Libyan International Medical University Comprehensive treatment presentation





Summarized and Presented by:

Elham Altira 791

INTRODUCTION

Comprehensive treatment is including diagnosis, treatment, rehabilitation and follow up.

This work was achieved by the student: Elham Ahmed Altira; under the supervision of dental teaching staff at Libyan International Medical University.

Personal Data

- Name : A.M.M
- Age: 30 years (22/03/1987)
- Gender: male
- Nationally: Libyan
- Occupation: Accountant
- Material & Society : Single

Chief complaint & History of Chief complaint

- the patient came to the clinic with two chief complaints.
- The 1st: pt asking for the repair of broking his lower **R** posterior teeth since 5years
- **H.C:**
- The problem with his broking teeth in the lower R posterior teeth started 5years ago due to dental caries which progressed with time, no symptom As (pain, swilling).
- The 2st
- replace missing teeth of lower **L** posterior teeth **7** years ago.
- H.C: The problem with his missing teeth is **due to** dental caries Which has led to extraction 7 years ago without complication.

Medical history : N.A.D

Drug history : N.A.D.

Allergic history: N.A.D

Family history: mother diabetes

Social history: single. smoker (20 cigarette /day)for 10 years; NO alcohol drinker or drug abuser.

Dental history & Oral hygiene practice

- of last visit and treatment provided Since 7years ago (extraction without complication).
- □ Brushing : irregular
- Brushing method : horizontal
- ☐ Kind of Dentifrice used : //
- Any other or physiotherapeutic Aids : //

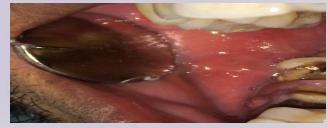
CLINICAL EXAMINATION

Extra-oral examinations

- symmetry face ,ovoid form
- Profile:- convex
- No swelling or sinus
- ► TMJ status :
- no clicking or deviation of mouth opening, with no masticatory muscles tenderness.
- Lymph nodes :
- not palpable , neither tender
- **Skin**:-NAD
- Nick Examination:-NAD
- **Lips :-**competent
- **Pt.** is a fit & healthy









- soft tissue examination
- Labial mucosa normal
- Buccal R &L mucosa is normal









- soft tissue examination
- Tongue dorsum,
- sub-lingual & lateral L &R side is normal



- soft tissue examination
- palate is normal



Mouth upon normal 40-55mm







Hard tissue examination

(Frontal & lateral R,L)

Upper arch



Lower arch



Dental status

UR 8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8UL
PE	D	D	D			D							D	D	D
										D					

DMFT:-

$$D = 14$$

DMFT:-14+2+0=16

Oral Hygiene Index Simplified

- Plaque index=1.9
- Calculus index=1.3
- -1.5+1.3=2.9
 - Fair

Gingival status

	Max.Rt posteriors	Max. Anteriors	Max.Lt. posteriors	
	Mux.ki posieliois	Mux. Amenors		
Colour	Reddish pink	Reddish pink	Reddish pink	
Contour	Scalloped , rounded edge , blunt IDP	Scalloped , rounded edge , blunt IDP	Scalloped , rounded edge , blunt IDP	
size	Minimal swilling	Minimal swilling	Minimal swilling	
consistency	Firm to resilient	Firm to resilient	Firm to resilient	
stippling	absent	absent	absent	
position	Apical To The CEJ	At To The CEJ	At To The CEJ	
Bleeding on probing	+	+	+	
Exudation	-	-	-	

Gingival status

	Man.Rt posteriors	Man. Anteriors	Man.Lt. posteriors	
Colour	Reddish pink	Reddish pink	Reddish pink	
Contour	Scalloped , rounded edge , blunt IDP	Scalloped , rounded edge , blunt IDP	Scalloped , rounded edge , blunt IDP	
size	Minimal swilling I	Minimal swilling	Minimal swilling	
consistency	Firm to resilient	Firm to resilient		
stippling	absent	absent	absent	
position		At To The CEJ	At To The CEJ	
Bleeding on probing	+	+	+	
Exudation	-	-	-	

Gingival status

- Adequacy of attached gingiva:- adequete
- Fremitus test:- no trauma from occulosion

Frenal attachment:- normal

Periodontal status upper arch

facial

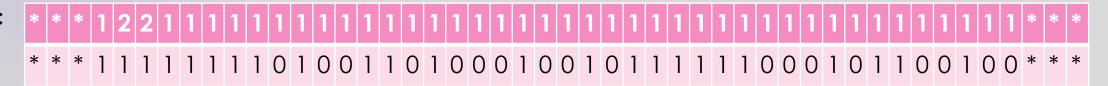
CAL, BOP PD,PI,Calc



Lingual

PD,PI,Calc

CAL,BOP



Periodontal status lower arch

Lingual

CAL, BOP PD,PI,Calc



facial

- PD,PI,Calc
- CAL,BOP

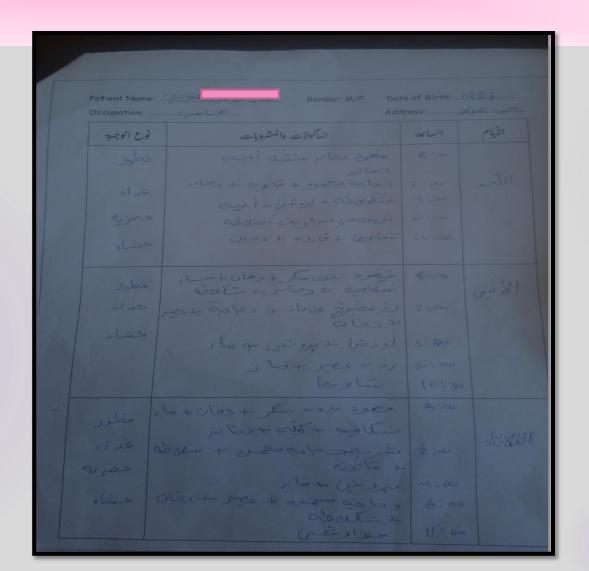


Periodontal health

- Fair oral hygiene
- Bleeding in upper and lower arch upon probing
- Generalized probing depth (1-3) normal

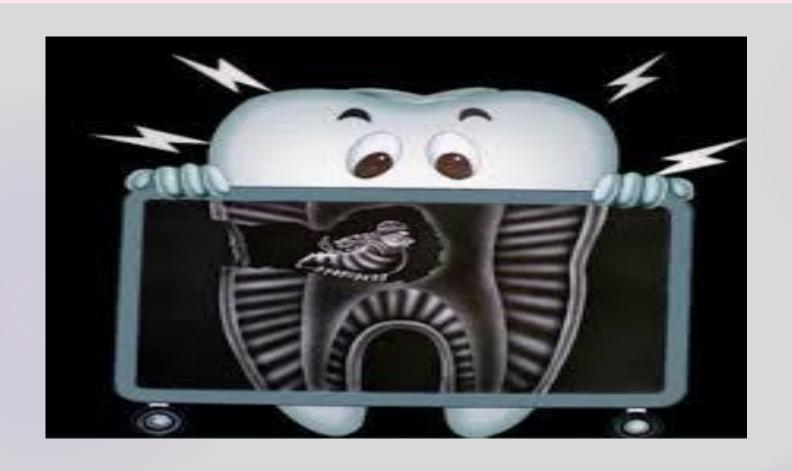
No mobility in the teeth; Furcation and Exudation.

Diet sheet



نوع الوجبة	المأكولات و الوجبات	الساعة	الأيام
فطور غداء عصريه عشاء	قهوه-دخان-شیشه میه-دخان دجاجه محمره-قازوزه-دخان شکو لاطه-بروتین-میه تن مصفه من الزیت اسلاطه شاورما -دخان-قازوزه	8:00 2:00 4:00 6:00 11:00	الأحد
فطور غداء عشاء	قهوه بدون سکر-دخان-ماء-نسکافیه-دخان-شکلاطه رز مبطبوخ فی ماء – دجاجه-عصیر-دخان لوز نی-بروتین-ماء رز-عصیر-ماء شاورما	8:00 2:00 3:30 6:00 10:30	الاثنين
فطور غداء عصريه عشاء	قهوه بدون سکر -دخان-ماء-نسکافیه-کیکه-دخان شربه-دجاجه محمره-سلاطه-قازوزه بروتین- ماء دجاجه محمره-عصیر -دخان-شلاطه حواوشي	8:00 2:00 4:00 6:00 11:00	الثلاثاء

Investigation



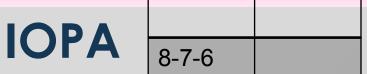
Extra Oral Orthopantogramic Radiograph



Periapical radiograph









Differential diagnosis:

- Regarding to the chief complain
- Class II modification I Kennedy classification in lower arch

Final diagnosis



2- dental caries

7652	678
8	3478

3- missing teeth

56

4- Minimal fracture teeth

12

5- gingivitis

Treatment plan

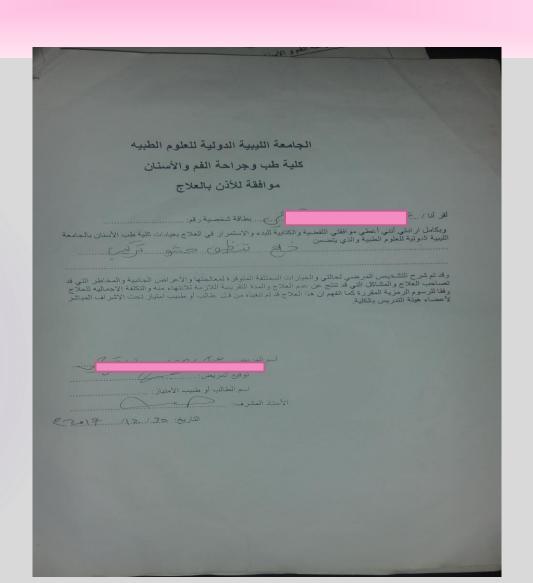
- Emergency phase :
- ****
- Phase I:
- O.H instruction & scaling ,root **planning**

56

876

- Reevaluation of phase I
- Phase II:
- extraction 876
- Phase III: 7652 678
- restoration 12347 8
- Replacing of missing teeth
- Phase IV: reevaluation

Inform consent



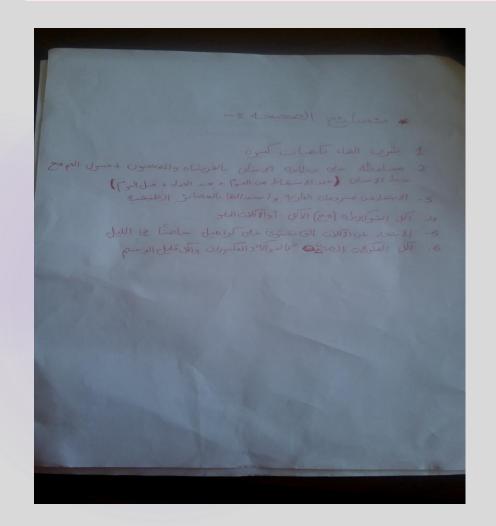
Treatment plan Phase I:

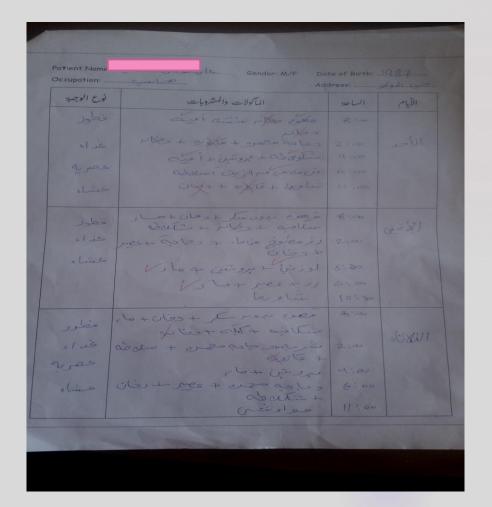
O.H instruction & scaling root planning





Reevaluation of Diet sheet





نوع الوجبة	المأكولات و الوجبات	الساعة	الأيام
فطور غداء عصريه عشاء	قهوه-دخان دخان دخان دخان دخان دخان دخان دخان	8:00 2:00 4:00 6:00 11:00	الأحد
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Reevaluation of phase I

After 2 week nothing changed 76

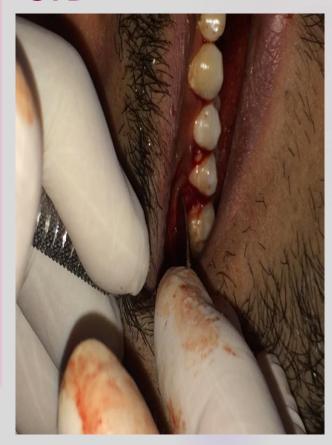
preoperative



we decided to do the surgery OFD operative



OFD



Reevaluation of phase I

Periodontal dressing



Postoperative after 2 week



Reevaluation of Periodontal status upper arch

facial

CAL, BOP

PD,PI,Calc



Lingual

PD,PI,Calc

CAL,BOP



Reevaluation OHI-S

- Good OH(comparing with first visit)
- No plaque or calculus present.
- Less bleeding upon probing
- Generalized probing depths reduction (1-3)



No mobile in the teeth; Furcation and Exudation.

Phase II ...



surgery – extraction of lower right 678

preoperative

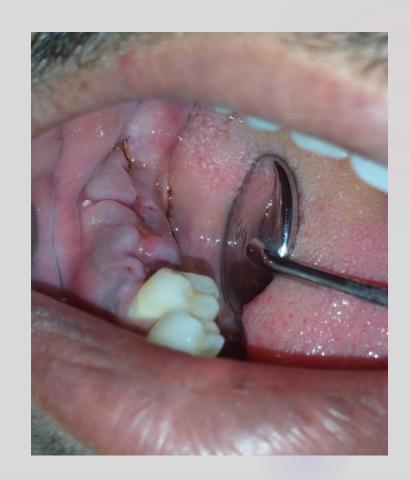


Operative (Extraction + Suturing)



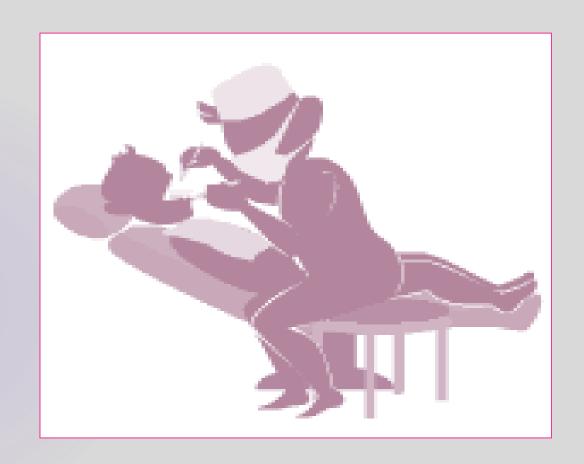
After one week

- Remove the suturing
- The wound healed
- There is no pain, neither swelling
- The sinus under lower R7
 Almost disappear



Phase III – part 1

Restoration of carious teeth.



IOPA

34



Clinical photograph



RCT FOR

34

Remove the caries + access cavity









Clinical photograph



Remove the caries class I + resin for liner(biner)



Temporary



After 2 week no complication

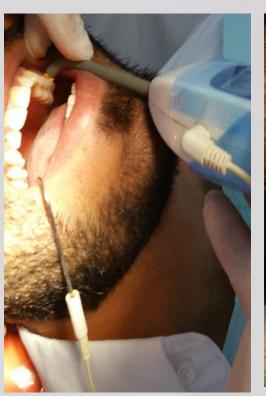
Composite restoration A2 for class I



Assessment for



Including X-ray +vitality test





Restoration for

Clinical photograph



Remove the caries classV



Composite restoration A3 for classV



Restoration for Class II caries /Composite restoration A2









7

Restoration for caries/

Classi

Composite restoration A2





8

Restoration for ClassI caries/ Composite restoration A2



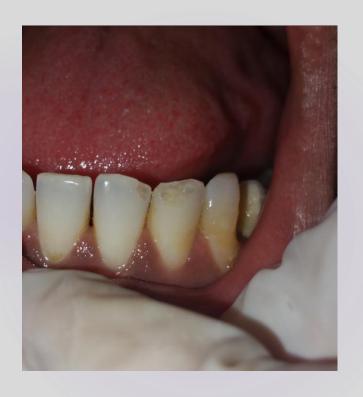








Restoration for 12 minimal fracture of Composite restoration A2









6

Preventive resin restoration

Fissure Sealant







Build up Composite restoration A2





Phase III – part 2 prosthodontic



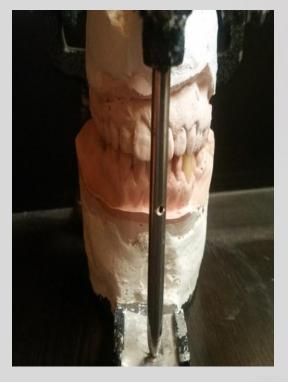
Part 1 fabrication of crown

Primary impression



Study cast







Preparation for + Temporary crown fabrication









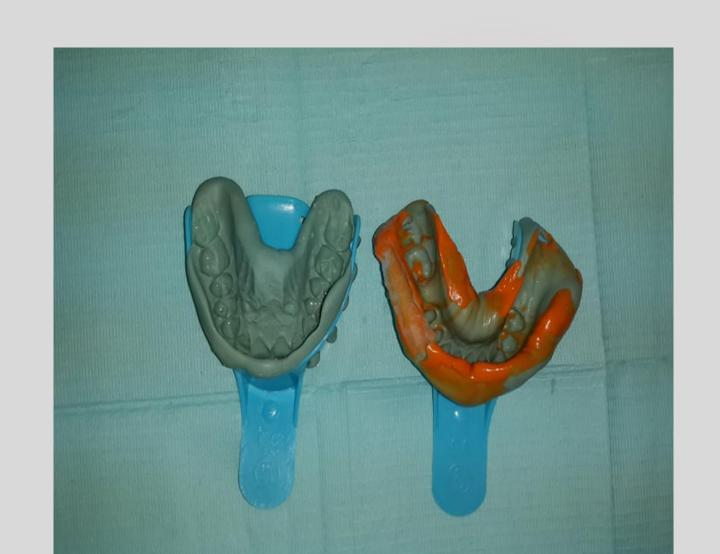




Temporary crown was fabricated using putty index from the wax-up. This ensured esthetic was restored temporarily.

Final impression of preparation teeth for fabrication of crown.

Double mix, two-step technique



Metal Try-in

Metal try-in was fabricated and adjustments to any high points were made.







Shade selection

Shade selection using classic shade guide.

The shade chosen was B2





PFM Try-in



PFM try- in on the cast

Trial Cementation

Trial cementation of PFM crown for 1 week to ensure complete comfort before final cementation.

This was done using resin cement mixed with Vaseline to ensure it can be removed

PFM try-in in the patients mouth.

NO high points







Final Cementation

Final
cementation of
PFM crown using
dual-cure resin
cement







Recall visit after 2 week

There is no pain , neither swelling

No changed in the radiograph





Part2 fabrication RPD for kennedy class II mod I

Primary algenit impression



Lower RPD try in





Adjustment insertion of lower RPD









BEFOR

AFTER









BEFOR





AFTER





