

Restorative Case

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Whiston Scheme 2019

Calm Dental Care, Urmston

History

- Demographics
 - 30 year old male, unemployed, body builder, Manchester
- RFA
 - Routine Exam 6/12
- PC
 - “My lower front teeth are really worn down”
 - “I have gaps from missing teeth that I want to fill”
- HPC
 - Severe tooth wear, high energy drink intake, TMJ pain

Medical History

ASA 1

- Cardiovascular⁰
- Respiratory⁰
- Gastrointestinal system⁰
- Renal⁰
- Hepatic⁰
- Endocrine⁰
- Musculoskeletal⁰
- Nervous System – Citalopram 40mg once in the morning
- Blood⁰
- Allergies⁰

Citalopram

- 40 mg once in the morning, used for last two years
- Selective serotonin reuptake inhibitor
- Depressive illness
- Relevant common/uncommon side effects:
 - sleep disorders, dry mouth, altered taste, vomiting, yawning, headaches, bruxism*

Dental History

- Last visited the dentist 6 months ago for upper anterior composite build-ups, regular attender. Been at practice for 7 years
- Brushes twice daily, morning + night with oscillation rotation electric toothbrush
- Mouthwash: Never
- Interdental cleaning: Never
- Patient does not have anxiety towards dental treatment
- Severe tooth wear, restorations, RCT's, XLA's in past

Family History

- No known inheritable disorders

Social History

Alcohol: drinks socially ~ 7 units weekly

Smoke: Never smoked

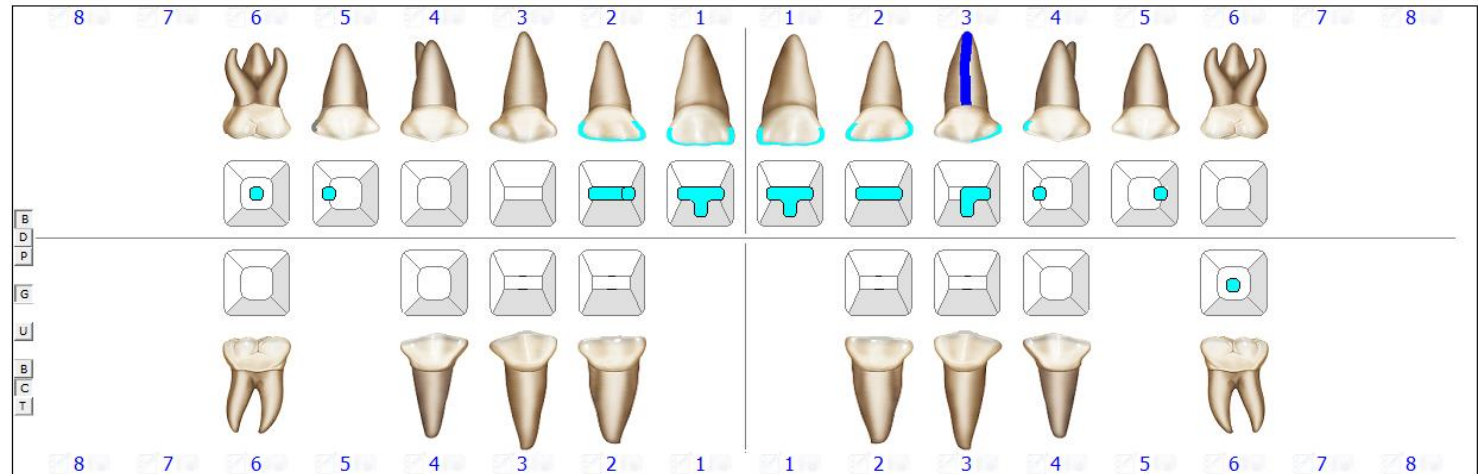
Currently unemployed > Exemption: Income-related employment & support allowance

Examination

- Lips and seal – competent
- Asymmetry – NAD
- Skeletal classification – Class 2
- Lymph Nodes – NAD
- MOM – NAD
- TMJ - NAD

Intra Oral

- Labial Mucosa – NAD
- Buccal Mucosa – NAD
- Gingiva – NAD
- Tongue – NAD
- Floor of mouth – NAD
- Palate – NAD
- Throat – NAD
- Incisor relationship – Class 2 Div 2
- Molar relationship – RHS: Class 2, LHS: Class 2
- Excursive movements - LHS: group function , RHS: group function
- Oral hygiene – good
- BPE: 000/020
- Non-carious surface tooth loss – severe attrition on lower 3-3



Special Investigations

1. Radiographs
 - RBW + LBW
2. Pre-operative photographs
3. Study models

Radiographs



Parameter	RBW – Q1, assess bone levels + caries	LBW - Q1, assess bone levels + caries
Bone Levels	Good	Good
Radio-lucencies	NAD	NAD
Radio-opacities	UR6 O, UR5 DO (negative ledge)	UL5 O, LL6 O
Pathology	NAD	NAD

Pre-operative Photographs



Frontal View - Parted



Frontal View - ICP

Study Models



RHS



Frontal



LHS

- Caries risk: moderate – current dietary factors
- Periodontal risk: low
- NCSTL risk: high

Definitive Diagnosis

1. Lower 3-3 Non-carious surface tooth loss (attrition + acid erosion)
2. Localised supragingival calculus on lower anteriors

Treatment Options

1. Localised supragingival calculus on lower anteriors

- Scale and polish
- Leave and monitor

2. Lower 3-3 toothwear

- Stabilisation splint alone
- Composite build ups LL3, LL2, LR2, LR3
 - +/- stabilisation splint
- Leave and monitor

Treatment Options

3. Lower 1-1 edentulous space

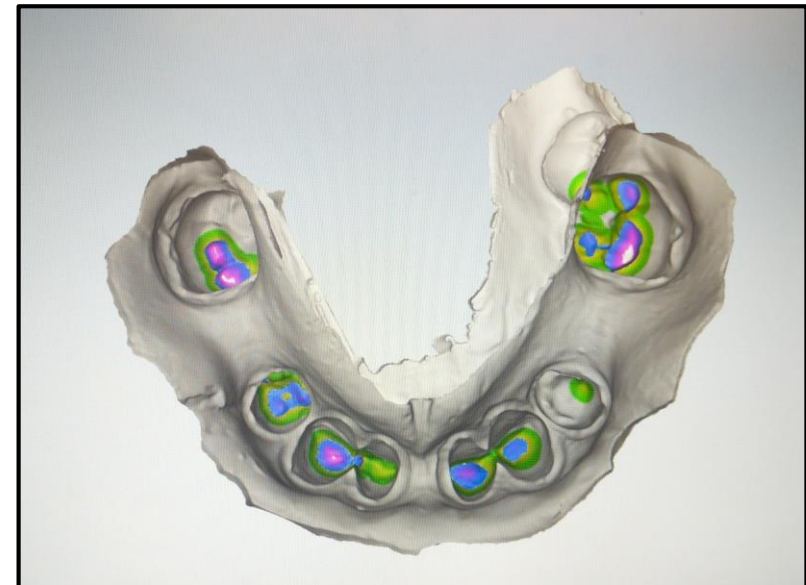
- Adhesive bridge
- Toothborne denture – Co-Cr
- Implant

Proposed anterior appearance



Adhesive Bridge ?

- Intraoral scanner - Planmeca Emerald™
- Scanned models - Planmeca Romexis®



Treatment Plan

- Stabilisation Phase
 - TBI, dietary advice
 - S + P lowers
 - Fluoride supplement – Fluoride TP 5000ppm

Treatment Plan

- Restorative Phase
 - Facebow
 - Lower 3-3 wax up
 - Silicone putty matrix
 - Lower 3-3 composites placed

Study models: lower 3-3 wax up



Silicone putty matrix of wax up



Lower anterior composites



Frontal View - Parted



Frontal View - ICP

Static Occlusion

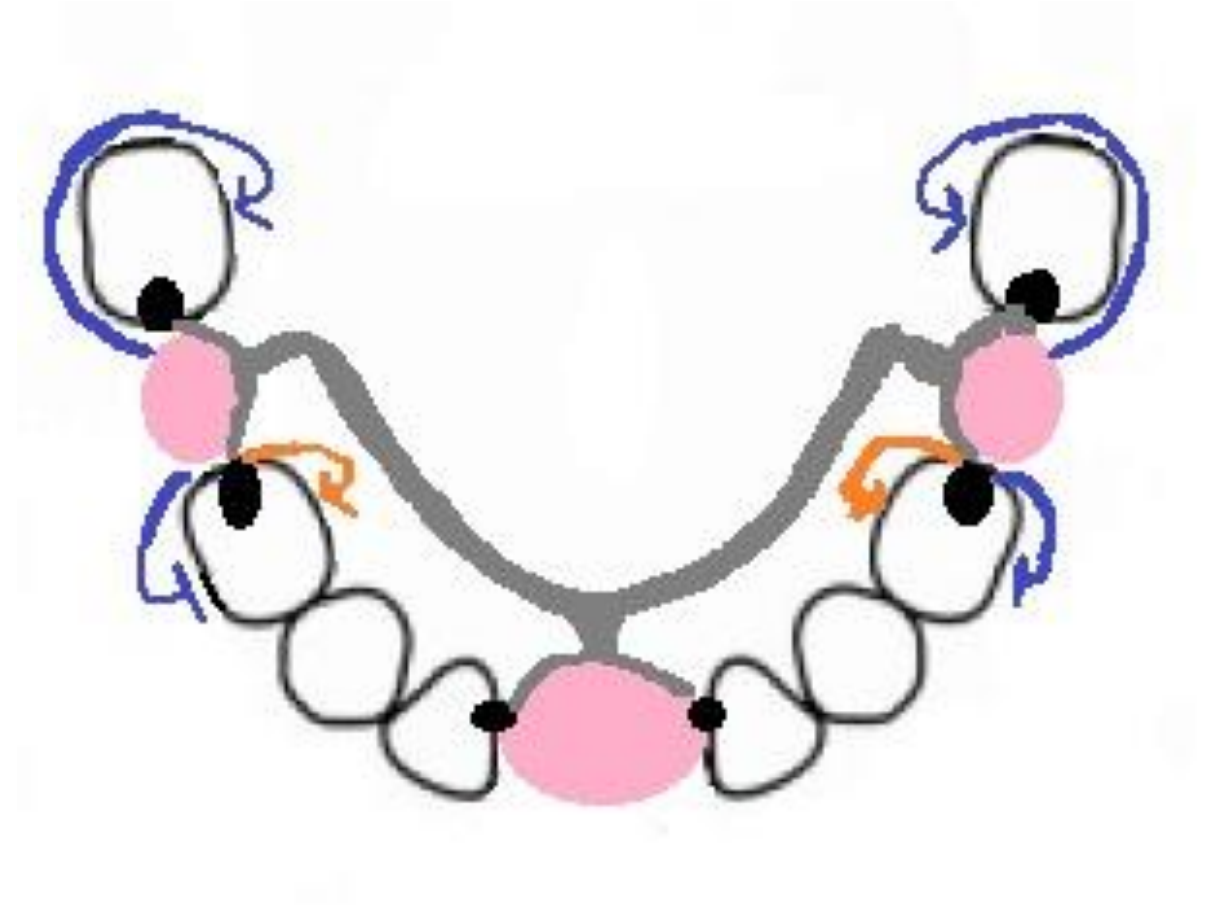


Treatment Plan

- Maintenance Phase
 - Stabilisation splint?
 - Remotivate patient – dietary compliance

Treatment Plan

- Advanced restorative phase
 - Co-Cr lower partials



Co-Cr Design



Post – Operative Photographs



Comparison



Pre-Operative

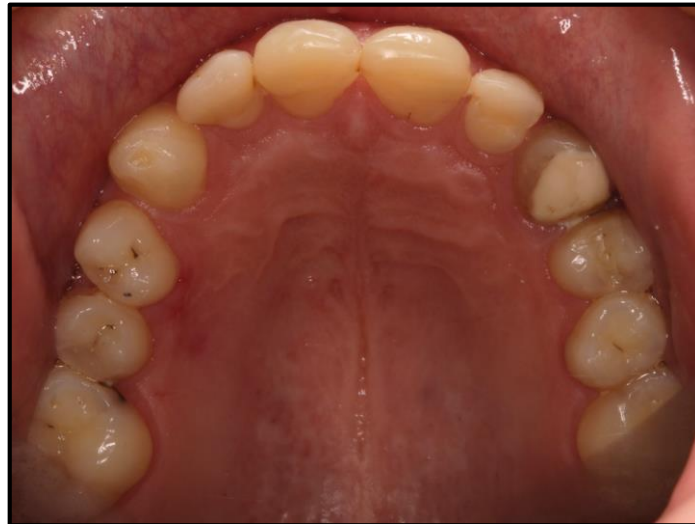


Proposed anterior appearance



Post-Operative

6 Months



Static Occlusion – UL3



LHS Occlusion



RHS Occlusion



6 months – Composites polished



Reflection

- Treatment
 - Co-Cr shining through anterior tooth
- Patient Management
 - Involving patient in all planning stages – improved confidence
- Teamworking
 - Working with other dentists regarding increasing OVD
- Future
 - Caution with image editing
 - Intra-oral scanning - % tooth loss difference?