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Subject * oPerative dentistry

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Q No. 7:

Three Quarter Crown.

Ans:- They Cover four-fifth of the tooth's Surface buccal Surface remains intact.

* They are retained by grooves on mesial distal and occlusal Surface
* They are always made of cast metal.

(2) Metal Ceramic Crowns.

Dental Porcelain can be bonded to a variety of metal alloys such as Gold Silver, nickel etc.

(3) Seven Eight Crowns.

- Covers all but mesial buccal cusp of an upper molar tooth.
- Retained by intracoronal features or adhesive techniques.

Q2: In which Conditions Inlays and only are Indicated and Contraindicated:

⇒ 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.

ONLAY:

The onlay essentially an inlay that Covers one or more cusp and 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 Prosthontic abutment

Contraindication :-

* High Caries rate
* Young Patients
* Esthetics
* Small restorations :-

molays and onlays are Contraindicated in Patients with Parafunctional habits and heavy occlusal forces. A Parafunctional habit refers to abnormal functioning of oral structures and associate muscles. for example Patient who clench or greater on molars when Compared to Premolars.

Q.No 3:- Ans:-

1 Define veneer:-

A crown in which the restoration is placed over the prepared surface of a natural crown.

Direct veneer:-

Extensive enamel hypoplasia involving all of the maxillary anterior teeth was treated by direct Composit veneer.

A diastema also exists between the central incisors. the Patient desired to have both the hypoplasia and the diastema Corrected. examination indicated a good Prognosis.

A direct technique was used with a light-cured micro fill Composite.

Technique :-

Preoperative view of discolored maxillary left central incisor and class IV effects of both maxillary central incisors in an 18-year-old Patient.

The Patient chose two direct composite veneers for the esthetic solution. After minimal Preperation (figure 2) there was no Proximal separation. I thought this would be a good case to try Dr. Fahl's technique.

(Figure 1) A Patient with a Previously repaired left maxillary central incisor.

Indirect veneer:

Indirect veneer require two appointment but typically offer three advantage over directly placed full veneer.

Composite veneers can be processed in laboratory to achieve superior properties.

Technique:

Window ta preperation recommended due to limited bond strength.

incisal lapping if incisal defect.

intraenamel preparation.

Elastomeric impressions.

No temporization.

Second Appointment:

Evaluate fit of veneer.

Tooth side of veneer (pretched) is primed.

Q 4:-

⇒ Ans:-

The types of the Crown is all Cermic Crown:-

⇒ Advantages:-

* Superior esthetics.
* Comfortable. because they fit better than metal Crowns and are not temperature Sensitive.
* Beautiful: made of translucent Porcelain they reflect light and looks almost exactly like your natural teeth

⇒ Disadvantages:-

* More tooth reduction
* Less durable
* No Repair is Possible
* Expensive

Q5: Briefly explain Composite and Porcelain veneer:

Ans: Dental veneers are thin layers of material (either) Porcelain or Composite) custom made to fit over teeth and improve their Color, Shape and overall appearance. Proper Placement of dental veneers can greatly improve your Smile and appearance. there are two types of veneers. Porcelain and Composite. when done correctly both can give you a beautiful Smile, but what are the differences between the two? And how do you know which one is right for you.

Porcelain veneers:

Porcelain veneers are one of the most beautiful restorations available in Cosmetic dentistry. Porcelain veneers are always manufactured in a dental lab after an impression of the prepared teeth is taken by the dentist. Depending on the intial condition of the teeth more or less of the teeth structure will have to be removed in order to accommodate the veneers. This is done by trimming the enamel form the front and biting edge of your teeth. A Porcelain veneer is usually about 0.5 to 0.7 millimeters.

Composite veneers :-

Composite veneers are done in one visit and are sculpted at the time of Placement. the Composite resin is applied in layers to the tooth and modeled to the Correct shape length and form. Each layer is hardened using a curing light. when all Composite is Placed veneers need to be Polished extremely well before they are bonded to tooth structure. Normally, a small amount of tooth structure has to be removed to allow for Placement of Composite resin in the desired shape without added tooth bulk.

⇒ Indication :-

* Esthetically Compromised anterior teeth.
* Poorly Shaped or Crooked teeth
* Stained teeth (intrinic / extrinsic)
* Tooth wear.

⇒ Technique)

impression : use a Polysiloxane or Polyether material for the impression

Temporary : They are Placed when necessary or desired.

⇒ Advantage :

* Esthetic stability
* Stain resistant
* Stronger and durable

⇒ Disadvantage :-

* The Process is irreversible
* More Costly than Composite veneers
* No Suitable for Patients with clenching or grinding habits.
* Technique Sensitive.