Posterior Indirect Restortion Mrs D

History

Presenting Complaint

Mrs D presented as a new patient, she had no issues with her teeth

Medical History

Clear

Extra - Oral Examination

- no TMJ clicking/crepitus/pain
- no limitation/deviation on opening
- no swelling/asymmetry/tenderness
- no headaches

Intra-oral Examination

- Soft tissues healthy
- Cheek faceting evident
- Relatively unrestored dentition
- Caries in 36

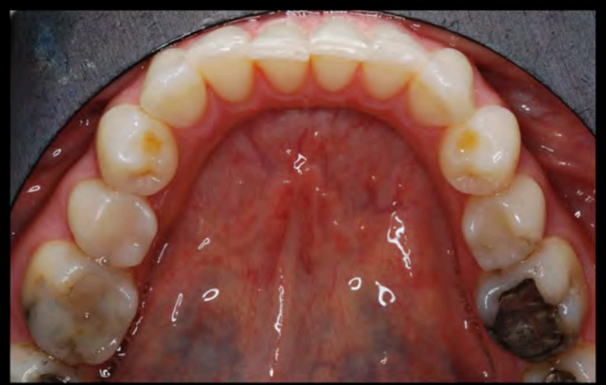
Special investigations

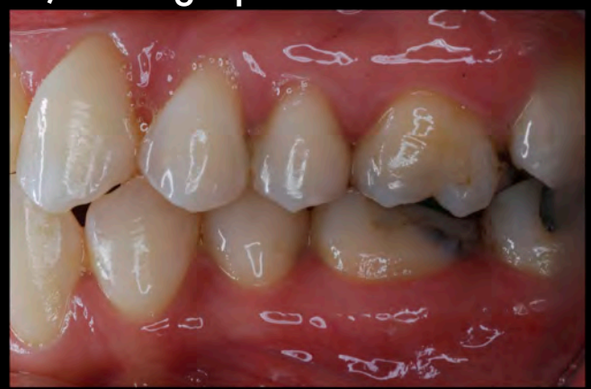
- 36 responds positive to endo frost

Occlusion

Class 1 well aligned
Guidance on right lateral excursions is group function on 13,14 with a NWSI on 24
Guidance on left lateral excursions is group function from 21 - 26 with a NWSI on 14
Stable posterior support
No WI/ NWSI

Intra Oral Photos/Radiograph





Radiographic Results
36 has no obvious periapical pathology
The cavity is very shallow

Treatment

Treatment Planning

Given the extent of the restoration to be replaced an indirect restoration was indicated. Given that it was very shallow it was likley that the preparation would not be very retentive. Given also that this tooth was involved in left lateral guidance it was subject to high occlusal forces. It was therefore decided to prepare the tooth for a gold onlay that had a metal oxide layer to facilitate adhesive cementation.

Treatment

The old restoration was removed and caries removed. The tooth was then prepared for a metal onlay. It was decided to leave the mesial ridge as it was intact. Small grooves were incorporated to increase retention form. Immediate dentin sealing was carried out with optibond FL and an impression taken.

At insert fit and occlusion were verefied. Rubber dam was applied and the bond freshened with a small sandblast of 50 micron alumina. The onlay was then cemented with Panavia F as per manufacturers instructions.

After Photos / Radiograph 18/6/12

Reflection

The onlay is working well and the patient is very happy with it. The onlay is part of the group fungtion in left lateral excursions and appears to be dealing well with the forces applied to it.

Non Surgical Perio 1 - Mrs C

History

Presenting Complaint

Mrs C presented as a new patient having not been to the dentist for many years, she was not happy with the appearance of her 11

Medical History

Mrs C suffered from arthritis

Extra - Oral Examination

- no TMJ clicking/crepitus/pain
- no limitation/deviation on opening
- no swelling/asymmetry/tenderness
- no headaches

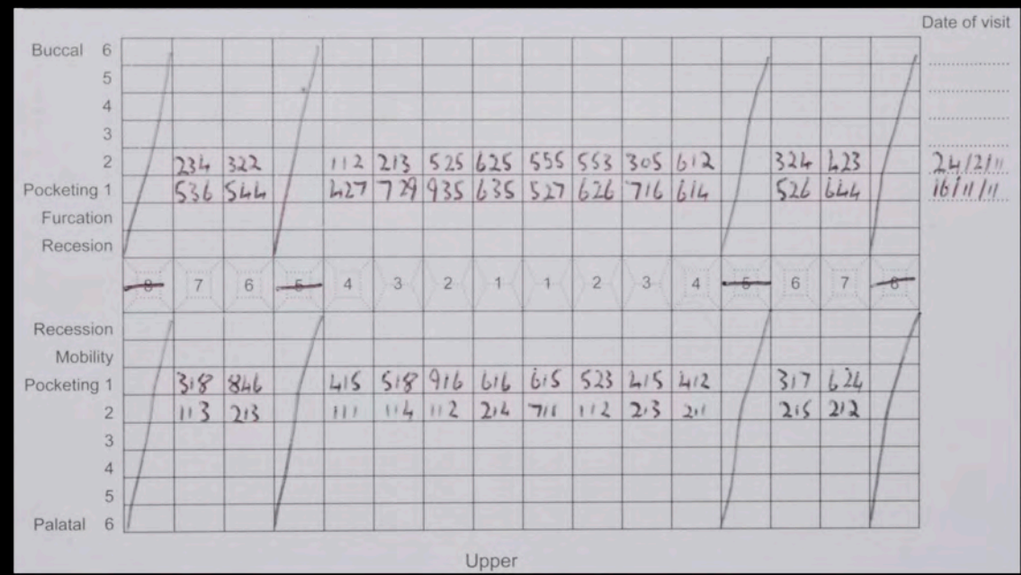
Intra-oral Examination

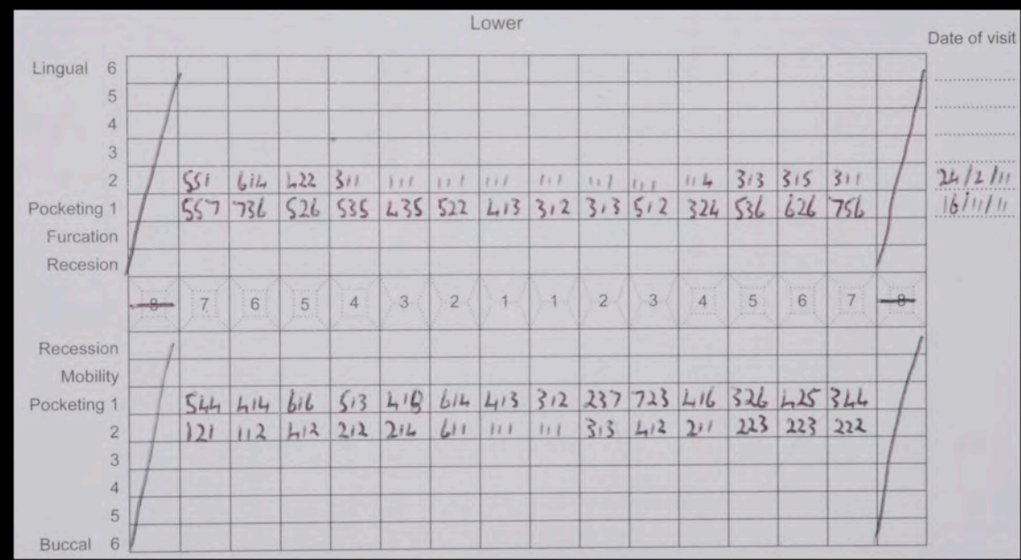
- Soft tissues healthy
- Cheek faceting evident
- Relatively unrestored dentition

Special Investigations

Teeth 36 and 45 respond positive to endo frost

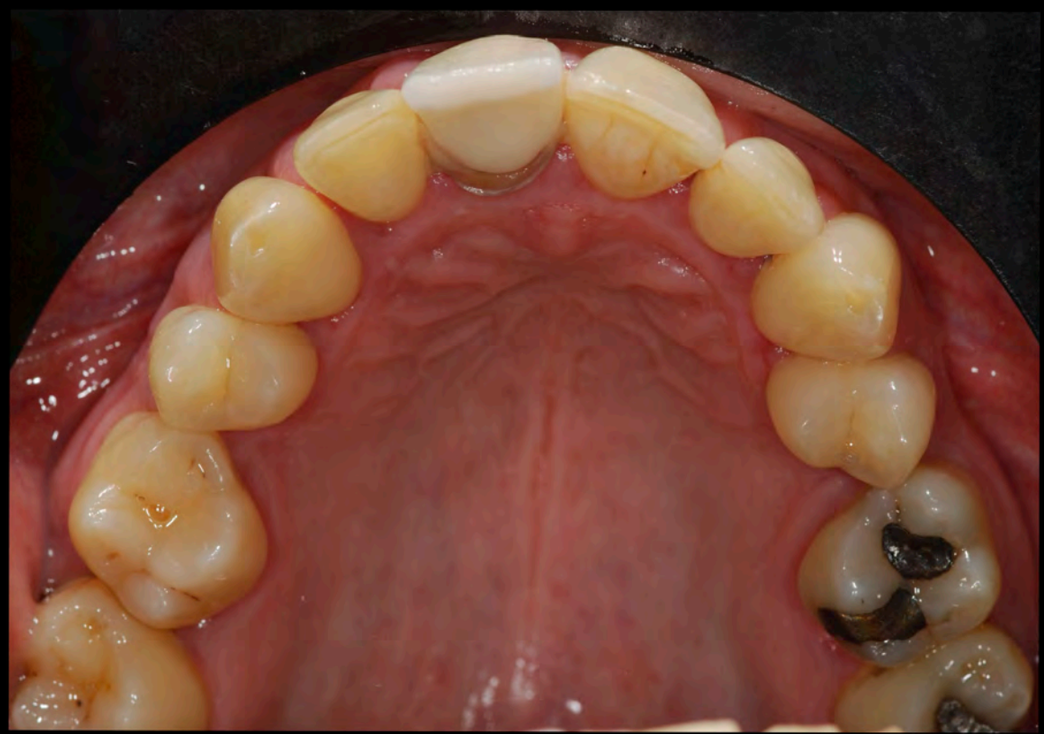
Full Mouth PPD's



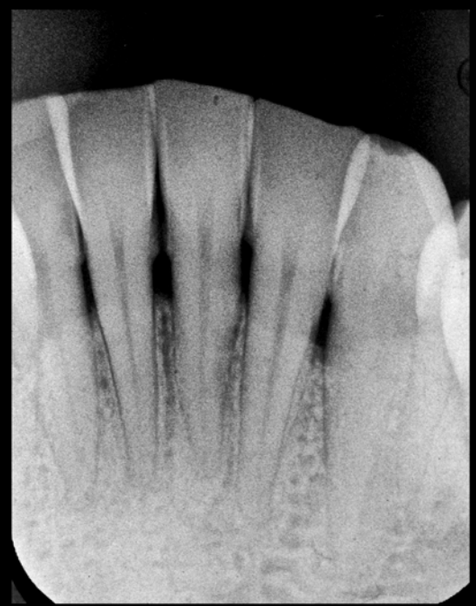




Intra Oral Photos 14/11/11




Radiographs 14/11/11



Radiographic Results

- generalised horizontal bone loss of 4-5 mm seen associated with interproximal deposits of calculus
- caries noted on 36 and 45 both extending very close to the nerve
- 11 has a poorly fitting crown supported by an ill fitting dentatus screw

Treatment

Treatment

Although this lady's main concern was her 11 it was much more important that the underlying periodontal condition was stabilized as well as treating the caries.

Full mouth scaling was undertook in 2 consecutive days under anesthethic. 500 mg amoxicillen tid for 5 days and 400 mg metronidazole tid for 5 days were prescribed following full mouth debridement.

Mrs C was given advice on cleaning and shown how to use green and yellow tee pees and instructed to use a single tufted toothbrush in the deeper pockets.

36 and 45 required root canal therapy

Her oral hygiene was reviewed every 4 weeks and appropriate advice given

Teeth whitening was carried out

After 3 months the PPD's were redone demonstrating a huge improvment in her condition, however there was still considerable pocketing around the upper anterior teeth

A major contributor to this was the poorly fitting crown with excess cement. This was removed and a well fitting provisional crown was constructed.

Unfortunatley this lady has had a relapse in her depression and has been unable to attend for further review.

Radiographs taken after the completion of the root canal treatments show an absence of calculus. 36 will require a gold onlay when Mrs C resumes her treatment.