

Libyan International Medical University الجامعة الليبية الدولية للعلوم الطبية

Comprehensive case presentation

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This work was achieved in LIMU dental clinic Under supervision of:

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- o Dr. Amal Alawami
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- O Dr Sara Alkelani





Patient details:

oinitial: F.E.A

o Date of birth:1972.3.20

∘ Sex: female

o occupation: nurse

o Nationality: Libyan





Chief complaint:

Pain in the lower left side of the jaw since one month.

History of chief complaint:

Mild intermitted localized throbbing pain increase during eating and drinking cold drinks, relieved by analgesic's, not interfere sleep no associated symptoms. Pain start from 3 months severe spontaneous localized increase with hot and cold drinks reduce with analgesics, interfere sleep, associated symptoms headache.



Medical history:

no history of any medical condition, surgical procedure or hospital administration.

Drug history: NOS.

Allergic history: NOS.





Dental history:

- RCT from 4 months
- Extraction

'no complication associated'.





Family history:

- Diabetes mellitus.
- Hyper tension.

'from mother side'

Social history:

- Married with 5 children.
- · Not smoker.



extra-oral examination:



o Face: symmetrical.

Skin: fair, no lesions

o TMJ: no clicking ,no deviation, no subluxation, and not tender to palpation.

o Lymph node: not palpable, not tender to palpation.

intra-oral examination:













Soft tissue:

- o Lips: in-competent
- o Labial and buccal mucosa: NOS.
- o Hard and soft palate: NOS.
- o Tongue: fissured.
- o Floor of mouth: NOS.
- o Gingiva: generalized rounded margins red edematous, swelling and sinus discharge in lower left side related to lower left 6.

Oral hygiene index simplification

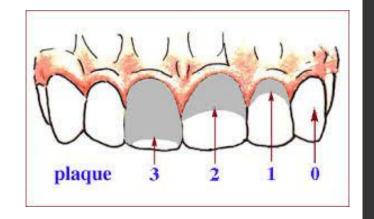


plaque

7		1
ca	lcul	1118
Cas		

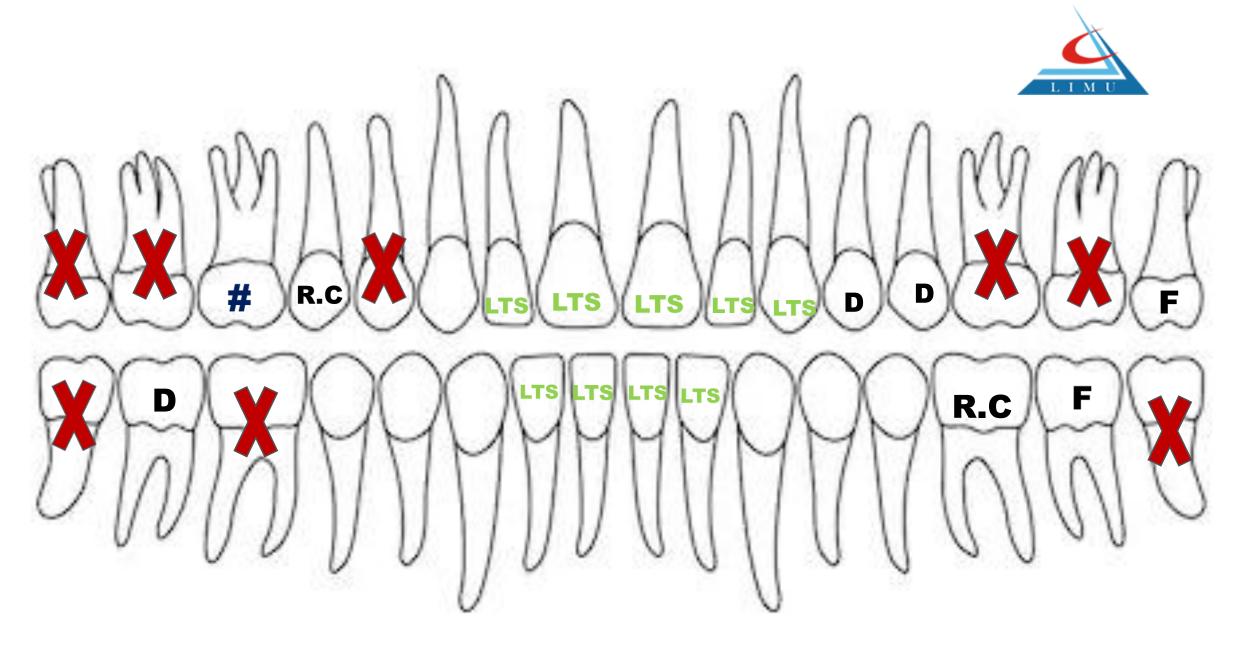
16	11	26
	0	1
1	0	1
46	31	36

16	11	26
2	0	1
2	0	2
46	31	36



Result: 1.66 (fair)







Hard tissue examination:

- o Upper arch: spacing.
- o Lower arch: spacing.
- Incisal relationship: class III.
- O.J: -2mm.
- o O.B: 2mm





Hard-tissue examination:

o Canine relationship:

Right \rightarrow class I.

left \longrightarrow class II.

 \circ Molar relationship:

Can not be detected.

o Central line:

upper → coincidence

lower \longrightarrow shift to the right 3mm.







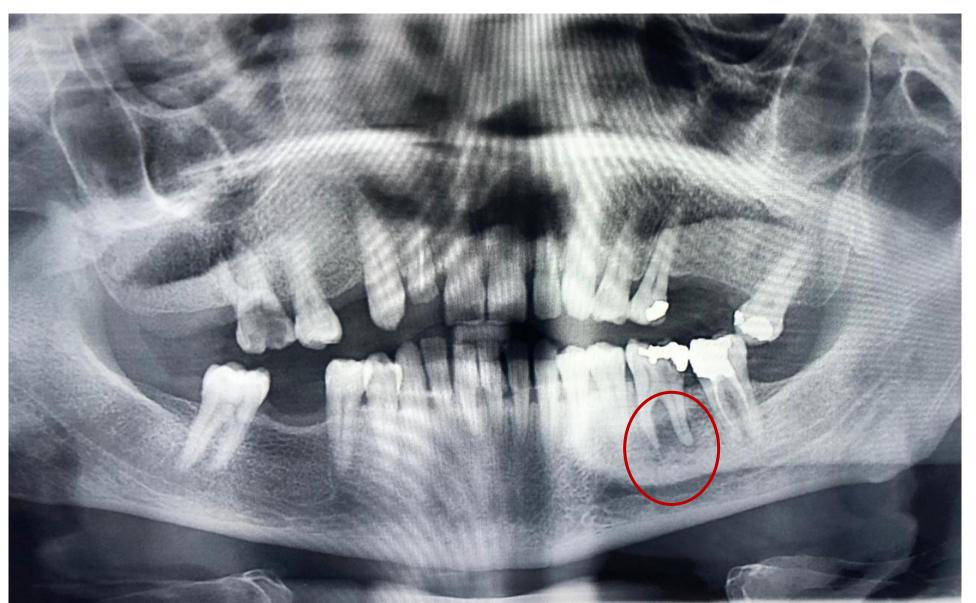
- ochronic periapical abscess.
- oRadicular cyst.
- Osteomyelitis.



Diagnostic radiographs

OPG







IOPA





Provisional diagnosis of chief complaint:

o Chronic periapical abscess



Final diagnosis:

1. Chronic periapical abscess—6

2. Generalized mild to moderate chronic periodontitis.

3. Failure of RCT $\frac{2}{2}$

4. Dental caries $\frac{5 \mid 45}{7 \mid}$



Final diagnosis:

• missing
$$\frac{74|67}{6}$$



Treatment plan:

o Emergency phase:

o phase I:

scaling, root planning, OHI, patient education and motivation.

o Phase II:



Treatment plan:

o phase III:

Restoration :
$$\frac{5 \mid 4 \mid 5}{7}$$

replacement of missing teeth:
$$\frac{7 \cdot 6 \cdot 4}{6}$$

coronal restauration for endo-dontic treated tooth



Treatment plan:

o Phase IV;

Maintenance and follow up.

o Orthognathic surgery and Orthodontic treatment.

Emergency Phase

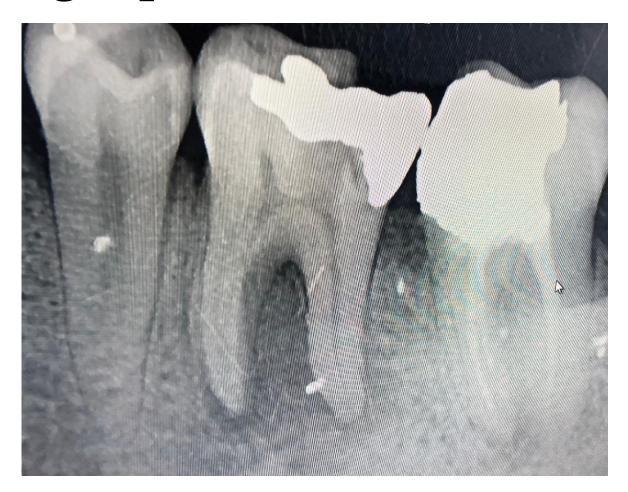


Clinical picture





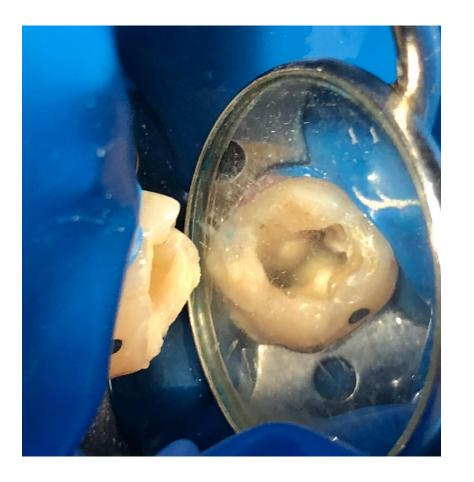
Radiograph





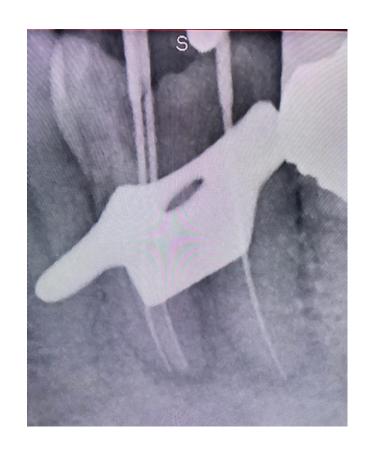
Access cavity







Endo treatment











Phase I





Oral hygiene practice:

tooth brush: soft

Brushing method: horizontal

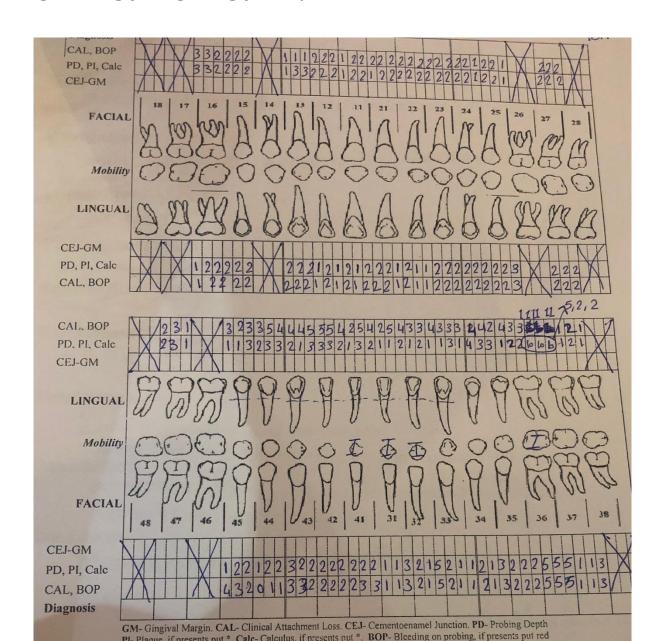
Type of dentifrice: regular tooth paste "crest"

Frequently: occasionally

Any other: no

Periodontal chart:





Periodontal status: (clinical examination)



Mild to moderate Generalized attachment loss

$$_{\circ}$$
 Severe attachment loose related to $\begin{array}{c|c} \hline & & & \\ \hline & 3 \ 2 \ 1 \ 1 \ 6 \end{array}$

$$_{\circ}$$
 Mobility grade I related to : $\begin{array}{c|c} \hline \\ \hline 1 \\ \hline \end{array}$, Mobility grade II $\begin{array}{c|c} \hline \\ \hline \end{array}$

furcation involvement: absent



Radiographic examination:



Generalized mild to moderate horizontal bone loss



Diagnosis:

Generalized mild to moderate chronic periodontitis



Prognosis:

o Over-all prognosis: Good



Treatment:

o Scaling.

o Root planning.

 \circ OHI.

o Patient education and motivation



Re- evaluation after 3 weeks:

o "Generalized decrease in CAL.

o improvement in oral hygiene.

o Gingival curettage to pocket related to

Phase II



Extraction of 6









extraction — 6









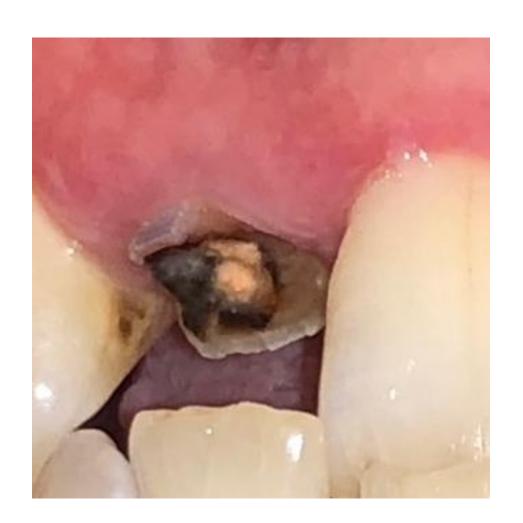
Phase III



Endodontic re-treatment 2

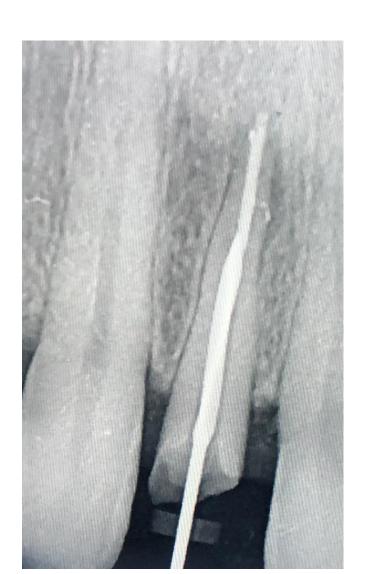


Clinical photograph



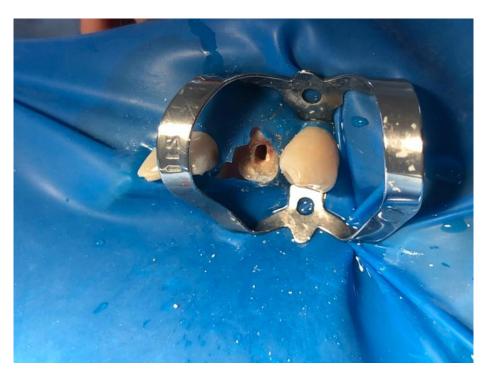














Endodontic treatment — 4





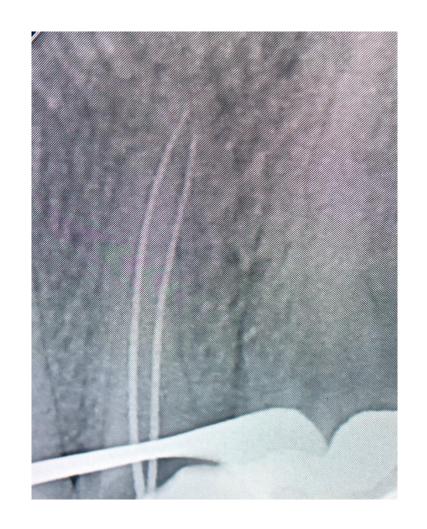
Access cavity



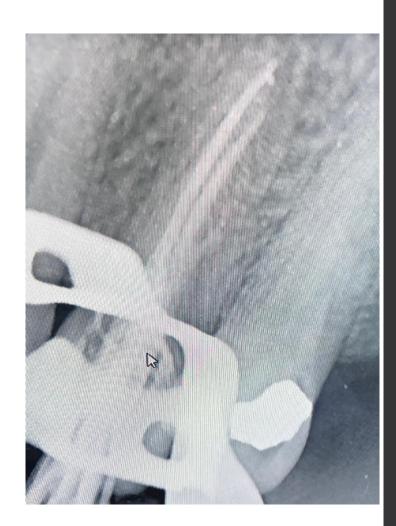




Endodontic treatment







Composite restoration

Composite restoration 7

"by using stamp technique"







Composite restoration — 5











Compsite restoration 5

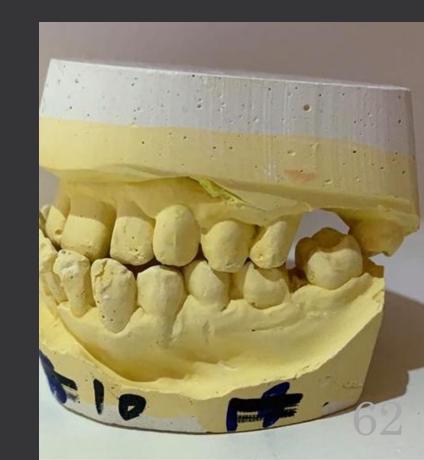




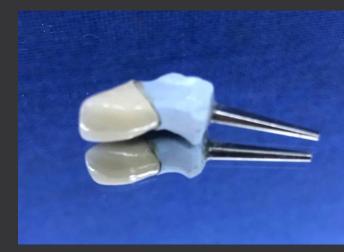




Fixed prosthodontic

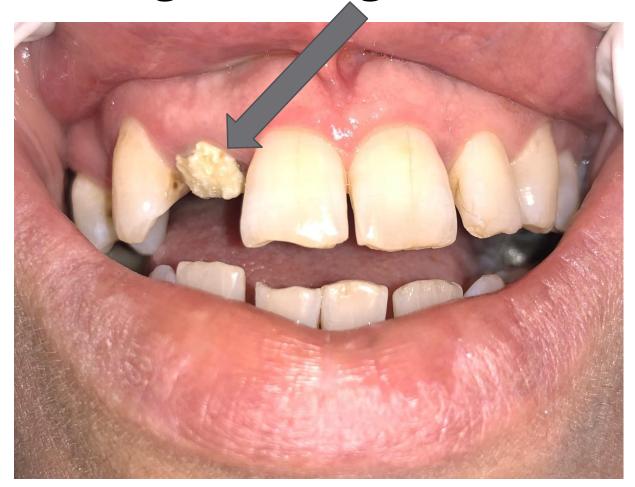


PFM crown for the 2





Crown lengthening





Procedure



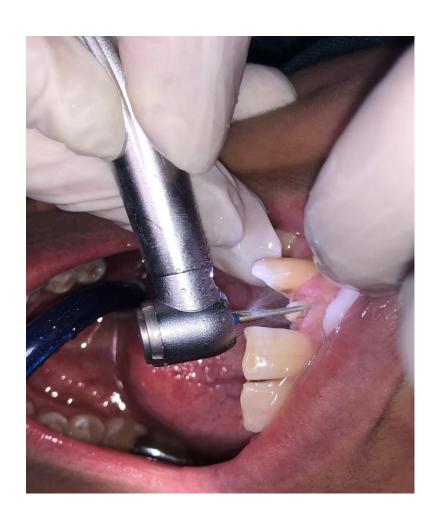






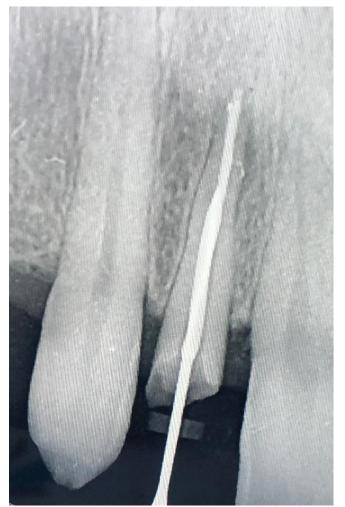


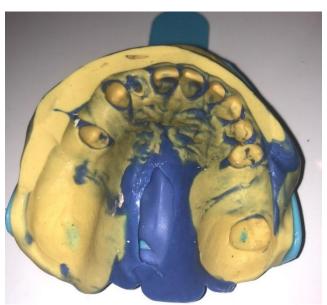
Crown preparation





Post space preparation & impression



















Wax up &Temporary crown









Metal try-in









Bite registration





PFM crown insertion



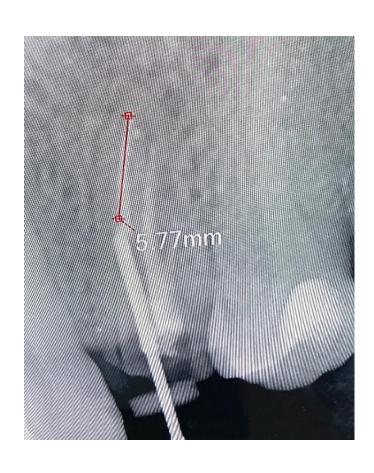


PFM crown for the _____4





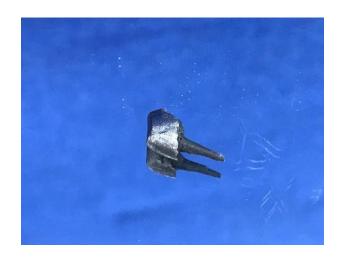
Post space preparation & impression

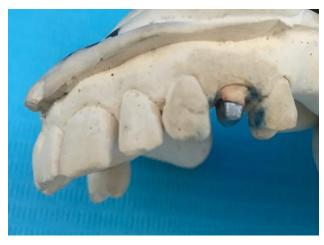






Costume made post and core





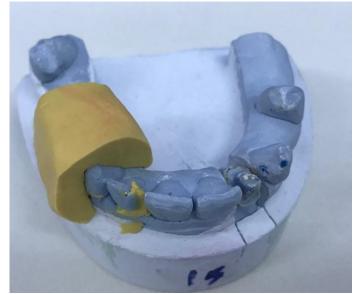


Wax up & temporary crown













Impression of core





Metal try-in













PFM crown insertion











removable prosthodontics part:

Acrylic RPD

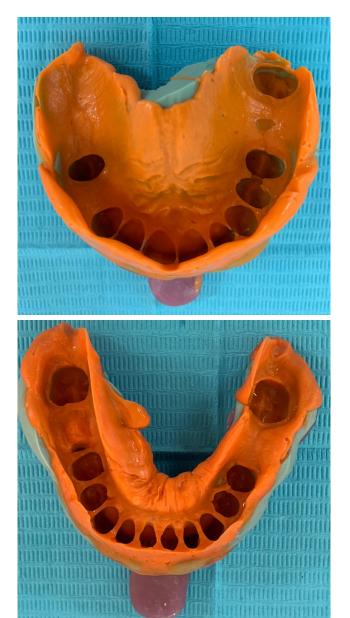
Special tray





Final impression

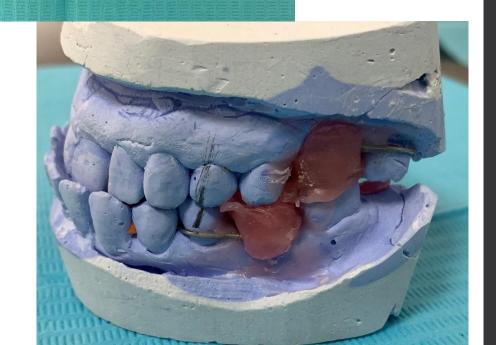






Jaw relation





Try-in:











Insertion





Enameloplasity:





RESULT

































Thank you

For your attention

