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Scientific Editorial –Full mouth rehabilitation – Re- treatment of an unaesthetic treatment.

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Abstract

Patient's aesthetics concern is important in decision making of full mouth rehabilitation cases. Dentist's lack of - "understanding patient desires and required skills" can hamper a human being from having good social life after treatment, added to the functional failure of the restorations. In this case, an entire case was repeated due to the patient dissatisfaction of the previous treatment.

Case Report

A 45 year old female complained that she was unable to smile since the last dental treatment few years back. Added to it she also complained of visiting another dentist who removed her old bridge in second quadrant which additionally gave her extreme pain and discomfort during and after treatment. After listening to the patient's detailed history and bad experience with the previous treatment, a counseling session was held in order to get her confidence back in herself, dentistry and the dentist.

The Pre-op OPG revealed the multiple Root canals obturated inefficiently with silver cones.. After examining, it was decided to remove the old crowns and repeat as many RCT's and then replace the crowns and bridges keeping the TMJ and occlusion.

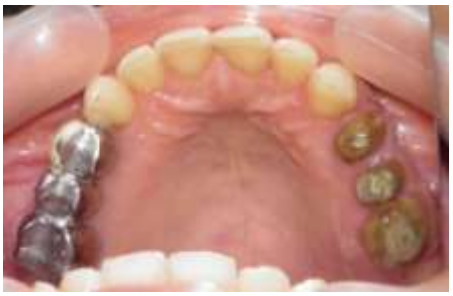


Fig 1 : Maxillary Arch with removed bridge in relation to second quadrant.

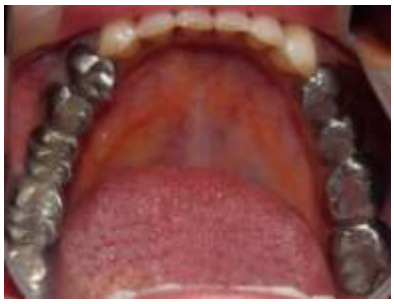


Fig 2: The unaesthetic crowns in the lower arch.

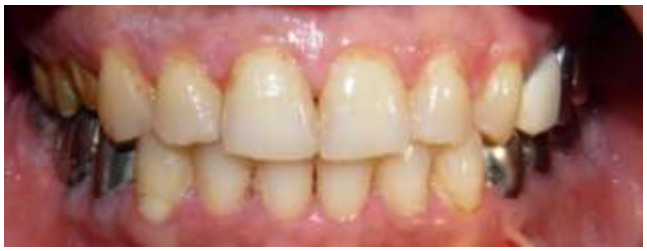


Fig 3: The occlusion

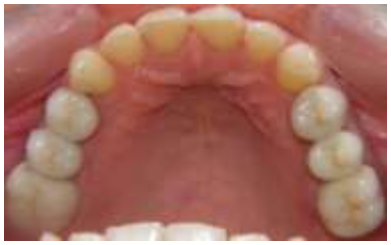


Fig 4: Individual Zirconia crowns from first premolar to first molar bilaterally.

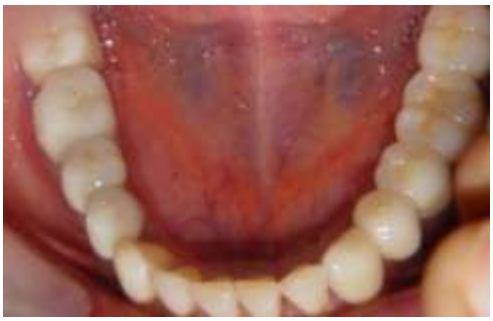


Fig 5: the lower NiCr Bridge replaced by the zirconia bridge.

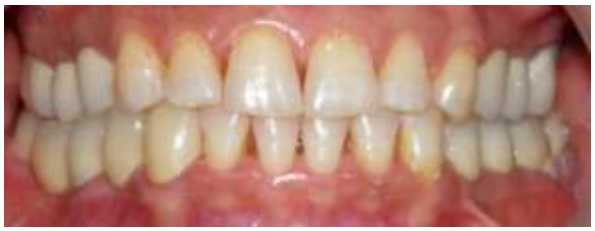
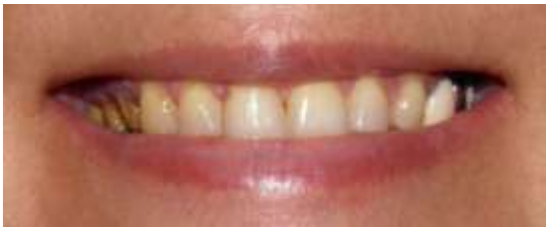


Fig 6: The occlusion after completion.



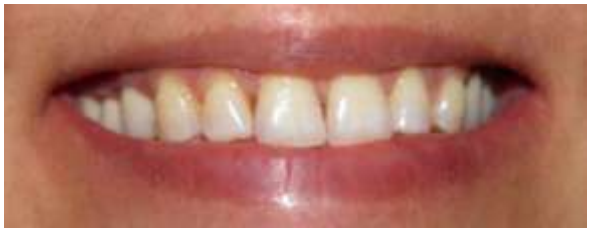


Fig 7 and Fig 8 : The smile before and after the treatment.

Discussion

Ful l mouth rehabilitations cases are the at an all time high in dental practices. In some countries the dental curricualm is yet to incorporate management of such cases. Further dental education is imperative in management of such cases. The understanding of patient psychology plays essential role in the decision making of full mouth rehabilitation cases. Frank AS quoted - The understanding of this concept requires an analysis of the meaning and impact of an oral disorder on an individual, and the responsibilities of those who have to provide him with guidance.[1] The dentist should remember that proper planning prevents poor performance.[2]

Results

Optimal aesthetics and proper functional restorations are vital in full mouth rehabilitation cases. In this case , both the above aims were achieved and patient satisfaction achieved.

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A different technique for the management of adjacent gingival recessions. A case report with three years follow-up - A Pictorial

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Introduction

Esthetics is an ever-growing request from our patients, and cosmetic coverage of gingival recessions is one of the most common requests from patients worried about "long teeth". In this case I have presented simple and effective technique for gingival recession coverage using an envelope flap and a subepithelial connective tissue graft (CTG)

Key-words: gingivoplasty , oral surgical procedures, radiography, bitewing

Case Report

In January 2009 a male, 28 years old male patient presented at my office requesting a treatment for his "long teeth". He had two gingival recessions: 2.5mm on tooth 2.3 (Canine) and 1mm on tooth 2.4 (first premolar). He has a thin gingival biotype, with 2.5mm of keratinized tissue apical to the recession on 2.3 and 4mm apical to the recession on 2.4.Periodontal probing was1.5mm on both teeth. (Fig 1)

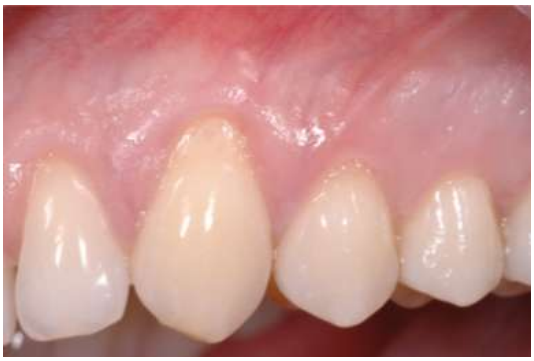

Fig 1: Pre-operative

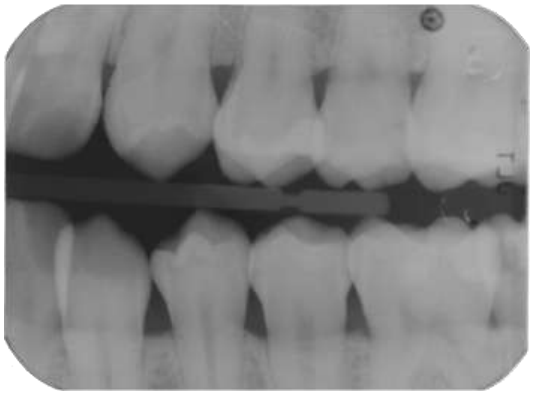

Fig 2: Bitewing Radiograph

Intraoral bite wing radiograph showed no signs of interdental bone resorption as shown above (Fig 2).

The two recessions were classified as class I according to Miller (1985). [1] Thin soft tissue is an indication for bilaminar techniques, which allows for predictable root coverage and thickening of the tissue. It was decided to go for an envelope flap inorder to

preserve blood supply to the margin of the flap on the one hand and to avoid scars in an esthetic zone on the other hand (Langer et al. 1980, 1982, 1985).[2,3,4] Flap was designed as described by Zucchelli et al. (2000, 2009).[5,6] The ideal papilla length is measured from the tip of the papilla to a line drawn from the most apical points of the CEJ of the neighboring teeth.

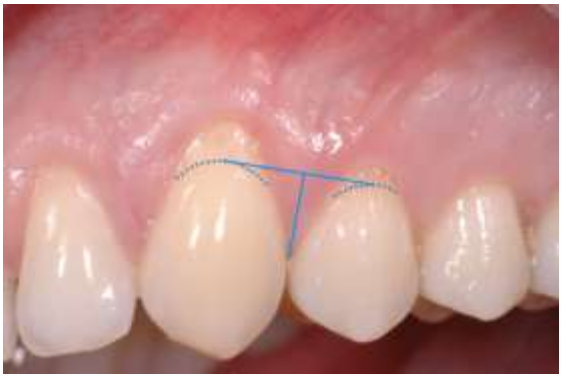

Fig 3: Such measure is transferred orthogonal to a line drawn from the apexes of the existing gingival parabolas

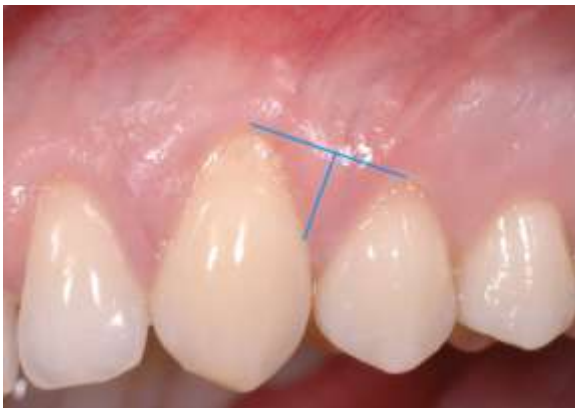

Fig 4: A "surgical papilla" is outlined according to these measurements.

The incision is extended intrasulcular to the two teeth.

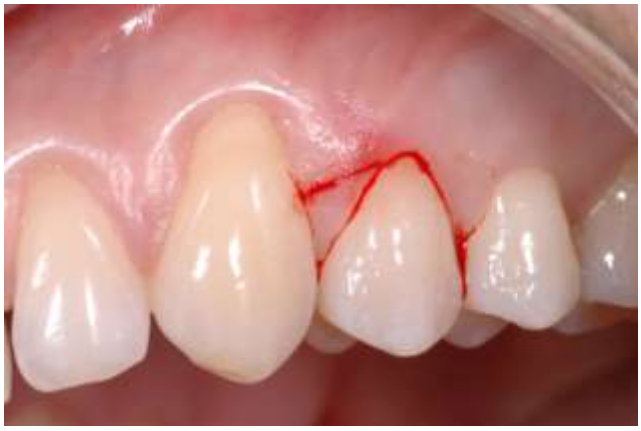

Fig 5: Epithelium is removed from the anatomical papilla coronal to the incision. A split-thickness envelope flap is raised. Sharp dissection is extended at least 5mm apical to the mucogingival junction and 5mm both mesial and distal to the recessions.This dissection allows the flap to turn to the desired position without tension, covering the exposed roots.

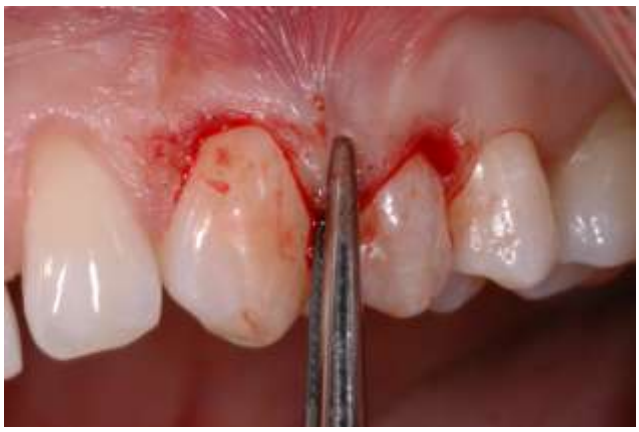

Fig 6: Root surfaces are thoroughly planed and treated with Tetracycline HCL for 3 minutes (terranova 1986, Alger 1990).[7,8]

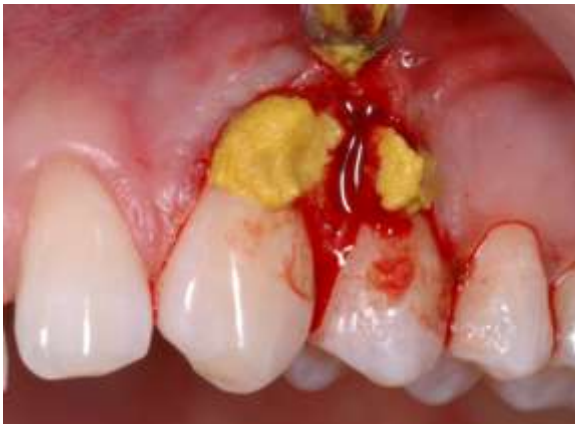

Fig 7: A CTG (red) is harvested from the palate and sutured in place with two horizontal mattress sutures, fixing it mesio-distally.

The pictures 8,9,10 are from different cases. The pictures are given in order to make the reader understand the steps clearly. These cases have been done by the author himself.

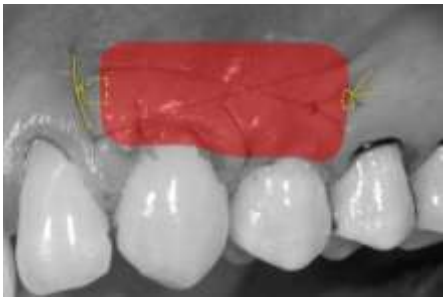

Fig 8: [Different patient] A 6-0 resorbable PLA-PLG suture is used to pull the graft inside the envelope end fix it in place.

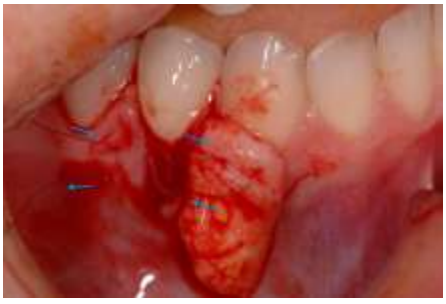

Fig 9: [Different patient] Horizontal mattress sutures allow for a precise apico-coronal placement of the graft.

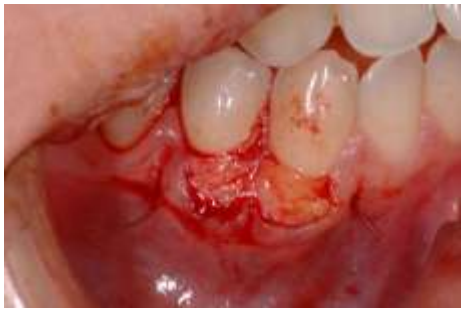

Fig 10 :After Suturing

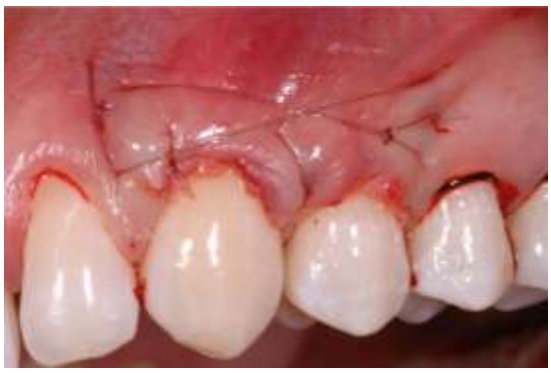

Fig 11: After Suturing (the actual case which is discussed in this case report)

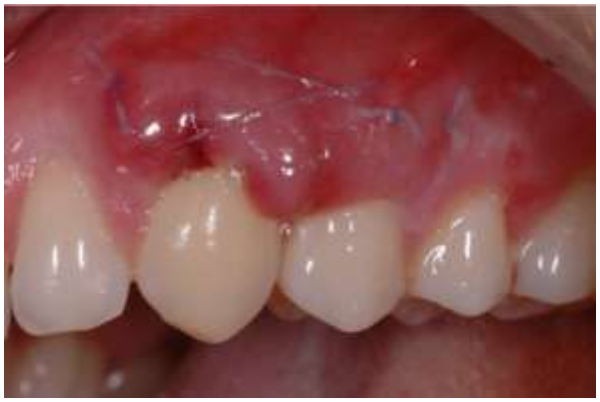

Fig 12: One week post-operative

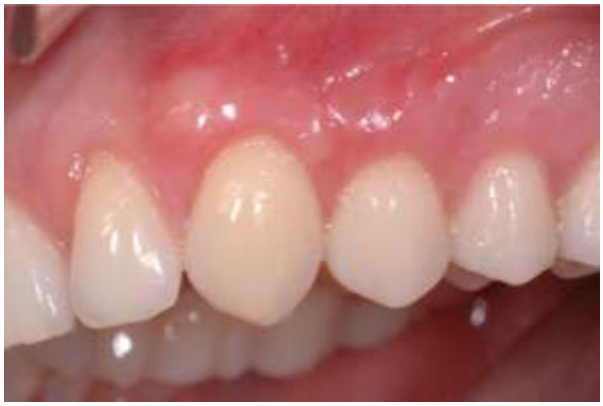

Fig 13: Six month post-operative

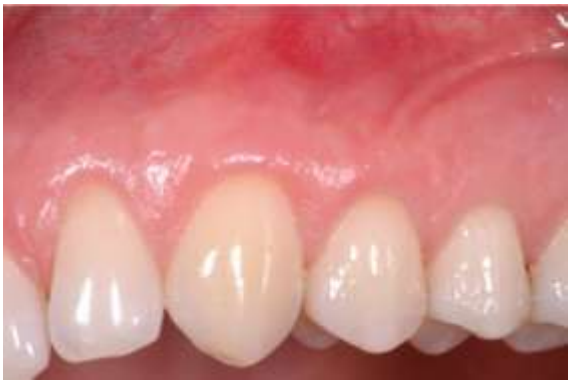

Fig 14 : 18 months post operative

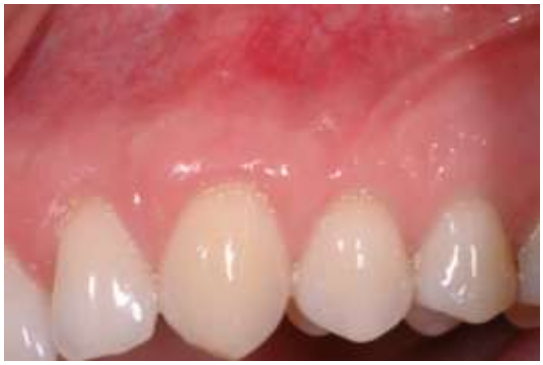

Fig 15: 3 years (36 months) post operative.

Discussion:

The proposed surgical technique allowed a complete coverage of the gingival recessions, with complete satisfaction of the patient's esthetically needs. By using only intrasulcular incisions and extremely thin sutures and no visibles cars can be seen.

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