RESTORING AESTHETICS USING FUNCTIONALLY FIXED PROSTHESIS: A CLINICAL CASE REPORT

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INTRODUCTION:

The profession of dentistry is under threat due to the increase in the illegitimate practices by peopleworldwide and so is a challenge to the profession as it daunts the trust of the public and it makes the patients undergo unnecessary risks through illegal practices. These practices are performed byself-proclaimed experts, who are incompetent and fraud. Most of these frauds are seen practicing on the roadside as denturists and making money by fixing artificial teeth on the edentulous ridges. It is time for the dentists to tackle menace of unethical practiceboth for the health of patients and to save this celebrated profession.These practices by incompetent individuals has been the preference of lower socioeconomic group whichlead to various complications, one of which we have covered here under our case presentation.

CASE REPORT:

A 35 year old female patient reported to the Department of Conservative Dentistry and Endodontics, SDM College of Dental Sciences and Hospital, Dharwad, with the chief complaint of discoloration in relation to the upper anterior region.

HISTORY:

Her medical history and dental history was noncontributory.

CLINICAL EXAMINATION:

- Discolored acrylic faulty prosthesis seen with 11,12,21,22 .(placed 3 years ago)
- Missing 14
- Dislodged fixed partial denture seen with 13 , 14 , 15 and improper tooth preparation seen with 13 and 15

- None of the teeth was symptomatic
- No mobility and no gingival recession seen with 11,12, 13,15,21,22

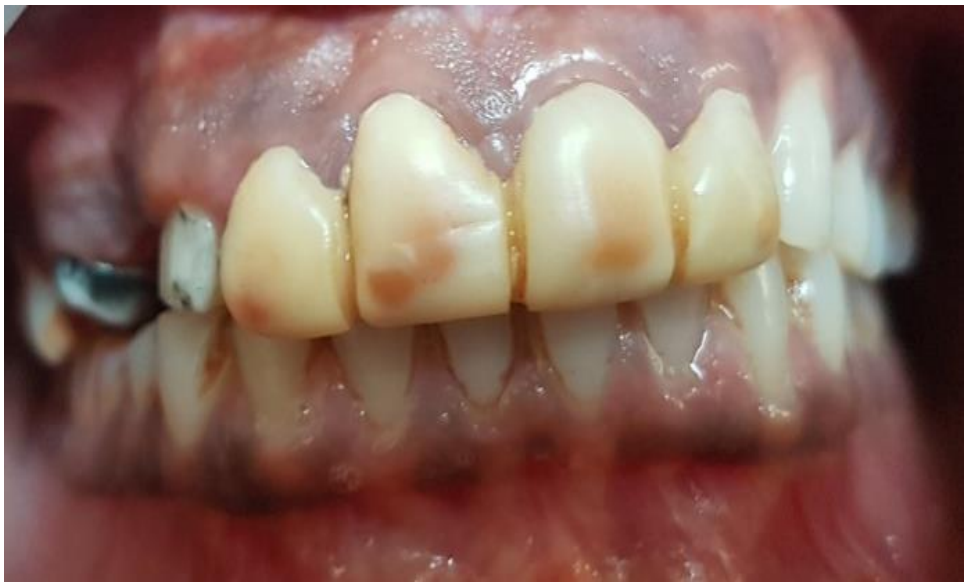

Fig. 1: Pre-operative Photograph

PRE-OPERATIVE RADIOGRAPH:

- RVG revealed endontically treated 11,12, 13,15,21,22

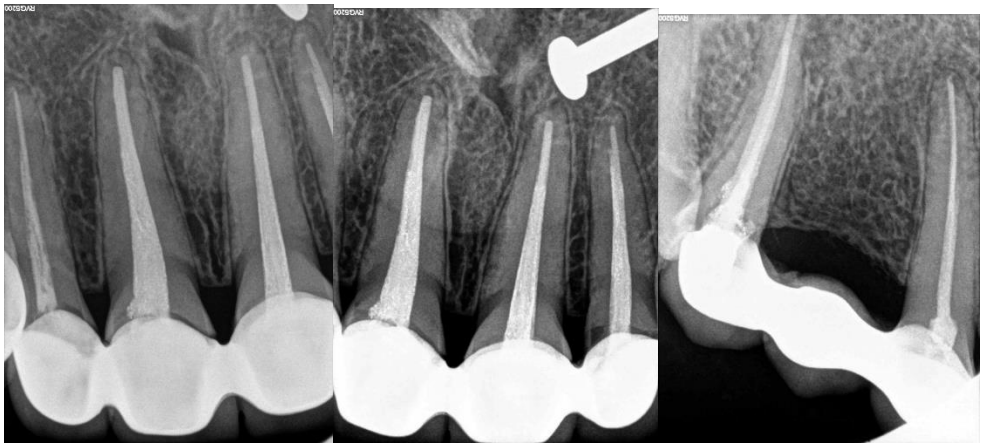

Fig. 2: Pre-operative RVG

DIAGNOSIS AND TREATMENT PLAN:

- Based on clinical and radiographic findings, faulty discolored prosthesis was seen with respect to 11, 12, 21, and 22.
- On removal of the prosthesis, a thorough clinical examination was made to formulate a proper treatment plan
- Porcelain Fused to Metal FPD was planned in relation to teeth nos. 11, 12, 21, 22 and another between 13,14,15.

PROCEDURE:

A) Preliminary Alginate Impression

After planning the treatment for a bridge procedure, a preliminary alginate impression for study models was made. Subsequently, working casts were created from the preliminary impression, for fabrication of custom trays.

B) Anesthetic Application

Topical anesthetic was applied to the injection sites after drying the mucosa which in turn provided patient comfort during the infiltration.

C) Shade Selection

A2 Shade selection (using the Vita shade guide) was done under natural lighting. A2 shade matched with the adjacent teeth best.

D) Preparation and Evacuation

After the teeth to be prepared were anesthetized, SHOFU crown cutting burs in a high-speed hand piece were used to modify the tooth preparations.

Burs used were Tapered flat ended diamond point (superfine grit - # SF210), Tapered diamond ended points (superfine grit #SF 102 R), Tapered ellipse (superfine grit - # SF 104R), Round inverted cone (regular grit - # 265R)

1. Using a coarse grit diamond bur, modification of tooth preparation was done on the facial surface of 15 , 13 ,12 , 11, 21, 22 that followed the incisocervical curvature of the facial surface
2. After which a uniform modifiedreduction of the facial surfaceand the incisal edge was done following its mesiodistal form.
3. 1mm of occlusal clearance was given for anterior teeth and 2mm for posterior teeth as the surfaces will be veneered with porcelain
4. Then the proximal surfaces were uniformly modified while establishing a finish line of the desired depth.
5. Shoulder finish line was prepared within the common recommendations of 1.5 – 2 mm depth
6. Tapered round end diamond instrument was used to reduce the facial and lingual surface
7. A lingual chamfer finish line was given (1.2 to 1.5 mm deep)
8. A total occlusal convergence between the facial and lingual surfaces and between the mesial and distal surfaces was 10 to 20 °
9. All of the sharp line angles were rounded

Figure 3

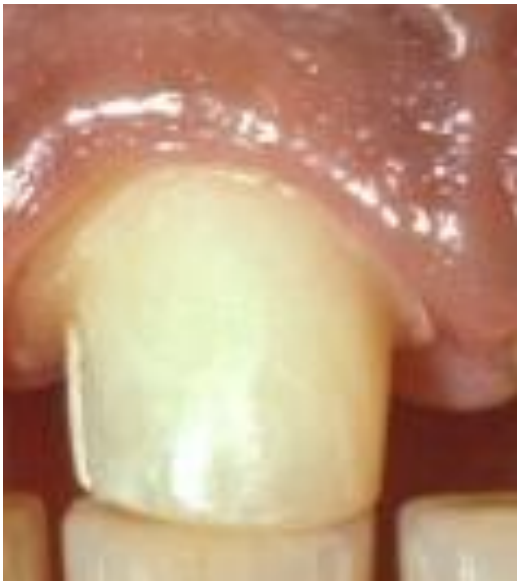

Figure 4

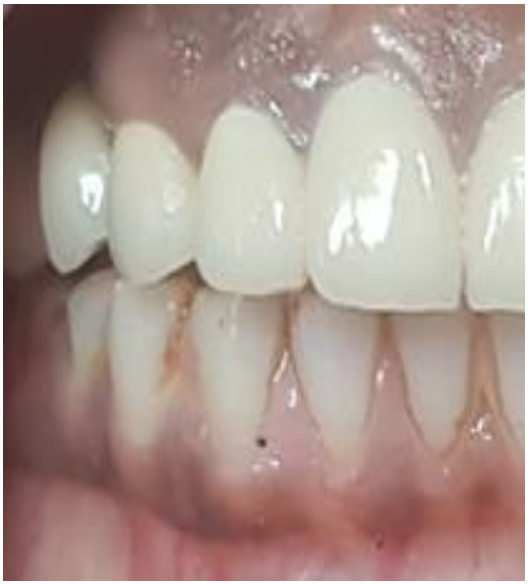

Figure 5

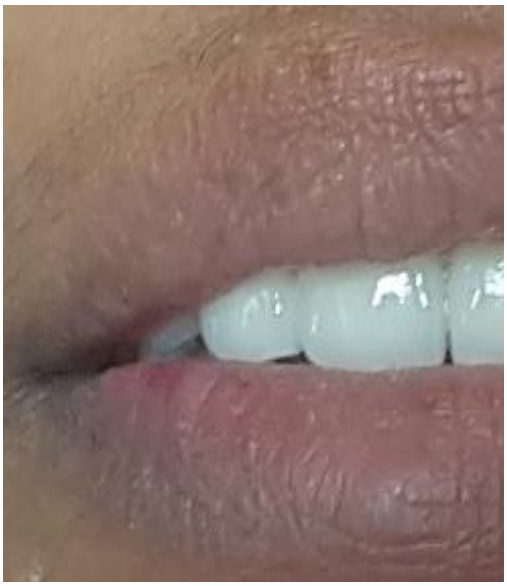

Figure 6

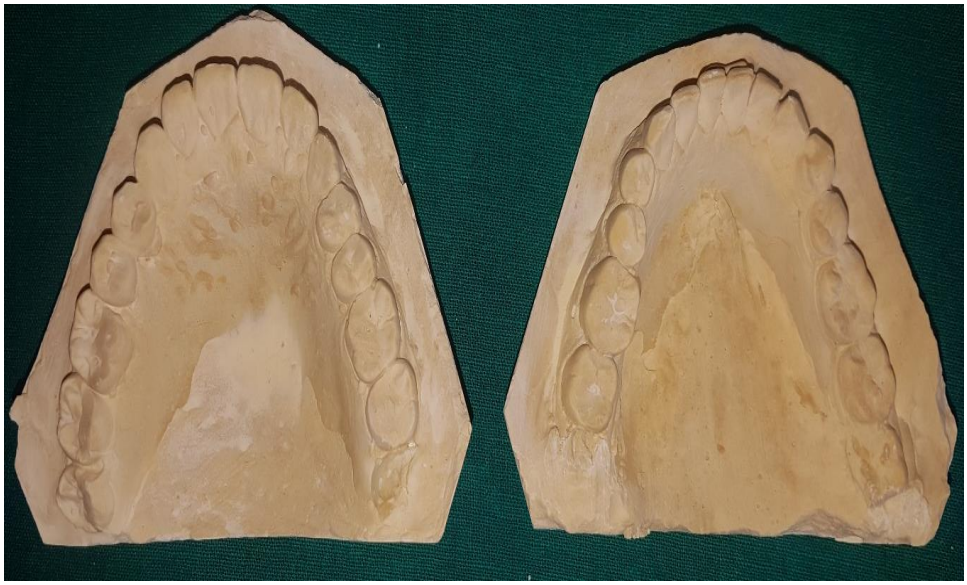

Figure 7

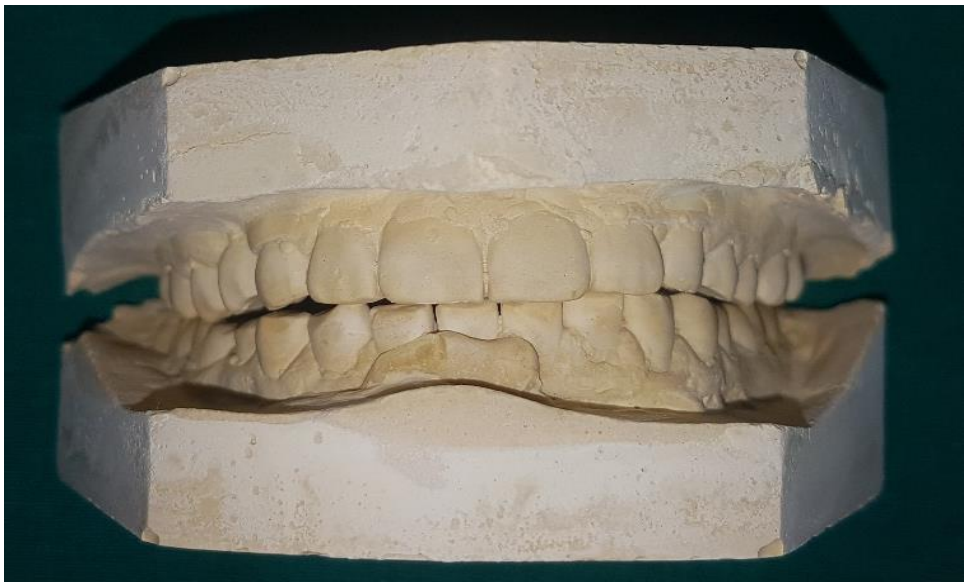

Figure 8

CONCLUSION:

In our modern competitive society, a pleasing appearance often means the difference between success and failure in both our personal and professional lives.Esthetics is a branch of philosophy that deals with the questions of beauty and artistic taste. The present generation is giving importance to their esthetics in every aspect to improve their personality. Esthetic or cosmetic dentistry strives to merge beauty and function with the values and individual needs of every patient. But unfortunately dentistry faces serious problems regarding accessibility of these services to all in India.Reports suggest that there are about more than one million unqualified dental health-care providers in India.The Government and dental council should put forward a strong policy to culminate this unethical practice of harming the population. . It is incumbent upon dentists everywhere to protect the hard earned reputation by weeding out quacks from among them. By looking at the past, analyzing strategies that are currently working and planning for the future, we, as dental professionals, should strive for healthier generation of Indians.

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Case of the Month – October 2018

Contributors' Form

I / We certify that I/we have participated sufficiently in the intellectual content, conception and design of this work or the analysis and interpretation of the writing of the manuscript, to take public responsibility for it and have agreed to have my/our name listed as a contributor. I/we certify that all the data collected during the study is presented in this manuscript and no data from the case report has been or will be published by the editors, I/we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, their assignees.

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(up to four authors for case report)