

Demographics & RFA

- 33-year-old female, living in U.K. for last ten years
- New patient exam

Complaints and History of complaints

- Teeth 'breaking down', getting worse over last two years. Sharpness of fractured teeth causing pain.
- Patient expectation: 'fix holes, improve appearance'

Medical History

- None, ASA 1

Social History

- Stopped smoking a year ago (10 daily for 10 years)

Dental History

- Last seen dentist 10 years ago in Latvia, 46 RCT
- Extremely nervous – traumatic extraction 36/needles
- Drinks several cups of sugary coffee throughout day
- Brushes once daily, no interdental cleaning

Significant Examination Findings

- BPE: 323/322
- Mesio-angular 48, 18 erupted to gingival level
- Traumatic ulcer from buccally tilted 18
- 46 RCT – mesial roots unfilled
- Gross 14, 24 cavities, root canals exposed – no periapical radiolucencies
- Generalised cervical arrested caries
- Plaque score 80%, bleeding score 33%
- High caries risk, medium periodontal risk

Diagnosis

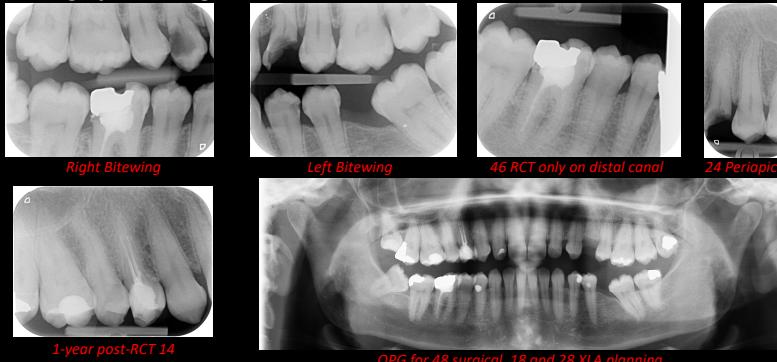
- Generalised plaque-induced gingivitis with chronic localised mild periodontitis
- Irreversible pulpitis: 14, 24
- Reversible pulpitis:
 - Primary caries: 18, 17, 16, 12, 26, 28, 34, 35, 44, 47
 - Secondary caries: 46

Pre-treatment Photographs



Note – 14 extirpated, 16 composite restoration and 24 XLA already done

Radiographs & Images



Post-treatment Photographs



Treatment options

1. 14 XLA (> single tooth denture, bridge) or RCT (>crown or possibly a post-crown, onlay, composite restoration).
2. 24 XLA (> single tooth denture, bridge) or RCT (>post-crown).
3. 18, 28, 48 XLA or dress and monitor
4. 46 Replace amalgam restoration +/- RCT retreat.
5. Provisional GI dressings: 18, 17, 16, 12, 26, 28, 35, 34, 44, 47, replaced with definite restorations.

Treatment provided to stabilise oral health

1. Prevention: diet analysis, OHI given, F⁻ varnish applied, F⁻ mouthwash and toothpaste prescribed.
2. 24 XLA – In subsequent appointment, tooth was very TTP and difficult to eat on, patient did not want RCT. Gap to be filled with bridge.
3. 14 RCT with metal ceramic crown planned.
4. Therapist referral, full periodontal charting, scale and polish done.
5. Provisional GI and definitive restorations placed due to the patient presenting in pain in subsequent appointments and time spent removing caries.

Post-stabilisation treatment

1. Reassessed diet, perio, OHI, bleeding score (8%).
2. Articulated study models using facebow for 14 metal ceramic crown and 24 bridge planning.
3. Reassessed 14 crown – additional option to restore with composite offered due to amount of coronal structure present. Patient elected for this less invasive option first depending on aesthetics.
4. 18, 28, 48 XLA reassessed due to difficulty improving OH in these regions. OPG taken, 28 XLA and surgical 48 XLA done.

Future: 18 XLA and 24 adhesive bridge to be done.

Team working

- Working closely with supervisor skilled in oral surgery for 48 surgical extraction. Referral for radio-opaque masses in mandibular midline.

Reflection

- Baseline OPG would be more appropriate for 8's.
- Unfortunate that patient opted for 24 XLA rather than RCT, her initial anxiety influenced this decision.