under cosmetic dentistry.

Types of Dental veneers:-

(A) Composite veneers:-

(1) Composite (direct techniques):-

Are indicated for the restoration of localized defects or areas of intrinsic discoloration.

Advantages of Composite veneers:-

- > One visit procedure
- > Less expensive
- > Repair potential
- > Chair-side control of the anatomy
- > minimal irreversible loss of tooth structure.

Disadvantages:-

- > tend to discolor
- > wear and quickly
- > marginal staining
- > Shade matching difficulty
- > often require repair and replacement

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Steps of Composite:-

Isolate the tooth.

- > Remove Carious lesion
- > Acid etch the required area to be restored
- > Apply bonding agent
- > Air thin the bonding agent.
- > Cure it with light cure
- > Apply the composite of proper shade over the tooth
- > Give proper shape
- > Light cure it
- > polish it.

② Composite Porcelain Veneers :- (Indirect technique)

Are indicated for the restoration of generalized defects or areas of intrinsic staining involving most of the facial surface of the tooth. porcelain veneers can be processed in laboratory to achieve superior properties

- > indirect veneers require two appointments but typically offer three advantages over directly placed full veneers

Advantages:

- > indirectly fabricated veneers are much less sensitive to operator technique, indirect veneers are made by a laboratory technician and are typically more aesthetic

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- If multiple teeth are to be veneered, indirect veneers usually can be placed much more expeditiously.
- Indirect veneers typically will last much longer than direct veneers.

B) Porcelain Veneers :-

A conventional porcelain veneer is a thin ~~plate~~ piece of porcelain that is bonded to the front of a tooth. Porcelain is a durable, translucent, strong, natural looking, and beautiful material. The only difference in this procedure for porcelain veneers is the need to condition the internal surface of each veneer with a silane primer just before applying the resin bonding agent.

Advantages :-

- very conservative
- offer better inherent color and natural look
- Tissue tolerance is excellent
- less staining
- The bond of etched porcelain veneer to enamel is stronger than other.
- wear and abrasion resistance is high
- The aesthetic are better than any other veneer material.
- porcelain veneers allow transmission of light

P-T-O

Dis advantages :-

- > Expensive
- > Tooth preparation
- > Highly sensitive
- > Sensitivity
- > it has number of limitation.

Techniques :-

First appointment :-

Procedure :-

Shade Selection :-

- > Clean teeth with pumice and water
- > Select a tentative shade with your patient participating

Tooth preparation :-

A uniform 0.5 cm intraenamel reduction is sufficient

- preparation are extended to the gingival crest
- and into the interproximal without breaking contact.

- Impression

- Temporary veneer.

Second appointment :-

Cementation procedure :-

Remove temporary - clinical try-in

Cementation.