

Comprehensive treatment - Full Mouth Rehabilitation case

Presented by:

Safenaz M. Ibrahim Gehani

Role number: 723

This work was achieved by the student: Safinaz M. Ibrahim under the supervision of dental teaching staff at Libyan International Medical University:

- * Rafeeq M. Al Kuafi
- * Abdelmonem A. Abdelnabi
- * Ranya F. Elemam
- Ali Busnaina
- Omar A. Huni
- Naima Beltamer
- Nada Kashbor
- Omer Zyou

+ Personal Data

Name: Z.K.E

Age: 19 years (30/03/1998)

Gender: Female

Nationally: Libyan

Occupation: Student

Material & Society: Single



Chief complaint & History of Chief complaint (1)

C.C:

Pain related to lower left back teeth, since one week.

■ H.C:

Acute throbbing intermittent localized pain started one week ago, triggered by biting on heard objects. Once the pain starts it takes minutes to stops by its own. It doesn't interfere with sleeping. Also the patient doesn't notice any referred or radiating pain. No medication was taken by the patient.

The tooth was diagnosed one year ago as irreversible pulpitis by another dentist. And the patient tended just one visit and doesn't complete the treatment.

■ Medical history: N.O.S

■ Drug history: N.O.S

■ Allergic history: N.O.S

■ Family history: N.O.S

- Social history: single. Not smoker neither alcohol drinker or drug abuser.
- P.t is on balanced diet and drinking about 8 cups of water daily, brushing teeth twice a day with vertical and horizontal techniques .sometime she is using mouthwash also.

*Dental history

■ Not completed **RCT** for the lower first molars, hence patient attended just one visit.

Oral hygiene practice :

- Brushing: twice a day regularly
- Brushing method : horizontal and vertical
- Kind of Dentifrice used : not specific
- Any other orophysiotherapeutic Aids: sometimes using mouthwash



Extra-oral examinations

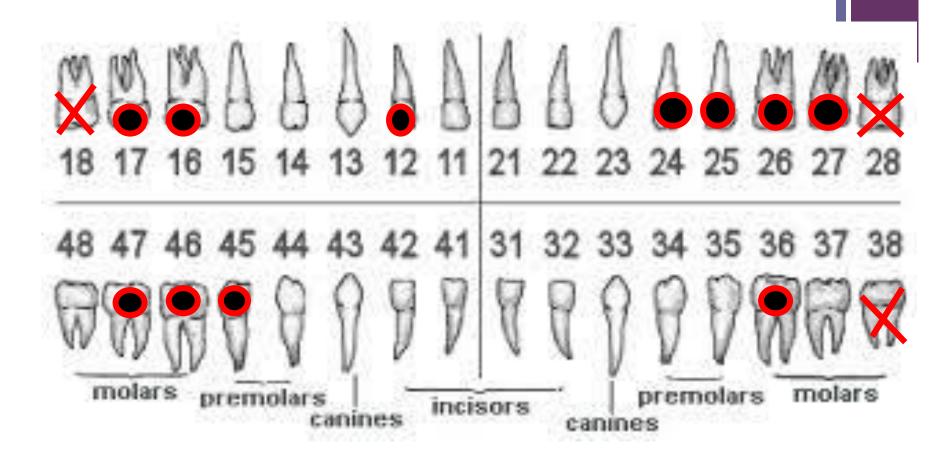
■ TMJ status:

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

■ Lymph nodes :

not palpable, neither tender.

*Dental Chart



DMFT: 11

■ Clinical examination for the offending tooth revealed badly broken down tooth . Which is tender to <u>vertical</u> percussion, but it's not tender to palpation.

■ Differential diagnosis:

- 1) acute periapical periodontitis
- 2) acute periapical abscess
- 3) Periapical granuloma

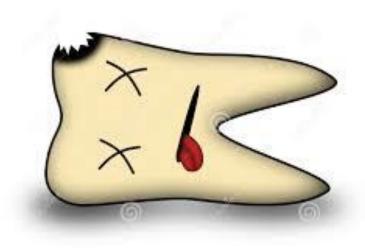


Intraoral Periapical radiograph





Acute periapical periodontits

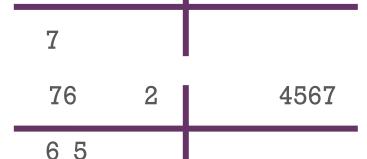




Treatment plan

- Emergency phase : extraction
- Phase I: O.H instruction & scaling
- Reevaluation of phase I
- Phase II : extraction

■ Phase III: restoration



Replacing of missing teeth

Phase IV: reevaluation

Five months later:

- the patient came to the clinic with two chief complaints.
- The 1st: in patient words 'I need to replace the missing tooth'
- H.C: the tooth was extracted 5 month ago, due to caries as it was diagnosed as hopeless tooth. (no complications)

- The 2nd: bleeding on brushing since one week.
- H.O: bleeding on brushing related to upper right anterior teeth, started with brushing and stops after 1 minute by its own. Accomplished by mild annoying dull pain .p.t tried to use salty water rinse but with no to little improvement.

+Extra-oral photographs







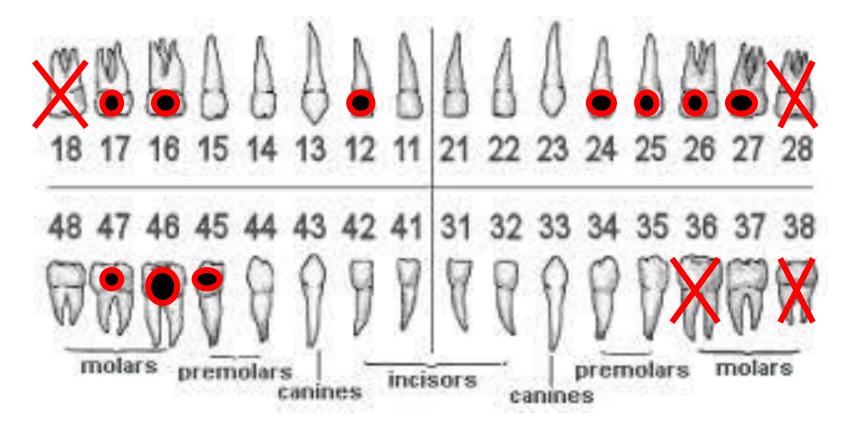


strait profile





Dental chart



DMFT:11 oral hygiene index simplified: 0.3 good

Periodontal health

- Normal gingival collar pink color, with normal scalloped margin, and knife edge IDP. Except the area related to chief complaint exhibit some gingival oedema with blunt IDP.
- There is normal stippled gingivae.
- Pocket depth within normal range for all aspects.
- There is bleeding on probing related to upper Right central incisor, upper right lateral incisor and upper right canine of score 1 SBI.
- There is no mobility.
- There is no recession .

Intraoral photographs



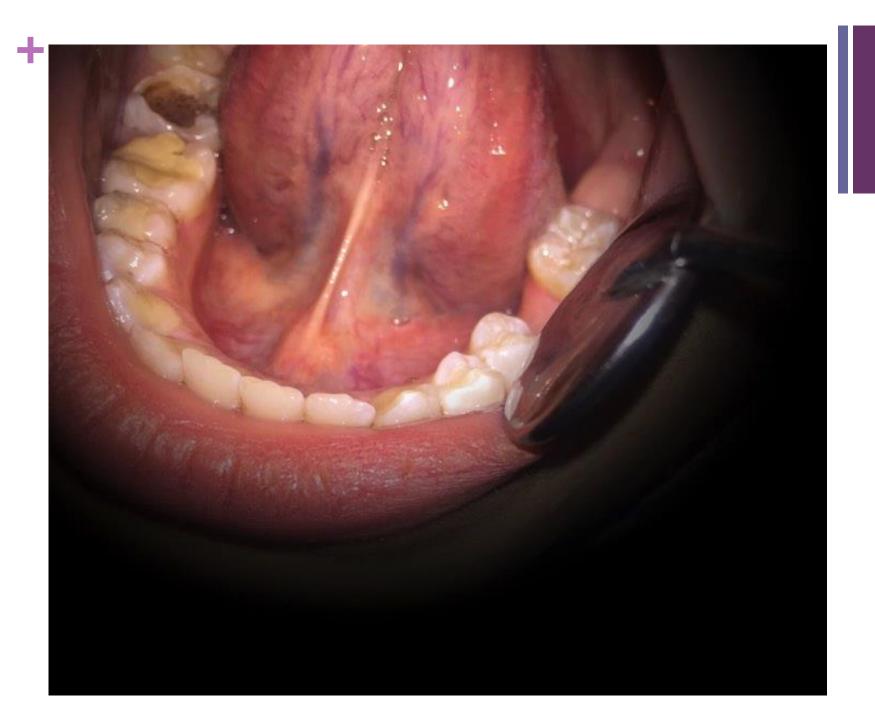
















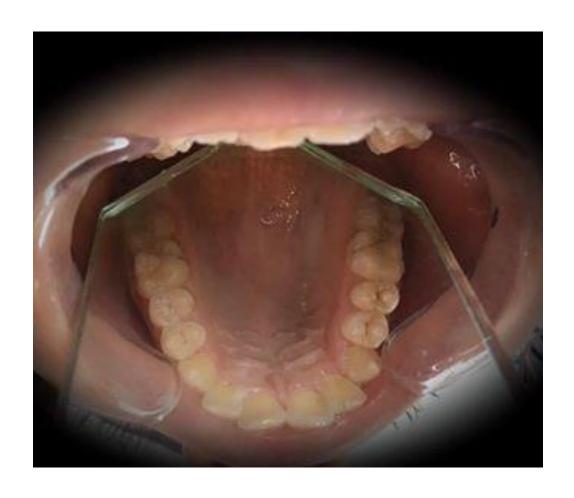














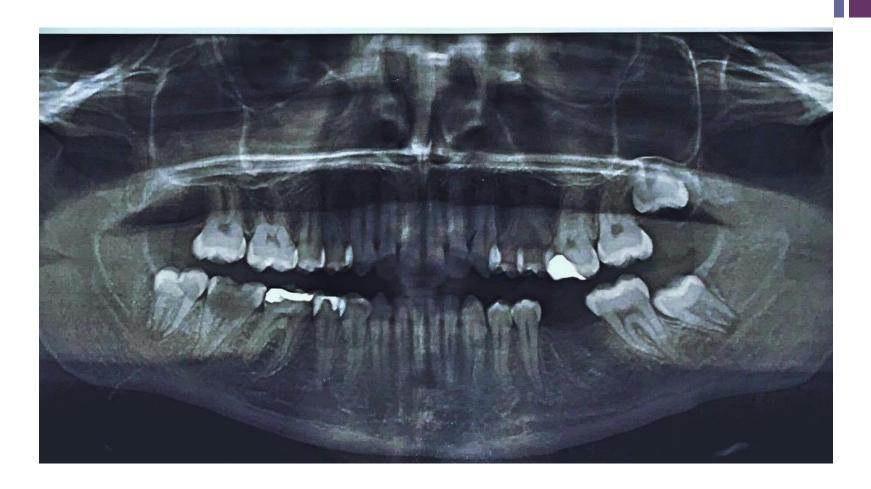


Extra oral radiograph





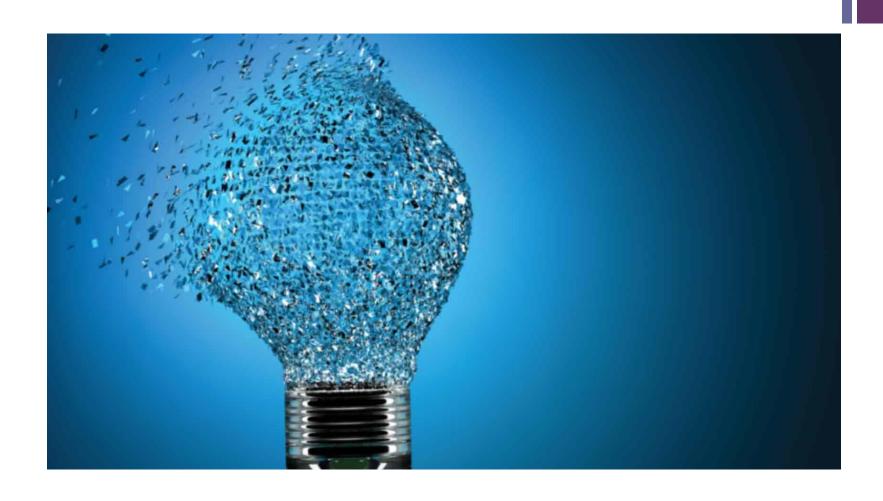
Extra Oral Orthopantogramic Radiograph



- The patient is **unidirectional** group function occlusion.
- Class III with no modification according to Kennedy classification.



+ Treatment plan

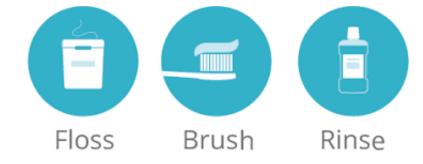




Treatment plan

Phase I therapy:

- ◆ Patient motivation.
- ◆ Oral hygiene instructions.
- ◆ Scaling.
- ◆ Fluoride application / Fluoride varnish *



Reevaluation of phase I therapy.

+ Diet sheet

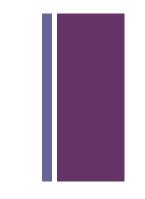
نوع الوجية	الناكولات والمشروبات	الساعة	الأيام
مطور	فالدان قعوب ع كوب ماء	E1 -7 '00	الرنجاء
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غذاد	مكورة مع ملايلي +عد + كو العاد + شاي	9:3°	
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عفاد	أزرع ملاطه داوم وكوبا شاي وعن	Jeb 3:00	
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اعداء	خيره ووالاع وعنده	Jes 11:00	

+ Phase I





Treatment plan



Phase II therapy:

Extraction of



Because the offending tooth is **non-restorable** badly broken down tooth, that is tender to **vertical** percussion.

Diagnosed as:

Chronic periapical periodontitis.



Lower right 2nd molar

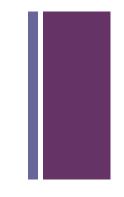


Intraoral Periapical Radiograph





Treatment plan



Phase III therapy:

■ Restoration of decayed

7 6	2	4567
6 5		

■ Replacement of missing

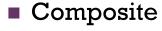


7	6



Different treatment options

Restorations choices:





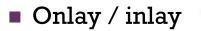
67

2 | 4567

■ Amalgam



■ GIC





6

Replacement choices:

Removable partial denture

Replacement of missing ———— with tooth supported conventional fixed – fixed FPD

■ Implant

Transplantation

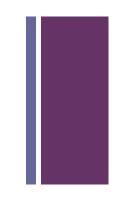


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†Phase IV







Reevaluation of Phase I therapy

- P.t was satisfied, the **bleeding on brushing** problem was resolved.
- No plaque or calculus present.
- Pocket within normal depth.



Before and after











Phase II therapy

■ This phase of treatment was shifted to be done after phase III.



Phase III – part 1

■ Restoration of carious teeth.



+ Upper right 2nd molar



+ Upper right 1st molar





+ Upper left 1st molar

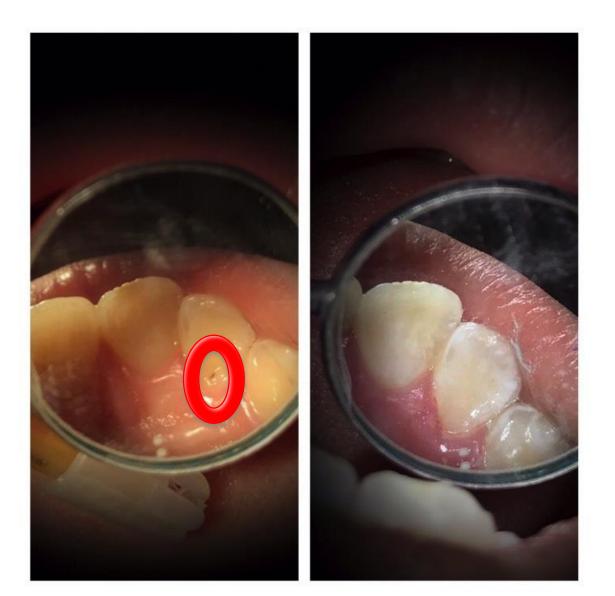


+ Upper left 1st & 2nd premolars





+ Upper right lateral incisor



Lower right 2nd premolar



Lower right 2nd premolar



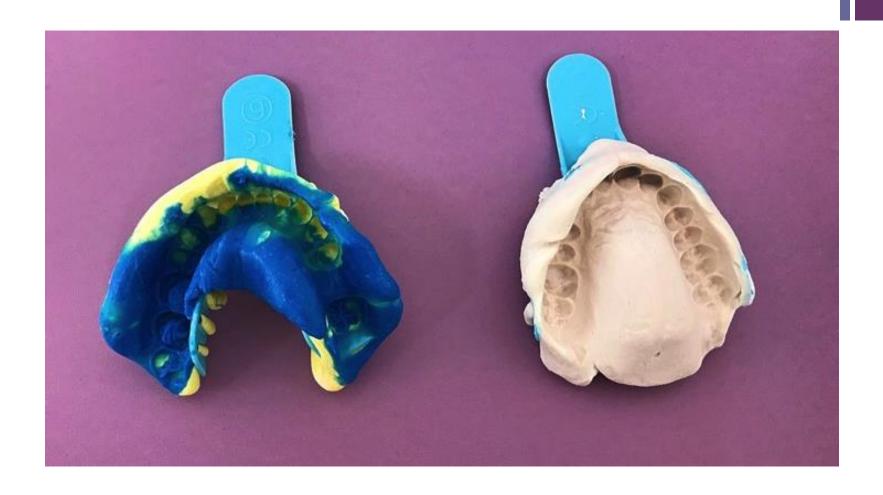
Phase III – part 2 (indirect restoration)



+ Lower right 1st molar - onlay preparation



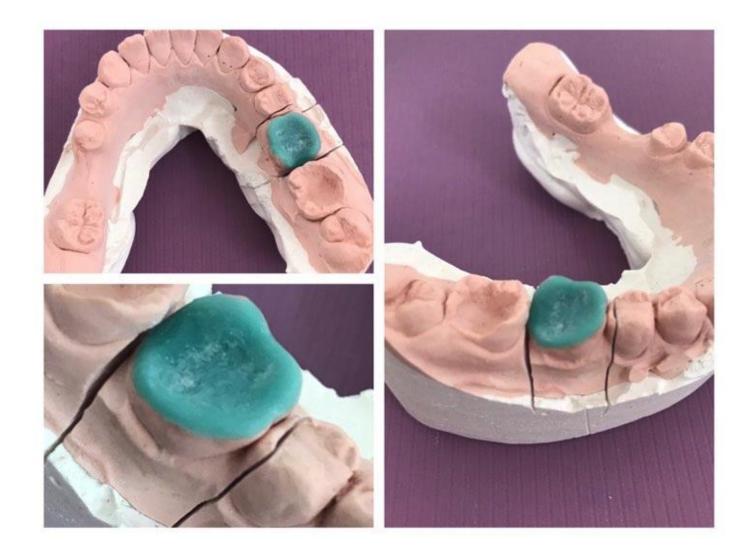
+ Impression







composite try-in



+ Acrylic try-in





Shade selection







+ E-max onlay



+ Occlusal adjustment



+ Onlay surface treatment

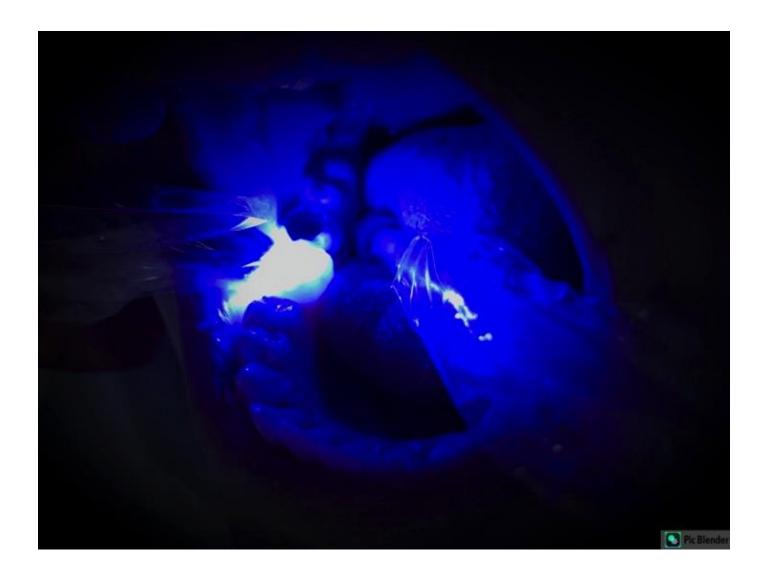




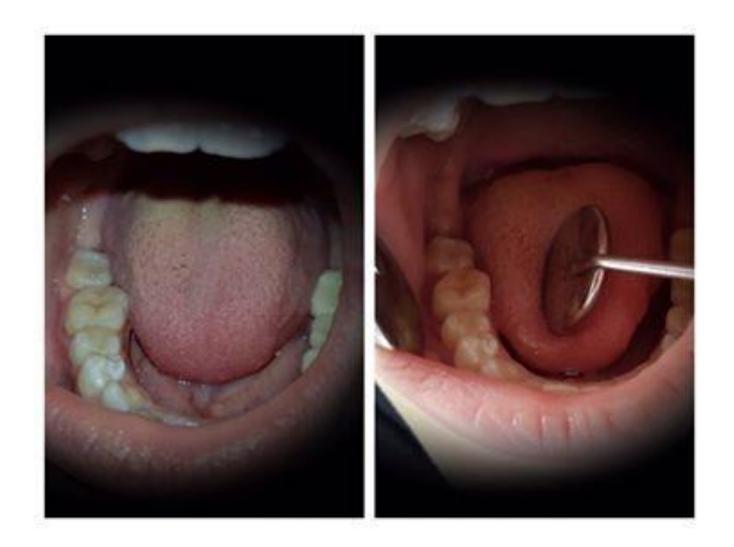
Self etching, self adhesive resin cement



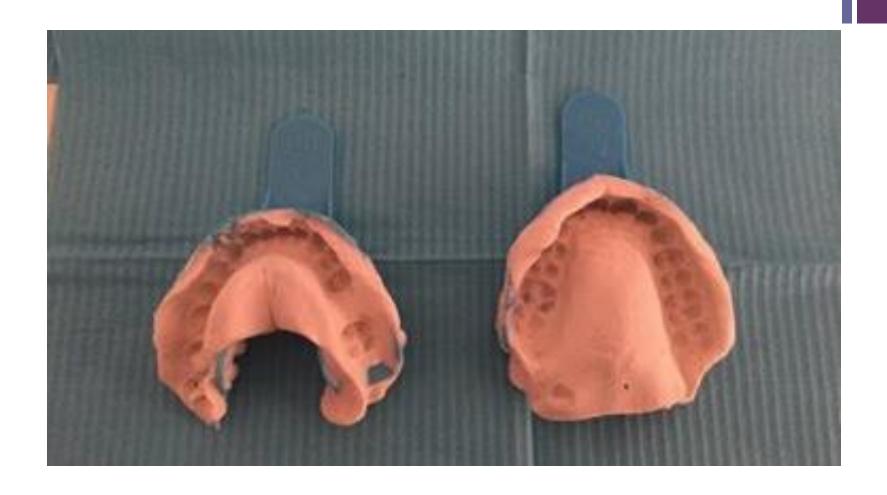
+ Cementation dual







+ Primary impression



+ Bite registration



Diagnostic casts mounted on an articulator





Diagnostic casts mounted on an articulator





+ Wax -up



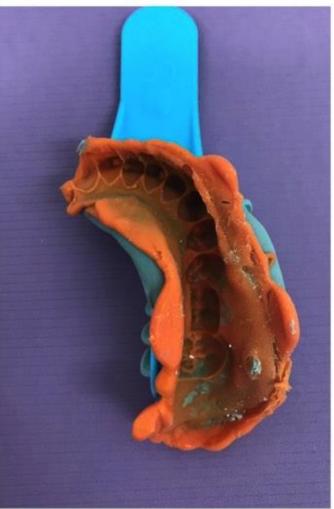




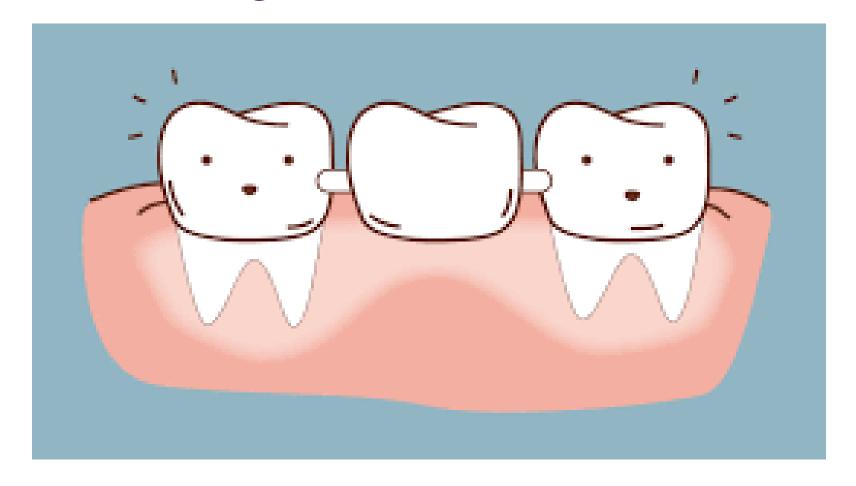


Index taking for the purpose of provisional bridge fabrication





Phase III part 3 – replacement of missing lower left 2nd molar by PFM bridge



Bridge preparation of L 5X7





Preparation of the abutment teeth

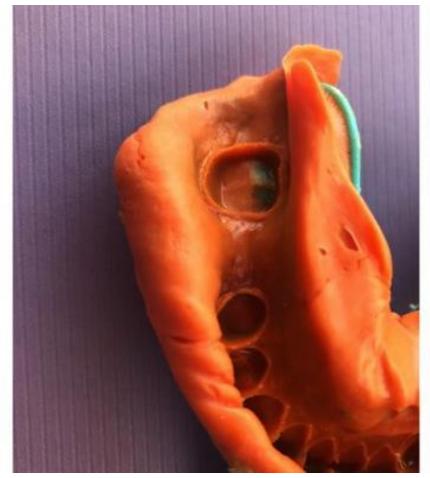


Gingival retraction before final impression making





+ Final impression

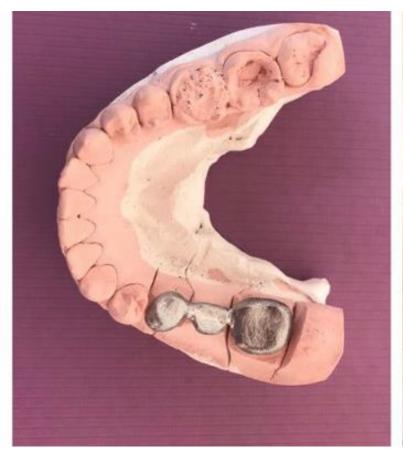




+ Temporary Bridge



Metal frame work





+ Checking and verification of metal framework



Shade selection

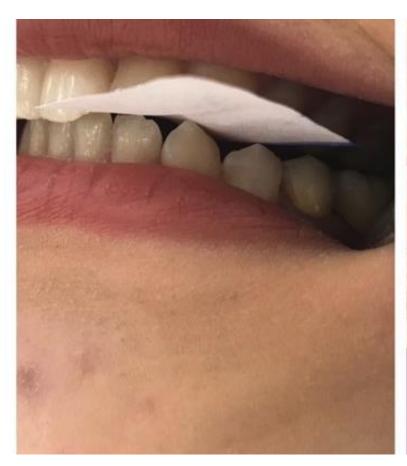




PFM bridge with modified ridge lap pontic design



Occlusal adjustment followed by reglazing





trial cementation







+ Final cementation of the PFM bridge by using GIC



Reevaluation of phase III



Phase II ...





■ Extraction of lower right 3rd molar to replace the lower right 2nd molar.



+ surgery – extraction of lower right 2nd molar







Extraction of the lower right 3rd molar and transplant it in the lower right 2nd molar socket

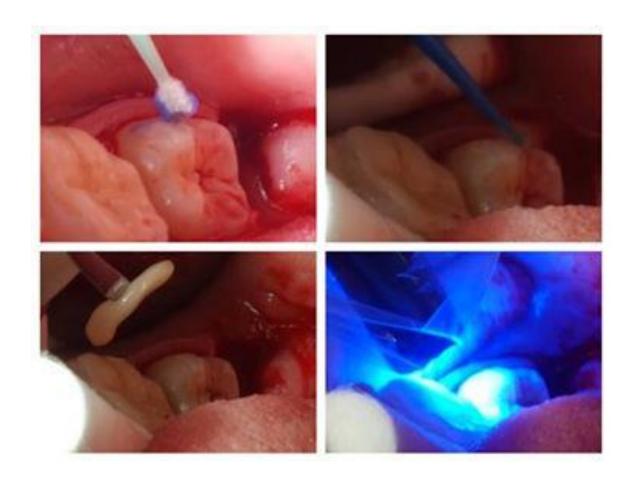




Extraction of the lower right 3rd molar and transplant it in the lower right 2nd molar socket



+ Splinting with composite



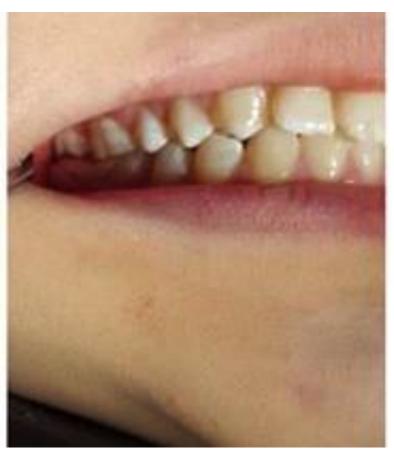
+ Suturing



+ Occlusal adjustment







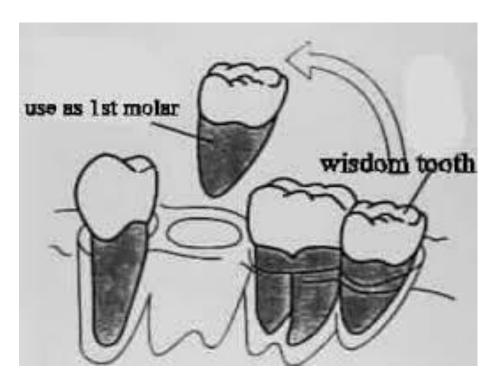
Post surgical radiograph





After three weeks later

- There is **no** pain , neither swelling nor tenderness.
- No mobility.







Root canal treatment was done





Phase IV: reevaluation

- Gingival health within normal, no signs of inflammation or active disease.
- There are No complications related to FPD or the onlay



Before and after treatment



Before and after treatment



+

Thank You



