

CASE REPORT OF COMPREHENSIVE DENTAL CASE

A 37 year old female patient, married with 2 children that works as a housewife presented to the clinic with a chief complain pain on the left side.

▪ **Diagnostic procedure:**

• **History examination:**

- ◇ **Chief complaint history:** Patient complained of dull pain of gradual onset the started 2 weeks ago, that lasts minutes. The pain initiated with cold.
- ◇ **Medical history:** Patient is medically free.
- ◇ **Dental history:** Patient hasn't done any dental work except for restoration of premolar tooth from 1 year.
- ◇ **Social history and personal habits:** Regular cleaning teeth by brushing twice daily. No personal habits.
- ◇ **Family history:** her father has diabetes and hypertension.

• **Clinical examination:**

- ◇ **Extra oral examination:**
 - Facial: No obvious abnormalities.
 - TMJ: No significant finding.
 - Lymph nodes: NO significant finding.
- ◇ **Intra oral examination:**
 - ❖ **Examination of the area of chief complaint:** Caries in the lower left first premolar with pain on percussion and no sensitivity on probing. Broken amalgam restoration in lower left second molar without pain on percussion or sensitive to probing. {Fig.5}
 - ❖ **Soft tissue examination:** Normal variants.

❖ **Periodontal examination:**

Hygiene is fair, gingival is pale pink in color, soft, edematous, shiny and loss of stippling.

The gingival bleeding on probing, generalized recession.

The contour of IDP is rounded, scalloping and festooning of the gingiva is present, and the margin is rounded and retractable.

• **Dental examination:**



Fig.1



Fig.2



Fig.3



Fig.4



Fig.5

❖ Teeth examination:

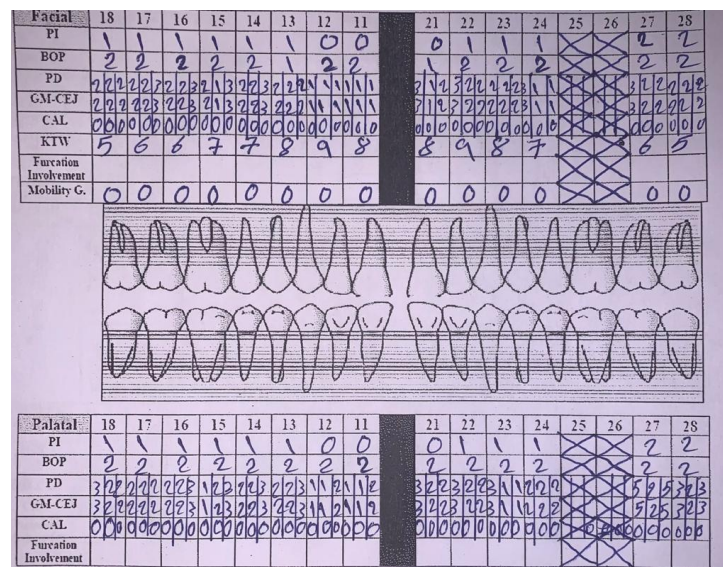
- missing {upper 5&6 in left side, lower 6 in left side and lower 6 in right side}.
- Filled {upper 5 in right side}
- Decayed {lower 7 in left side}.

❖ Occlusal assessment: Class 1 occlusion. {fig. 1&2}

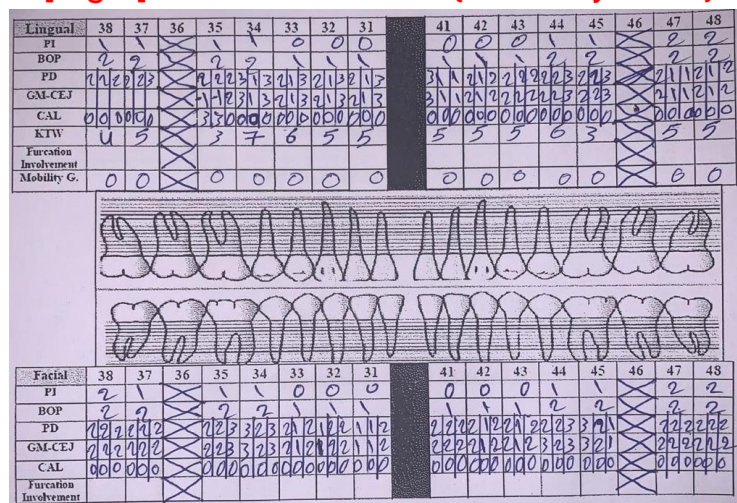
❖ Generalized stains especially on lower and upper anterior teeth. {fig. 4&5}

❖ Periodontal chart {fig. 6&7}

• Periodontal chart:



[Fig.6] Periodontal chart {maxillary teeth}



[Fig.7] Periodontal chart {mandibular teeth}

■ **Diagnostic:**

- Necrotic lower left second molar.
- Acute irreversible pulpitis in lower right premolar.
- Acute irreversible pulpitis with periapical pathosis in lower left first premolar.
- Biofilm induced gingivitis with reduced periodontium in lower right second premolar.

■ **Diagnostic Aids:**

Radiographic examination:



Fig.8

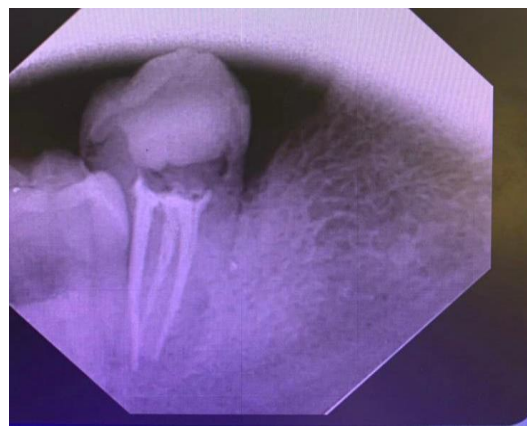


Fig.9



Fig.10

- **Treatment planning:**

- i. **Preliminary [Emergency phase]:**

- Access cavity for lower left first premolar

- ii. **Disease control phase:**

- 1-scaling and polishing. {fig.11,12}

- 2-Remove caries on lower left and right first premolar.

- 3-Remove caries on lower left second molar.



{Fig.11} scaling and polishing upper arch



{Fig.12} scaling and polishing lower arch

- iii. **Surgical phase:**

- 1-Endo treatment of lower left first premolar. {Fig.14}

- 2-Post, core on lower left 4 and lower right 7.

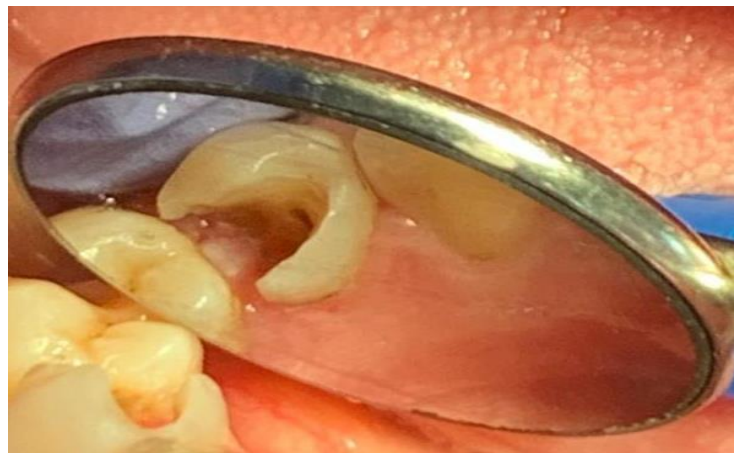
- 3-Access cavity for lower right 4. {Fig.15}



{Fig.13} Pre-operative



{Fig.14} Obturation



{Fig.15} Access cavity lower right 4

iv. Restorative phase:

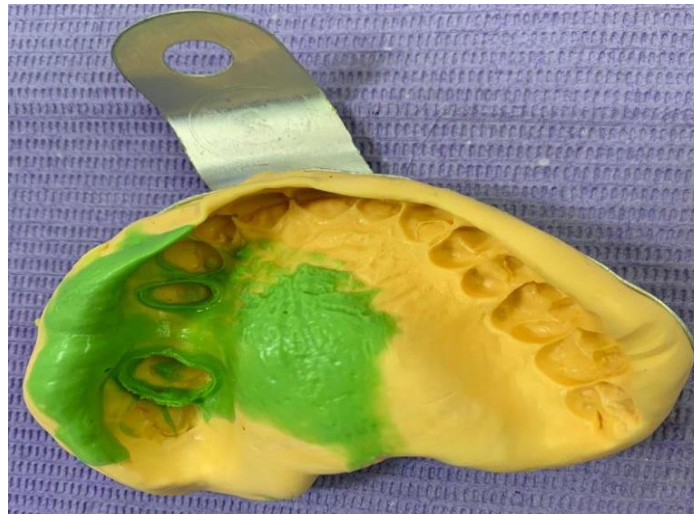
1-Bridge on upper left first premolar and second molar to replace missing second premolar and first molar.



{Fig.16} Impression for bridge {1ry impression}



{Fig.17} Bridge abutment preparation



{Fig.18} 2ry impression for bridge



{Fig.19} Temporary bridge



{Fig.20} Try in {PMMA} (used as temporary bridge)



Buccal view of bridge

Occlusal&lingual view of bridge

{Fig.21} Zirconia bridge

2-Bridge to restore missing lower left first molar.

3-Bridge to restore missing lower right first molar.

4-Crown restoration on lower left 4 and lower right 7.

5-Restoration lower right first premolar.

v. Maintenance phase:

Follow up every 6 months.

The case was done by:

- Dr. Mark Mourad Fawzy Zakhary