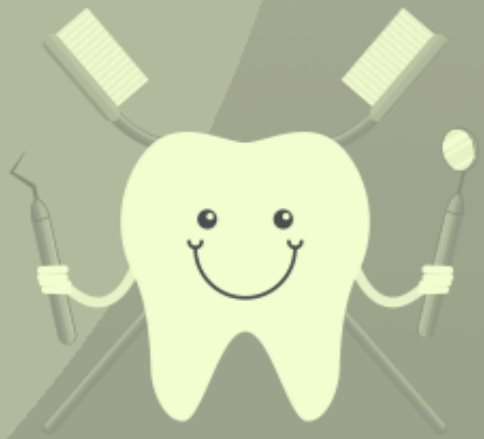
Comprehensive Treatment - Full Mouth Rehabilitation case

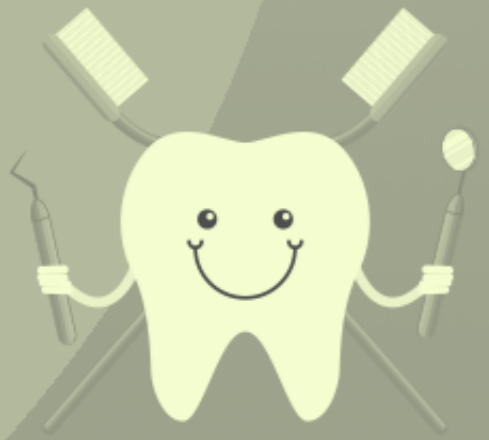
Presented by: Haneen Ahmed Almozoghi

No: 885



This work was achieved under the supervision of dental teaching staff at Libyan International Medical University:

Dr. Rafiq Al Kuafi
Dr. Abdelmonem Abdelnabi
Dr: Ali Busnina
Dr : Sara El kilani
Dr: Nada Kashbor
Dr: Kadiga Elfallah
Dr: Manal Bazena
Dr: Randa El Hasi
Dr : Amal Alawami
Dr: abdelsalam El hadad
Dr: Mohammed Eljetlawi
Dr: Marwa El sherksi
Dr: Nuha Ekadiki
Dr: seham Elmarimi



Personal data

Name : Z.M.N

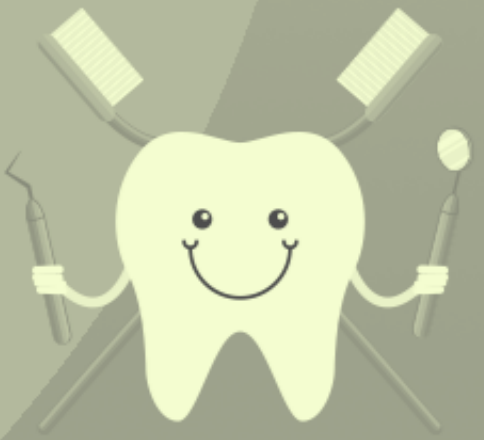
Age : 52 years (1967)

Gender: Female

Nationally : Libyan

Occupation : Teacher

Marital status: Married



Chief complaint & History of Chief complaint

Chief complain:

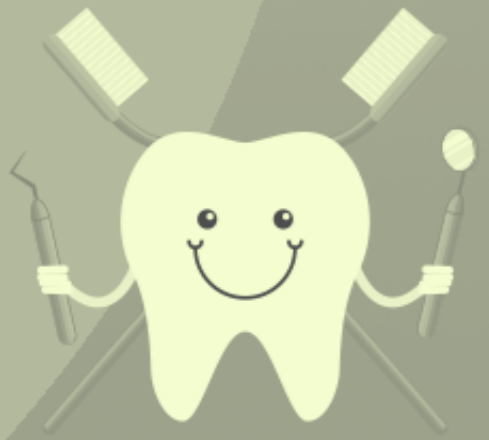
Patient attended to the LIMU clinic with two complains :

The patient want to improve her smile for esthetic purpose as well as to replace her lower back teeth missed since 5 years ago.

History of chief complain :

1- Patient wasn't satisfied from her smiling regarding to yellow brownish discoloration as well as black cavitated tooth that noticed from 2 years ago without any history of pain or swelling or discharge as well as rotated anterior teeth since birth.

2- Multiple missing lower teeth extracted due to caries since 5 to 6 years ago the extraction happen gradually without history of replacement before , but know the patient want to replacement because she has difficulty on chewing and most of the time eating only on anterior teeth.



Medical history : **Fit and well**

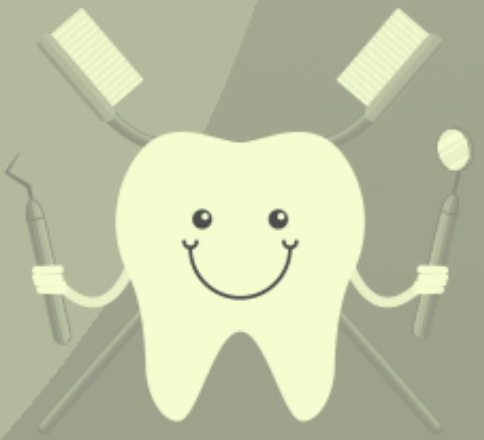
Drug history : **No**

Allergic history : **her mother hypertensive and his father diabetic**

Family history : **N.O.S**

- Social history : **married . Not smoker neither alcohol drinker or drug abuser.**
- P.t is on balanced diet and drinking about 3 cups of water daily.

Attitude toward dentistry : visit the dentist just when having a serous problem because she is afraid from the dentist



Dental history

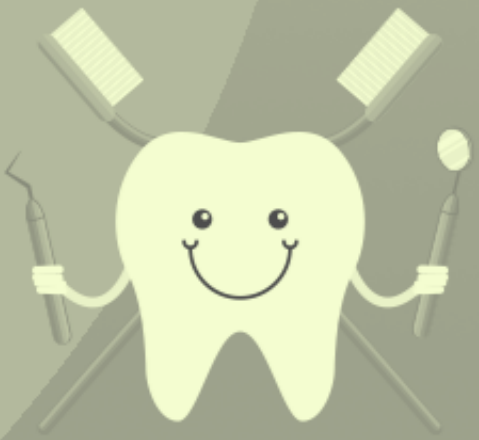
Oral hygiene practice :

Brushing : Twice a day but not regular

Brushing method : Horizontal

Kind of Dentifrice used : Not specific but most time miswak

Any other orophysiotherapeutic Aids :No



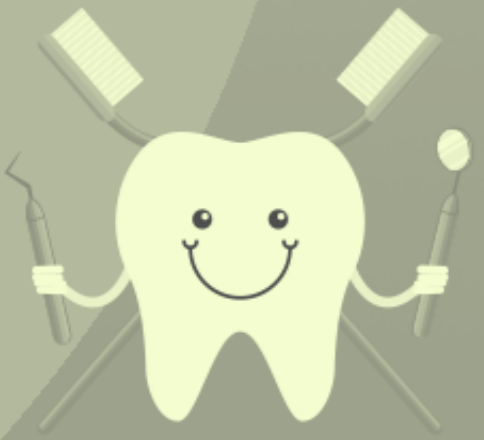
Extra oral examination

***TMJ status :**

▫Examination reveals no clicking, crepitation, limitation or deviation of mouth opening, with no masticatory muscles tenderness.

***Lymph nodes :**

Not palpable , neither tender



Intra-Oral Examination

The oral mucosa was normal ,no swelling ,no ulcers ,racial pigmentation present on the lower alveolar mucosa , high frenum attachment present.

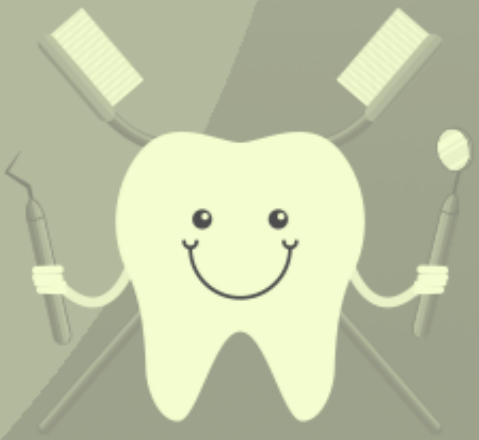
She had a fair oral hygiene .

16	11	26
2	0	2
M	3	M
46	31	36

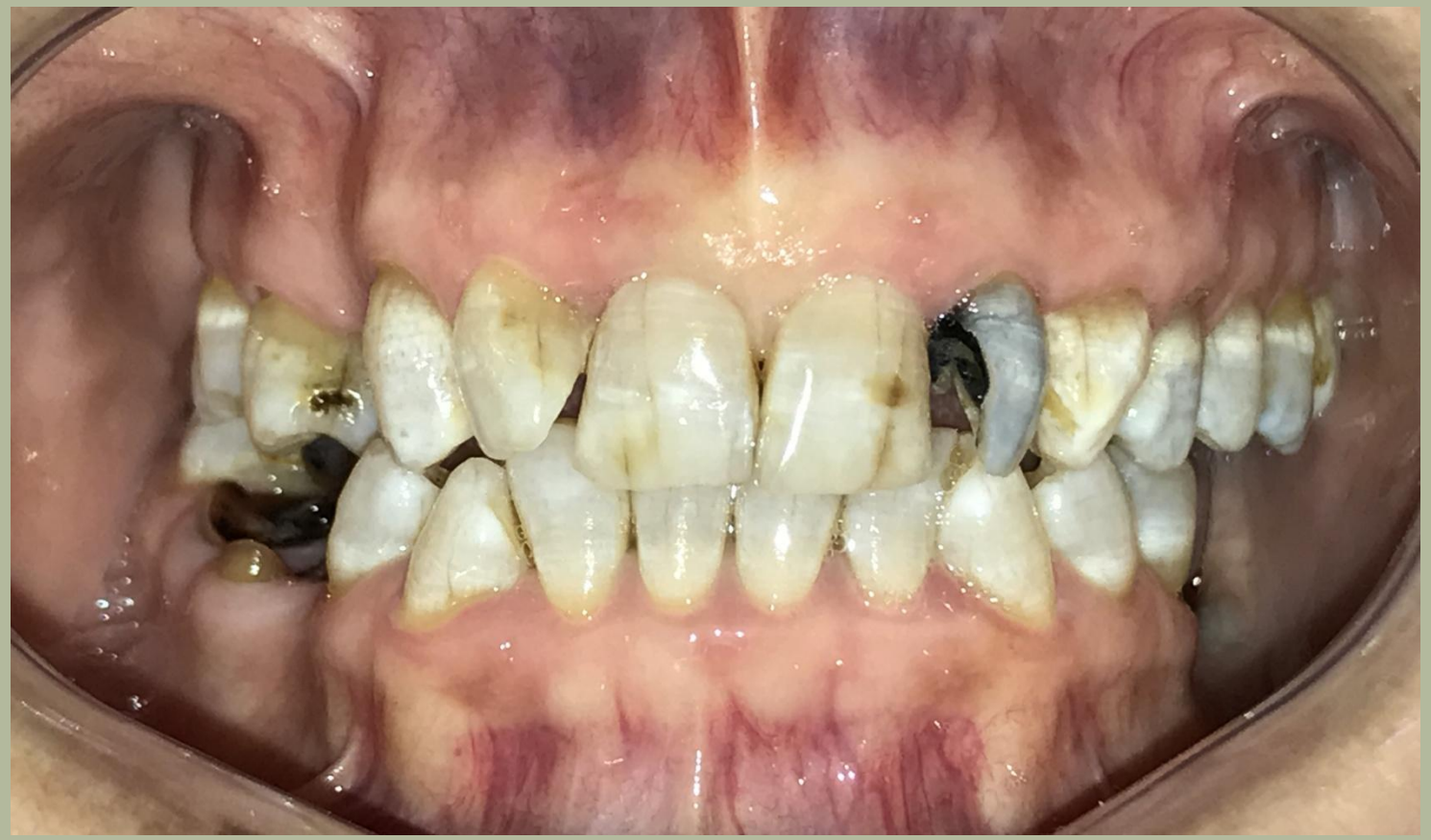
Plaque index

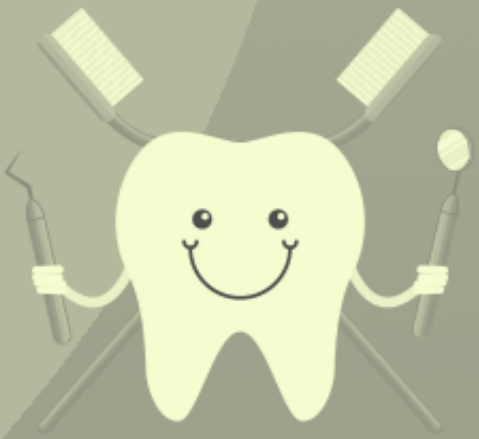
16	11	26
0	0	0
M	2	M
46	31	36

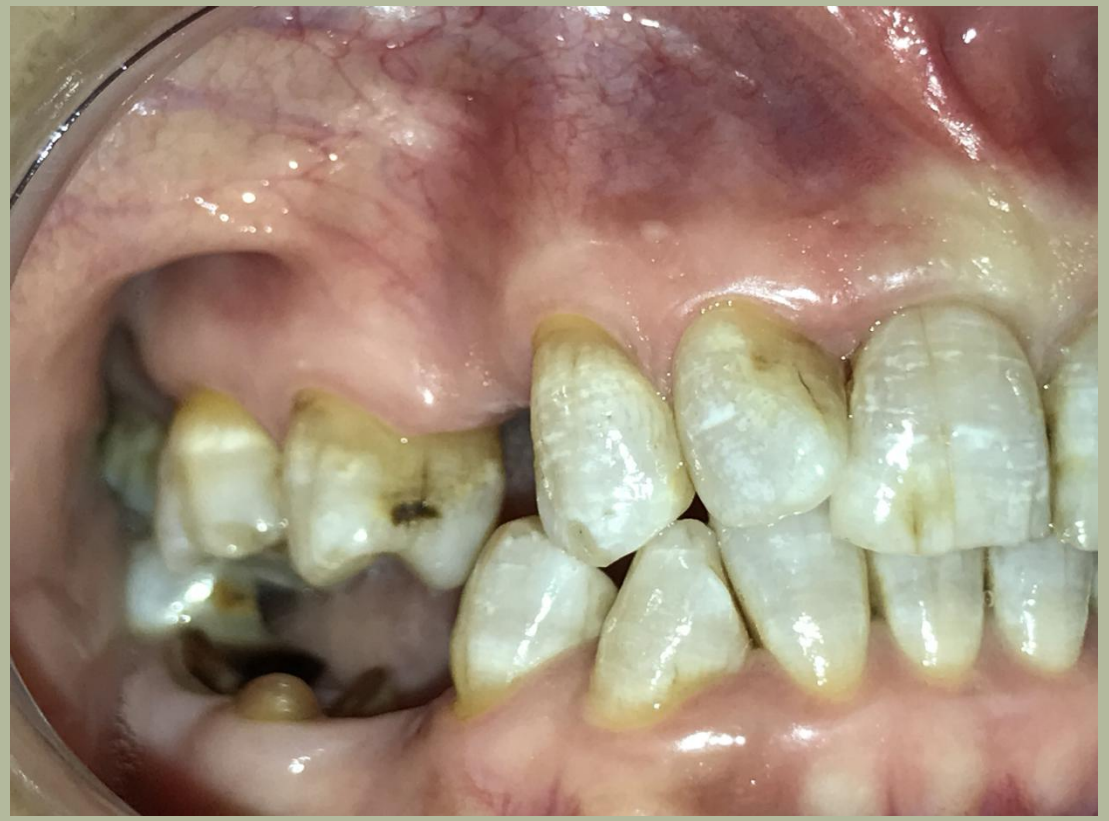
Calculus index

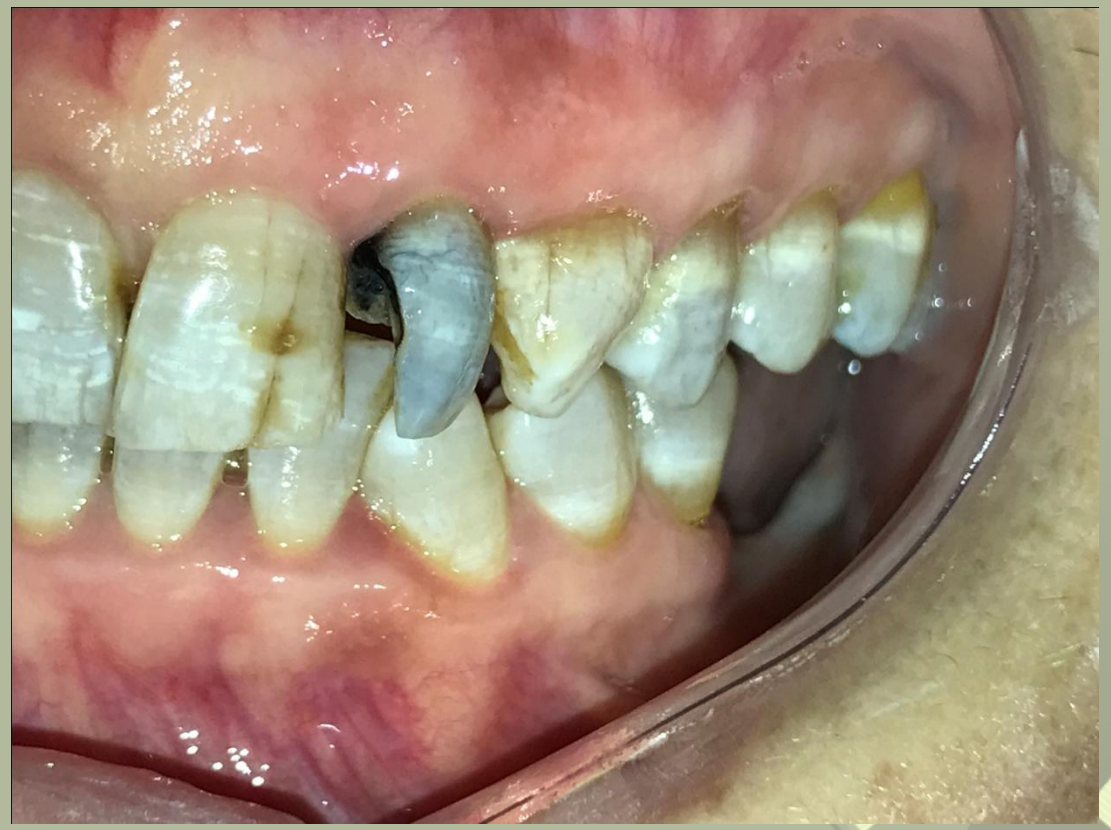


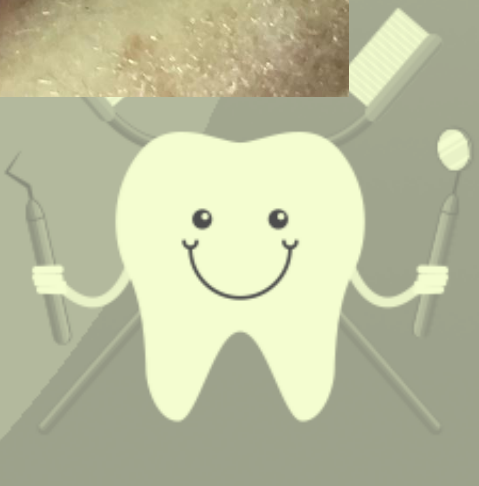
Intra -oral photograph











Periodontal health

Normal gingival size with pink color , scalloped margin, and blunt IDP except in lower anterior teeth reddish pink and from lingual side the gingiva appeared red and slightly enlarged and patient complaining from bleeding on brushing .

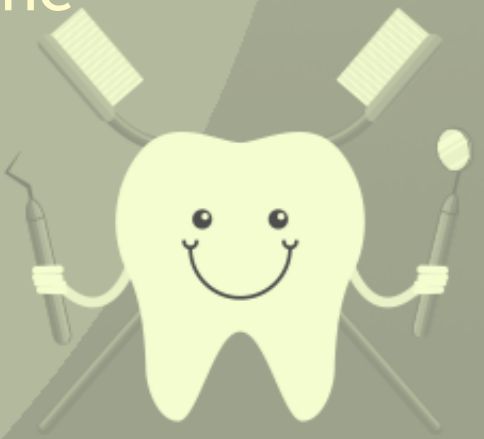
periodontal pockets with in normal ranges for all aspects of teeth .

- There is bleeding on probing in all sextants There is no mobility .

There is recession

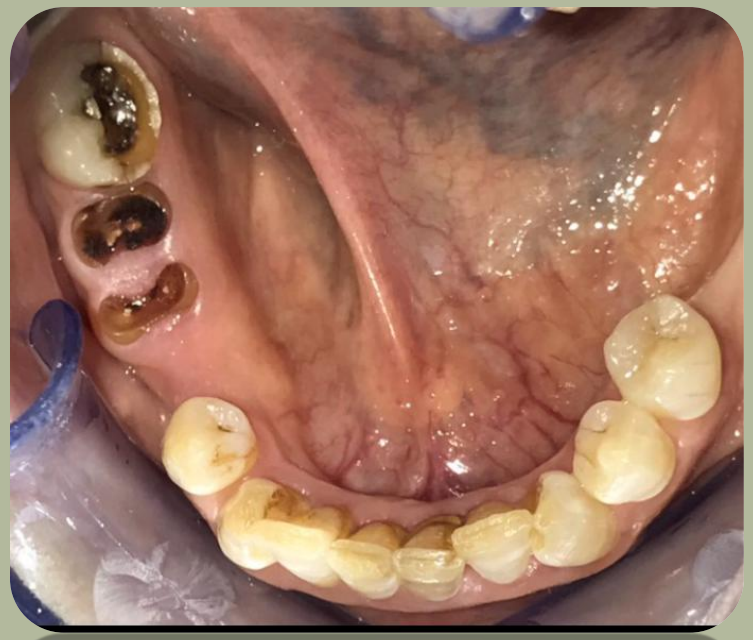
There is clinical attachment lose present in all teeth except the upper anterior from 2 to 4 mm

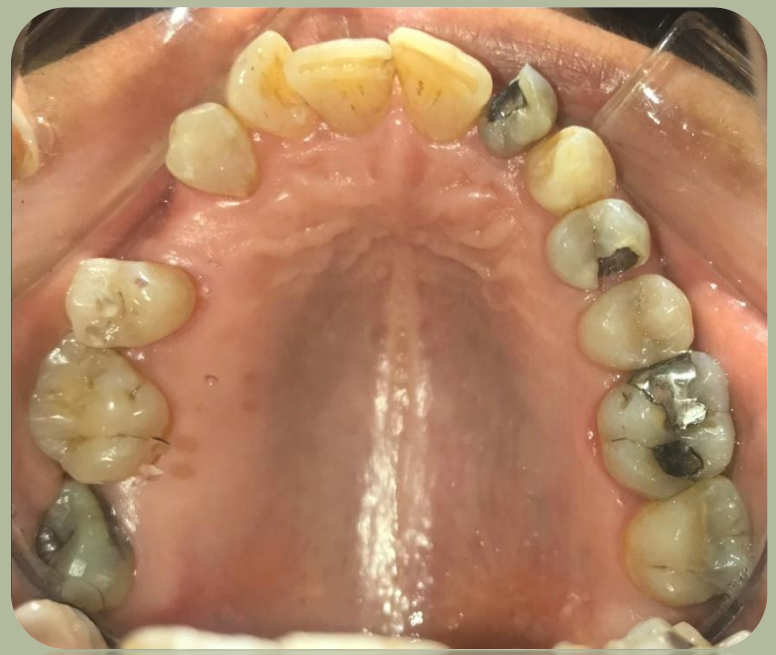
Diagnosed as : **Generalized mild to moderate chronic periodontitis**



Dental chart

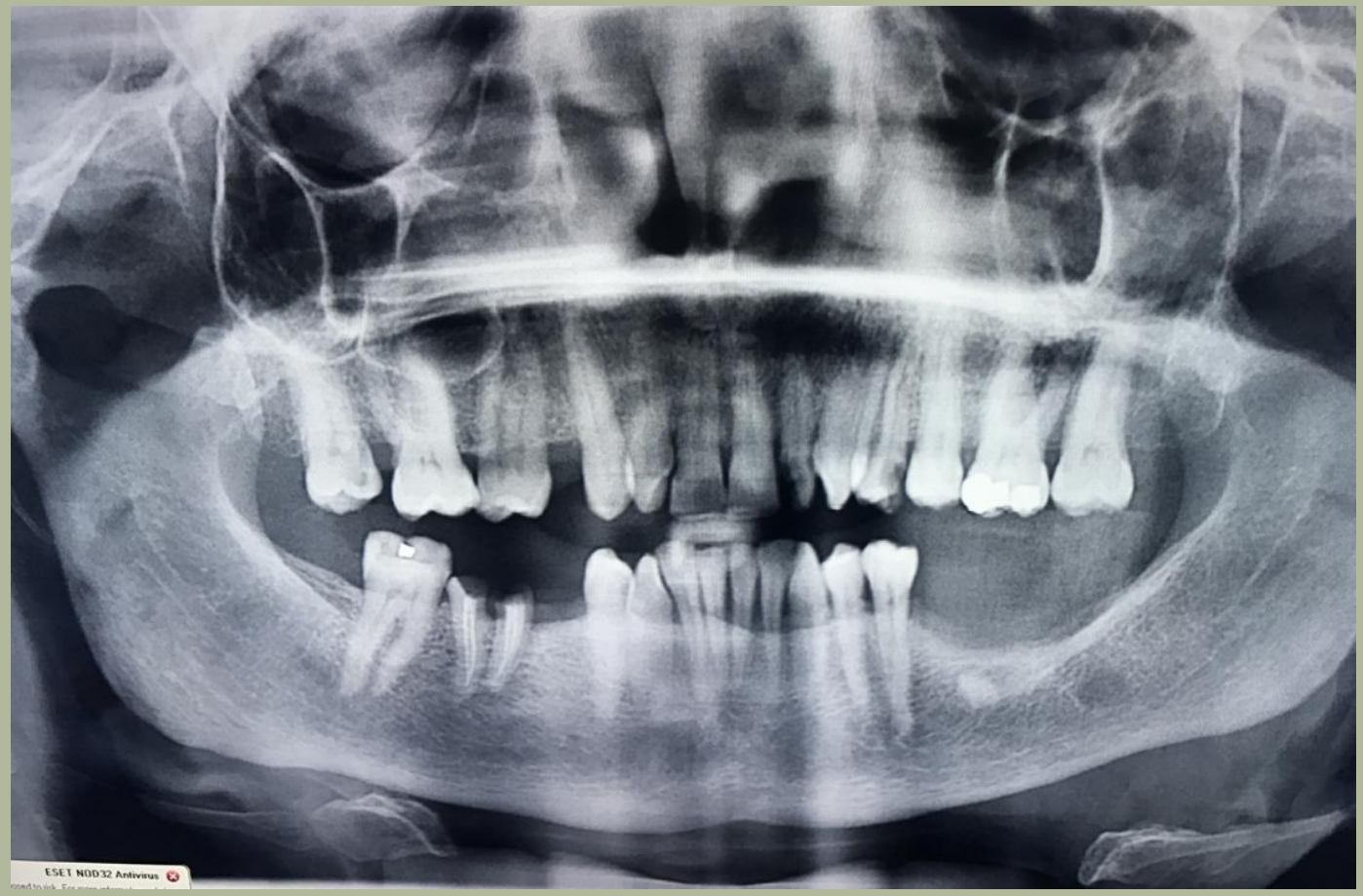
D	M	IC		M		D	D		D		D		F	D	M
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	RC	RR	M										M	M	M

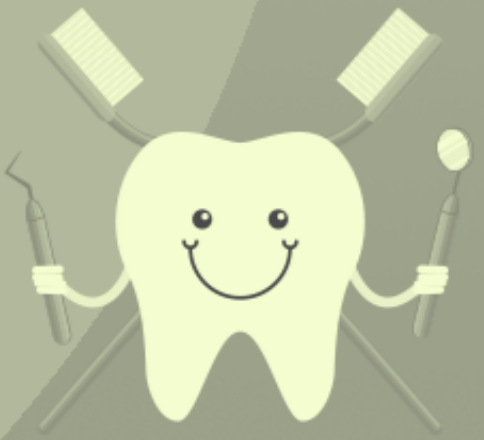




DMFT : 13
Had non carious lesion: attrition and abrasion

Extra Oral Orthopantogramic Radiograph

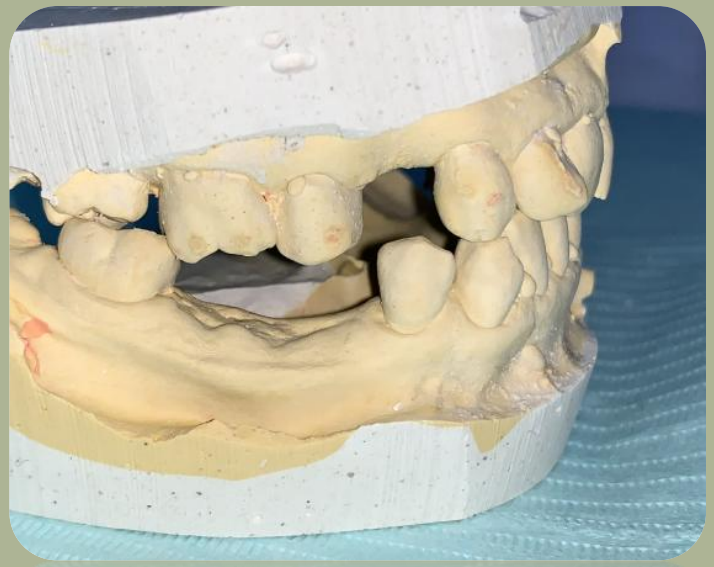


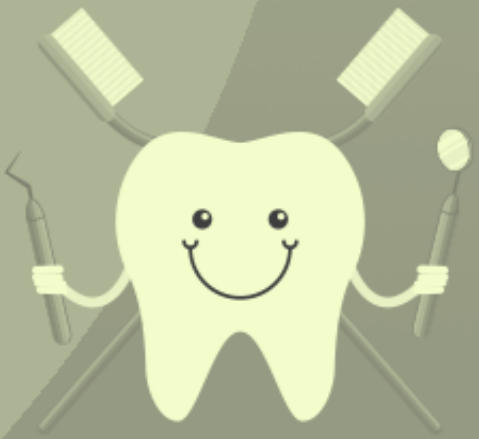


The patient is **unidirectional group function occlusion .**

The incisor relationship : class II division 2

- **Class II modification I according to Kennedy classification**





Final Diagnosis

Diagnosis of chief complain : generlized modrate Dental Fluorosis

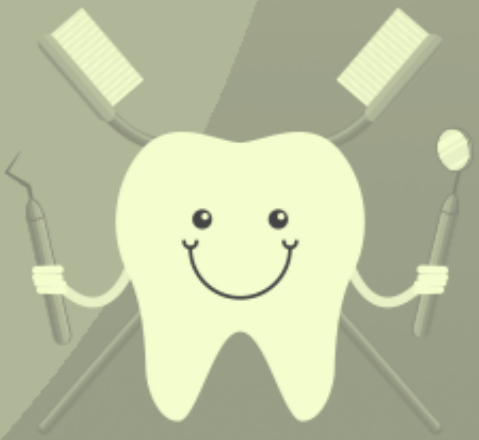
1-Generlized mild to moderate periodontitis .

2- Remaining root 6

3- Chronic periapical periodontitis 2 4 / 7

4- Decay 8 6 2 1 | 7

5- Multiple missing teeth 4 / 5 6 7

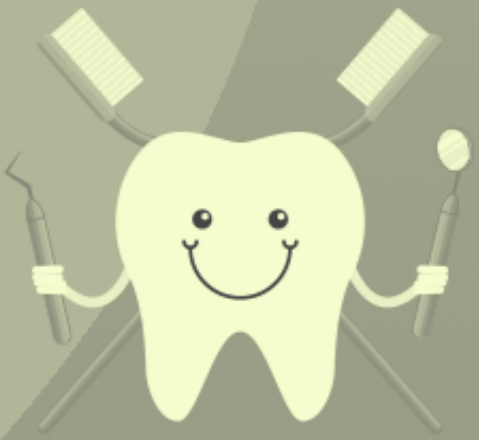


Treatment plane

Phase I therapy :

- Oral hygiene instructions, Patient motivation
- Scaling and root planning.

Reevaluation of phase I therapy .



Treatment plane

Phase II therapy :

- Extraction of $\overline{6}$ and frenectomy of labial frenum

Phase III therapy :

- Restoration

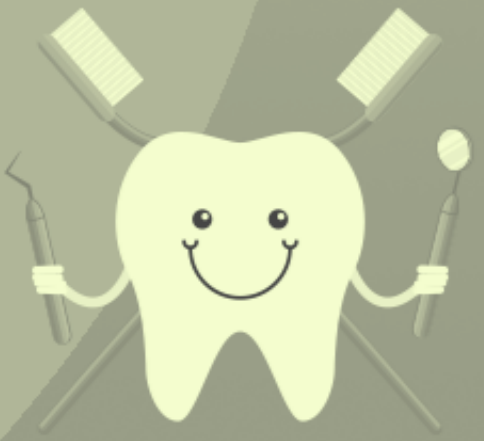
8 6 2 1	2 4 7
7	

RCT

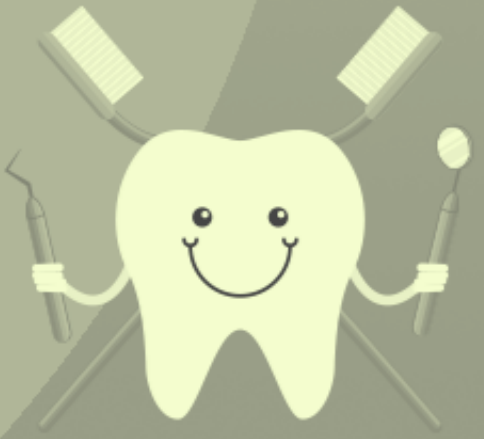
2	2 4
7	

Replacement of missing

	4	
6 5		6 7

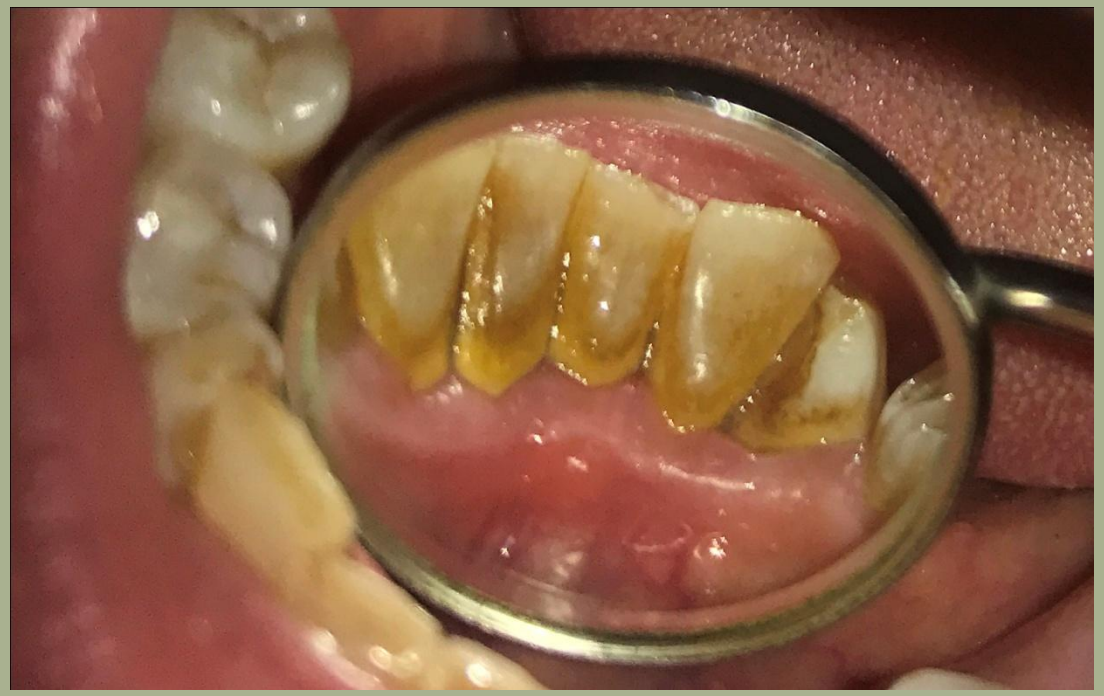


Phase IV

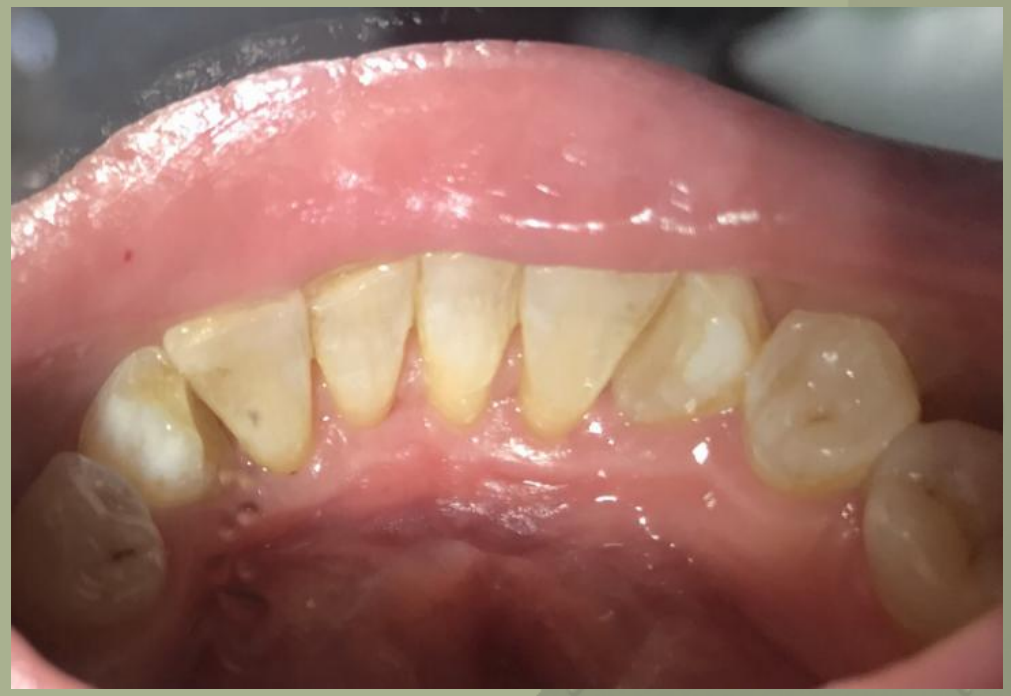


phase I
(Scaling and root planning)

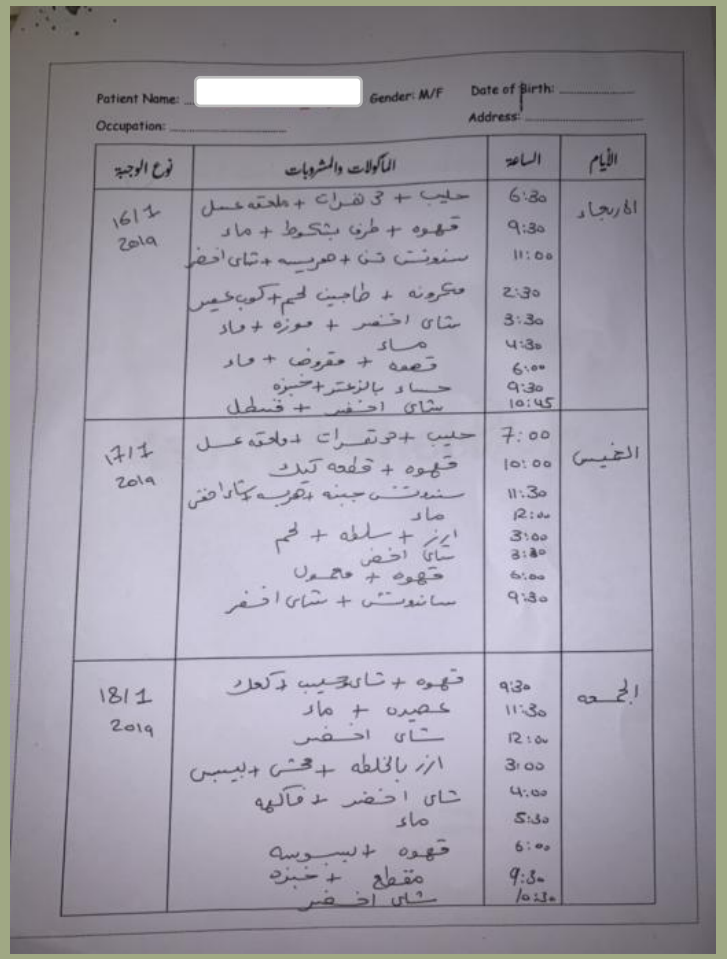
Before



After



Diet sheet

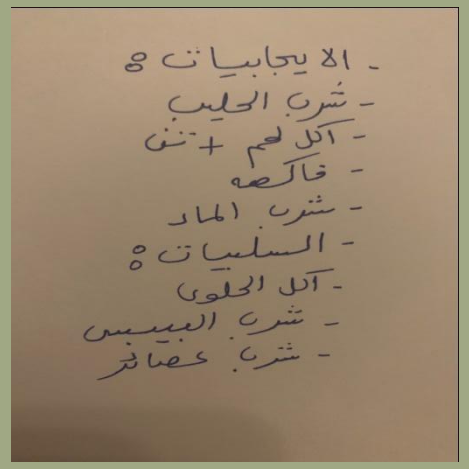


Patient Name: _____ Gender: M/F Date of Birth: _____

Occupation: _____ Address: _____

الأيام	الساعة	الأكولات والمشروبات	نوع الوجبة
الاربعاء	6:30	حليب + 3 تمرات + ملعقة عسل	16/1/2019
	9:30	قهوه + طرف بتكوط + ماء	
	11:00	سندوتش تن + خريسه + شاي اخضر	
	2:30	مكرونه + طاجين لحم + كوب خميس	
	3:30	شاي اخضر + موزه + ماء	
	4:30	ماء	
	6:00	قصعه + مقروض + ماء	
	9:30	حساء بالزعتر + خبزه	
	10:45	شاي اخضر + قسطل	
الخميس	7:00	حليب + 3 تمرات + ملعقة عسل	17/1/2019
	10:00	قهوه + قطعه تيك	
	11:30	سندوتش جبنه + خريسه + شاي اخضر	
	12:00	ماء	
	3:00	ارز + سلطه + لحم	
	3:30	شاي اخضر	
	6:00	قهوه + محمول	
	9:30	سانوتش + شاي اخضر	
الجمعه	9:30	قهوه + شاي حليب + كعك	18/1/2019
	11:30	عصير + ماء	
	12:00	شاي اخضر	
	3:00	ارز بالخلطه + حمص + بيبس	
	4:00	شاي اخضر + فاكهه	
	5:30	ماء	
	6:00	قهوه + بسبوسه	
	9:30	مقطع + خبزه	
	10:30	شاي اخضر	

1- غسل الأسنان مرتين يوميًا بالفرشاة والمعجون
2- الإكثار من أكل الفواكه والخضراوات
3- عدم أكل الحلويات وقت المساء
4- إستبدال العصائر الصناعية بالعصائر الطبيعيه
5- الإكثار من شرب الحليب ومشتقاته .
6- الإكثار من شرب الماء .
7- على الوالدين تشجيع الأبناء على الأكل الصحي + غسل الأسنان
8- زيارة طبيب الأسنان بشكل دوري كل 6 أشهر .

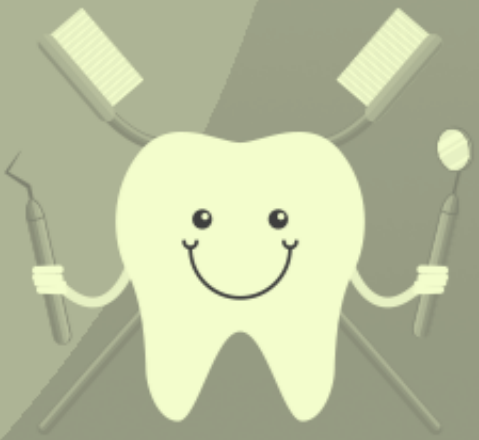


- الايجابيات 5
- شرب الحليب
- أكل لحم + تن
- فاكهه
- شرب الماء
- السلبيات 5
- أكل الحلوى
- شرب البيبس
- شرب عصائر

Reevaluation of Phase I therapy

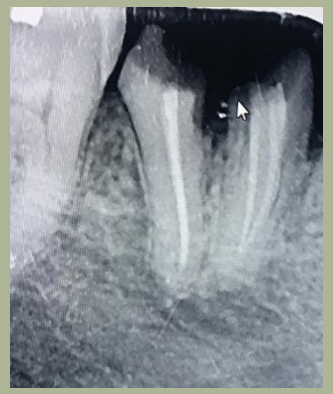
P.t was satisfied , the **bleeding on brushing was resolved .**

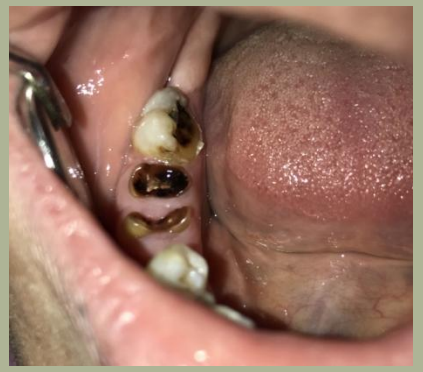
- No plaque or calculus present.



Phase II therapy :

- Extraction of 6

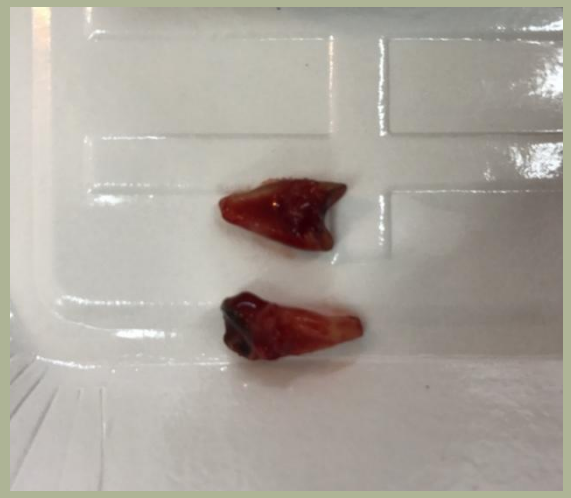


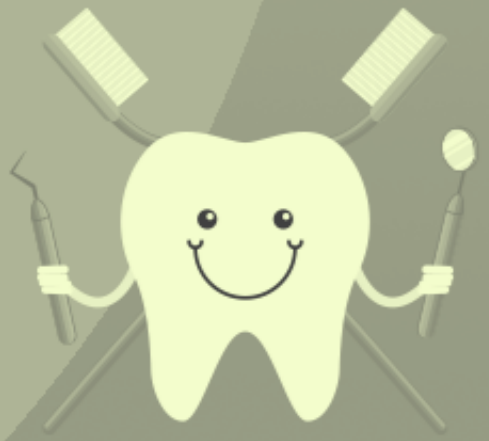


Because the offending tooth is **non-restorable .**

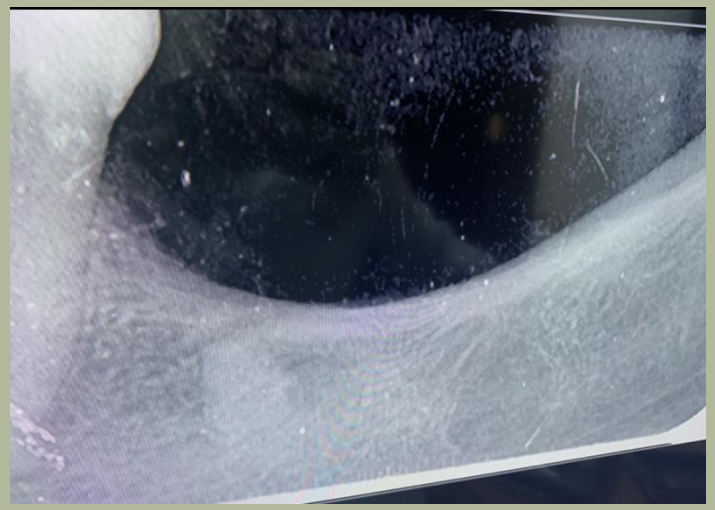
Diagnosed as :

Chronic periapical periodontitis

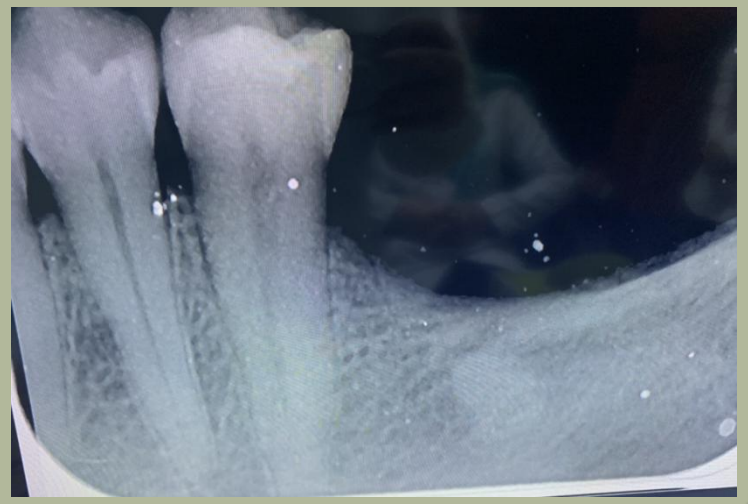




Fragment of root

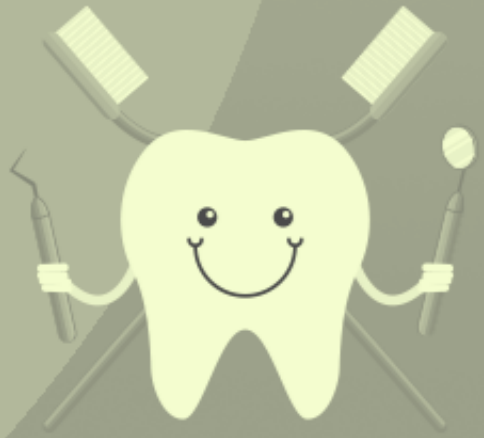


3 months follow up

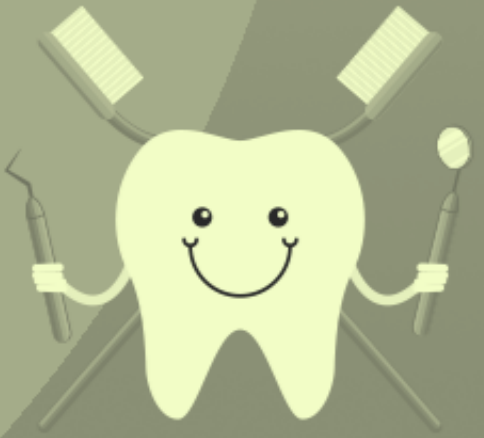


Policy for leaving root fragments(1)

1.Root fragment must be small,no more than4-5 mm in length.
2.It must be deeply embedded in bone ,to prevent subsequent bone resorption from exposing tooth root & interfering with prosthesis.
3.The tooth involved must not be infected ,and there must be no radiolucency around the apex.
4.When the risk of surgery is greater than the benefits



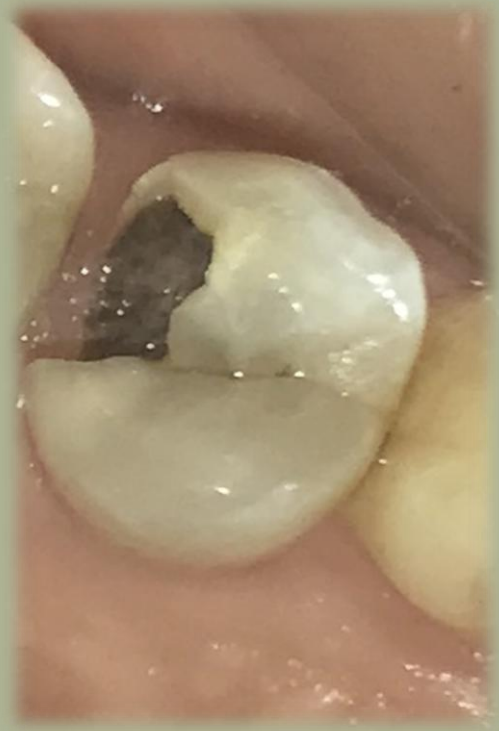
The second part from this phase was shifted to be done after RCT will be complete

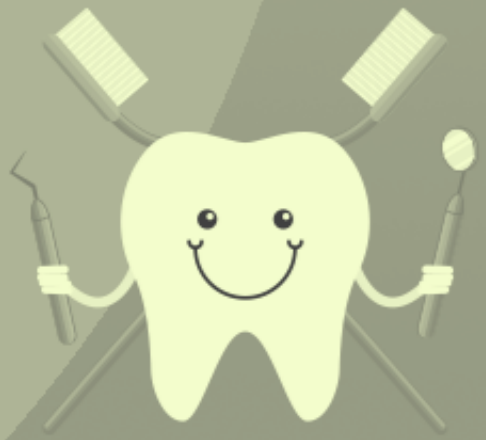


Phase III

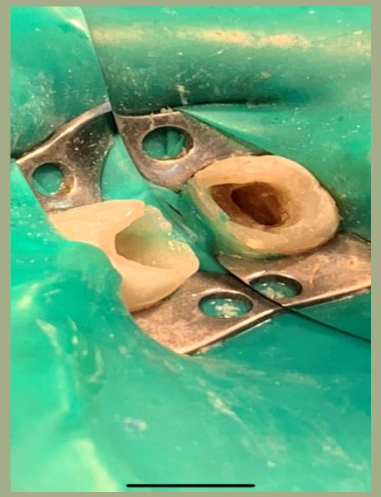
Root Canal treatment for 4

The tooth was non vital , tender to percussion , not to palpation

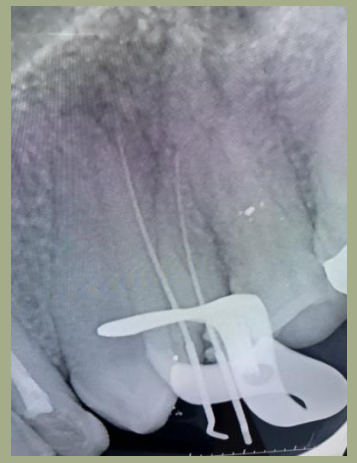




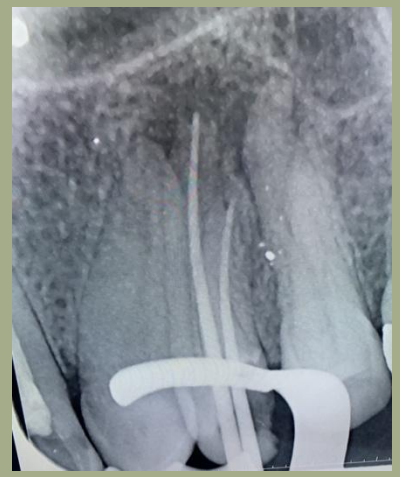
Access cavity



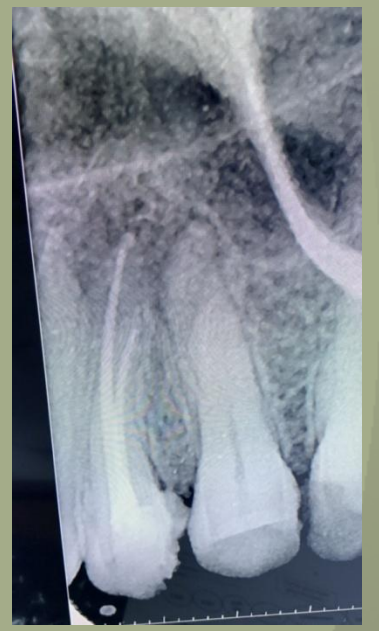
Working length
B: 21 P:23



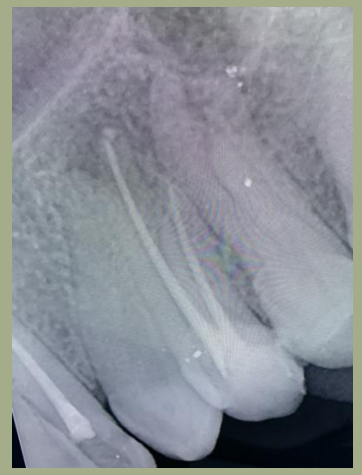
Master cone selection

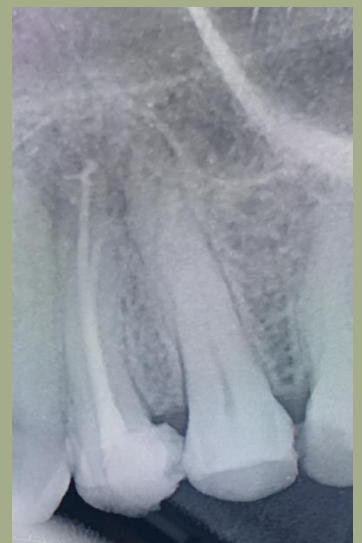


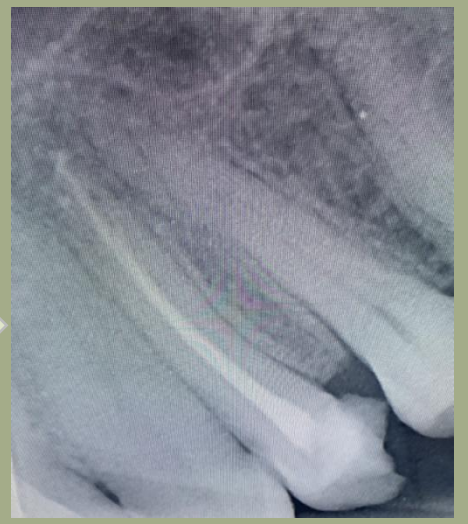
Obturation

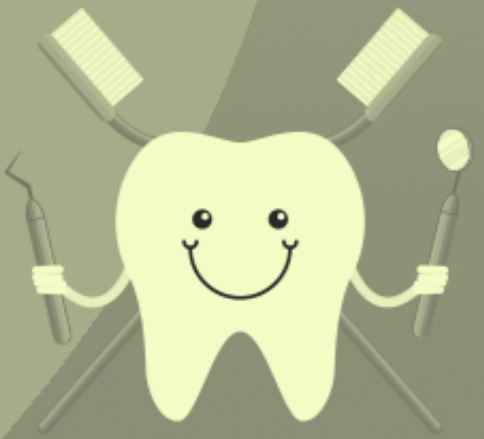


Follow up

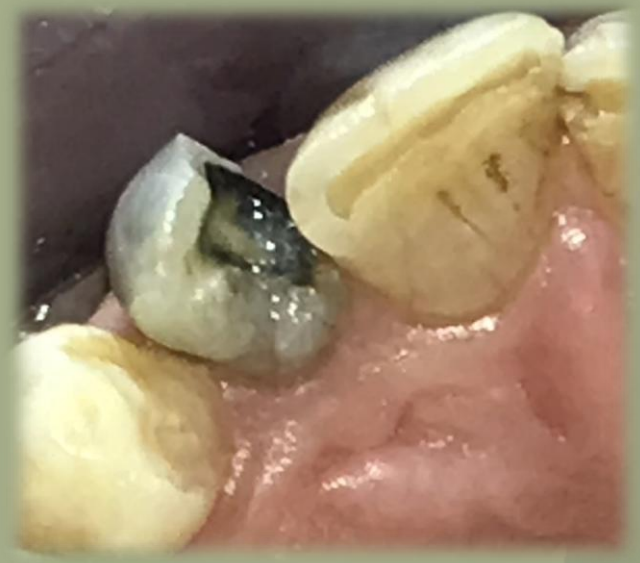




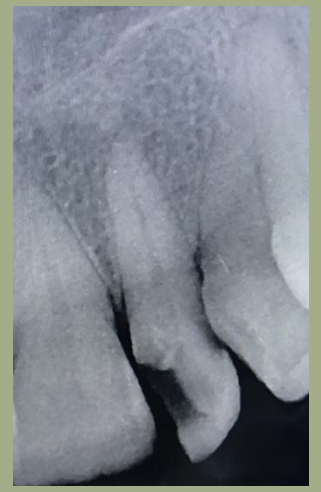


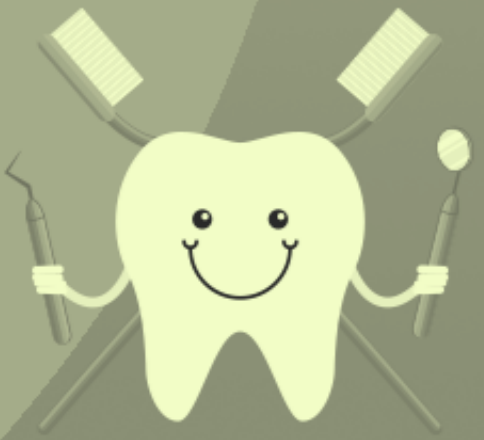


Root Canal treatment for 2

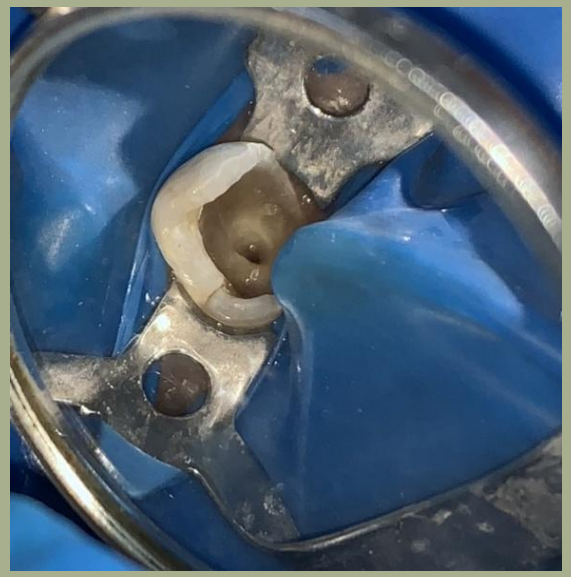


The tooth was non vital , tender to percussion , slightly tender to palpation

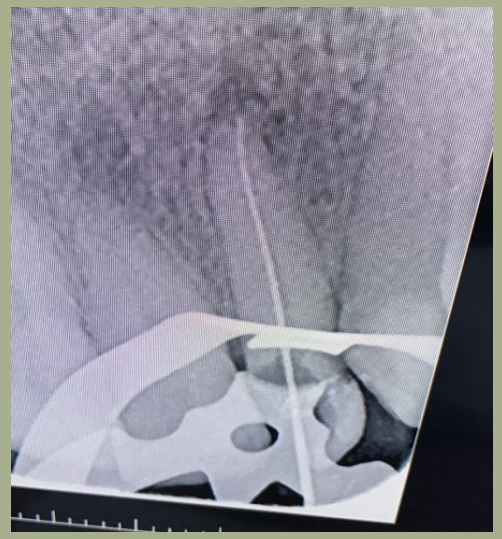




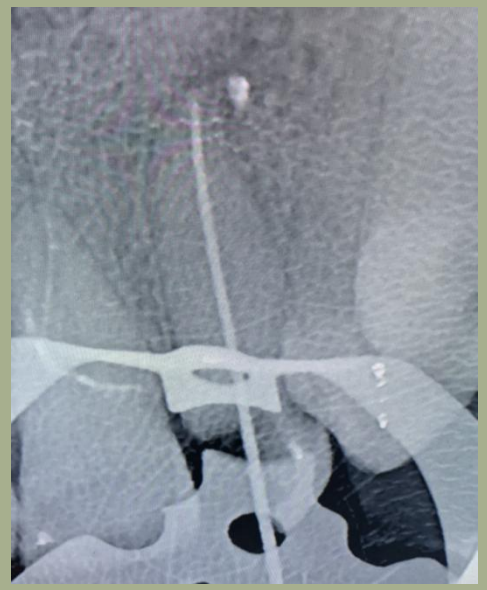
Access cavity



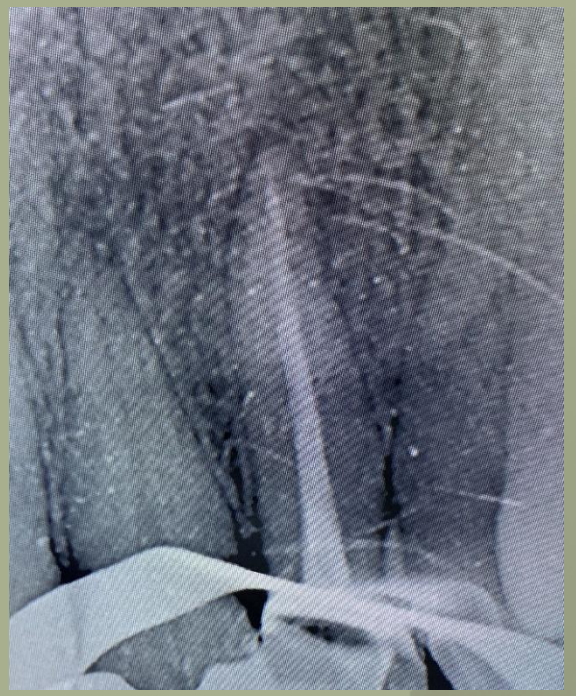
Working length: 21mm



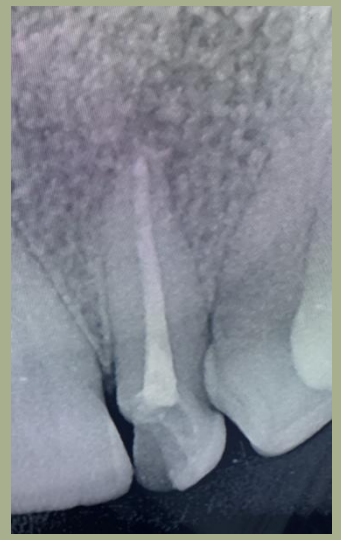
Master cone selection

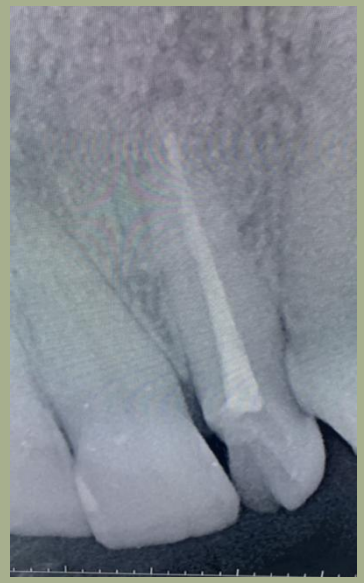


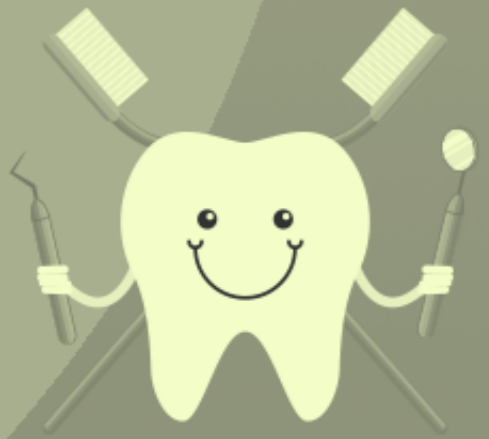
Obturation



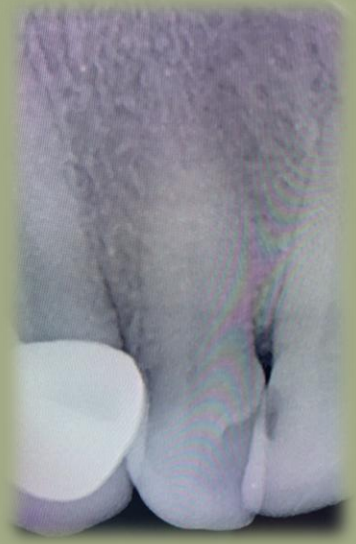
Follow up

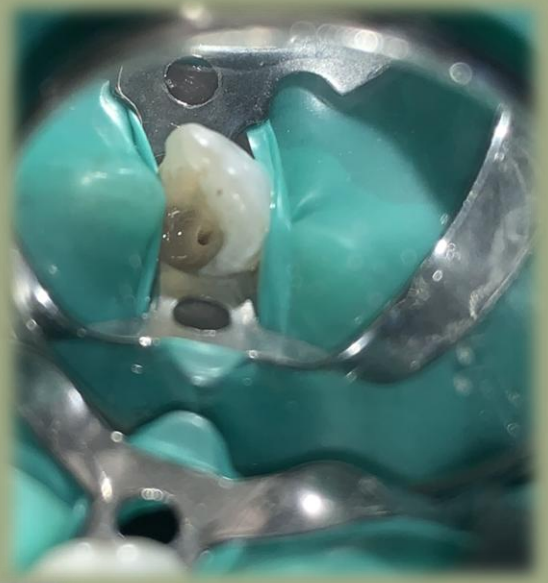


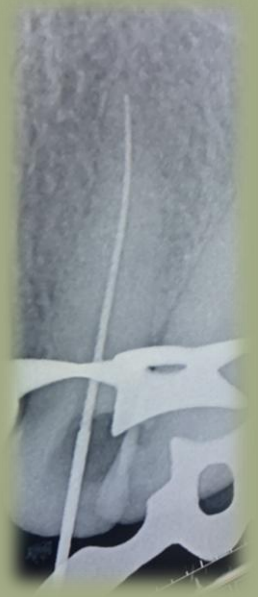


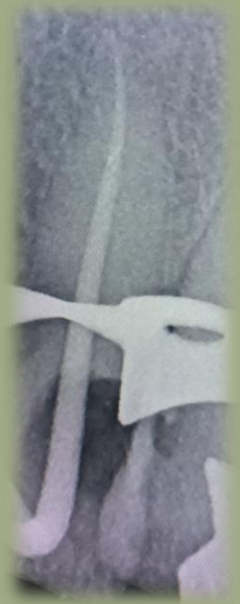


Root Canal treatment for 2



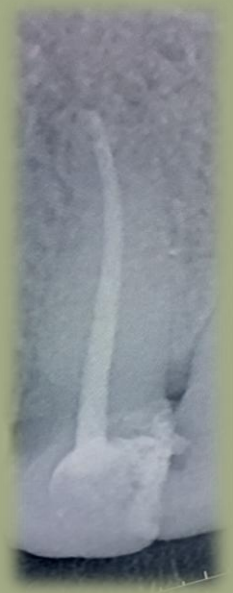


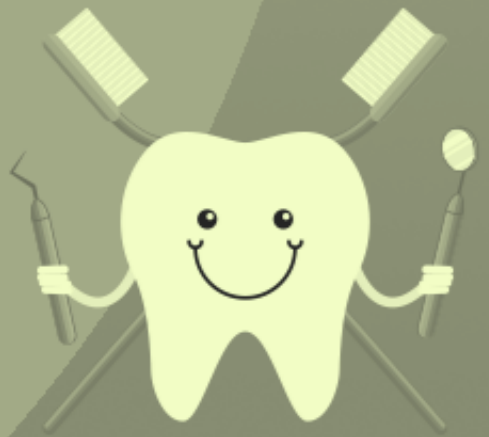




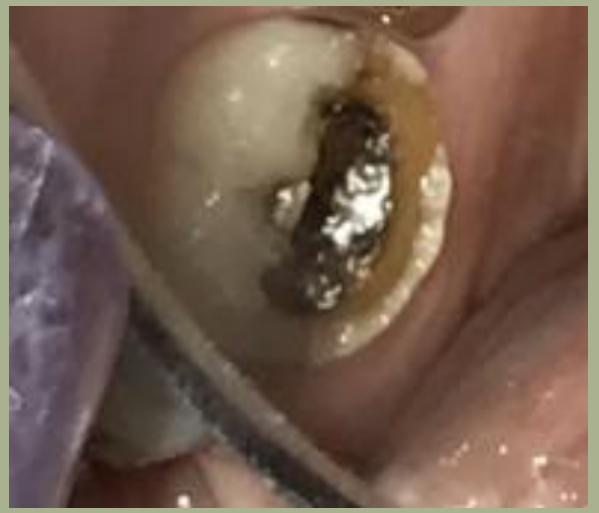
Obturation

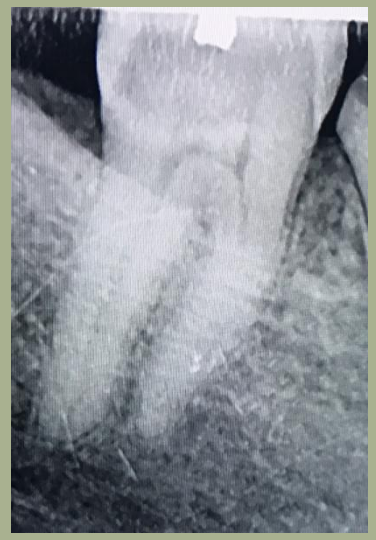
Follow up

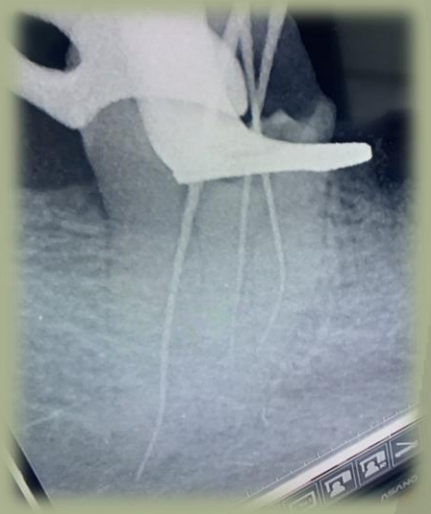


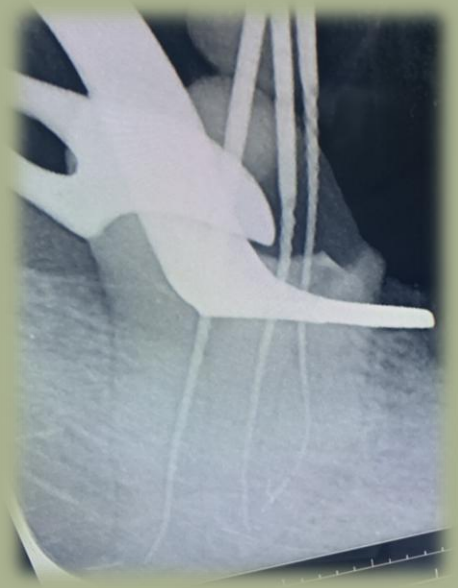


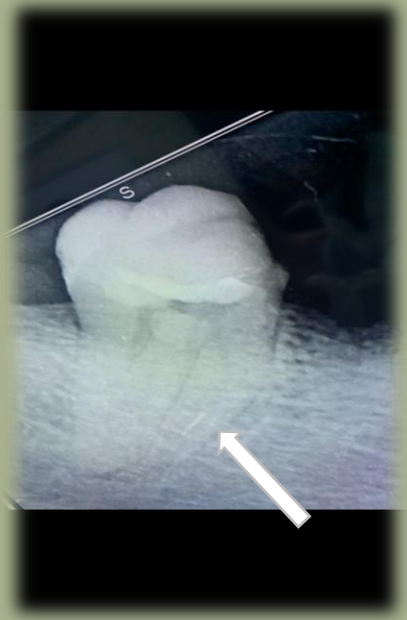
Root canal treatment

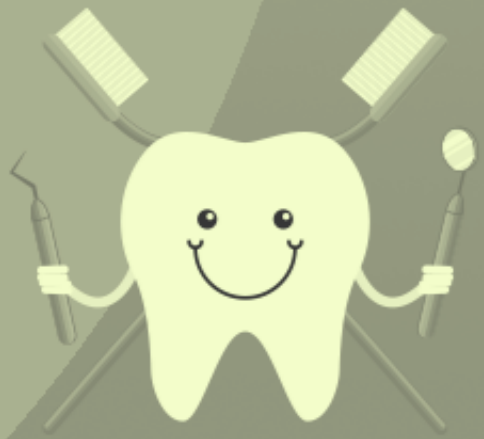




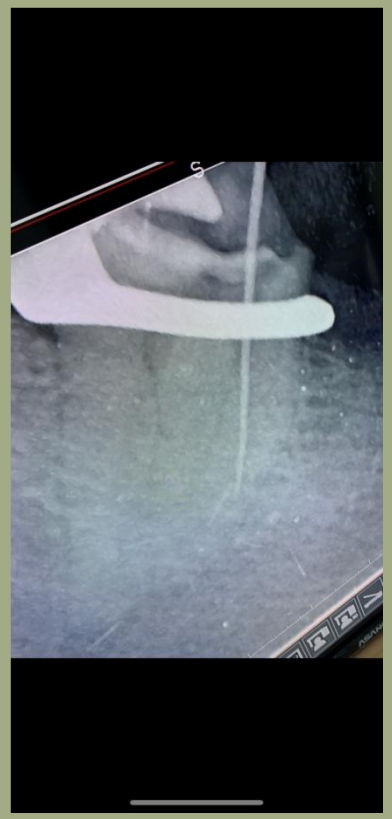


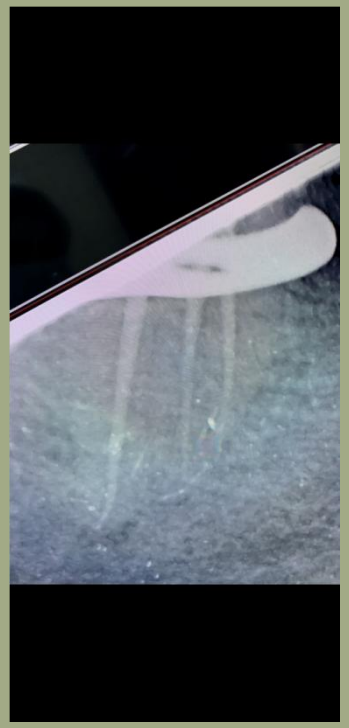






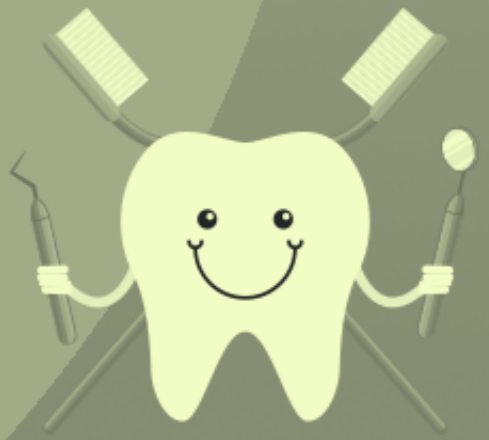
Management of fracture file by bass technique



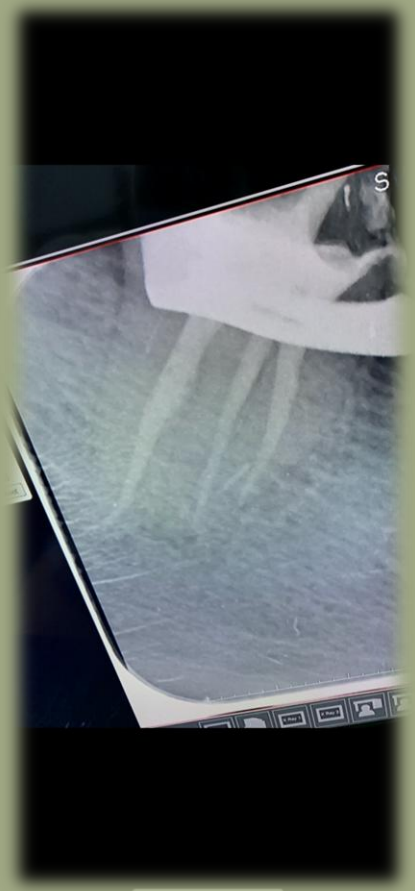


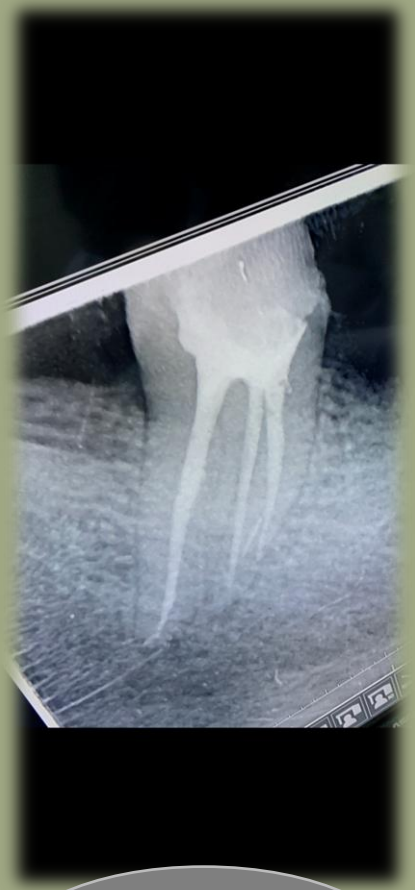
Working length:
D:23
MB:21 ML:20

The majority of separated instruments are NiTi, The fracture instrument can be treated by remove the file or by bass or obtrusion up to file ,If the preoperative canal is not infected, then the presence of the separated instrument should not affect the prognosis.(2)



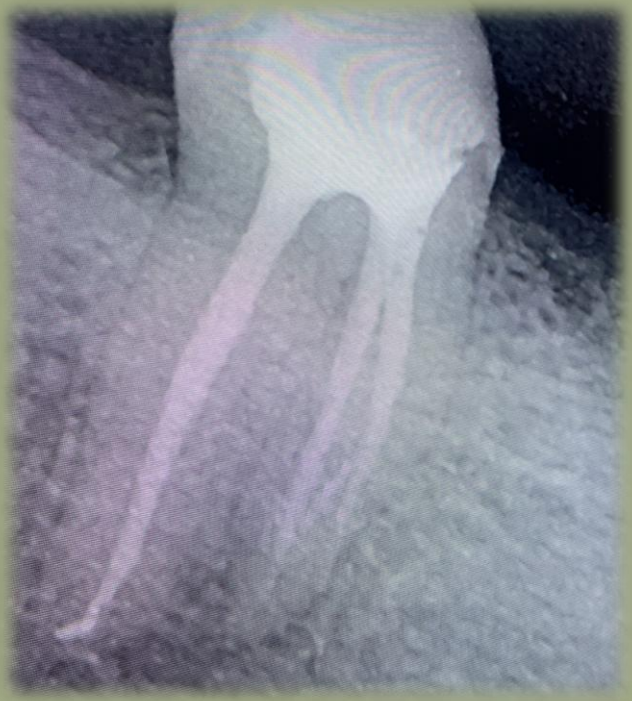
Obtrusion



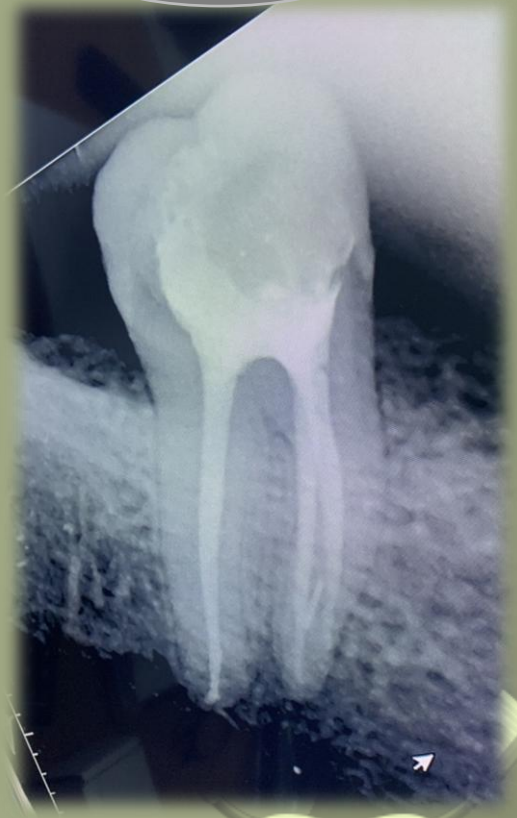


After 1 month

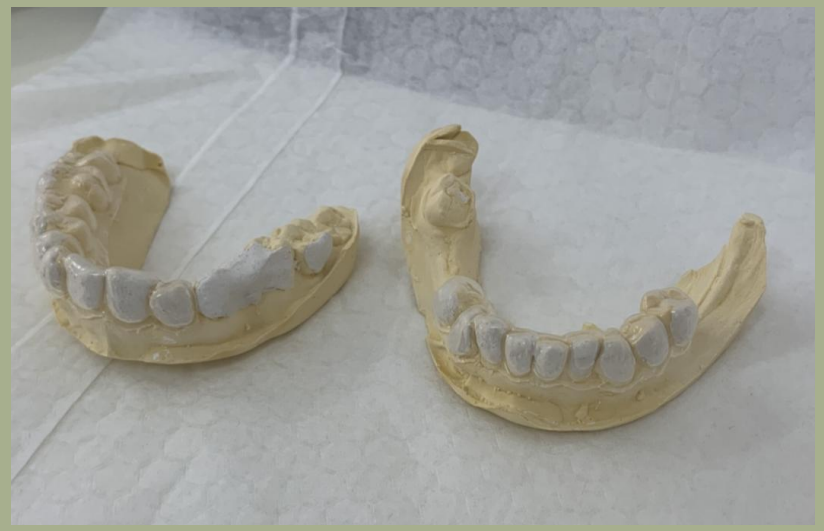
2 months follow up

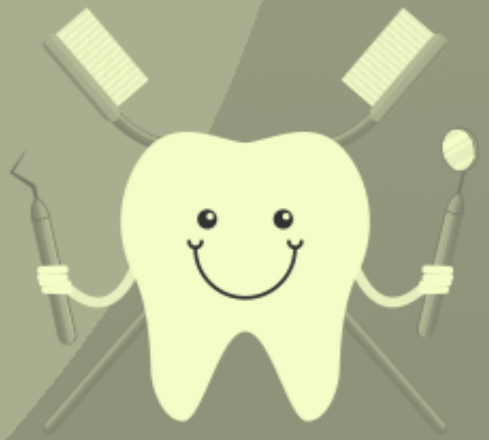


After 3 months

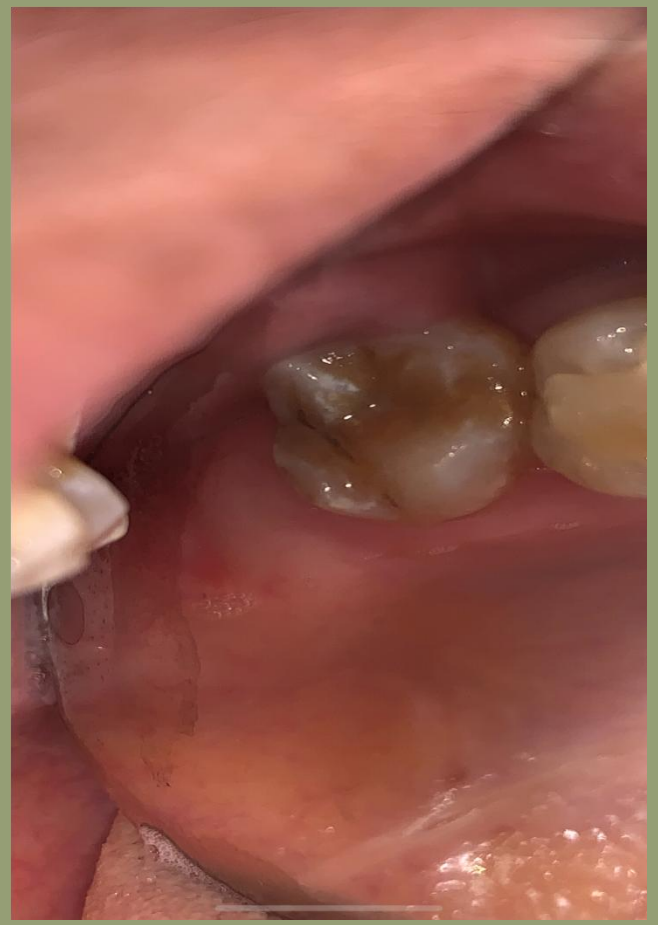


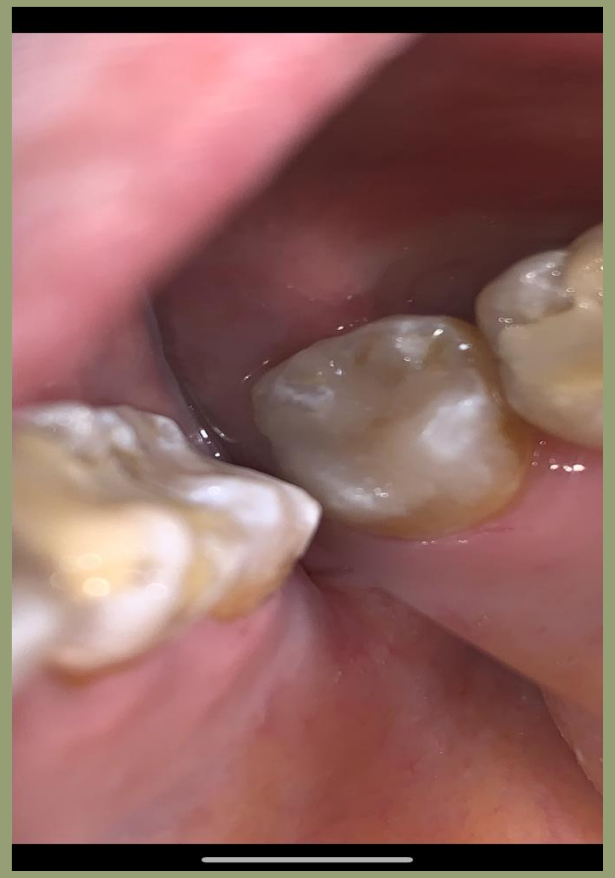
Dentist-Prescribed, Home-Applied Technique
(Vital bleaching technique)

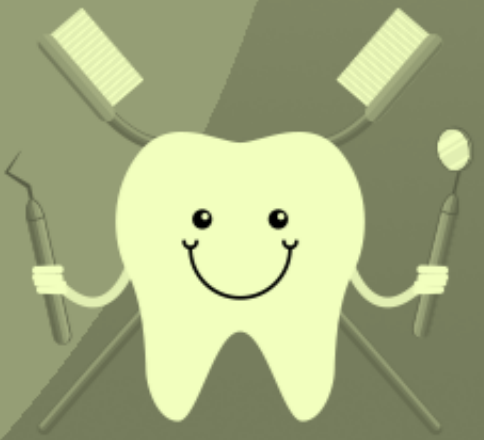




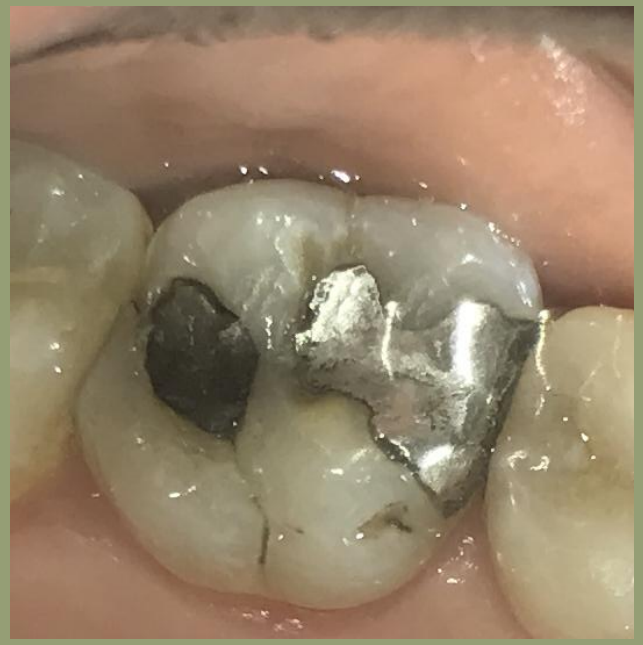
Composite restoration 7

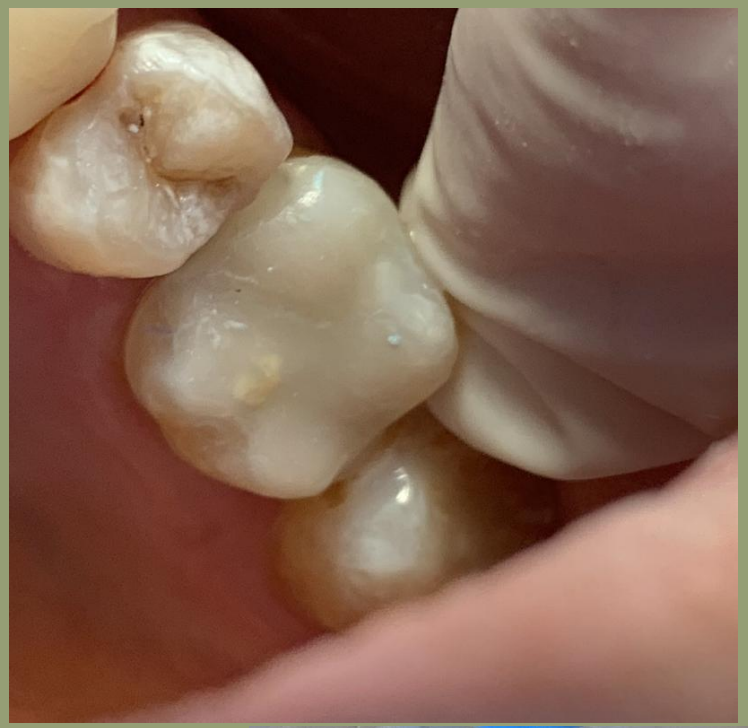


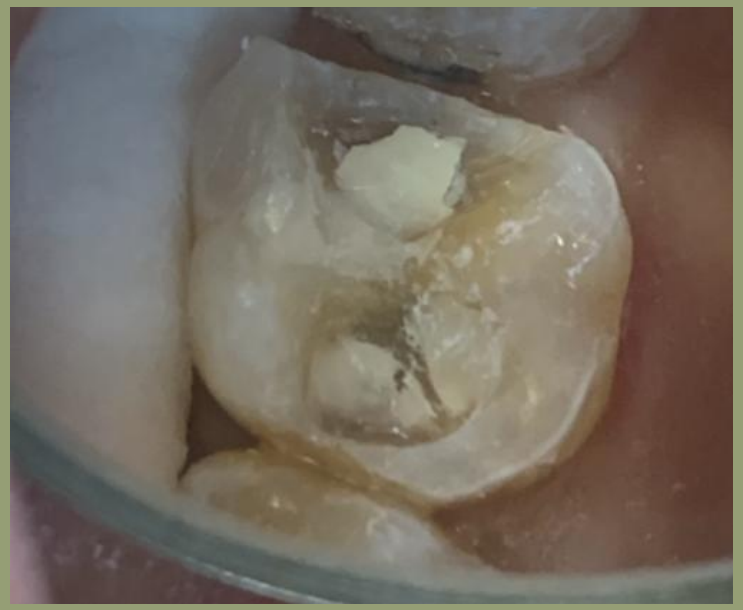


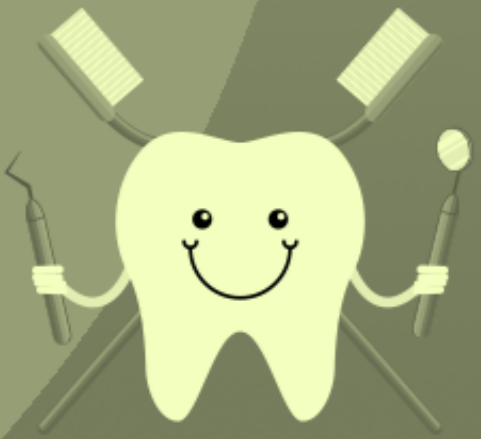


Composite only | 6

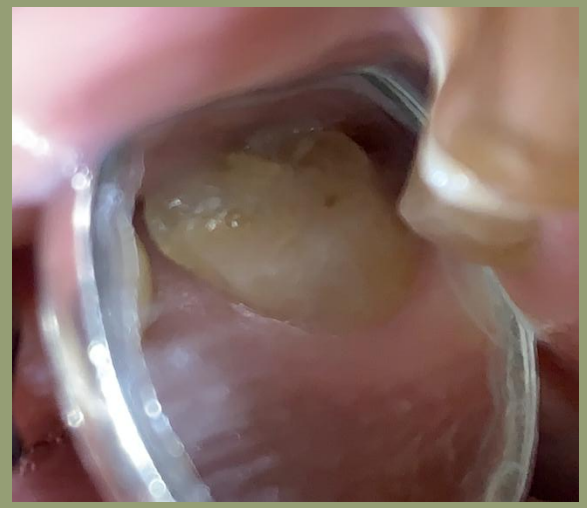


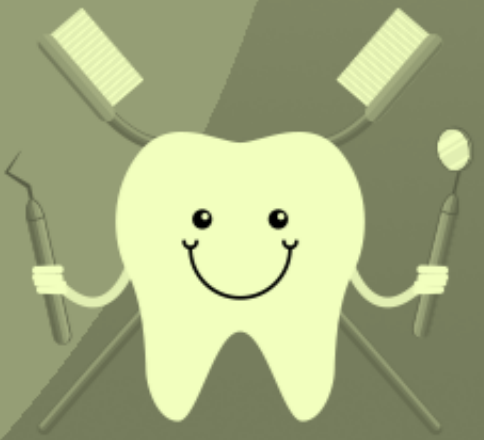




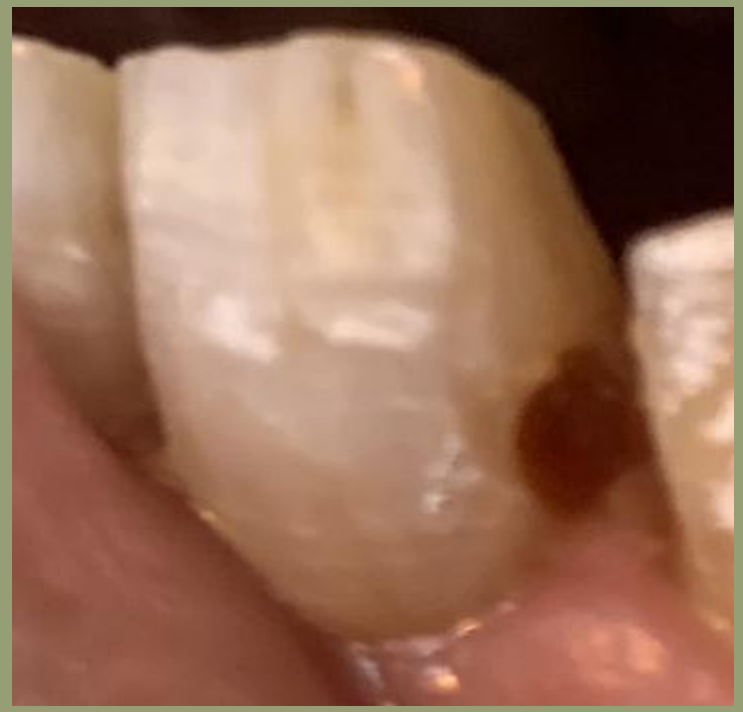


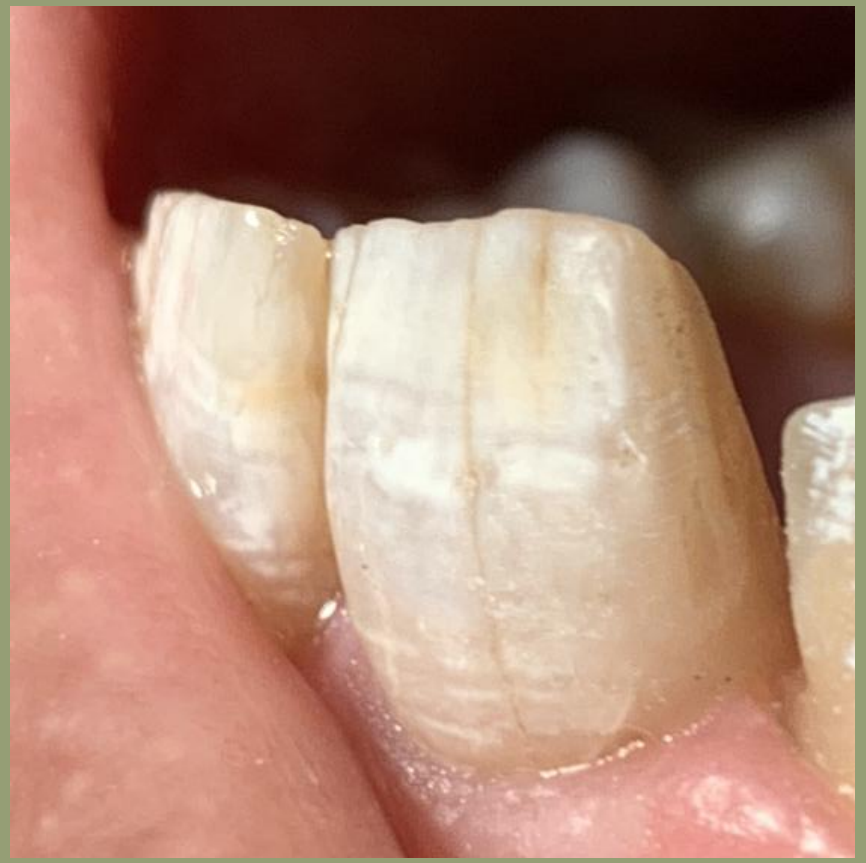
Composite restoration 8

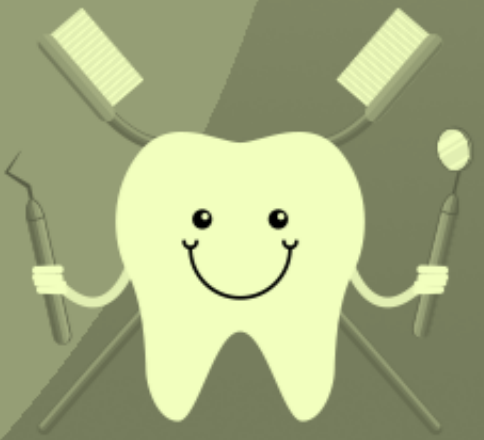




Composite restoration 1



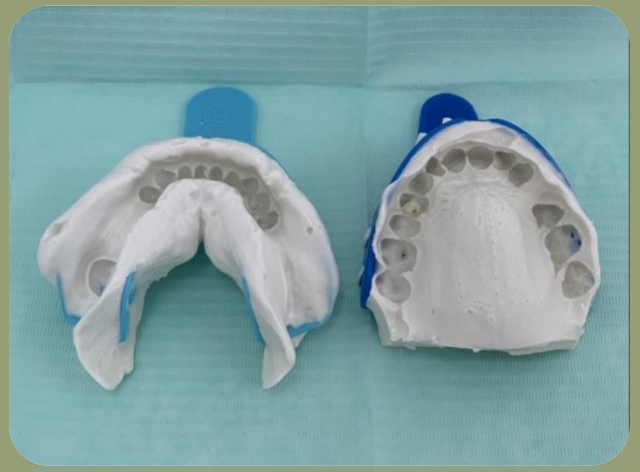




Acrylic RPD

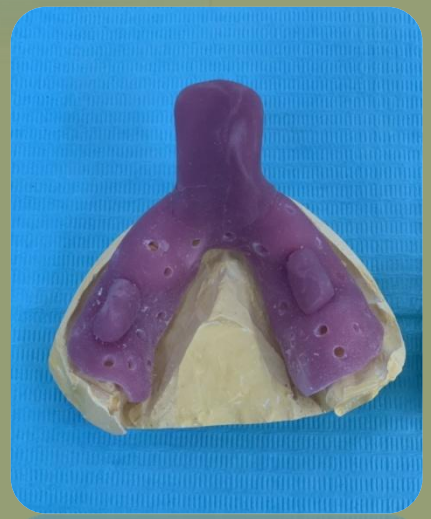
- I was did it before the fixed prosthesis and crowns as a temporary solution to create a posterior stop and decrease stress on anterior teeth.

Primary impression

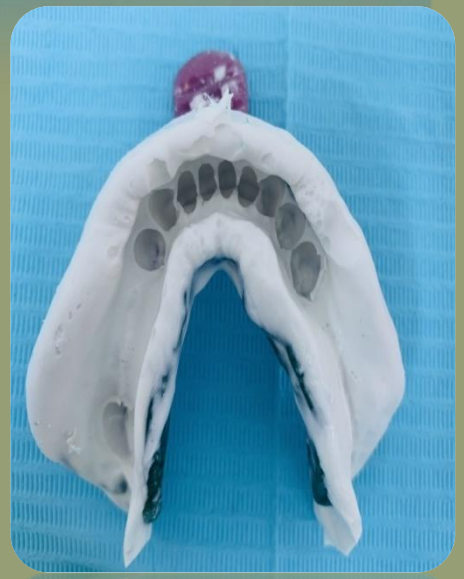


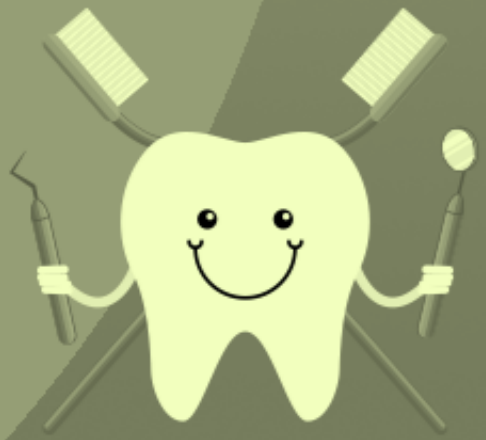
Study cast

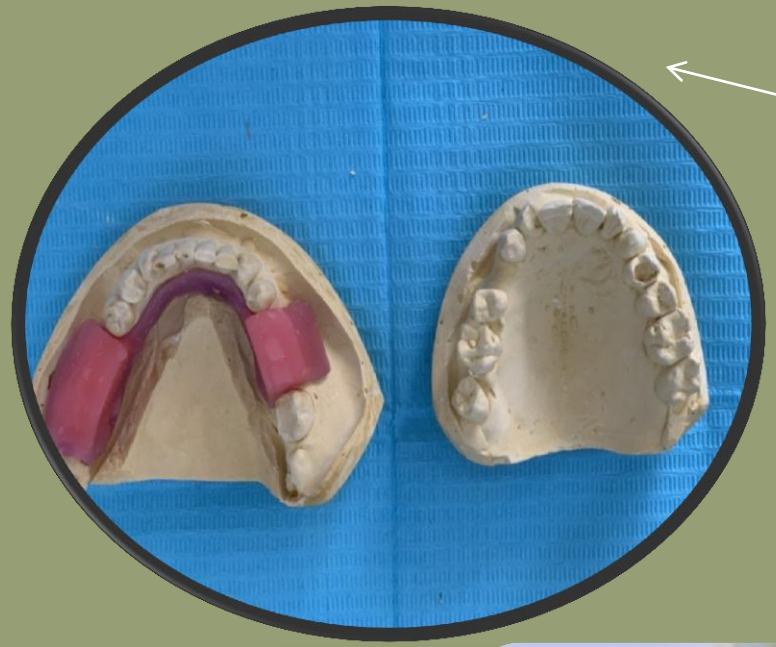
Special tray



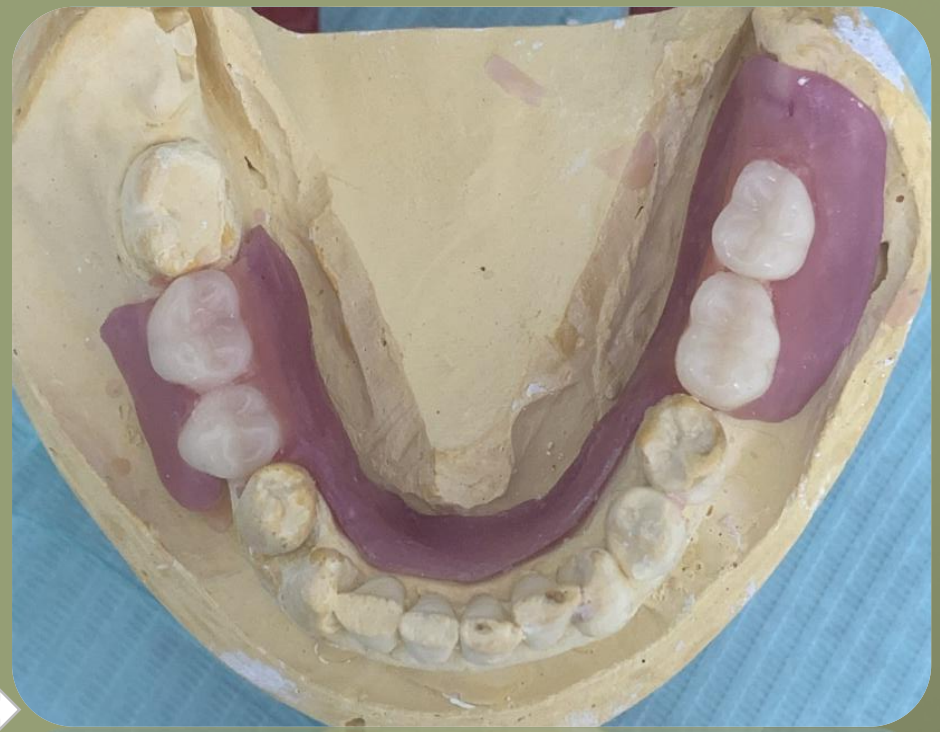
Final impression



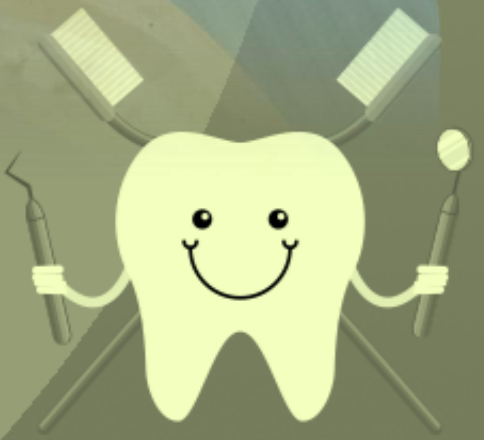




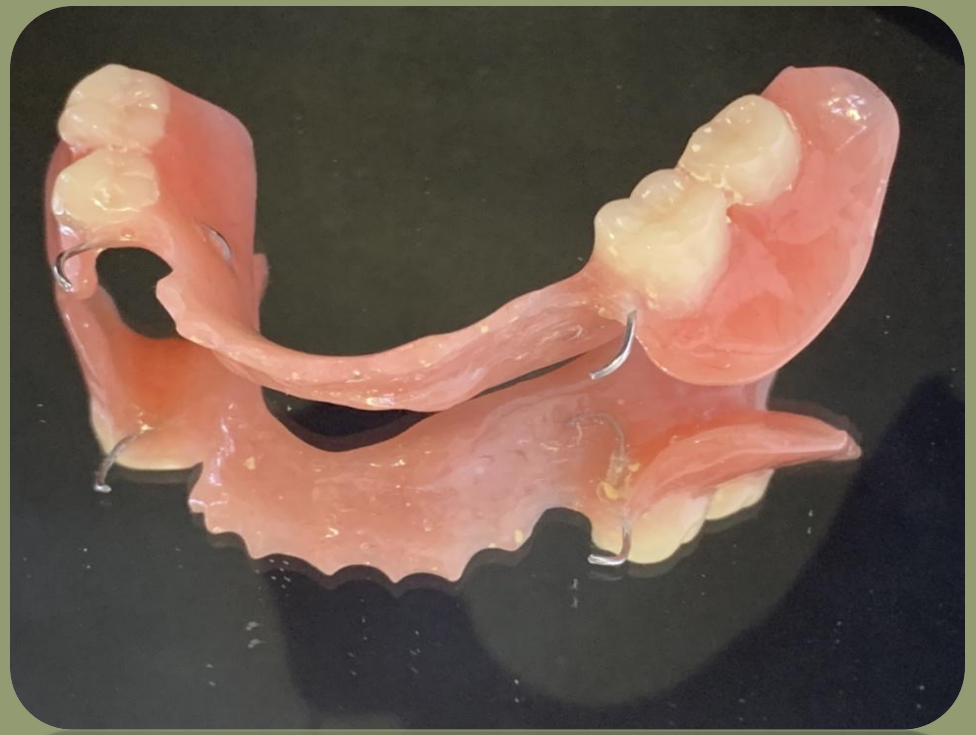
Jaw relation

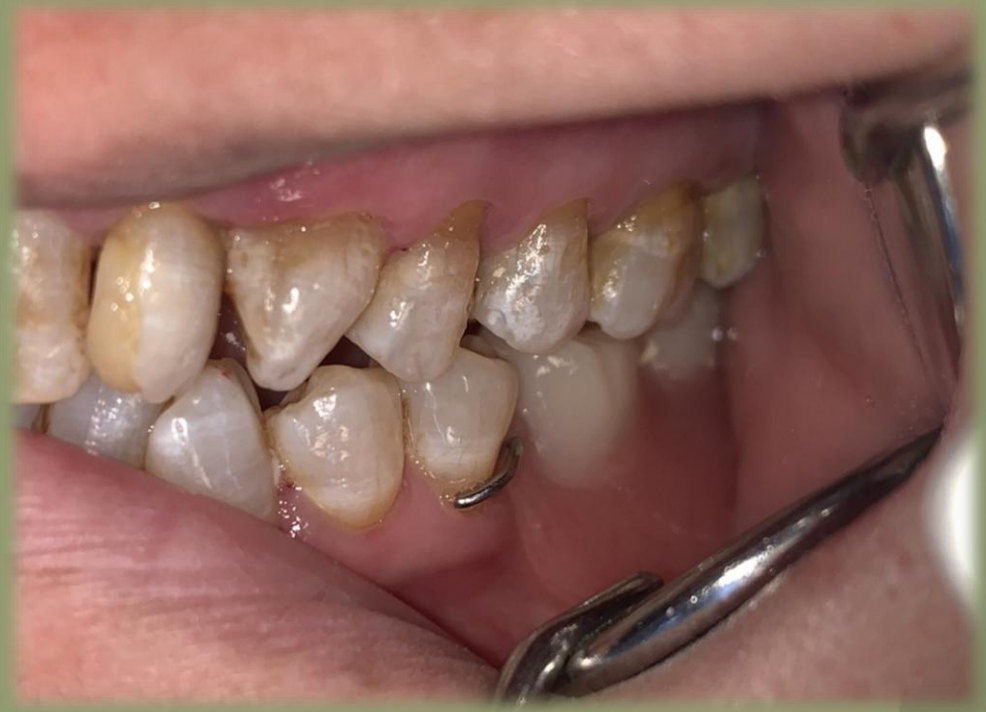


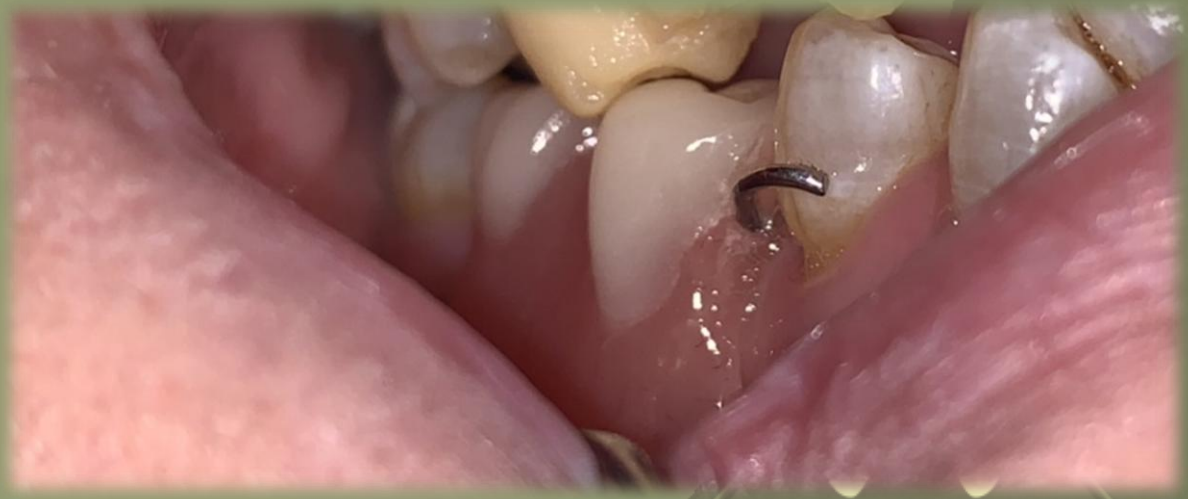
Try in



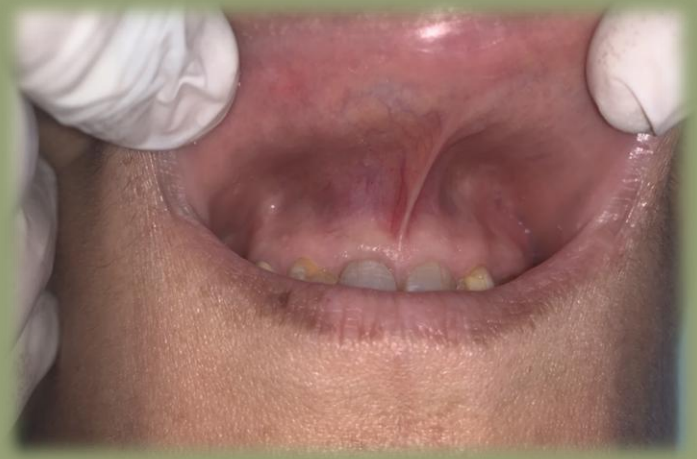
Insertion

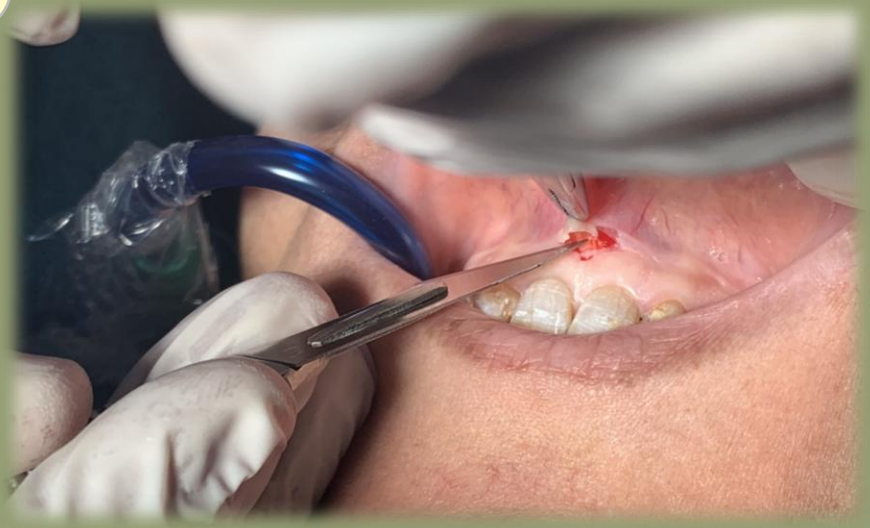


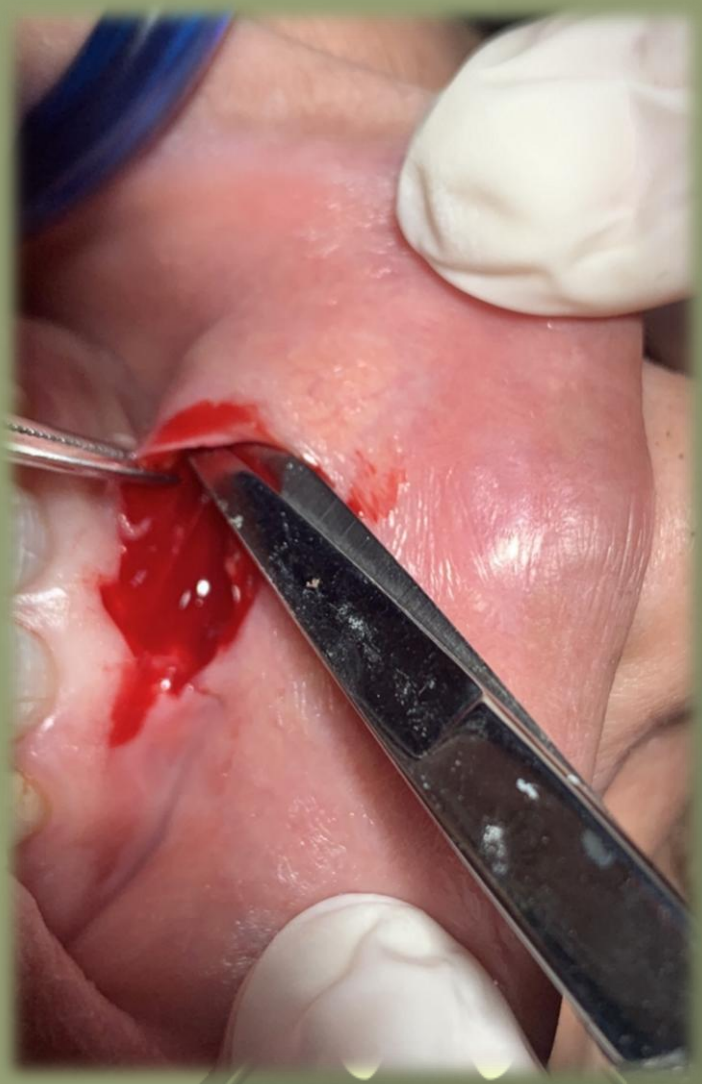


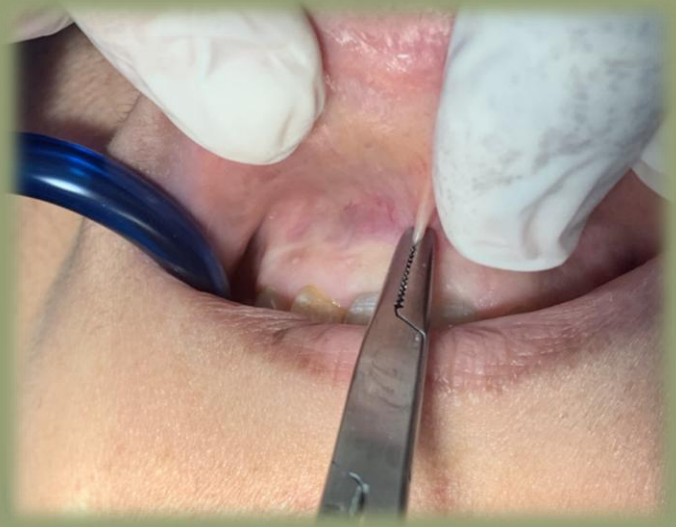


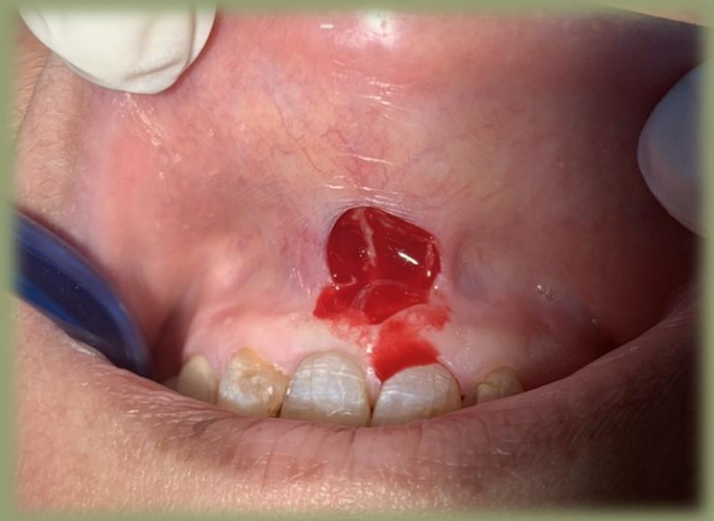
labial frenectomy

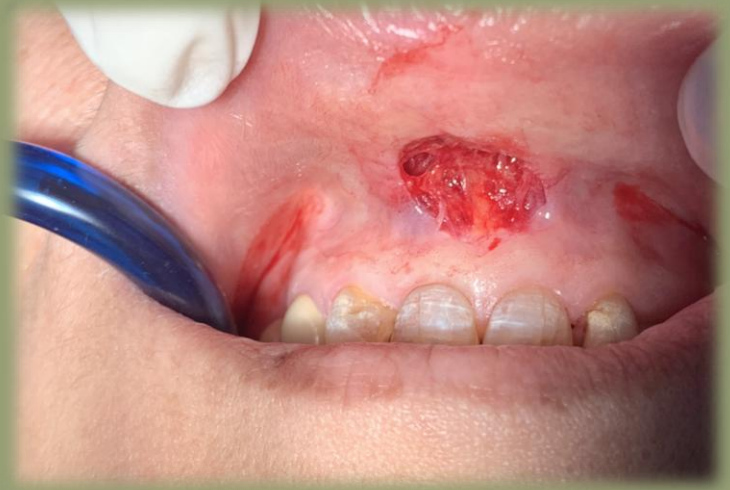


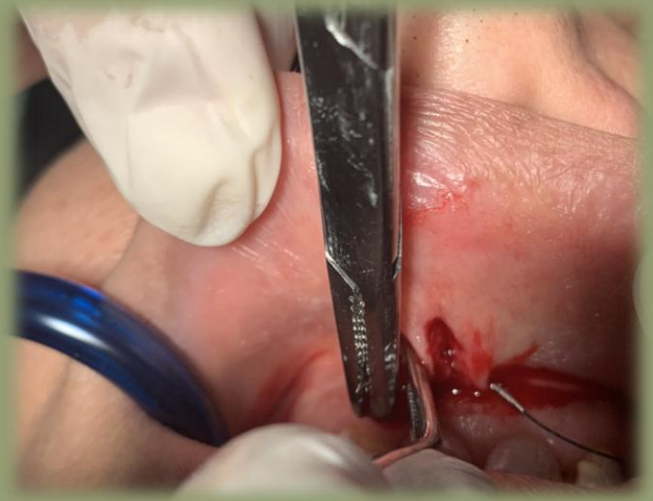


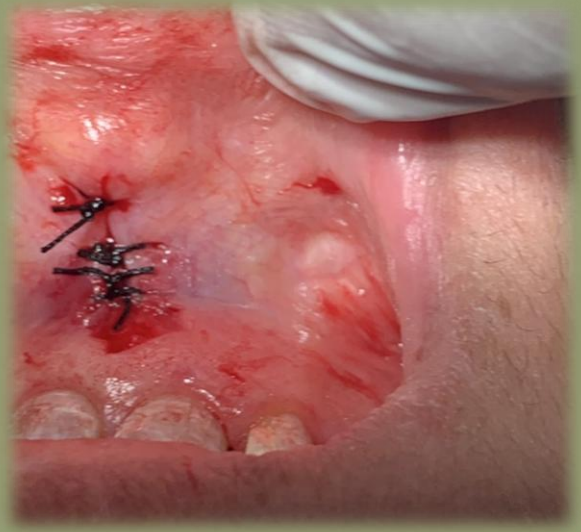




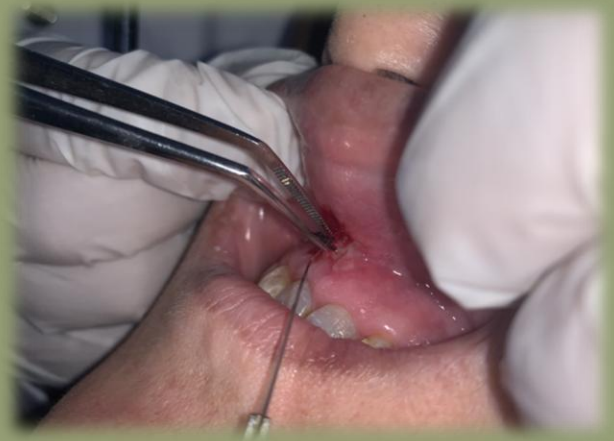


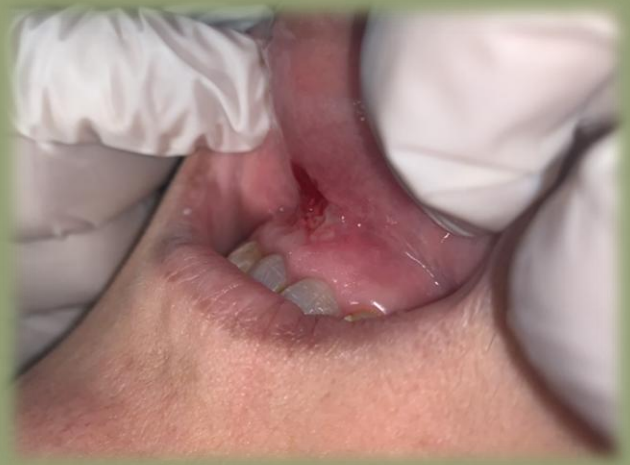




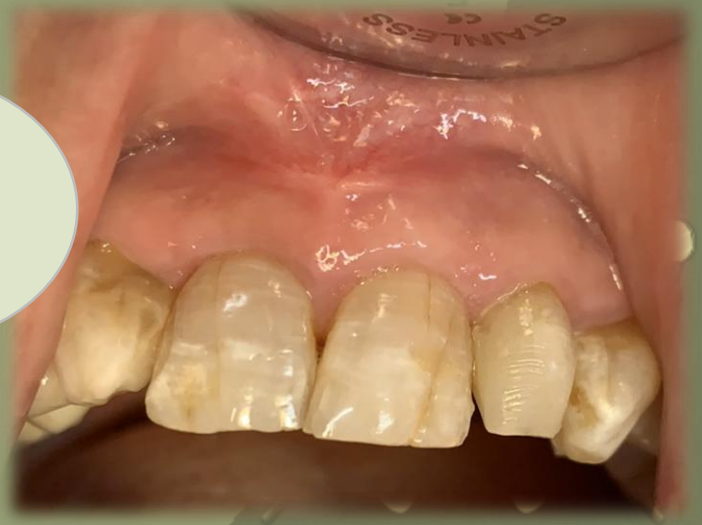


Suture removal

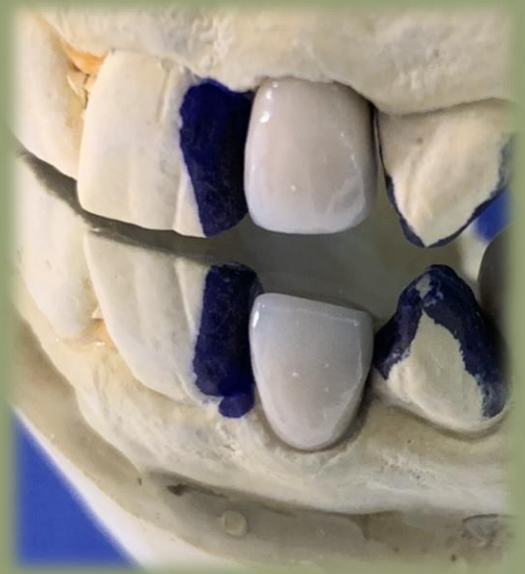


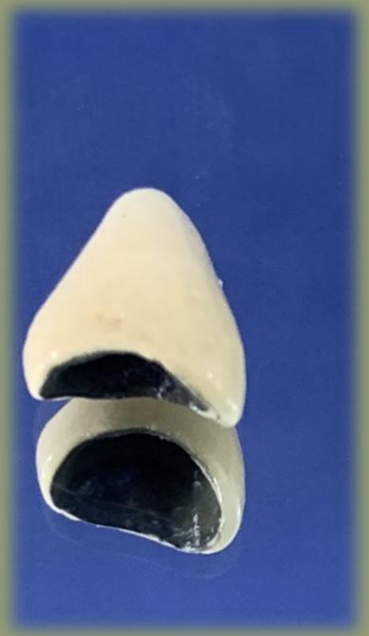


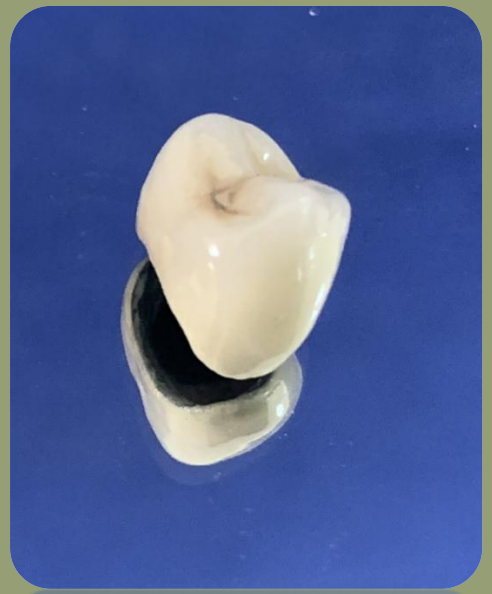
2 months follow up

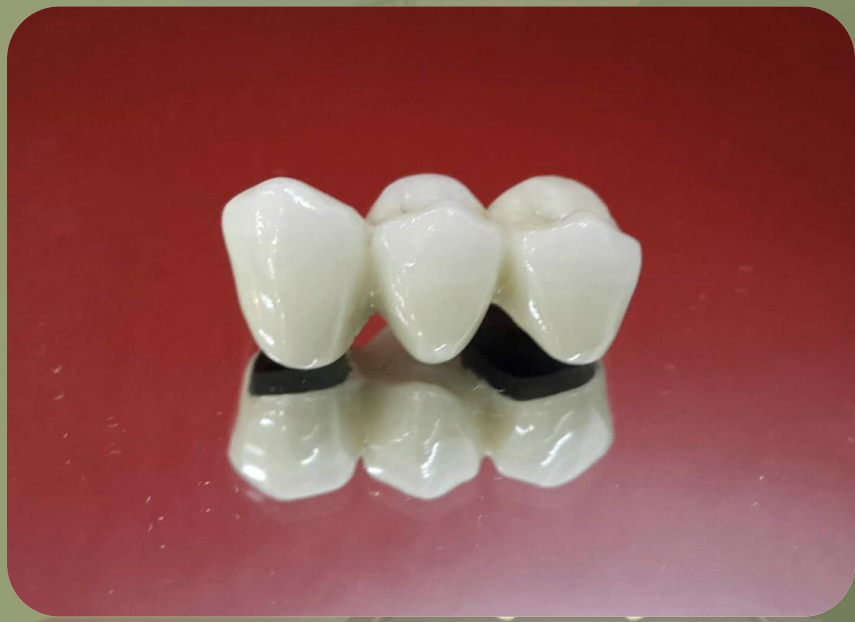


Fixed prosthodontist

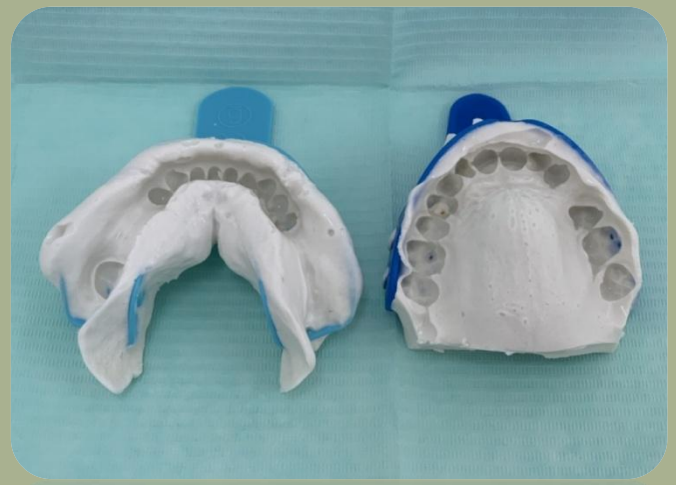




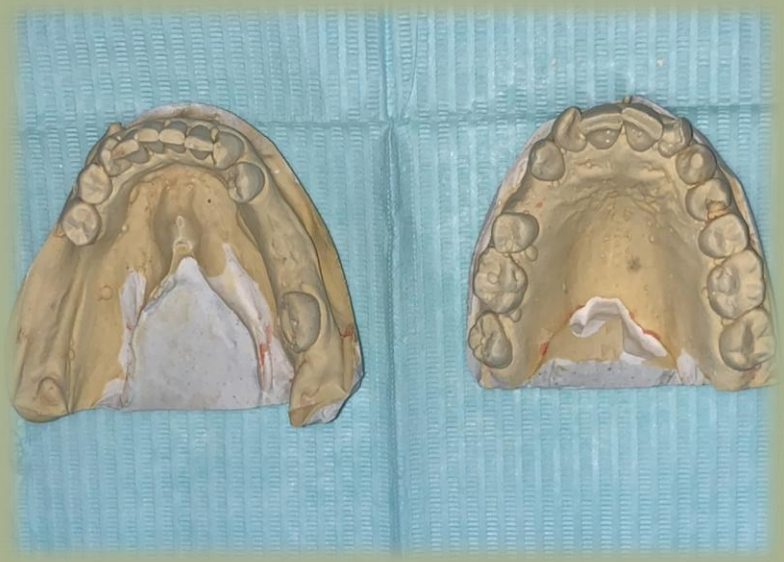




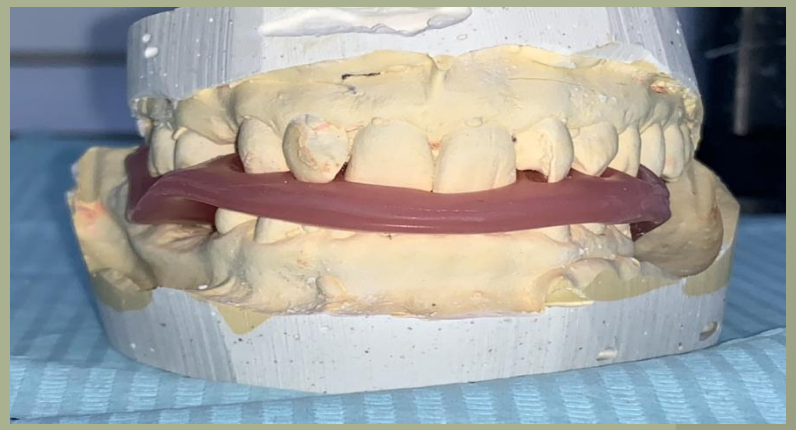
Primary impression

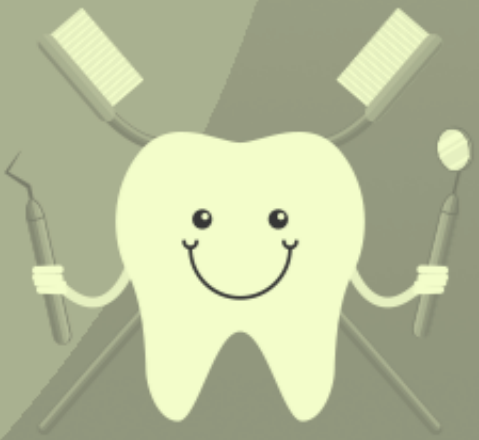


Study cast

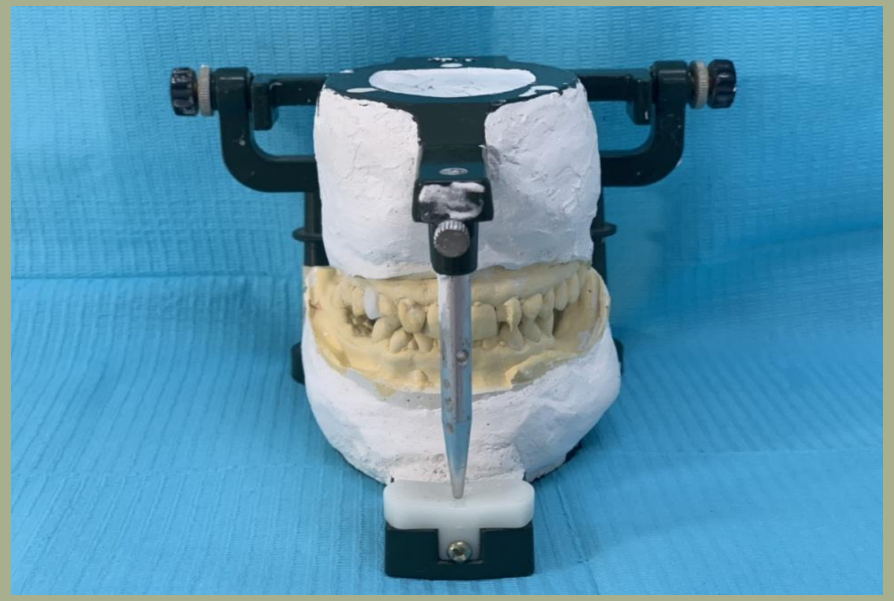


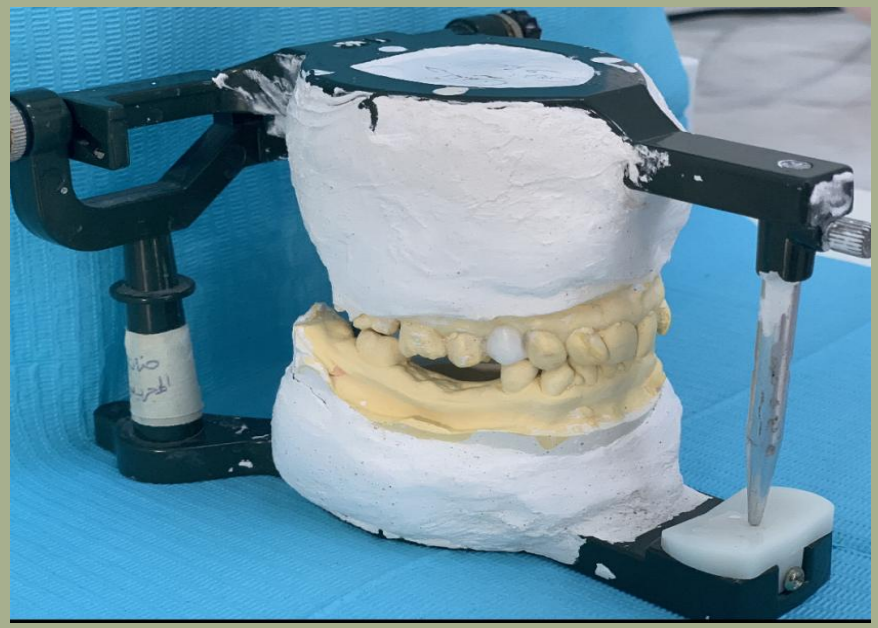
Bite registration

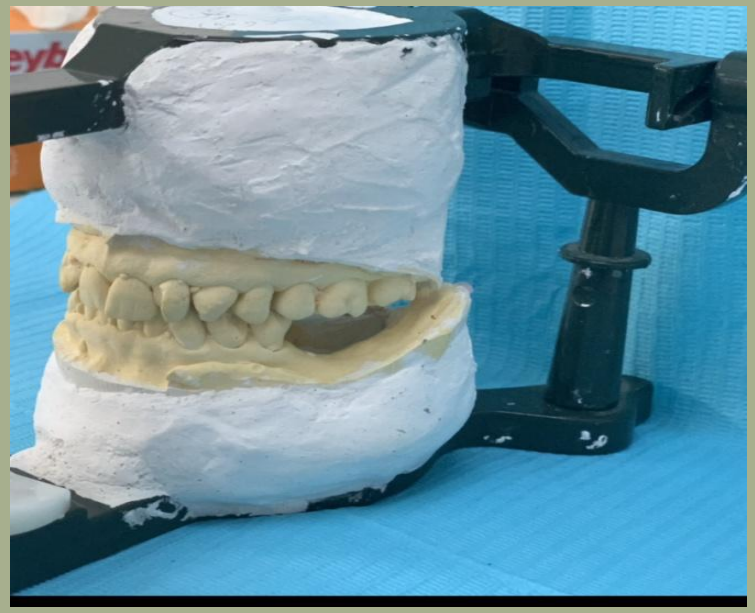


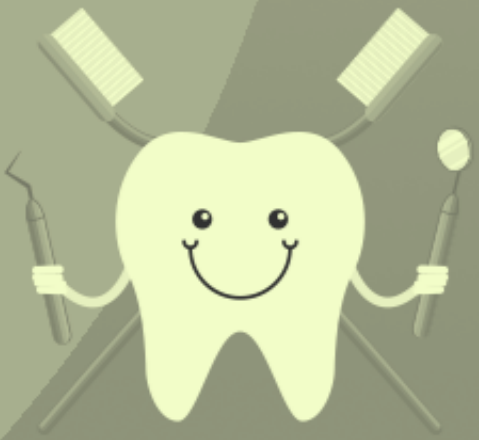


Wax up

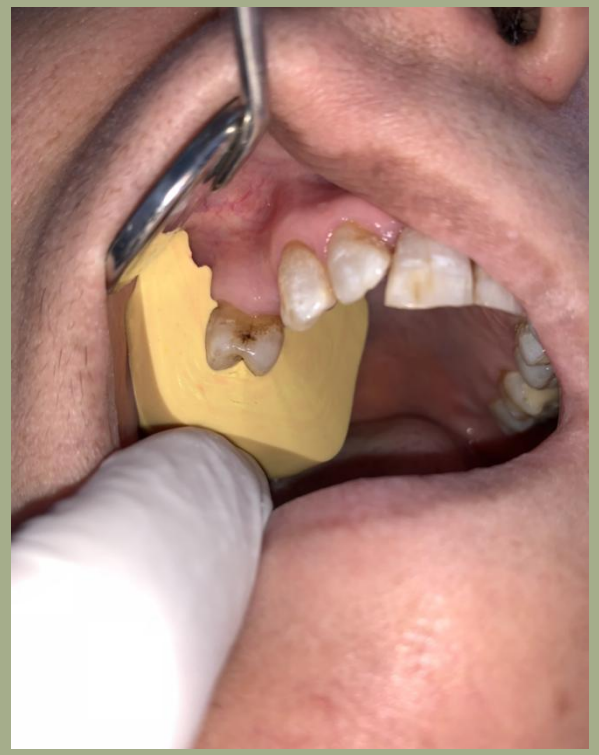


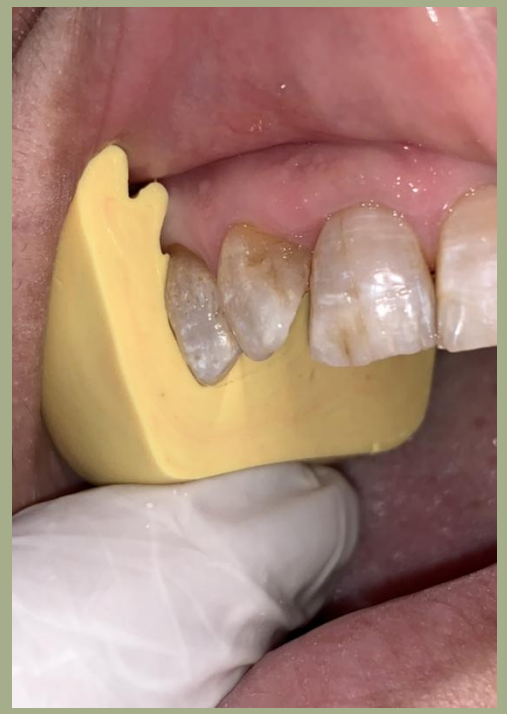




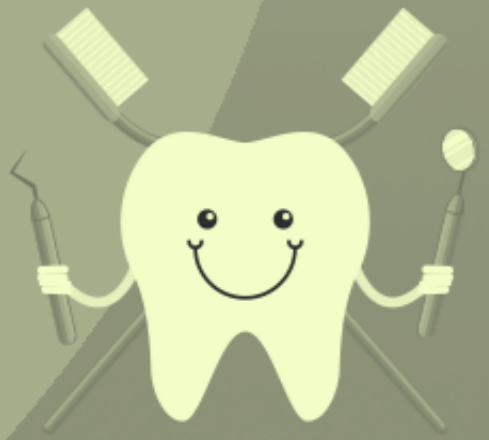


Putty index

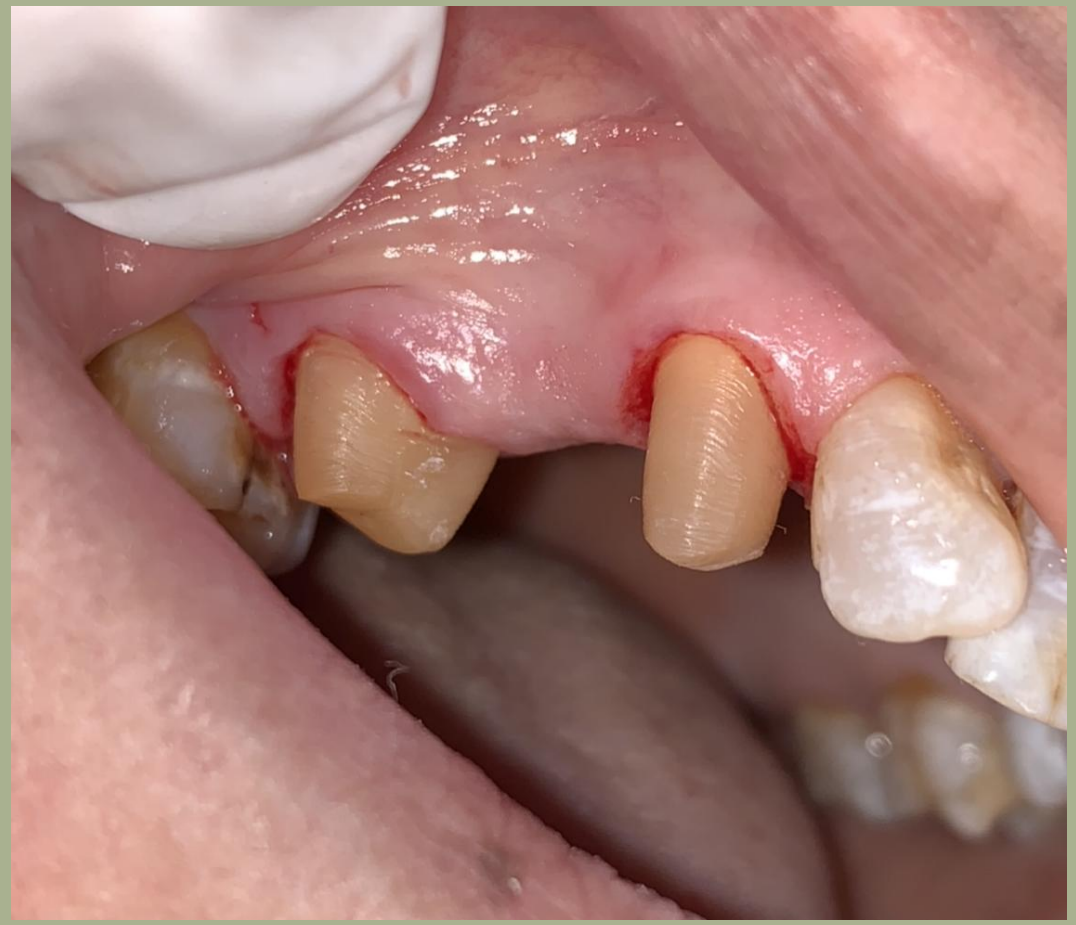




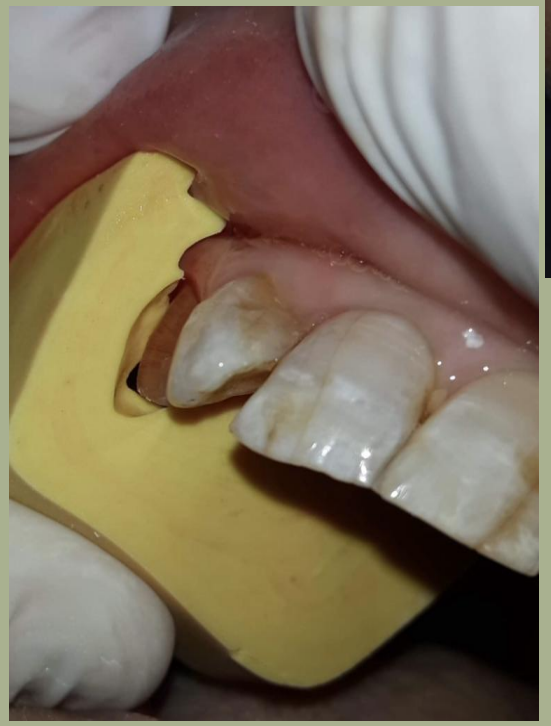
Before the preparation

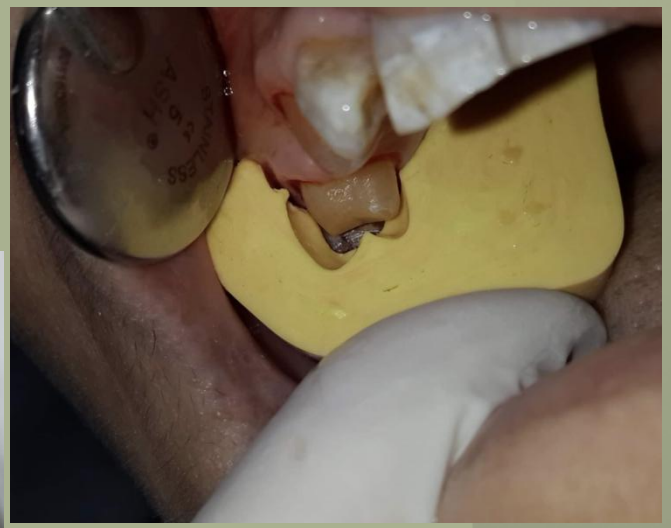


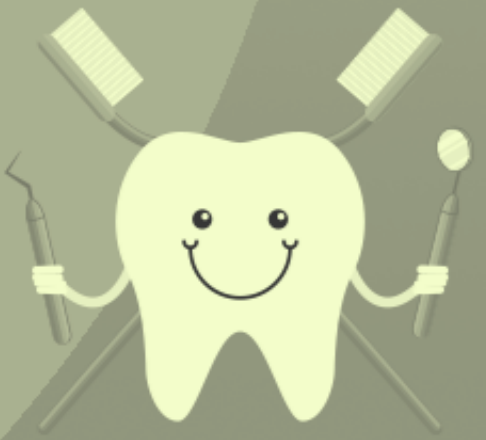
Teeth preparation



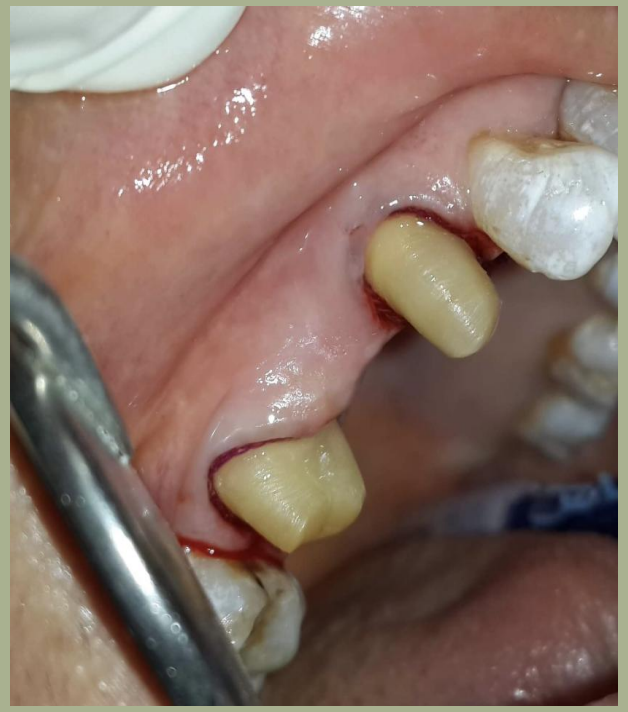
Check the amount of reduction



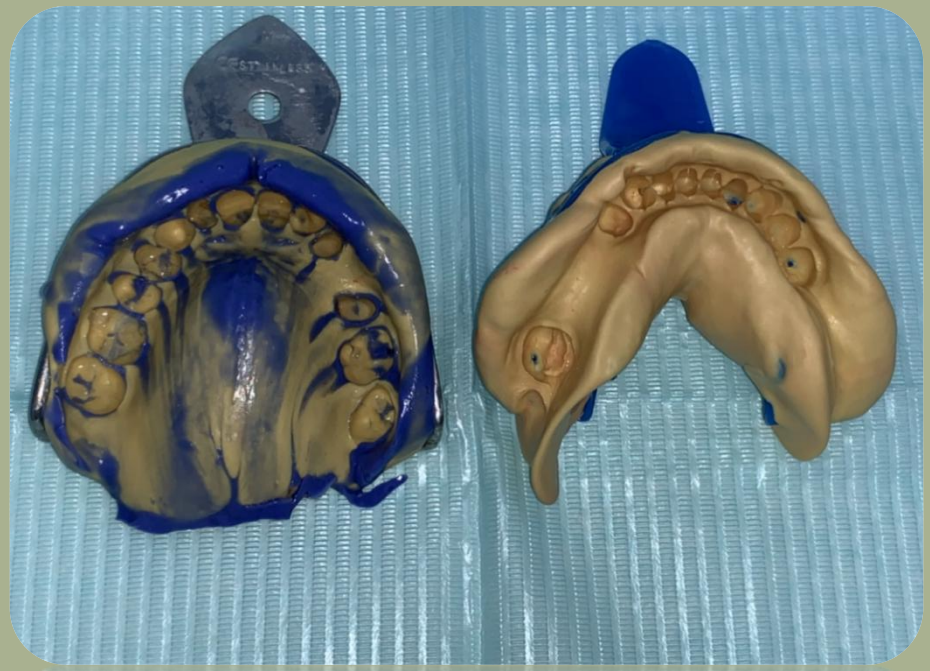




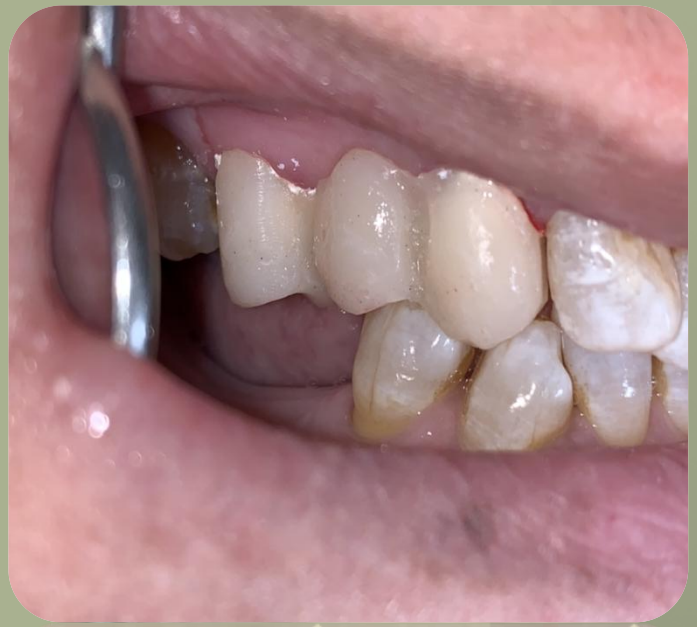
Retraction cord placement



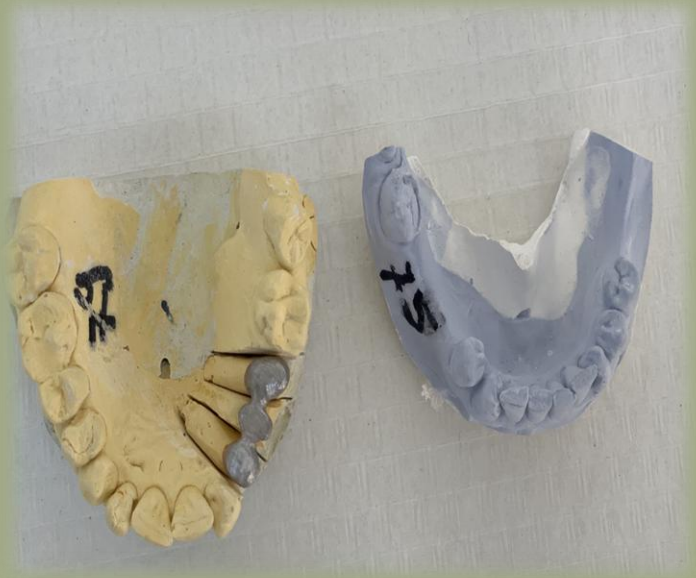
Final impression

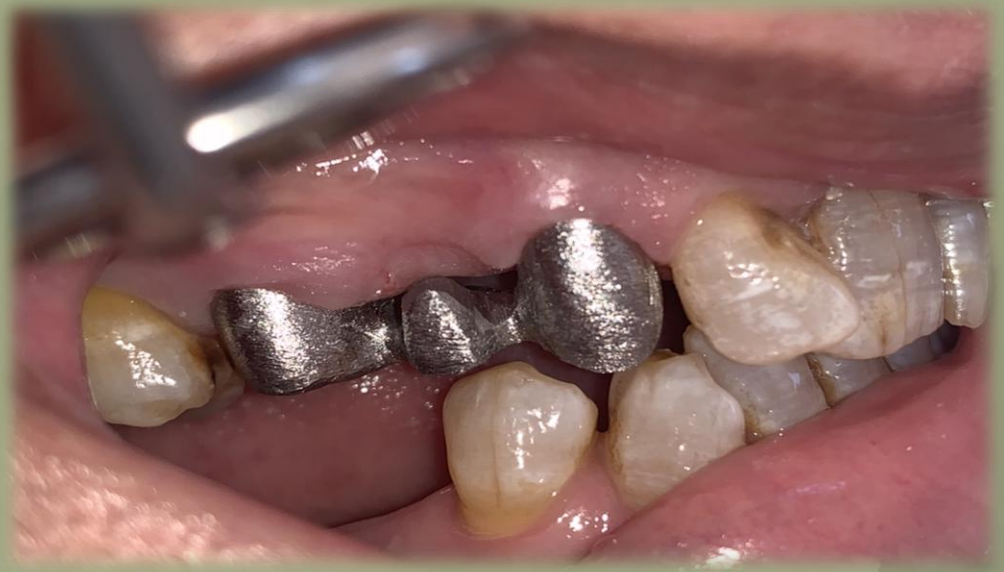


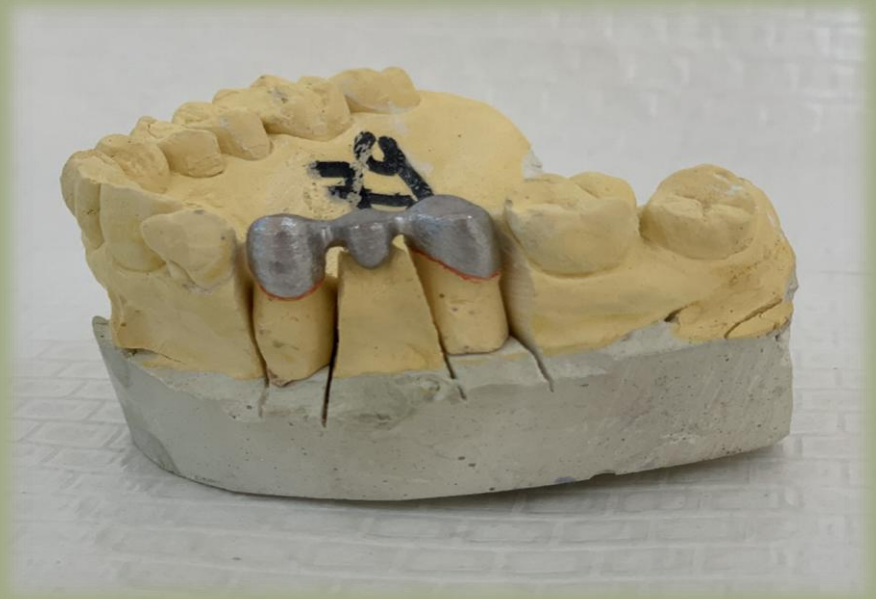
Temporary bridge

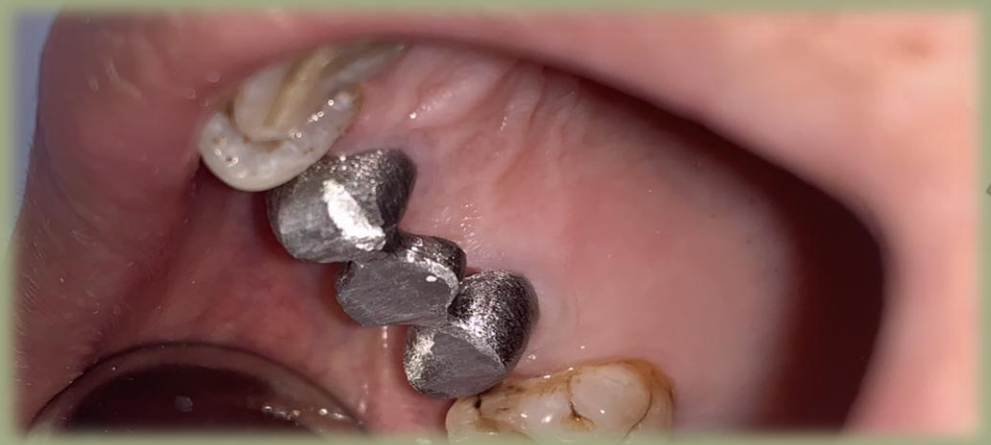


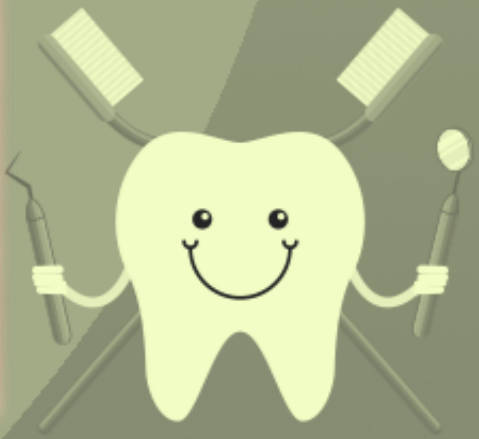
Try in



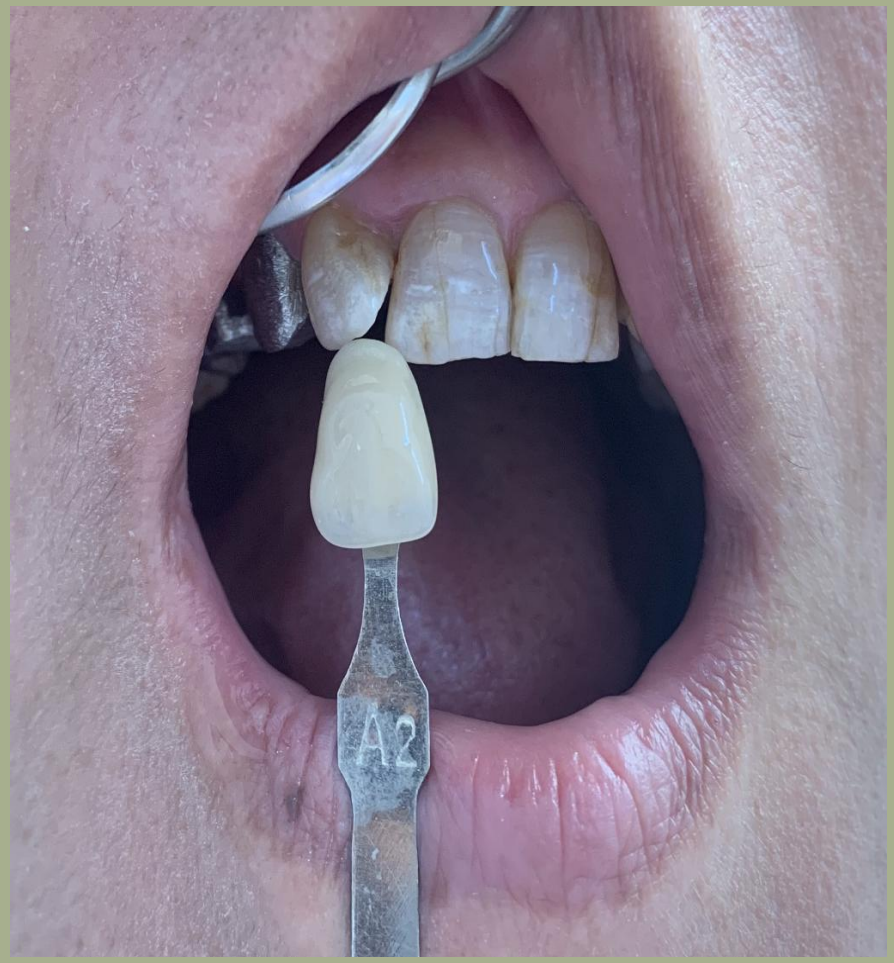


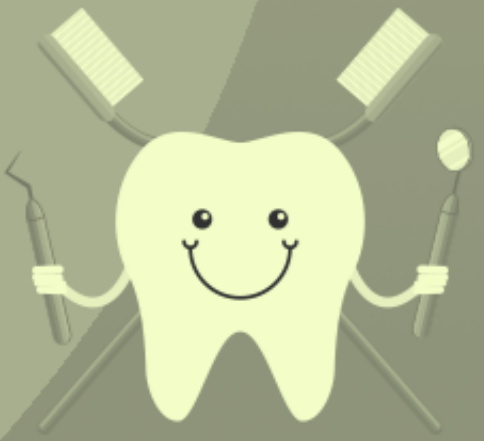




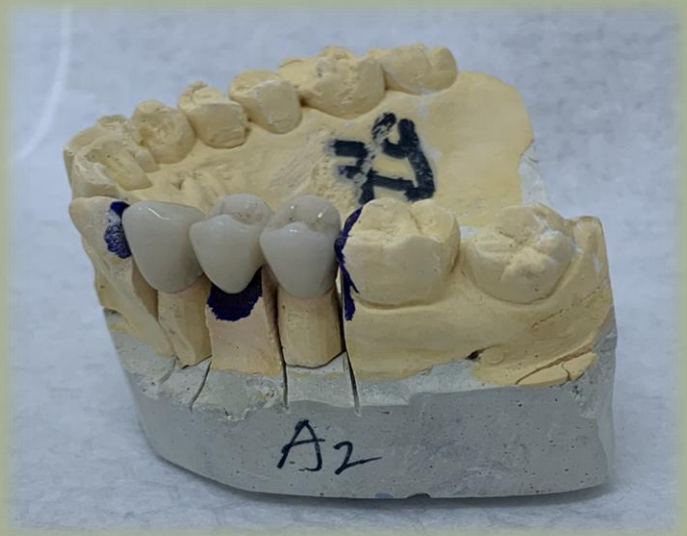


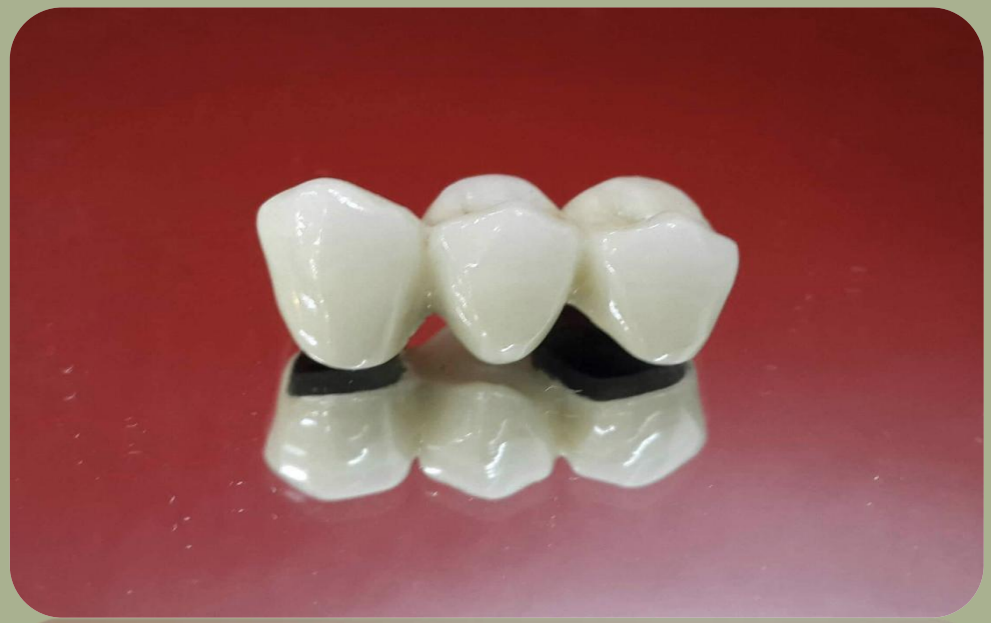
Shade selection

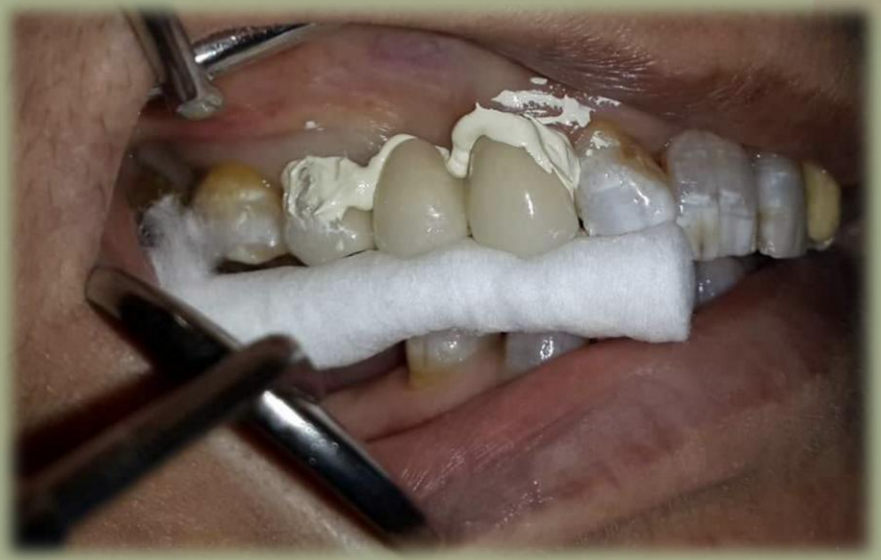


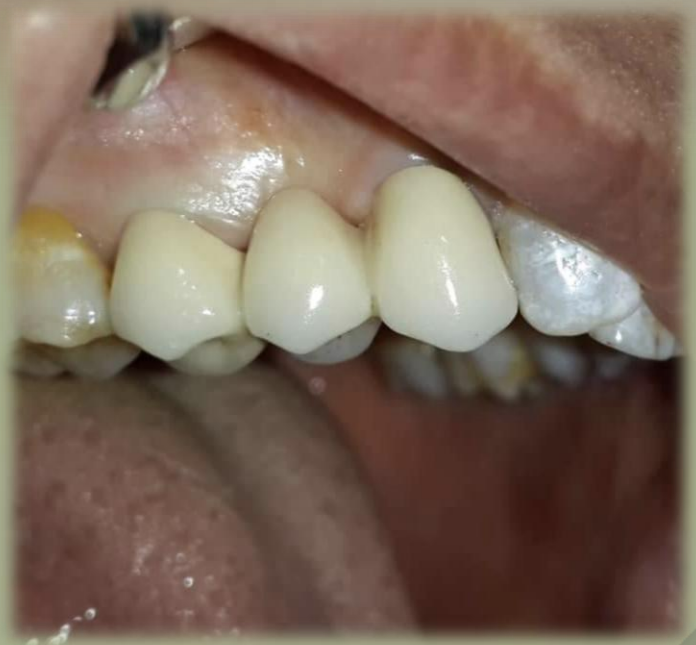


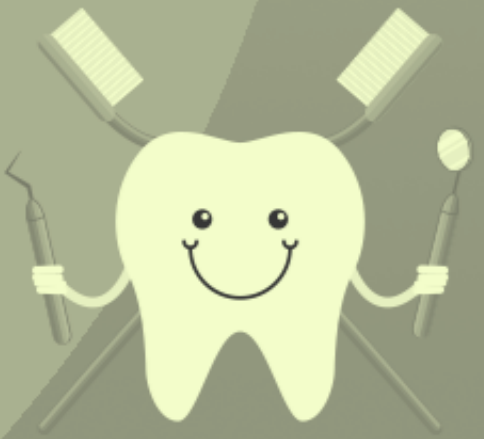
Insertion





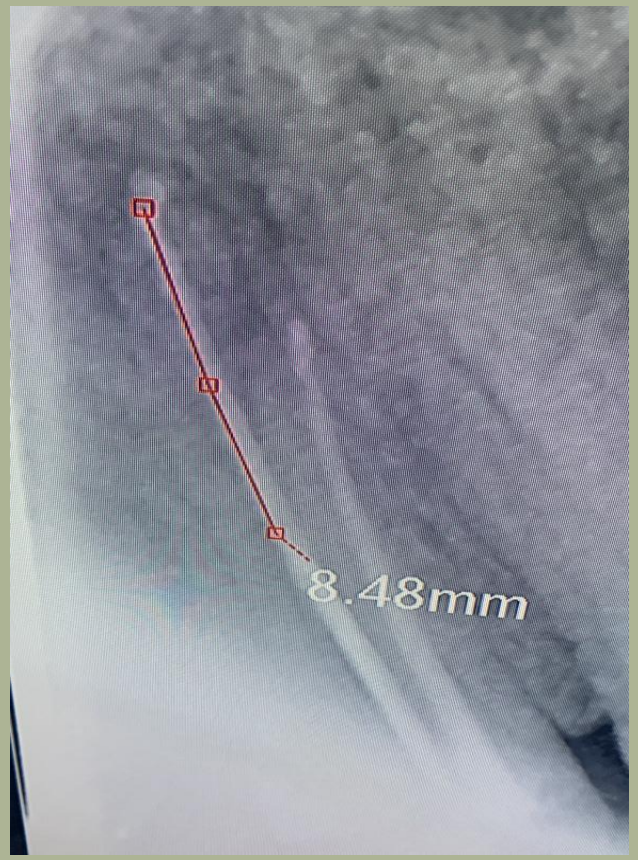






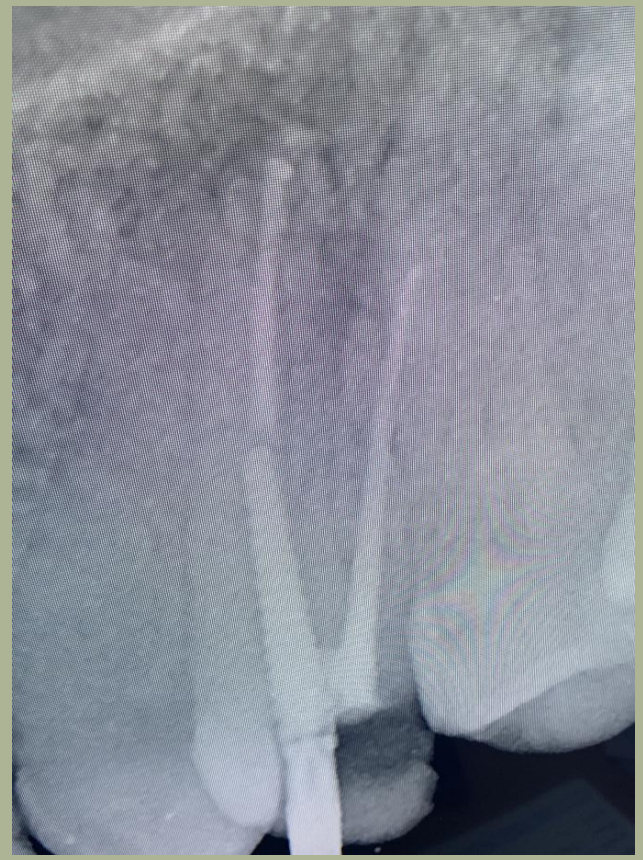
Upper right 4

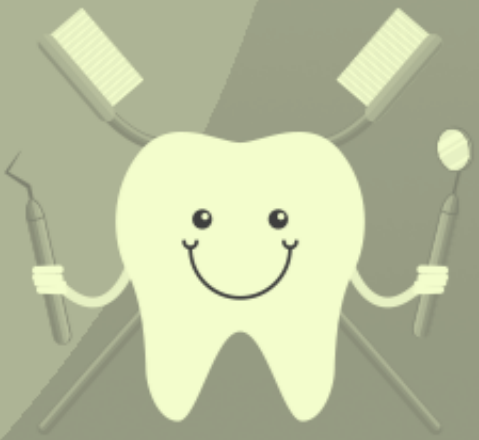
Initial drilling 12 mm



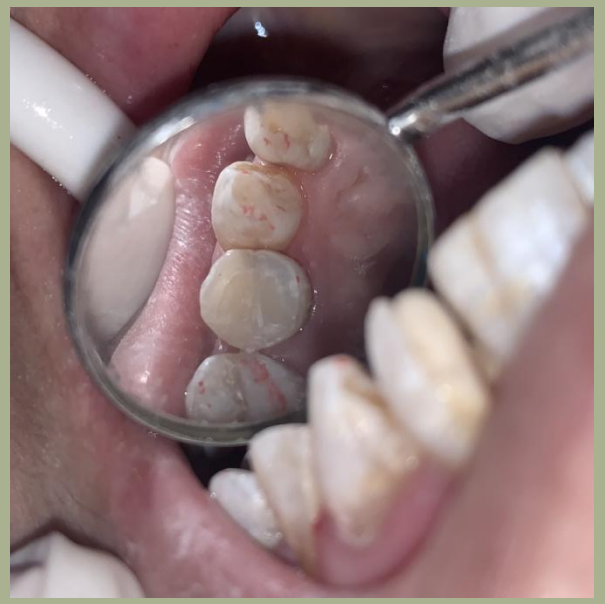
Post length 16

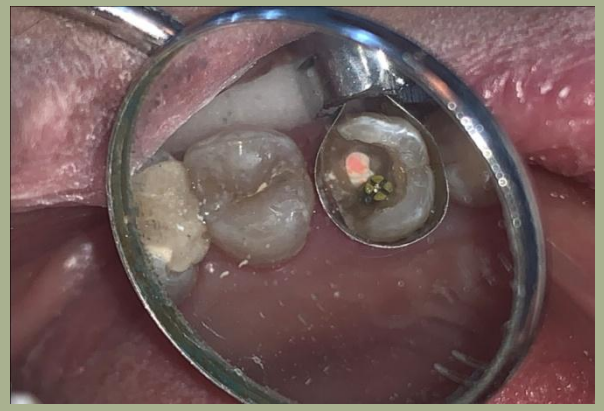
post placement



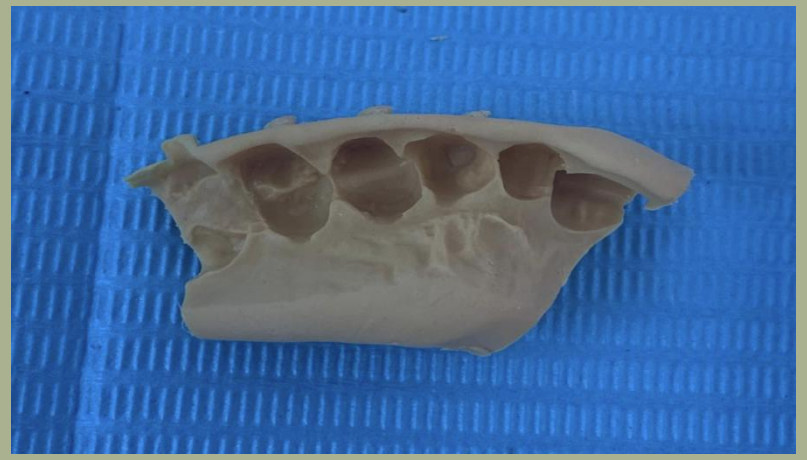


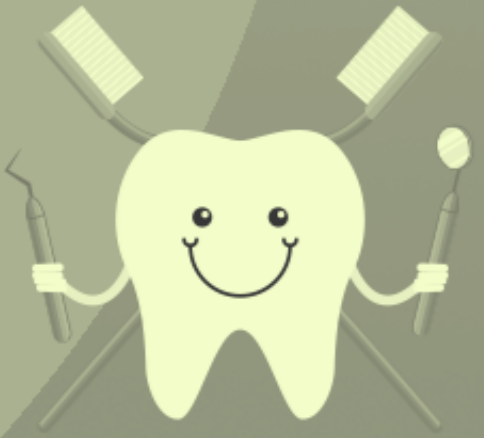
Composite core build up



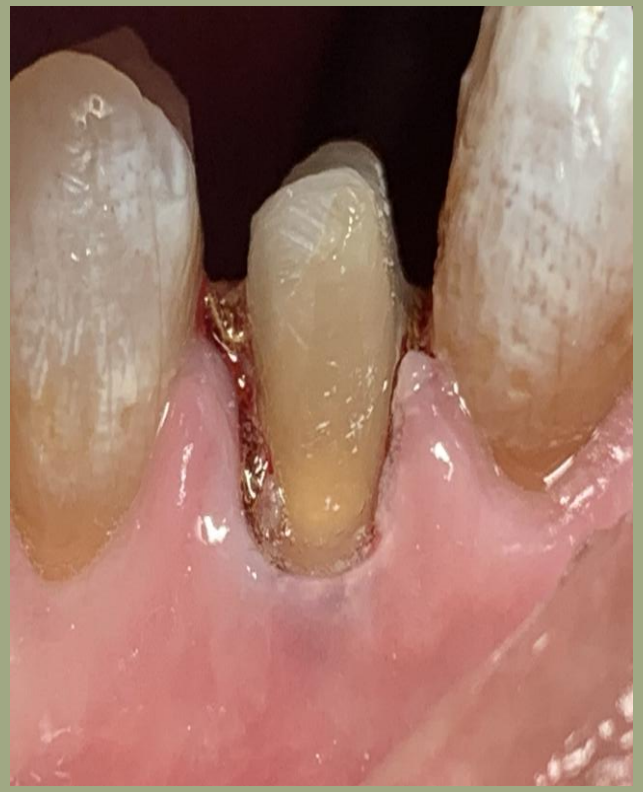


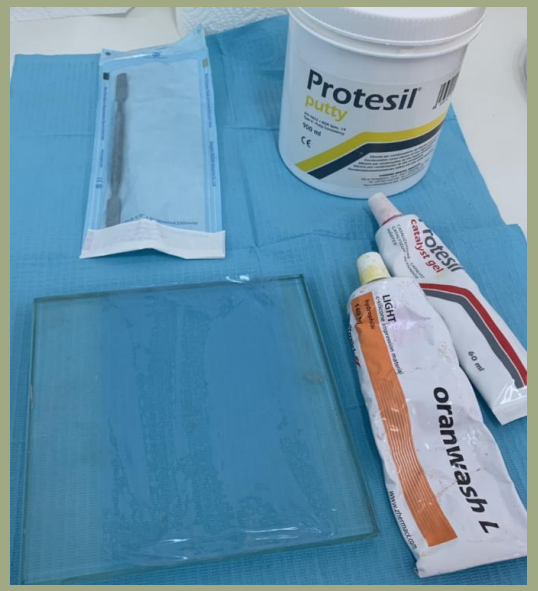
Putty index



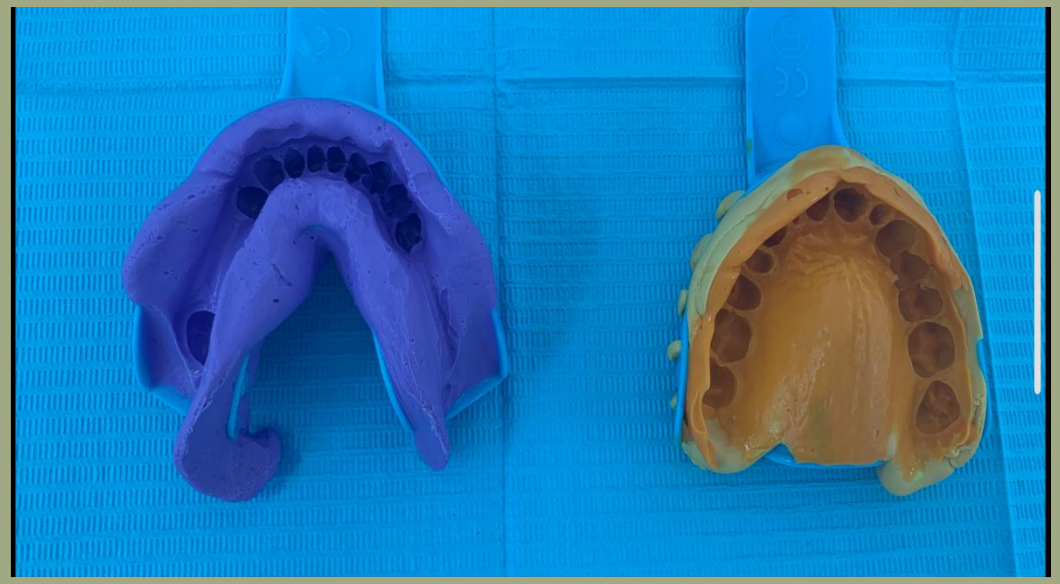


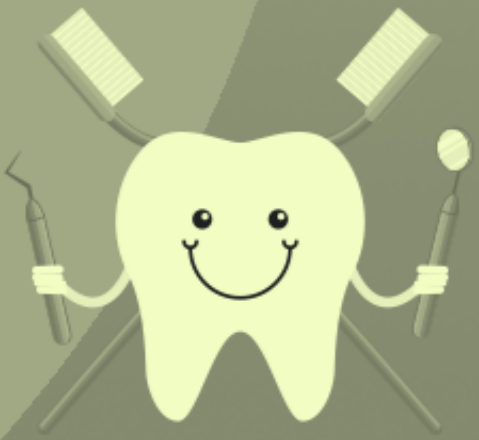
Tooth preparation



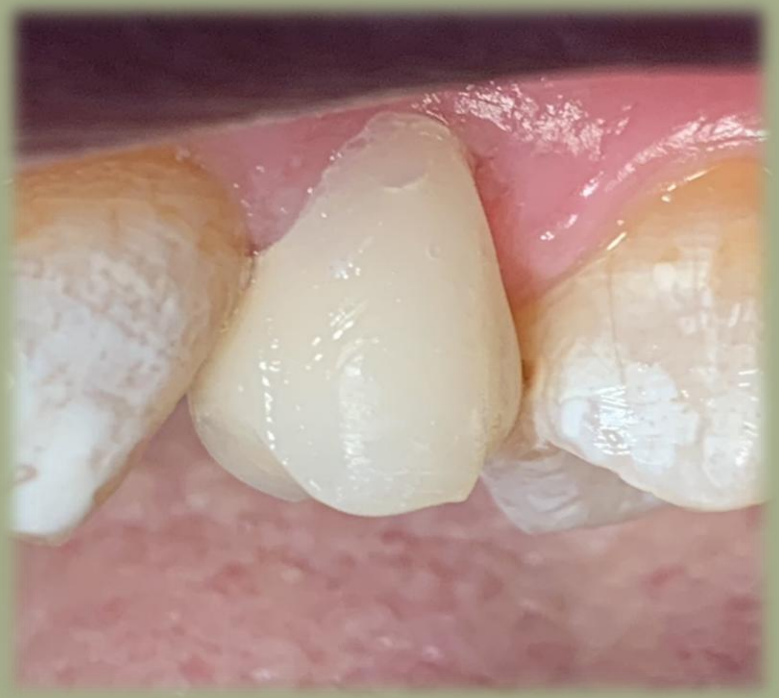


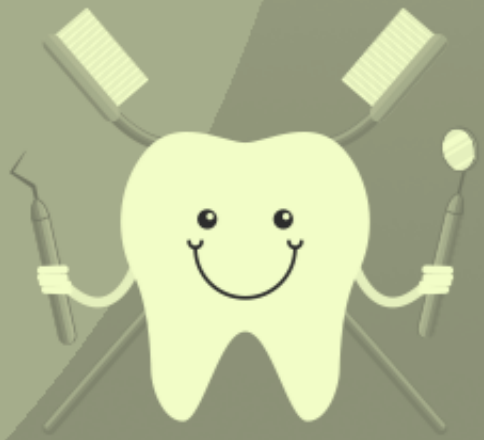
Final impression



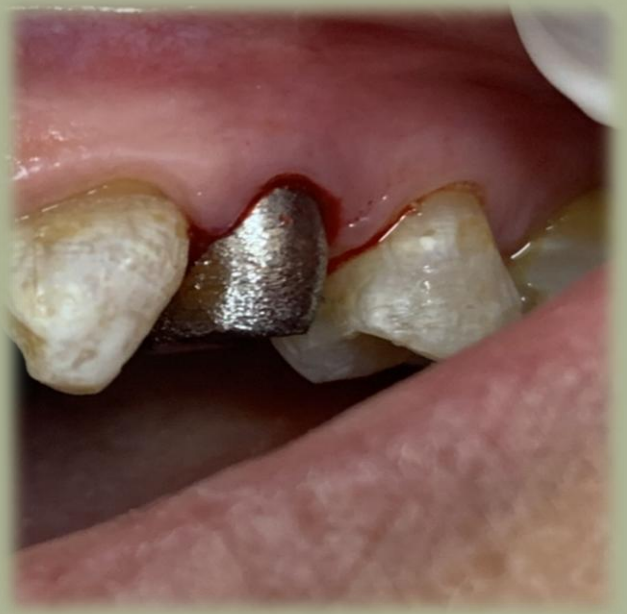


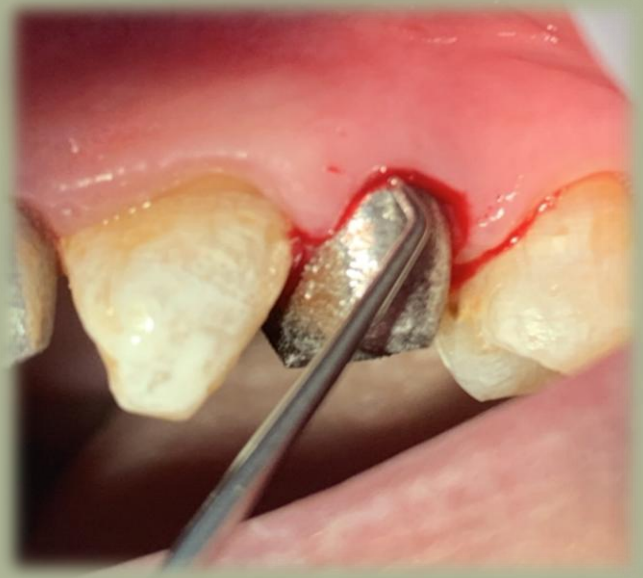
Temporary crown

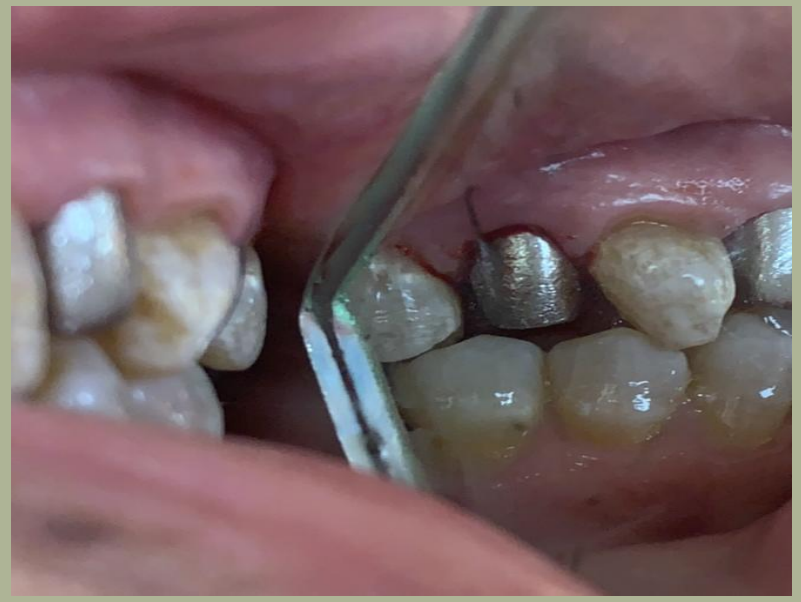


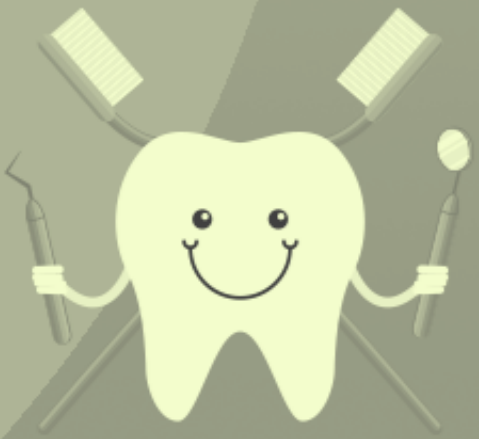


Metal try in









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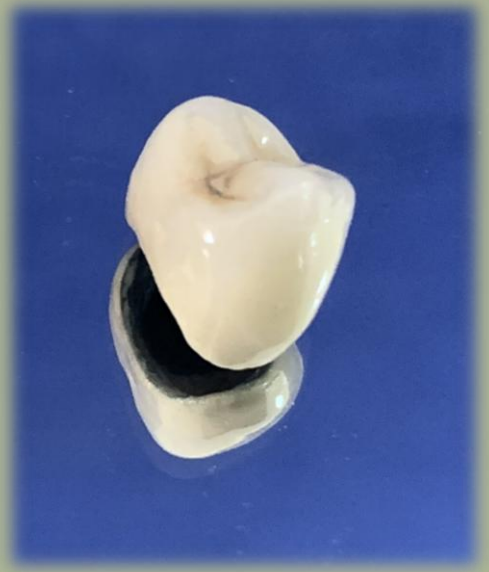
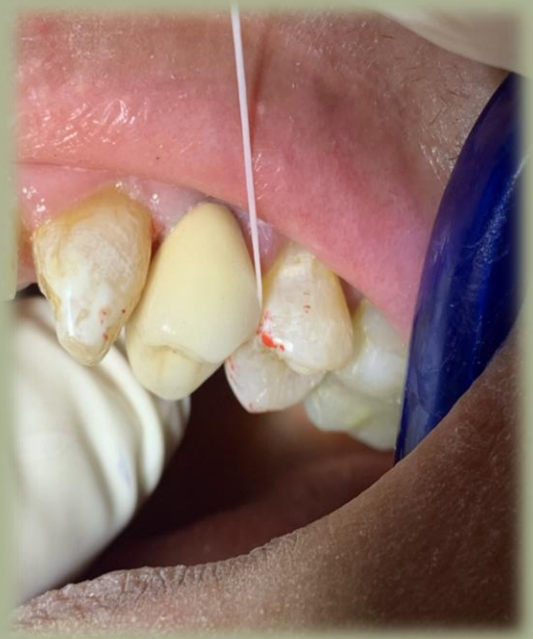
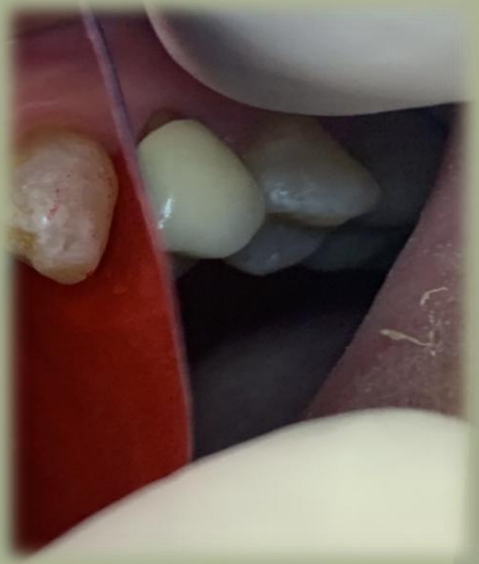
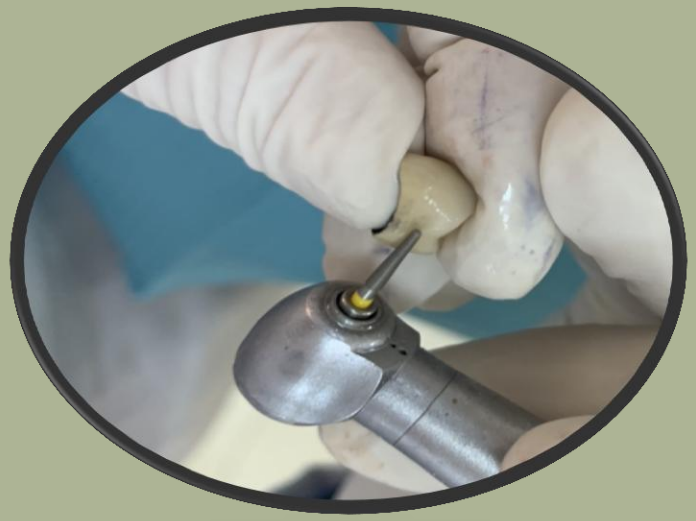
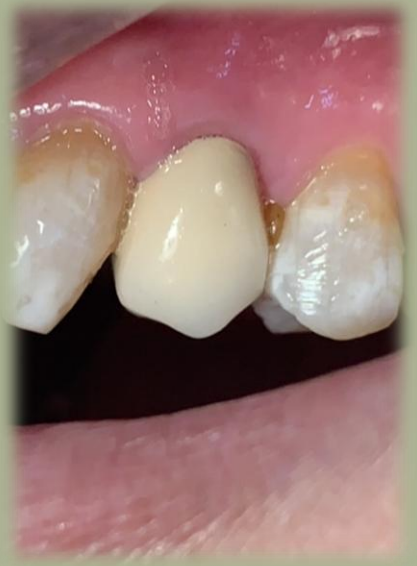
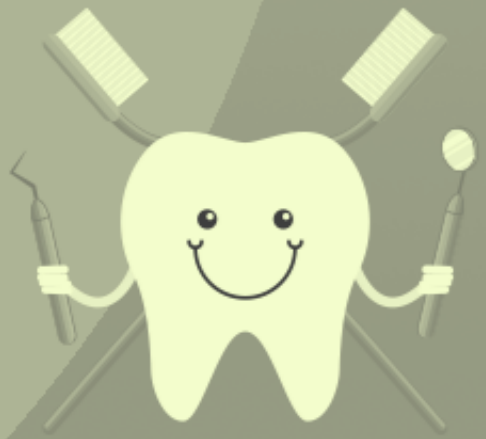






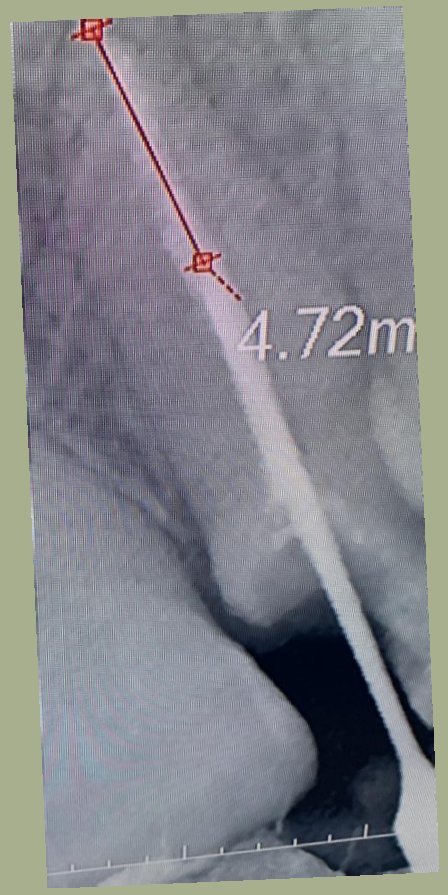


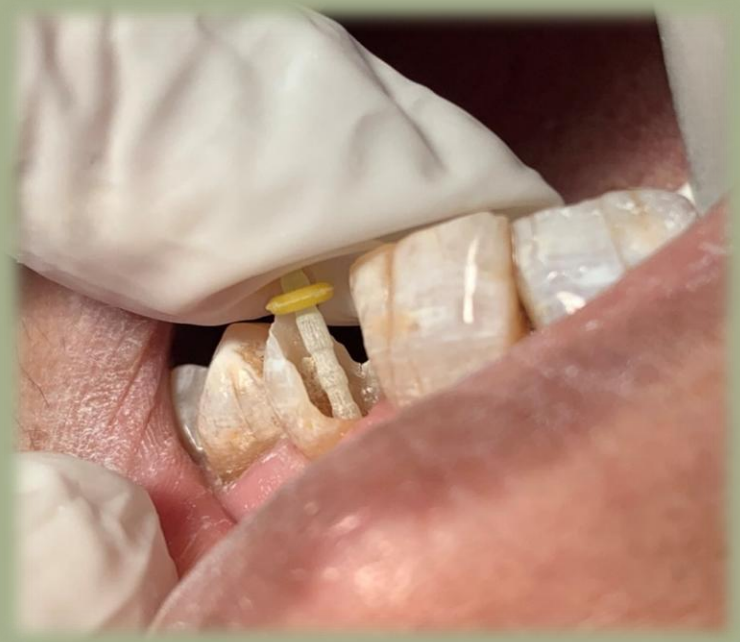


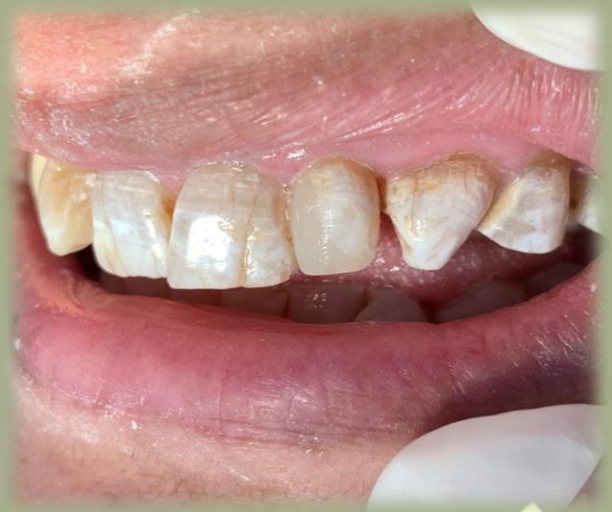


post placement | 2

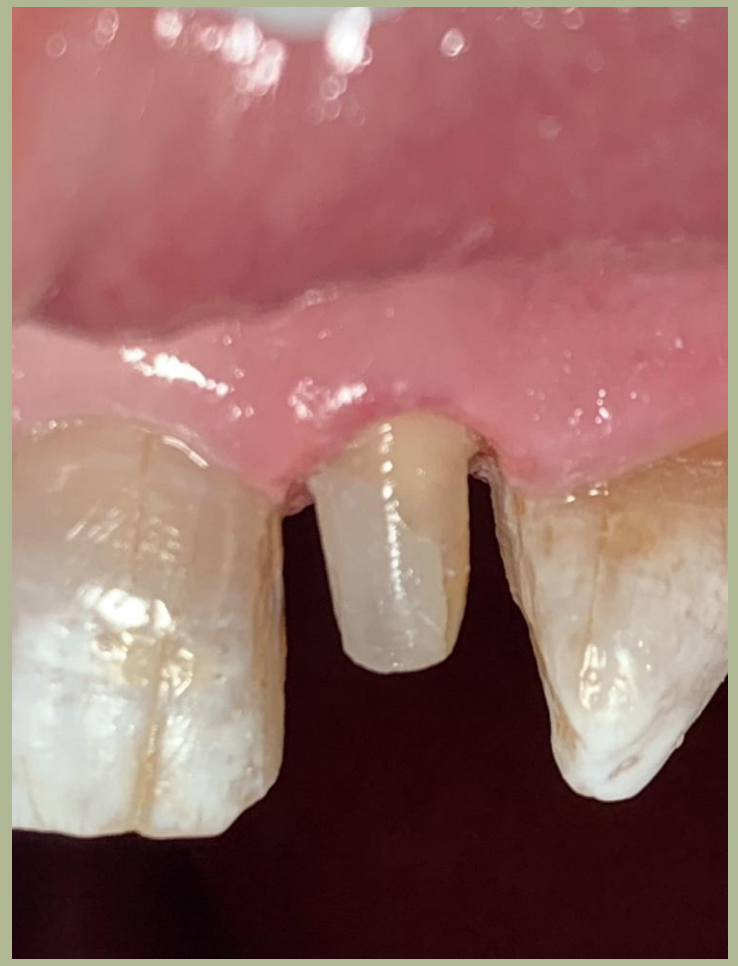
Composite core build up



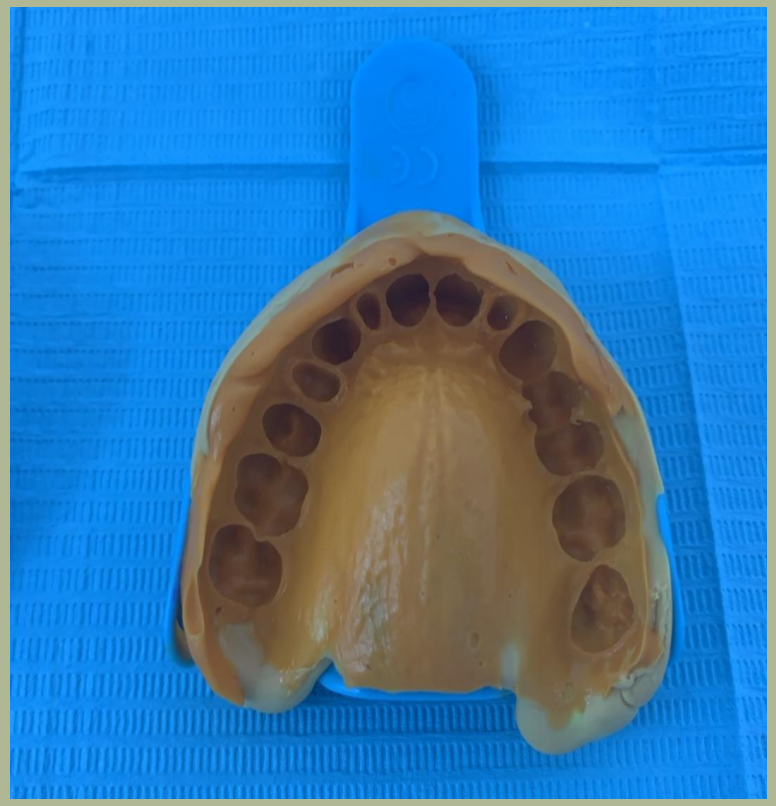




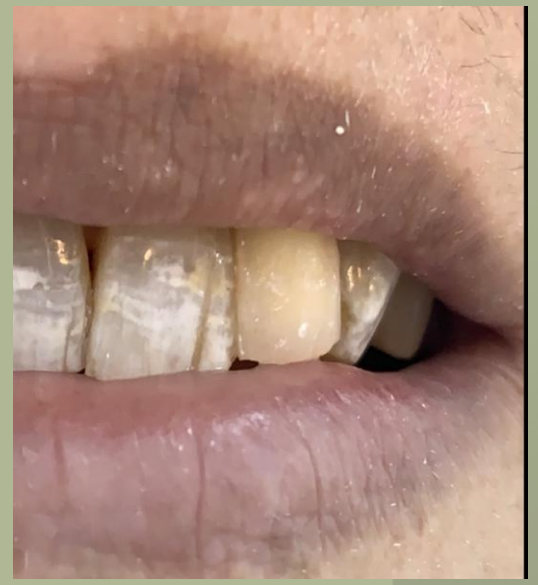
Tooth preparation

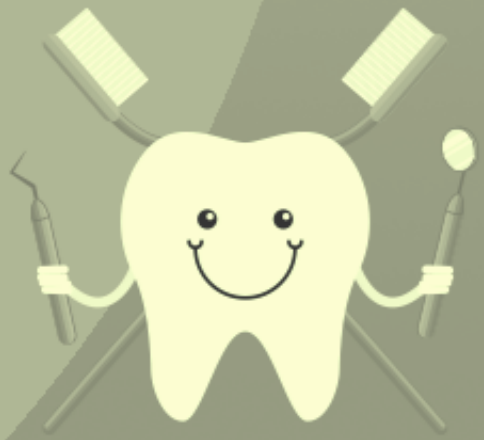


Final impression

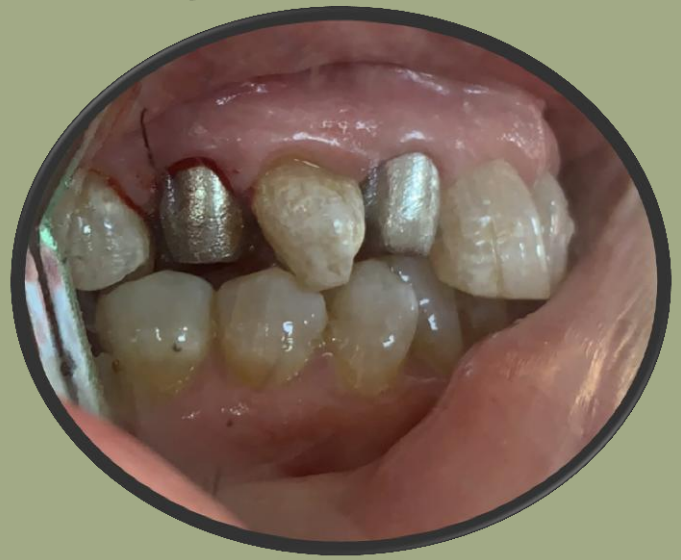


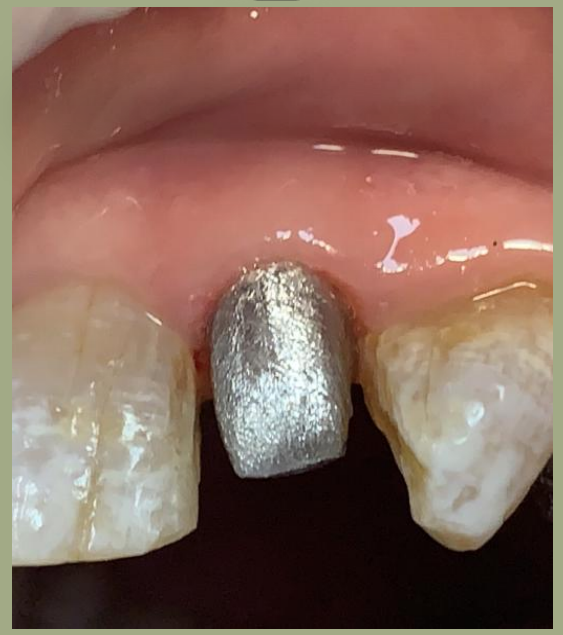
Temporary crown

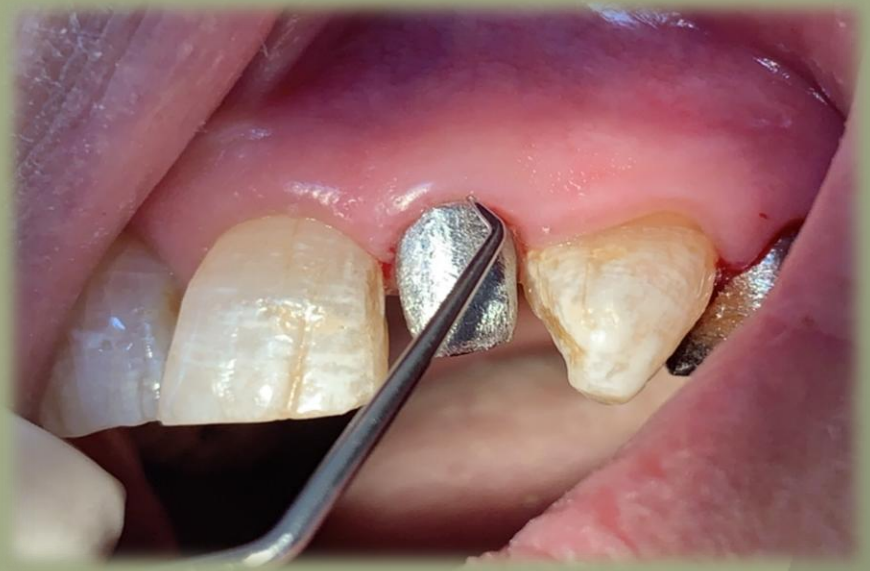


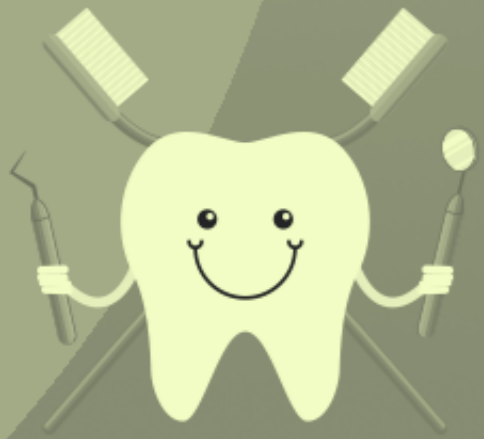


Metal try in









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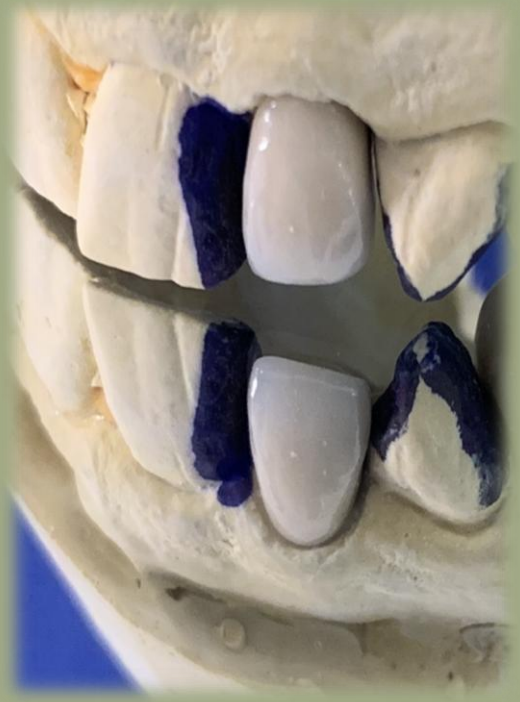
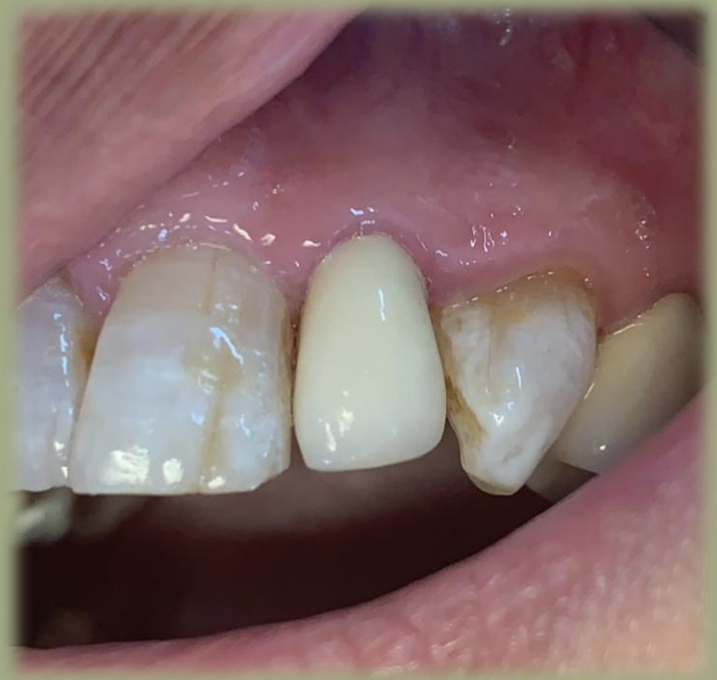
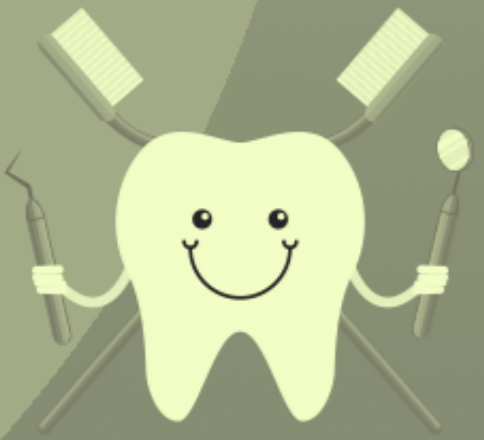
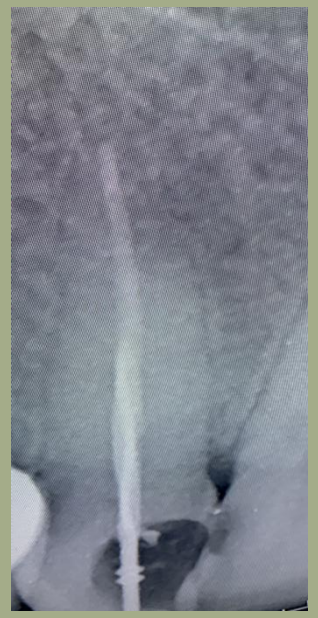
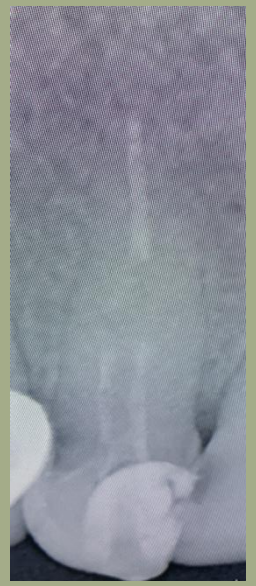


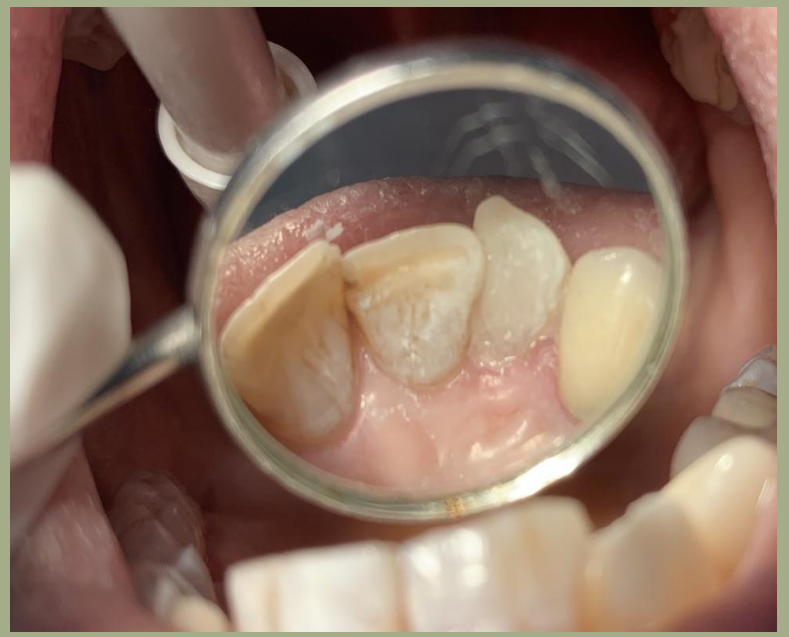




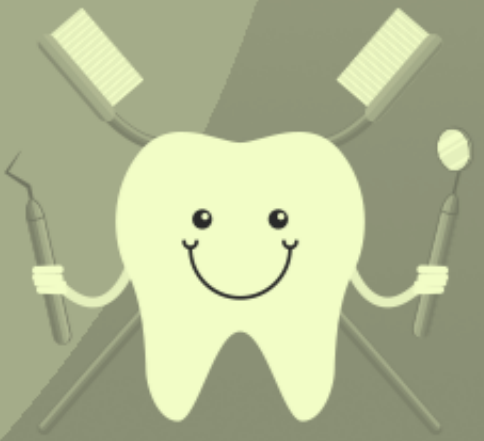
Post placement 2



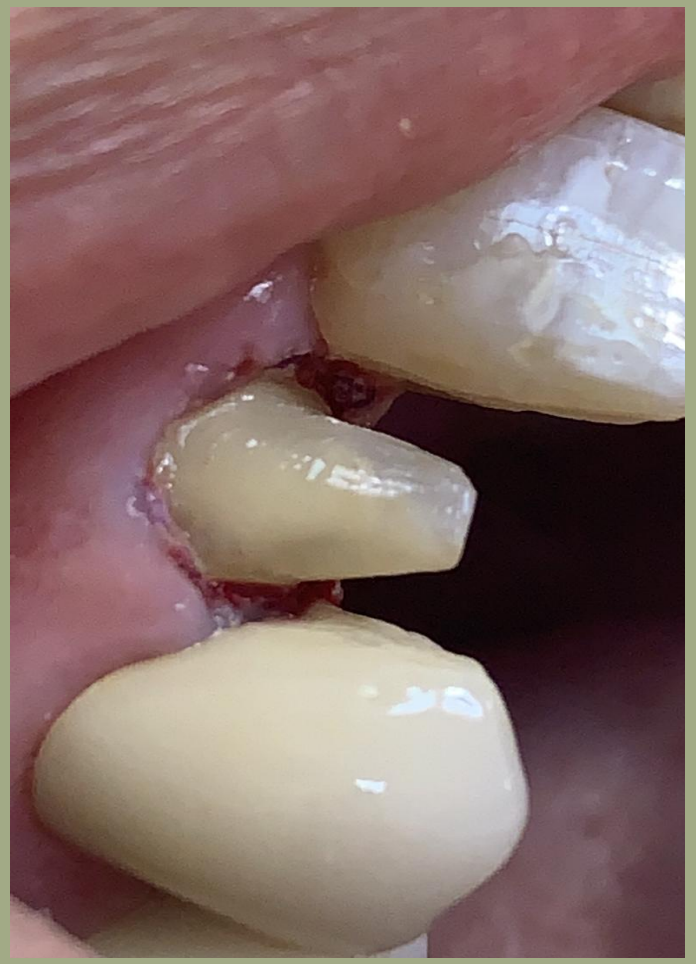




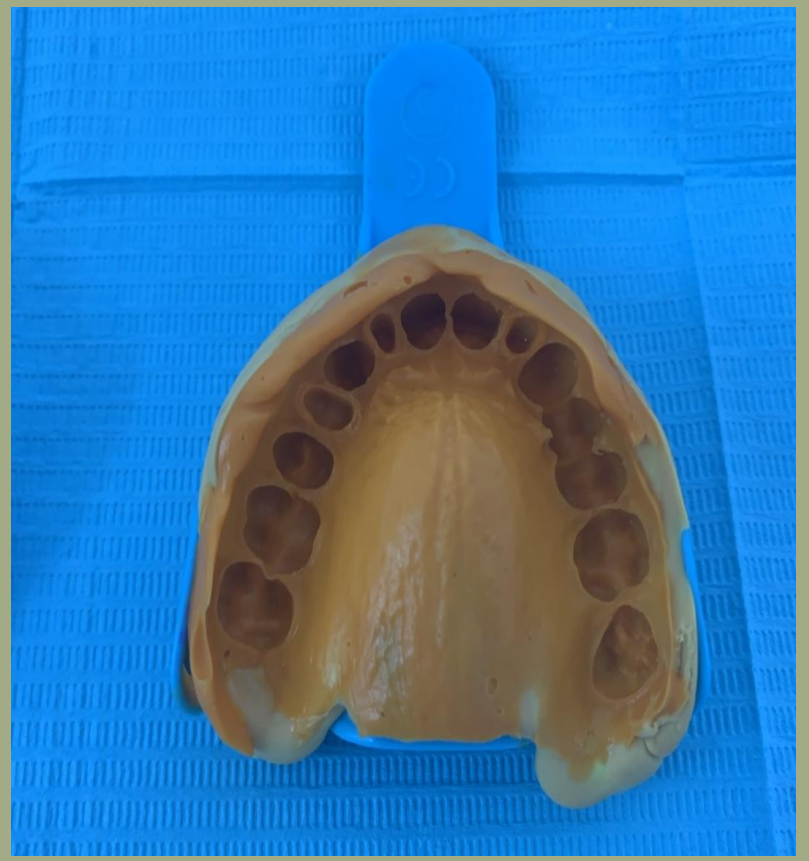
Composite core build up

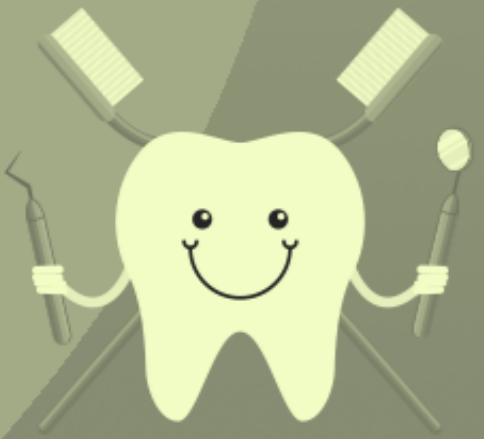


Tooth preparation

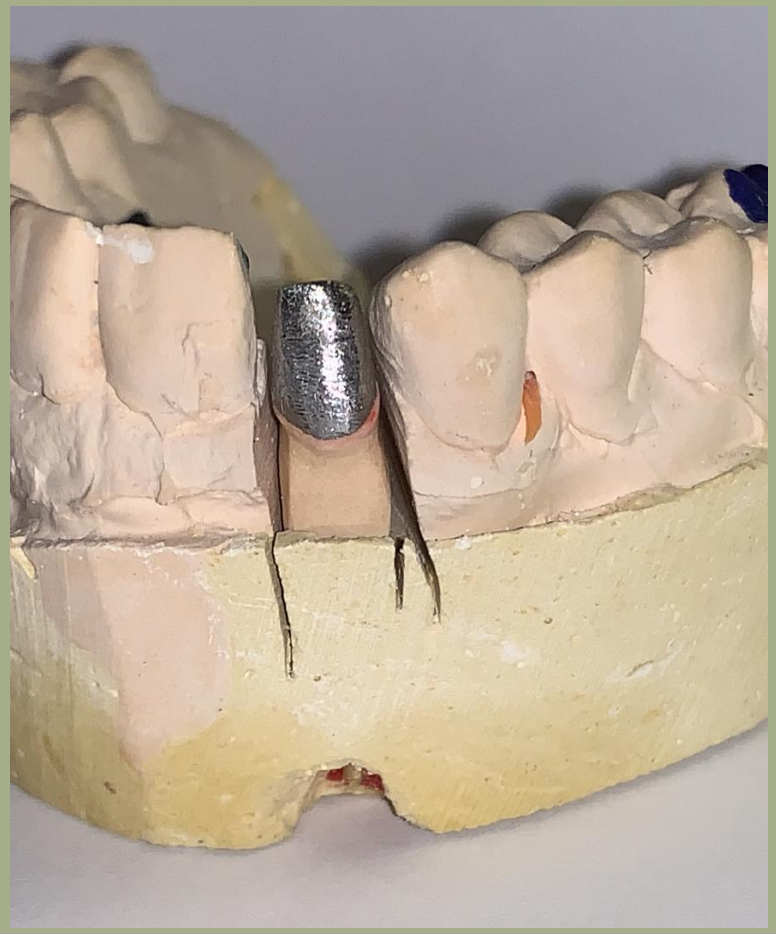


Final impression





Metal try in



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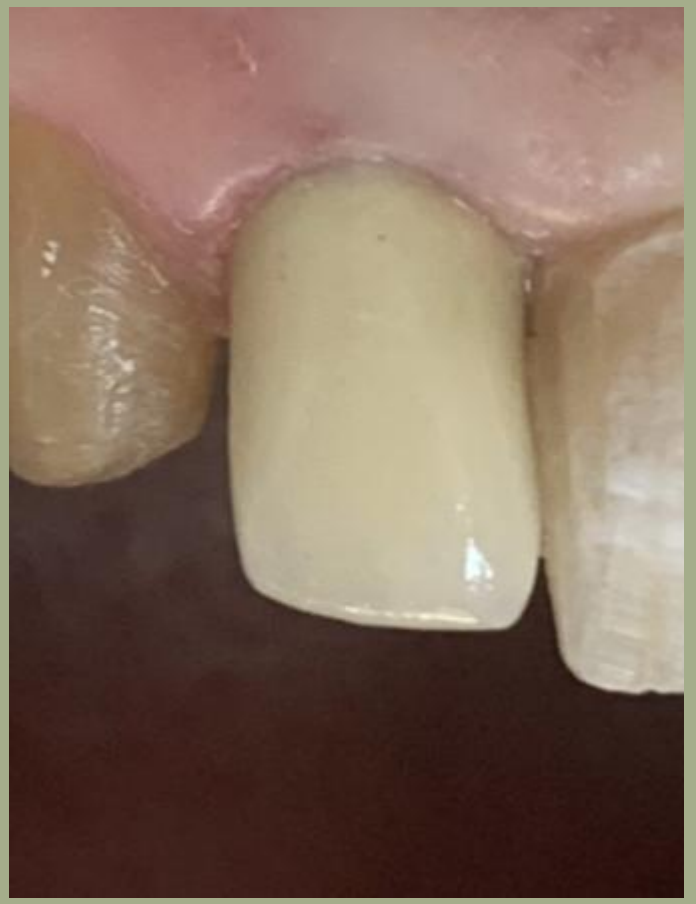
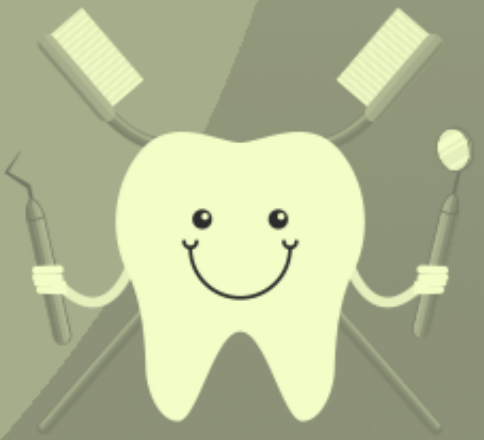
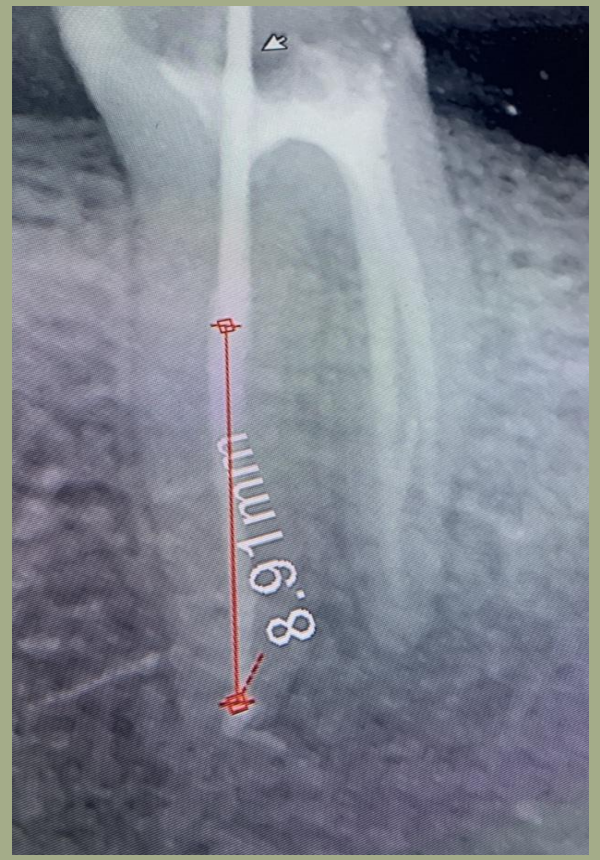
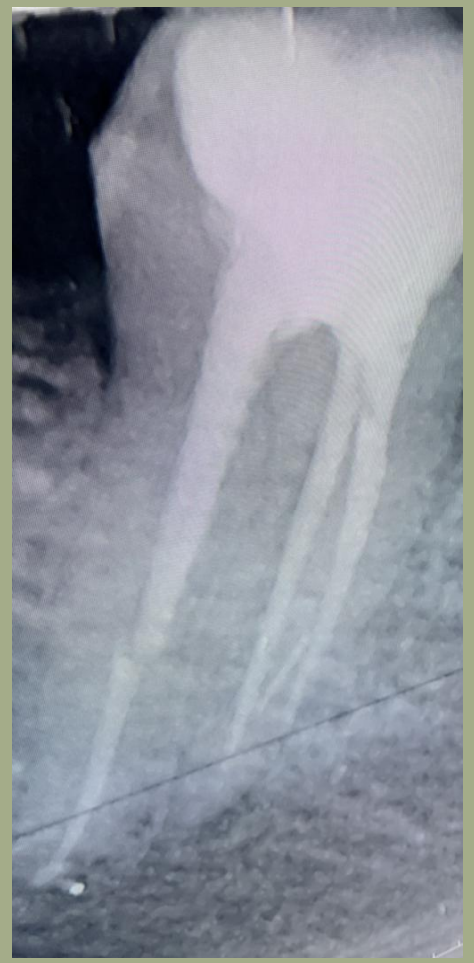
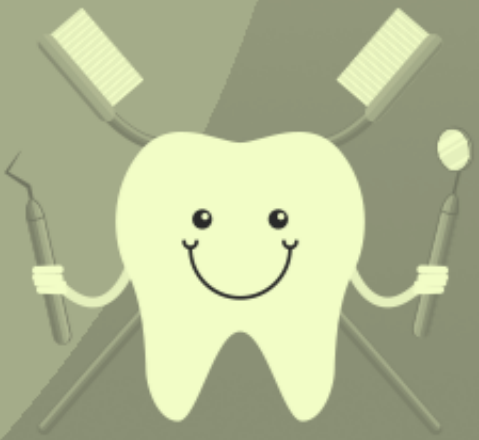




Post placement 7







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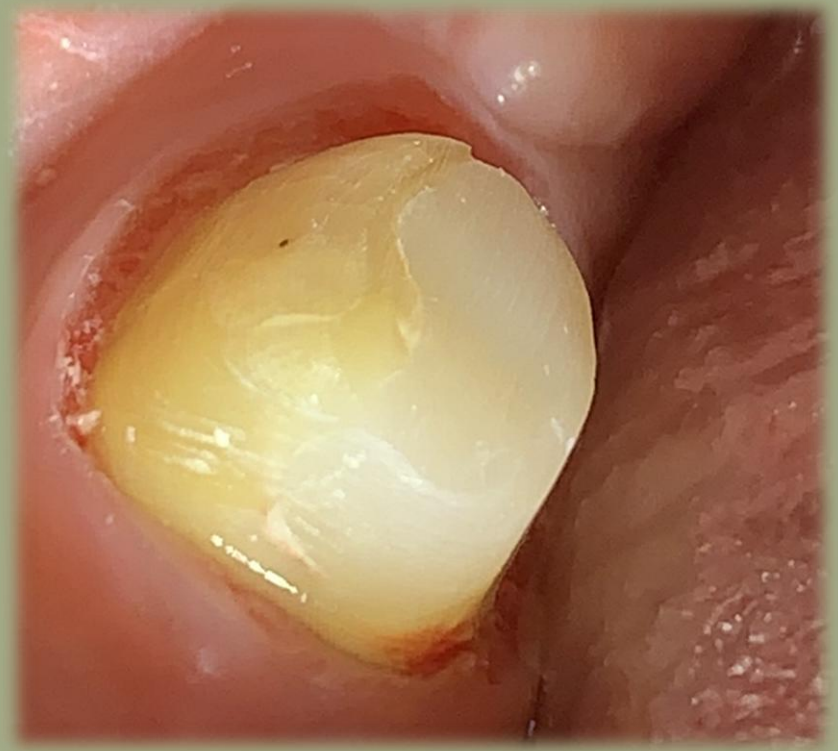
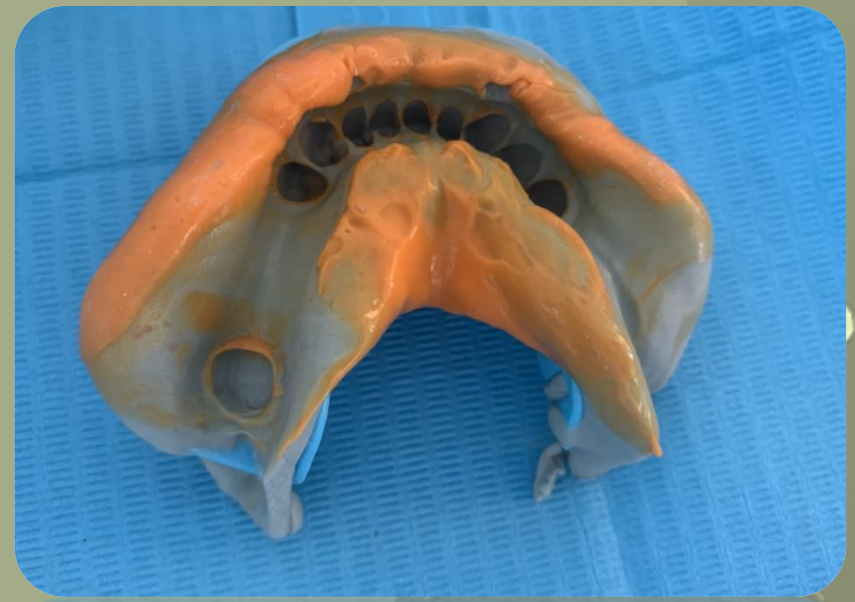


Final impression



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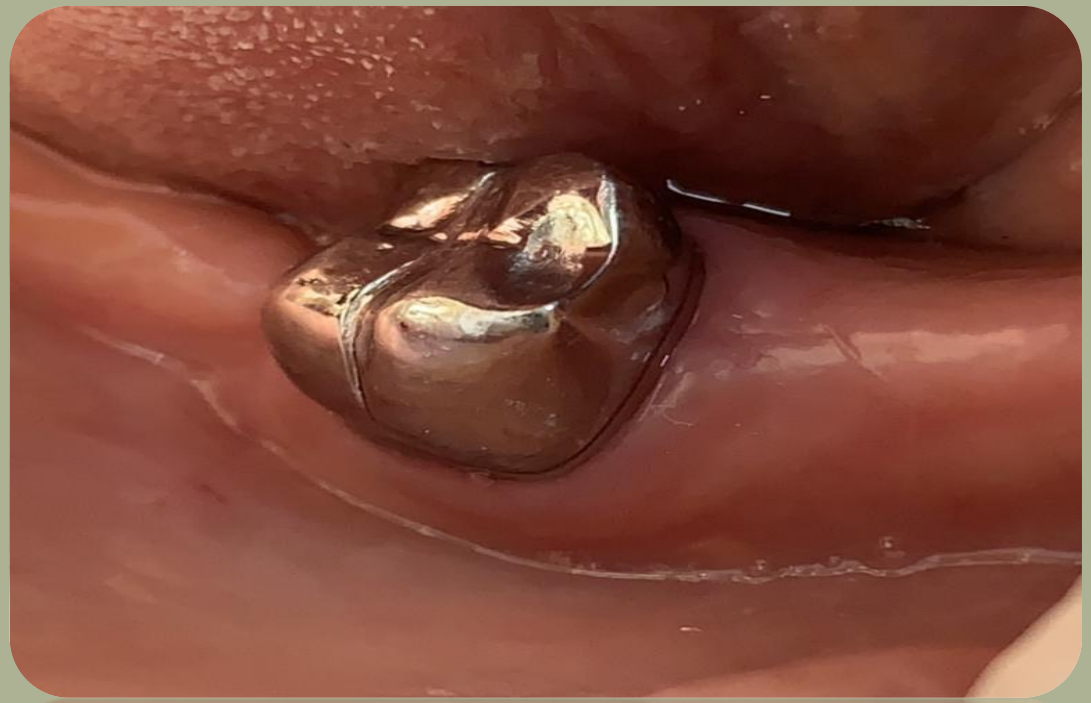
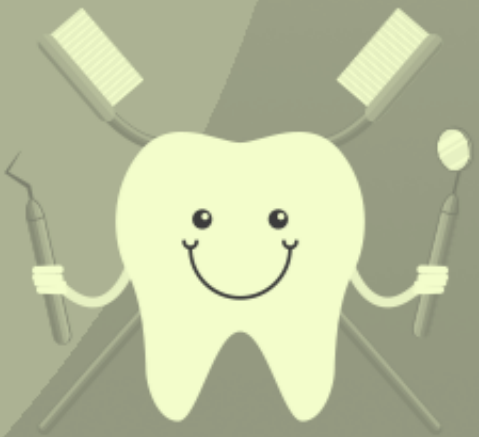
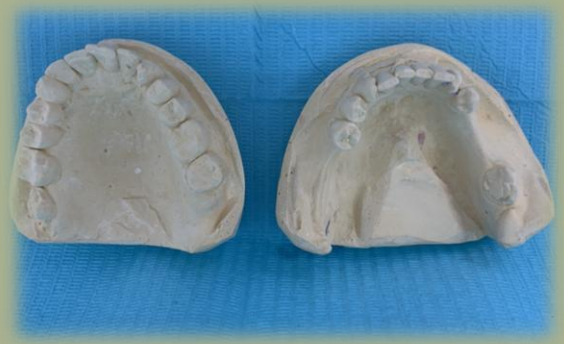
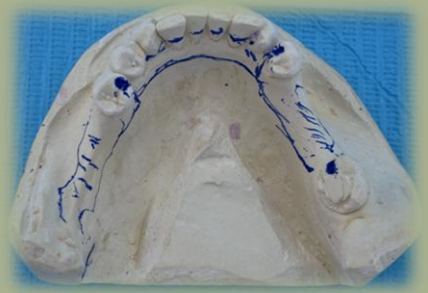
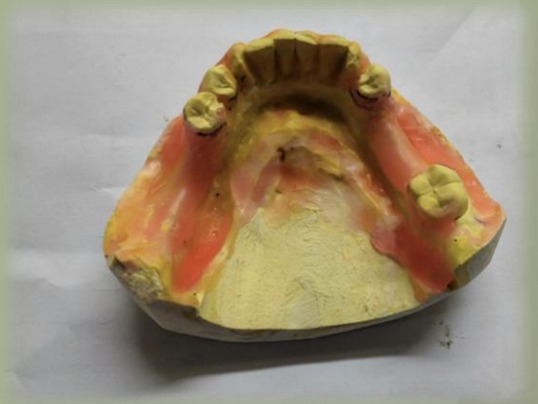


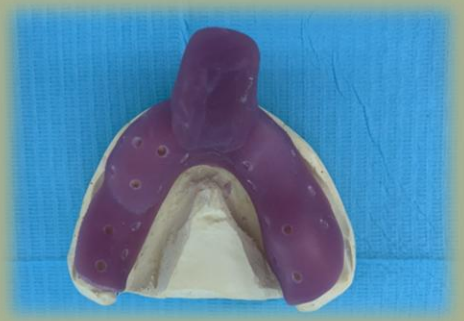


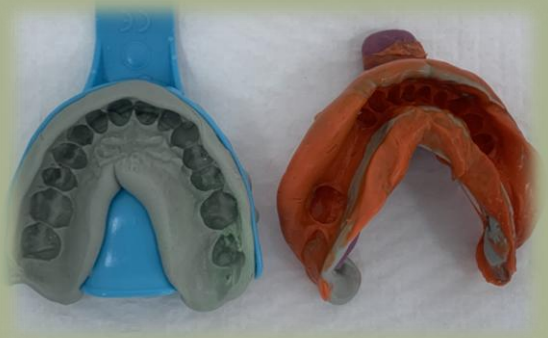
Chrome cobalt RPD

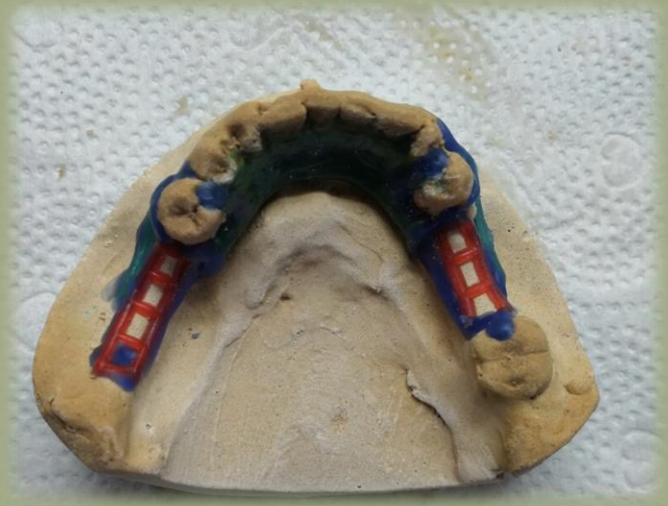


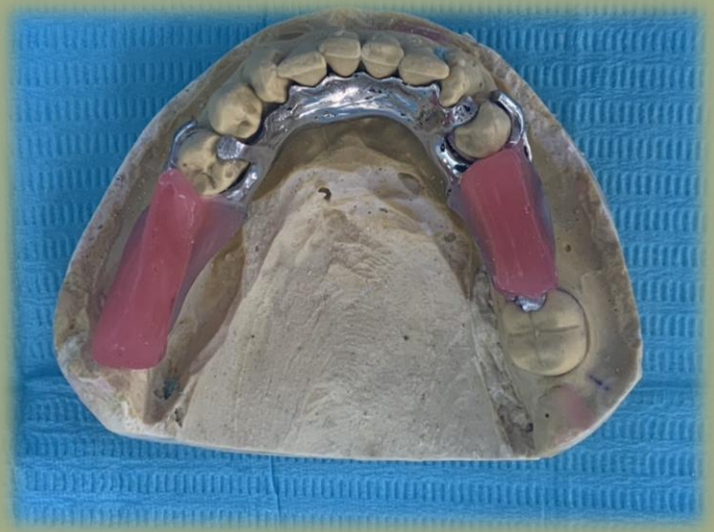


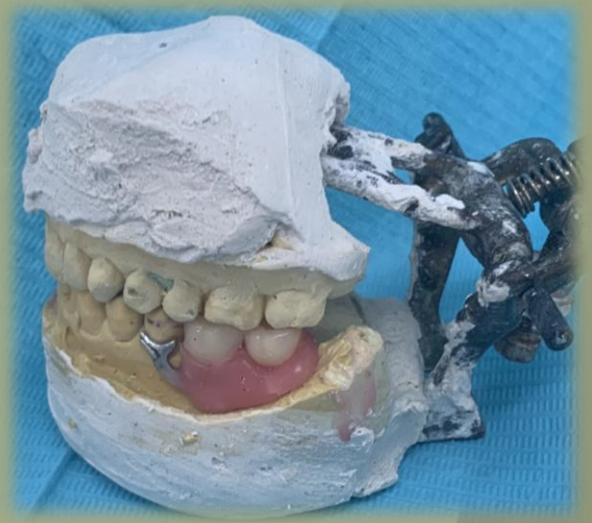


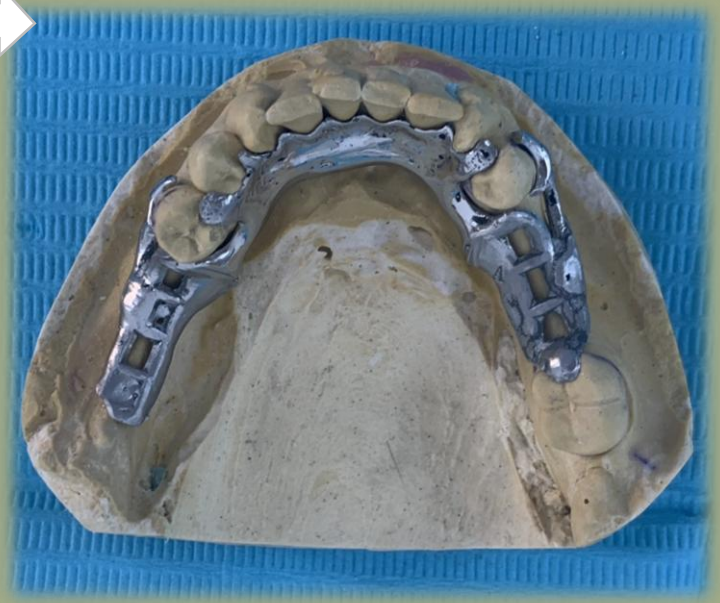


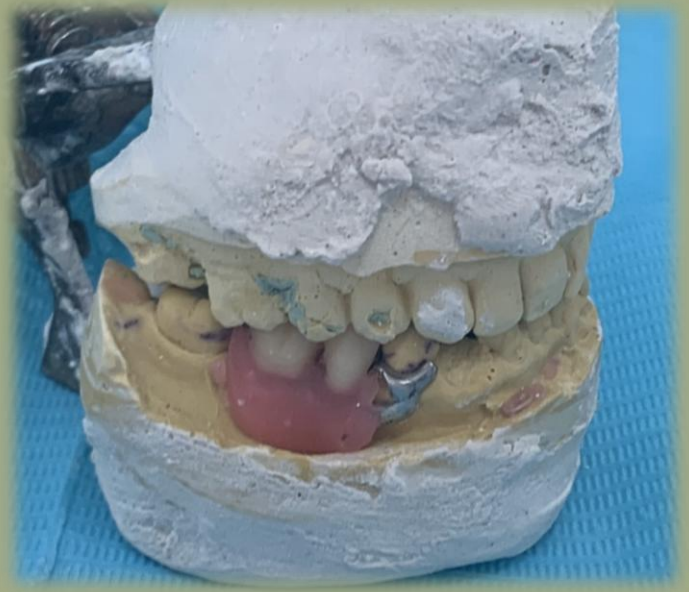


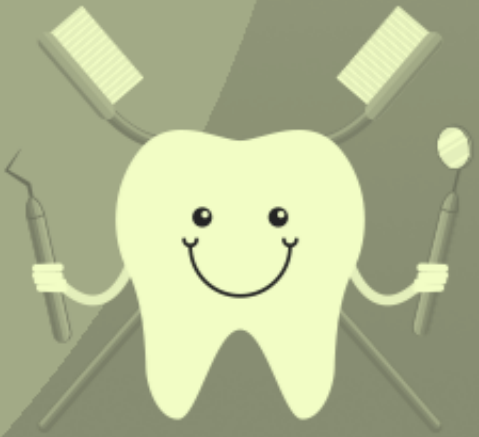












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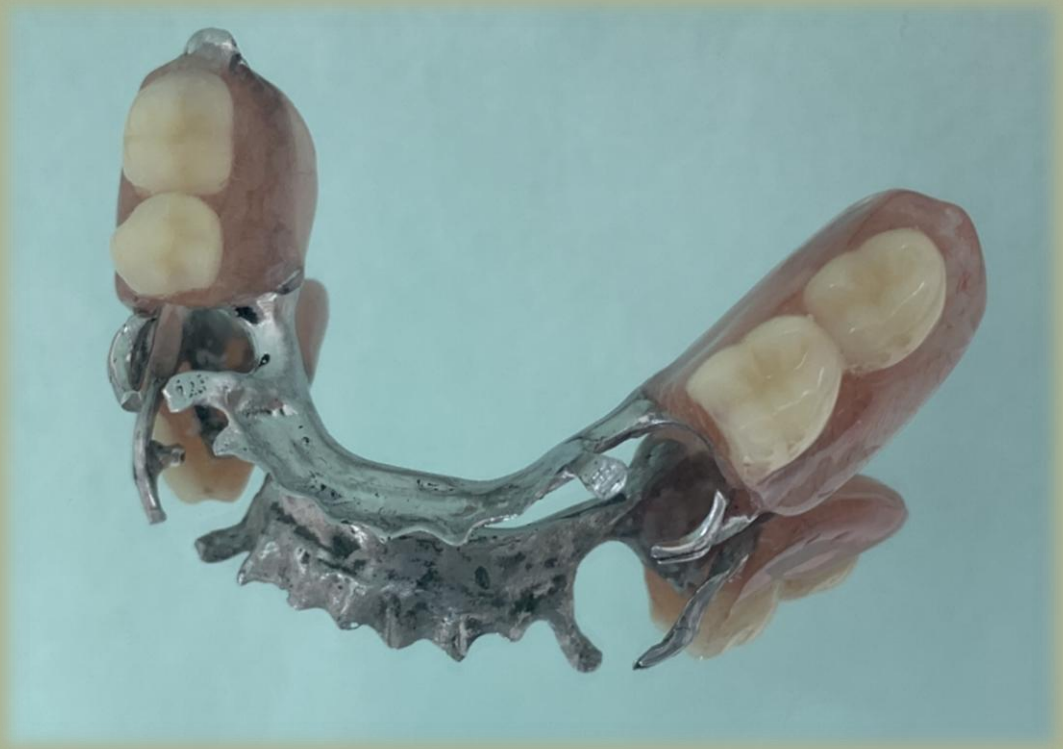
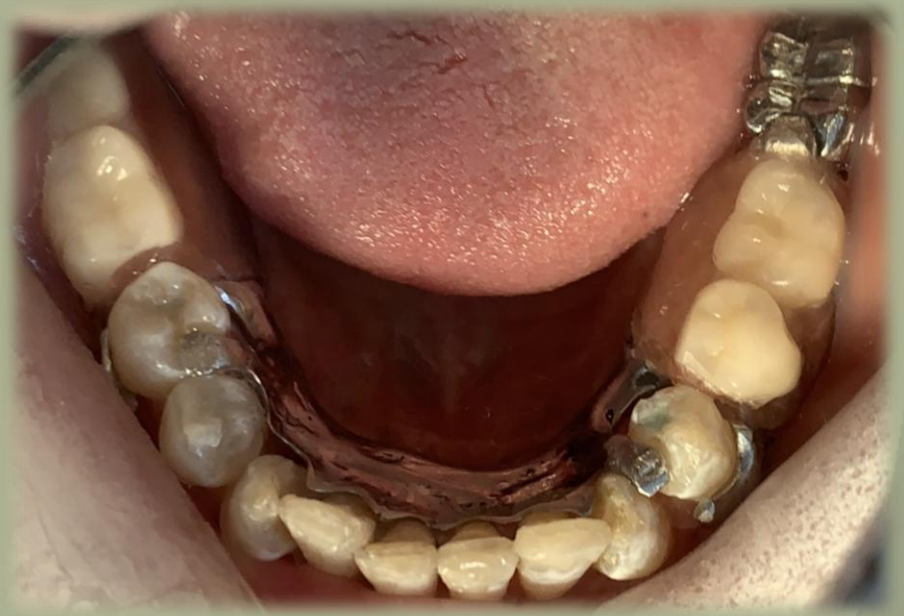
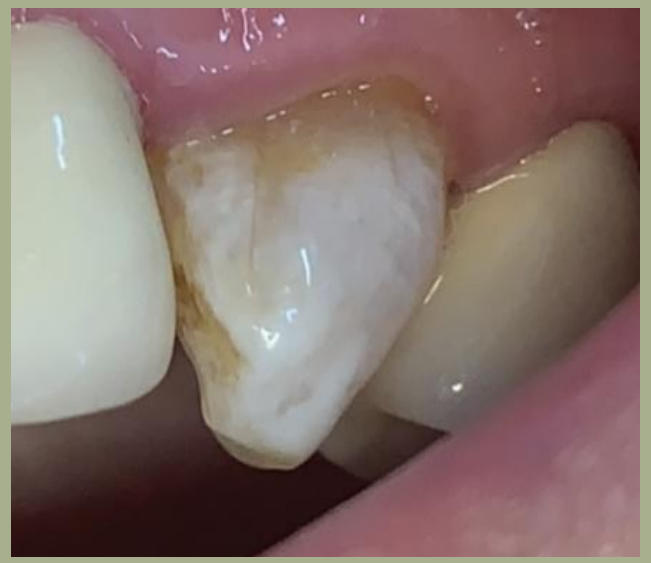
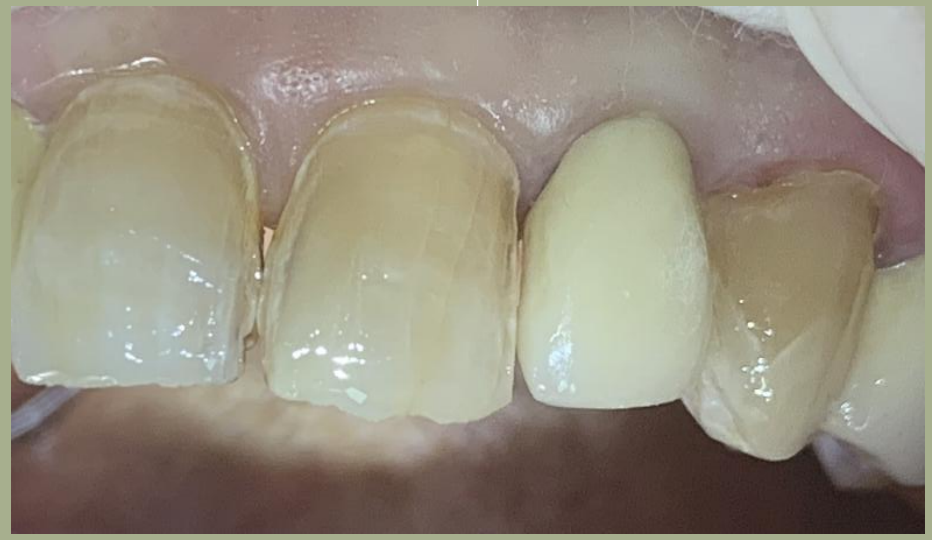
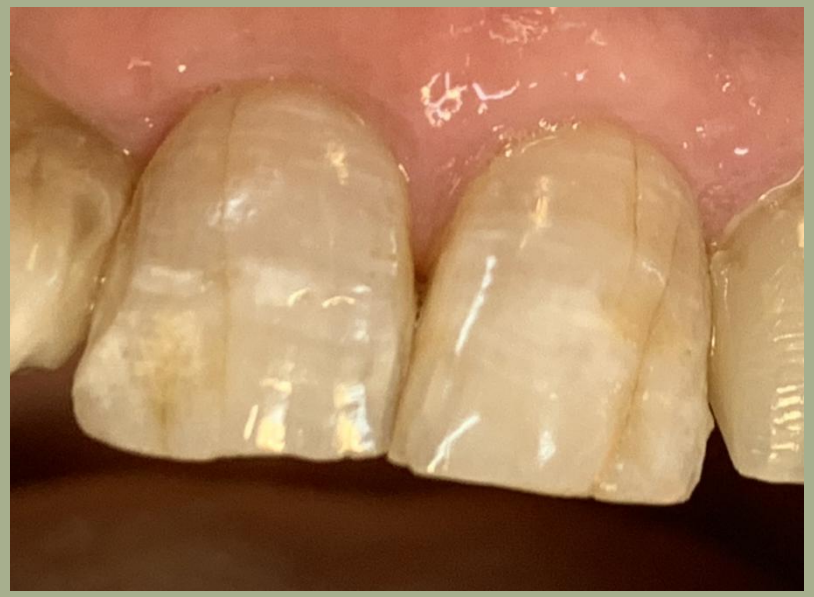


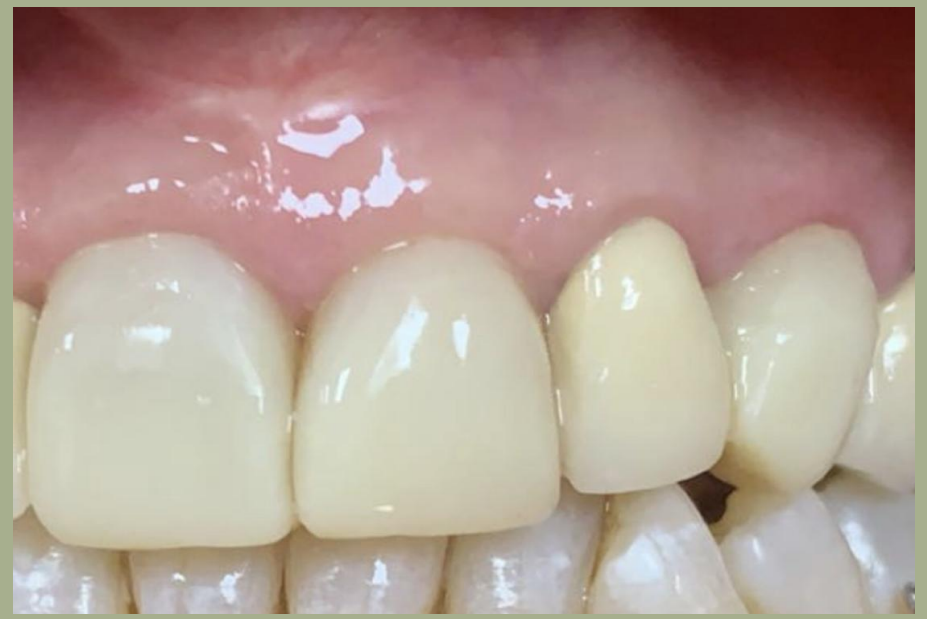


Composite veneer 1 | 13

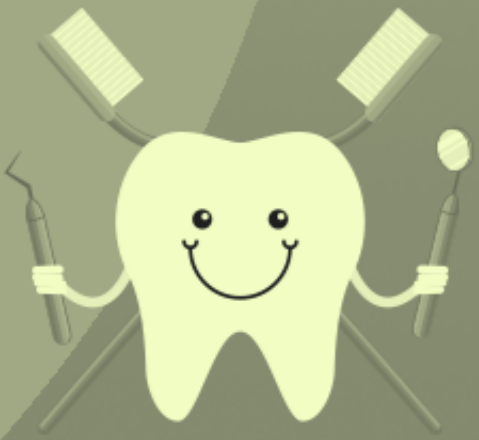




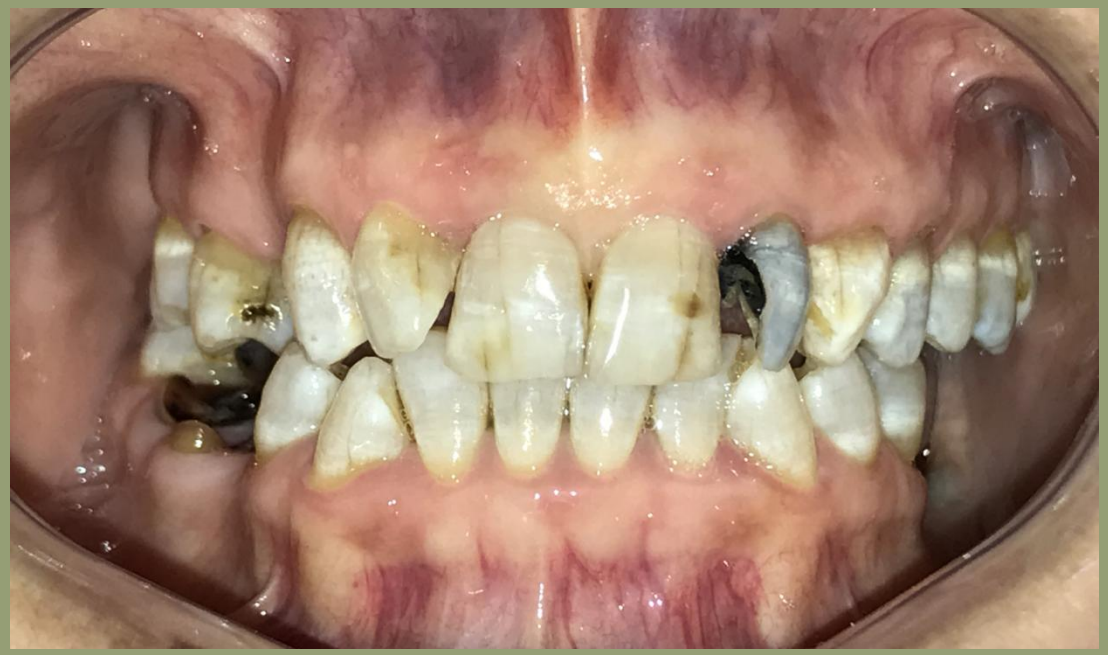


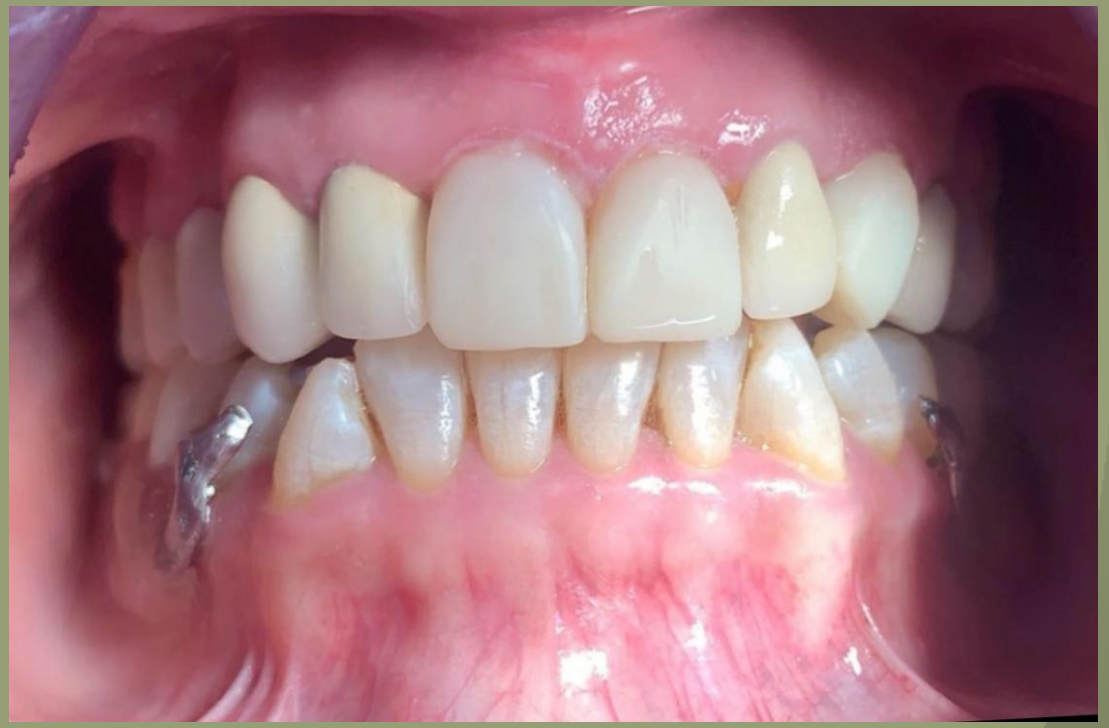


The final result



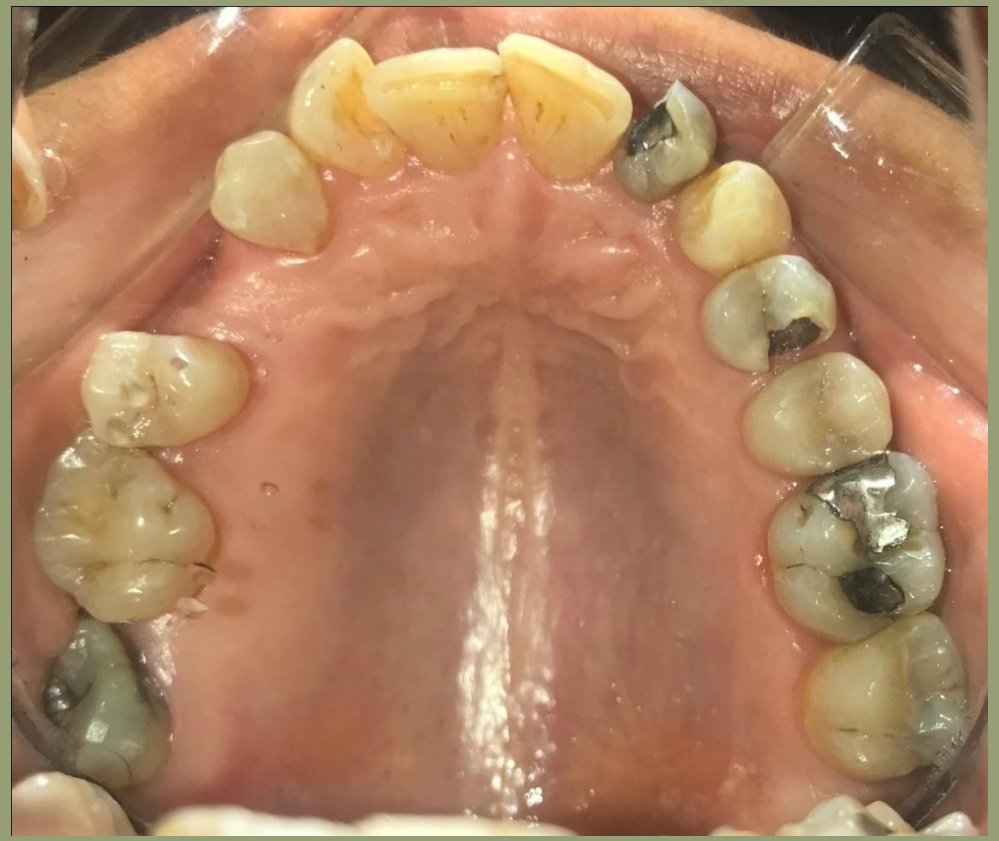
Before



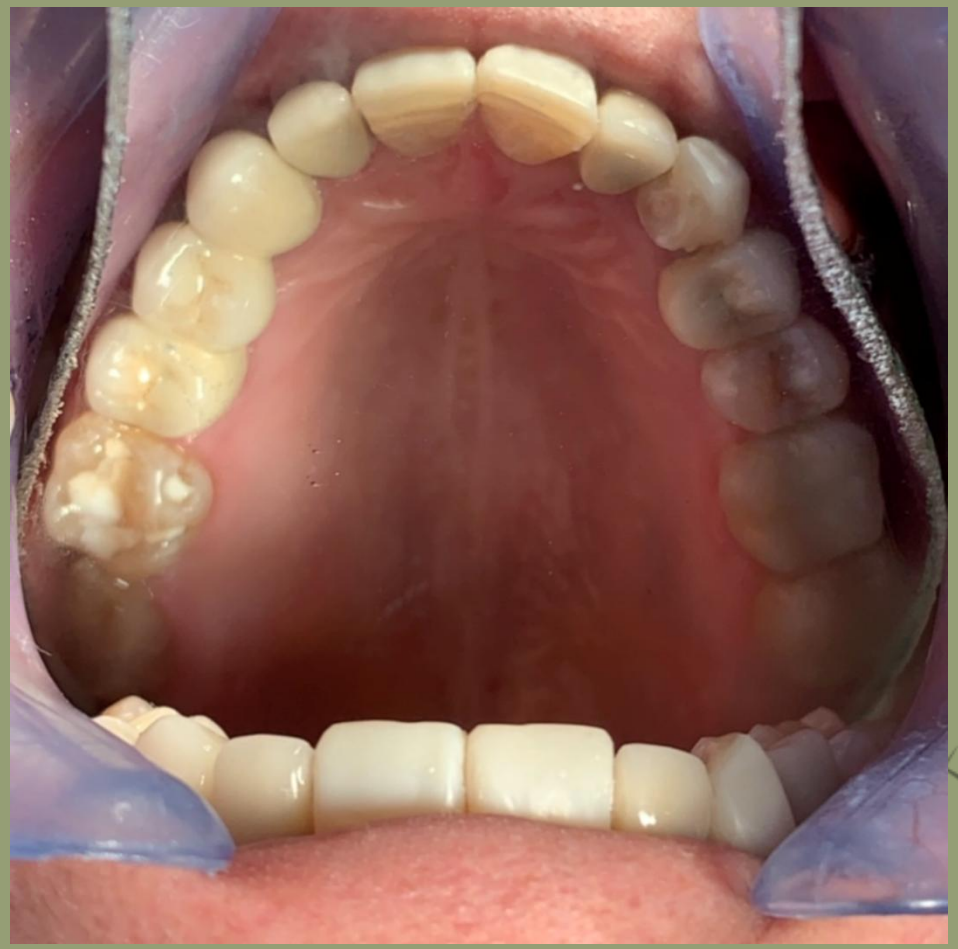


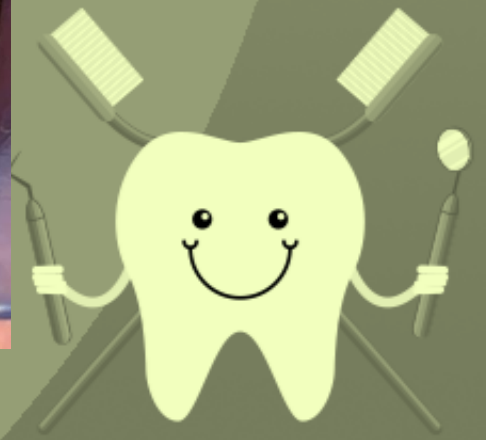
After

Before



After





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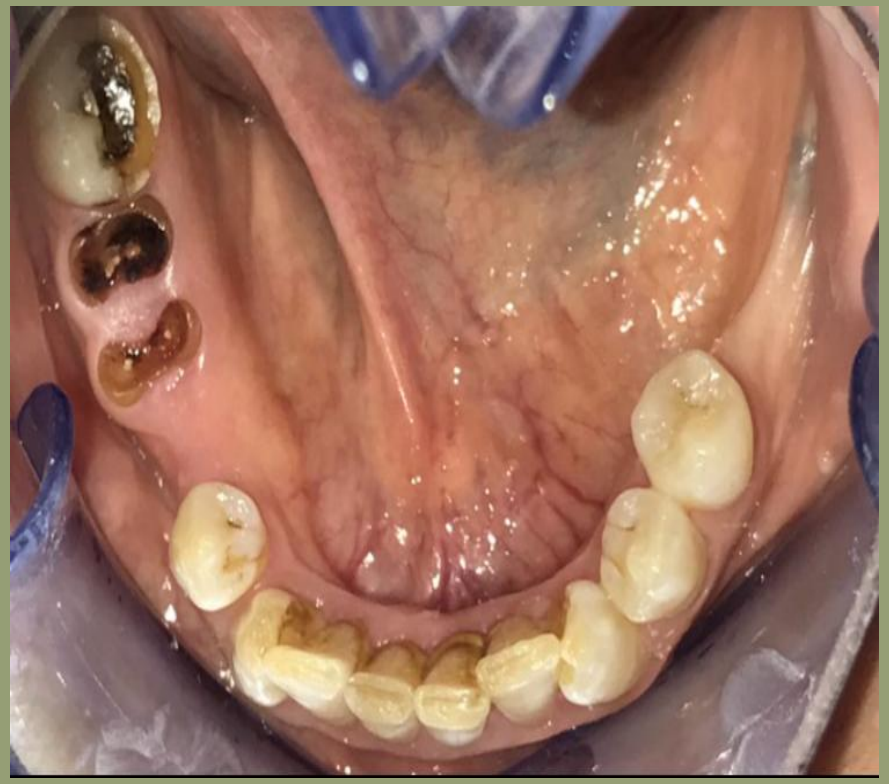

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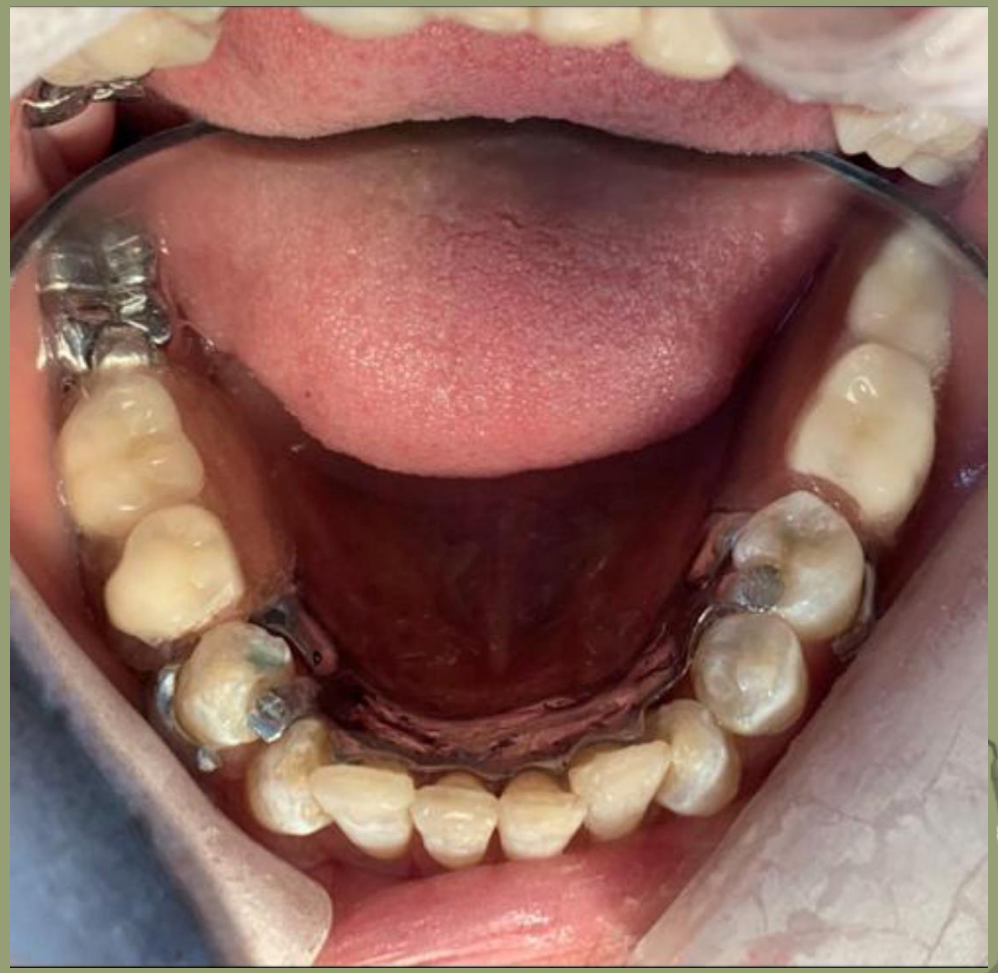
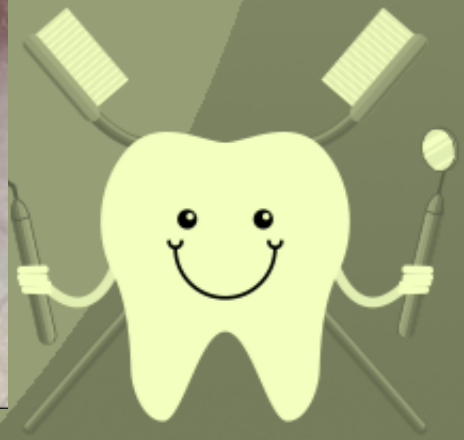
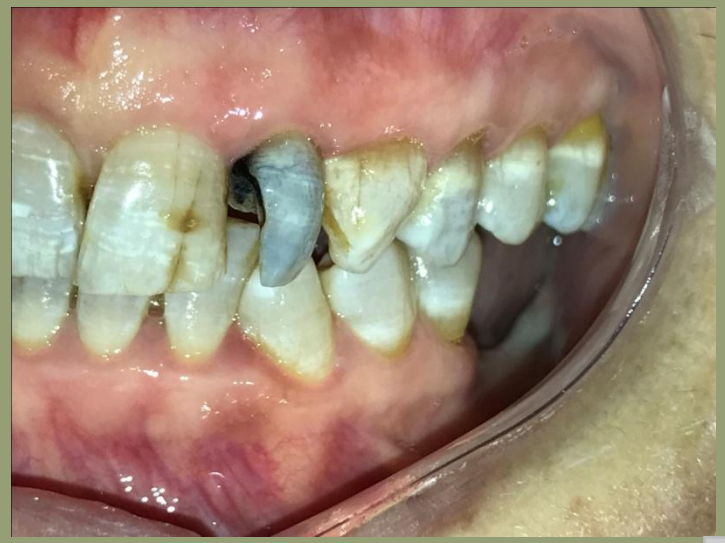
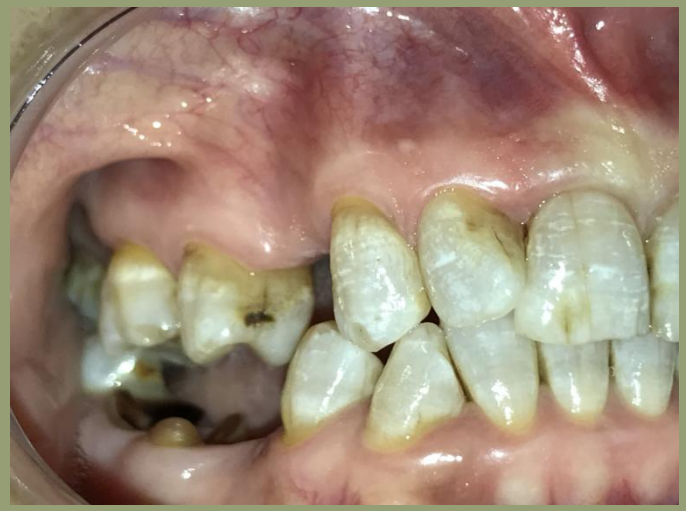
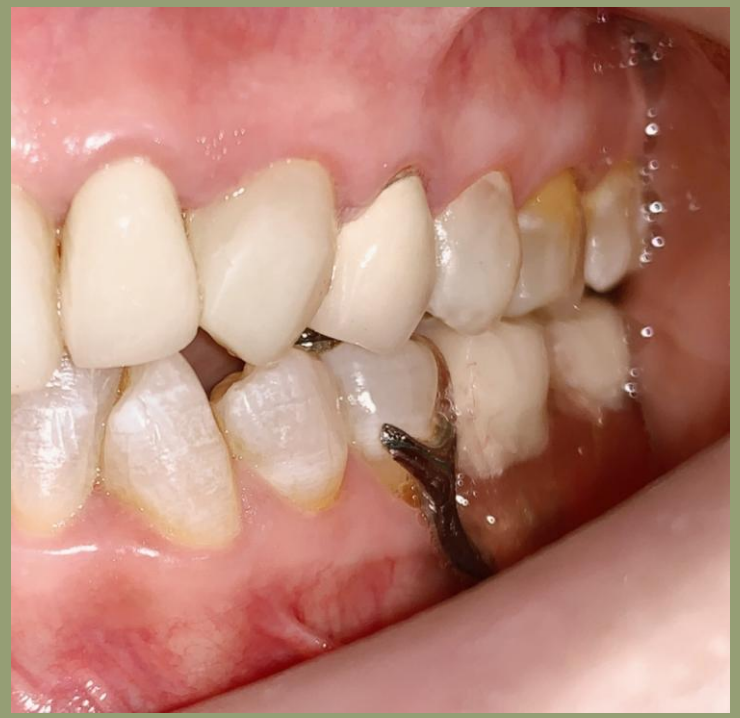
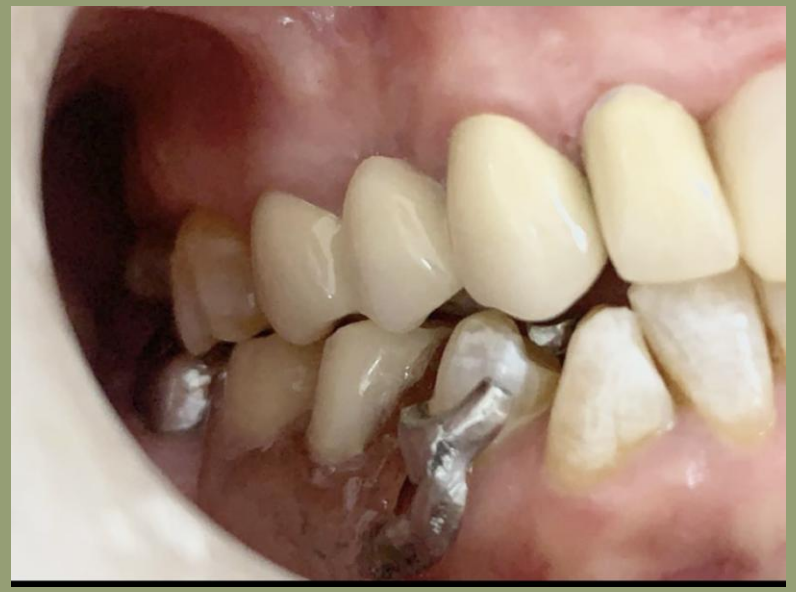


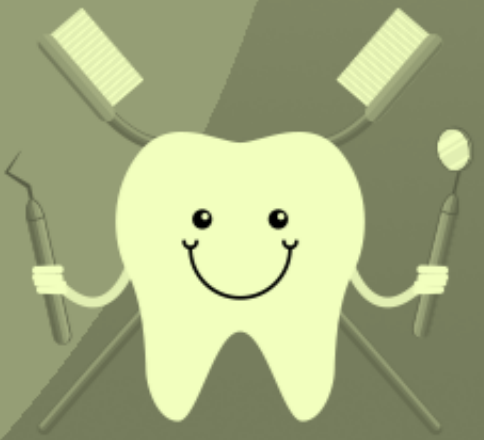




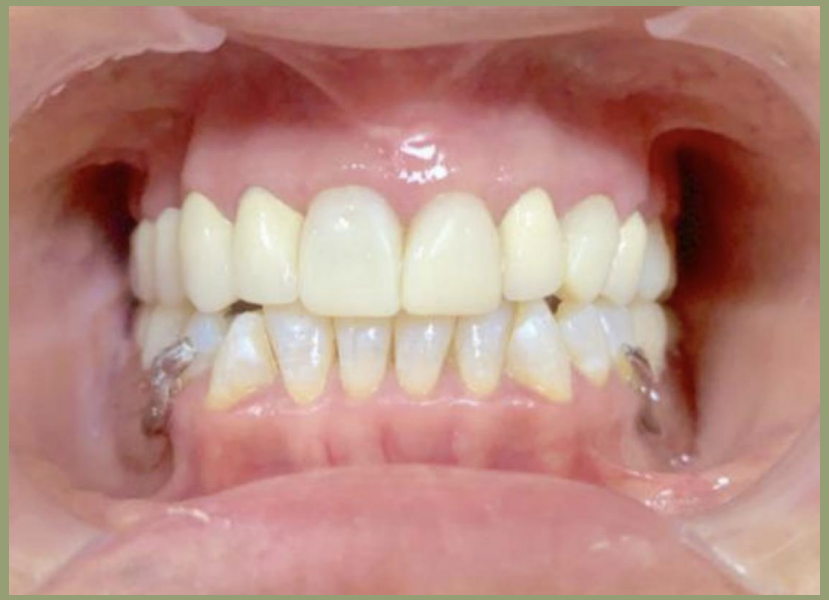




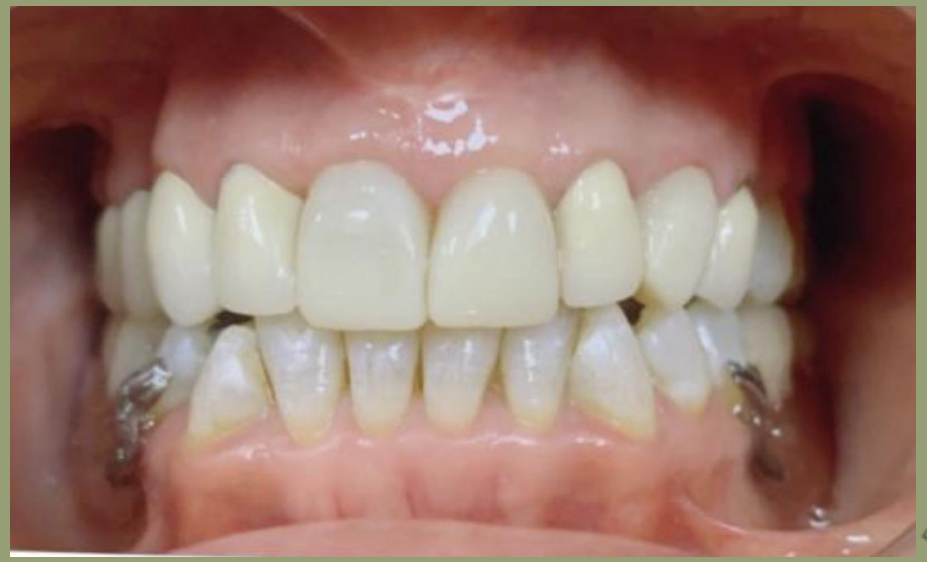




1 week follow up



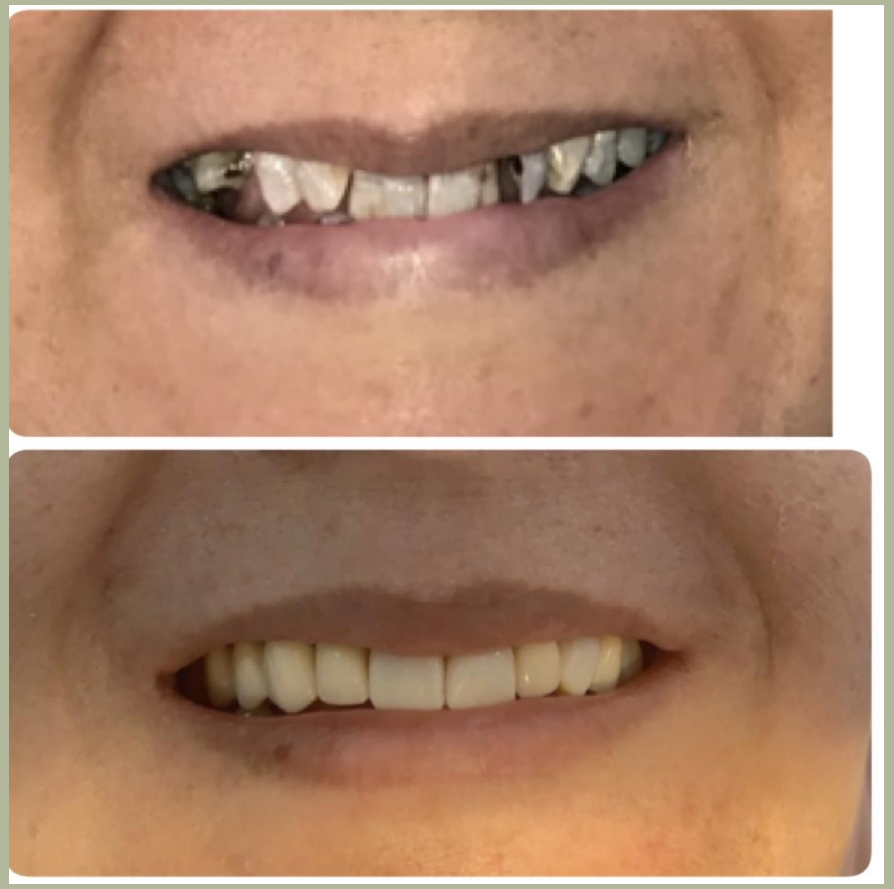
3 weeks follow up

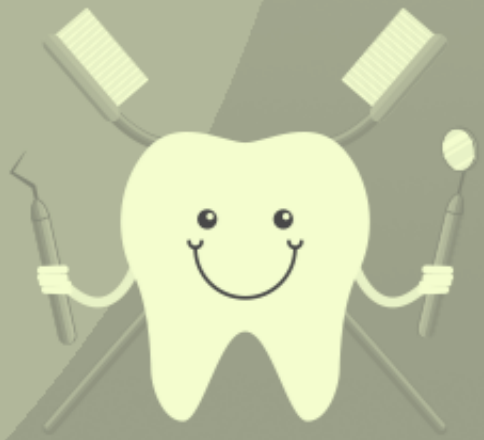


The follow up of the case showed optimum treatment outcome and complete patient satisfaction

Conclusion

Exposing students to mange complete comprehensive case during undergraduate clinical dentistry course enhance their confidence and clinical acumen as an independent practitioner.





References

John Langdon Operative Maxillofacial Surgery (1)

Cohen’s pathway of the pulp (2)

Thank you for your attention