



### Libyan International Medical University Faculty of Dentistry (December-2019)

Comprehensive dental treatment case.

Presented by: Asma Taha Saleh Albargathi . Roll No : 869



This work was done under supervision of a group of teaching staff in LIMU dental clinic.



- Dr. Abdelmonem Abdelnabi.
- Dr. Hashim Alobidi.
- Dr. Ali Abusnina.
- Dr. Omar Alhuni.
- Dr. Malek Abdulmatlob.
- Dr. Masoud Dihoum.
- Dr. Amal Alawami.
- Dr. Nuha Alkadiki.
- Dr. Ghalia Omran.
- Dr. Khadija Alfllah.



### Patient details

- O Patient's name: H.N.H
- o DOB: 2<sup>nd</sup> Oct, 1992
- O Gender: Female
- O Nationality: Libyan.
- Occupation: Teacher
- Address: Buhdyma \ Benghazi
- Marital status: Single

## Chief complaint

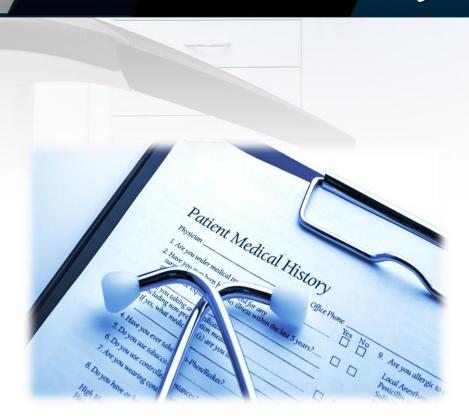
patient came to the LIMU dental clinic complaining from pain in the upper left side " in front area" of the mouth started from 3 days ago.

#### History of chief complaint:

Gradual and sever throbbing pain, well localized, spontaneous and increased by cold drinks, air and when she bites, its duration for 15 min at least, and no relieving factors, this pain interferes with night sleeping, also she mentions this pain associated with headache.

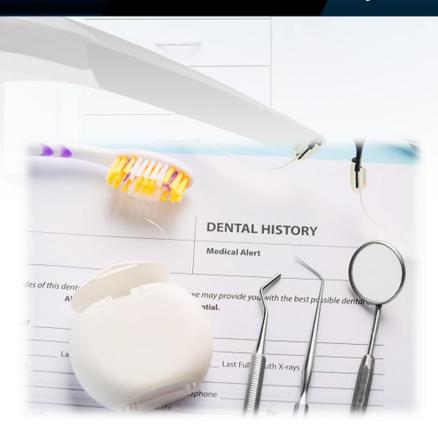
## Medical history

- Patient is medically free from any diseases or allergies and has no drug history, just she takes a pain killer like Ketofan when she needs.
- No history of any hereditary disease in her family.



## Dental history

- Oral hygiene practice:
  Irregular teeth brushing
  1\day at morning, without
  any other special dental
  care.
- Type of dental treatment:
  Restoration and extraction since 6 months without any complications.



### Extra-oral examination

- Face: symmetric.
- Profile: convex
- Skin : normal.
- TMJ: normal.
- Lymph node: not palpable.

### Intra-oral examination

### Soft tissue examination:

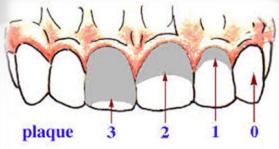
- O Lips: normal and partially competent.
- O Buccal and alveolar mucosa: normal
- Floor of the mouth: normal
- O Tongue: normal
- Hard and soft palate: normal.
- Oropharynx: enlarged tonsils

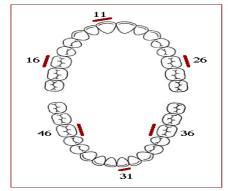


### Oral hygiene index-simplified.

### Plaque index

16	11	26	
2	0	2	
1	0	3	
46	31	36	



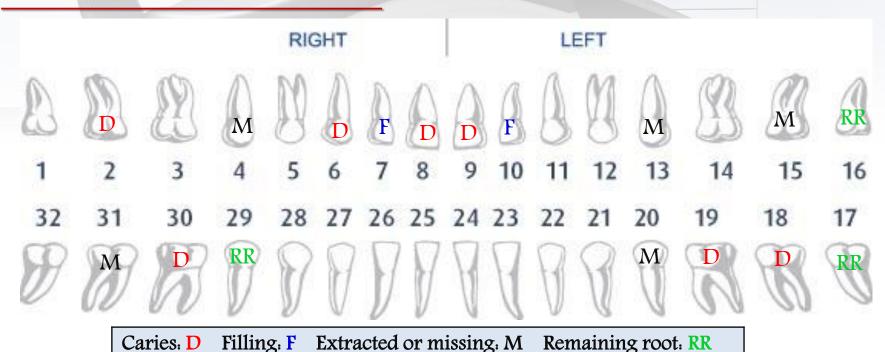


### calculus index

16	11	26	
1	0	1	
1	0	2	
46	31	36	

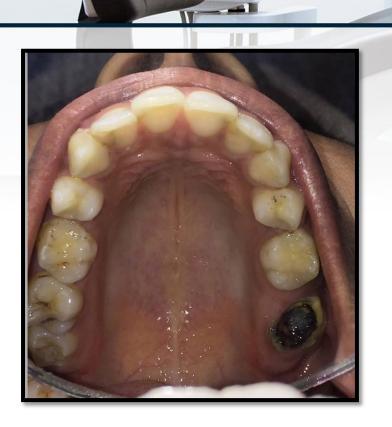
OHI-S = 2.16 (fair)

### Hard tissue examination.











### Intra oral findings.

- ✓ No signs of wasting diseases of teeth.
- ✓ Loss of proximal contact in posterior upper and lower regions and in lower anterior area.
- ✓ No gingival recession.
- ✓ No furcation involvement.
- ✓ No crowding of teeth.
- ✓ No TFO, open bite and cross bite, but she has a deep bite and increased OJ.
- ✓ Midline in lower arch is shifting toward right side.

#### Gingival status.

- ✓ Color of gingiva: pinkish-red in all sixtant.
- ✓ Gingival contour: scalloped, round margin and blunt interdental papilla.
- ✓ Size of gingiva: normal except in Man. Anterior area was enlarged.
- ✓ consistency: firm and resilient except in Man. Anterior area was soft and edematous.
- ✓ Stippling: present in Max. Anterior area.
- ✓ Position of gingiva: at CEJ except in Man. Anterior was coronal to CEJ.
- ✓ Bleeding on probing: present in each sixtant except in Max. Anterior.
- ✓ Exudation: -ve in all sixtant.
- ✓ Probing depth: ranged between (1 to 3) mm.
- ✓ Clinical attachment loss: ranged between (0 to 4) mm.
- ✓ Mobility: -ve in all sixtant

### Investigations

✓ Inspection: the UL2 has composite restoration from mesial and distal side.

✓ Percussion: tooth is tender.

✓ Palpation : tooth is tender.



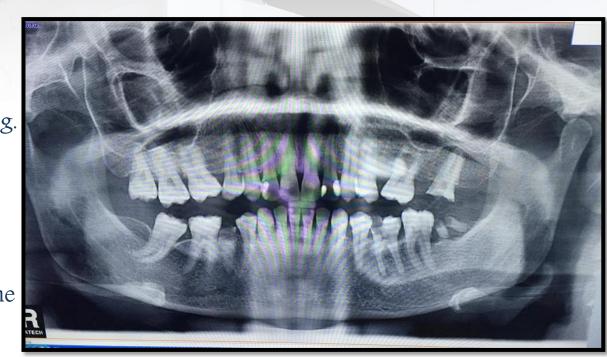
## investigations

✓ IOPA radiograph: shows a radiopacity in mesial and distal sides of coronal part of UL2 too close to the pulp with periapical changes, discontinuity in lamina dura and widening in PDL space.



#### OPG analysis:

- ✓ No bone pathology.
- ✓ reduced alveolar bone level.
- ✓ All teeth are present except the LR7, UR5 and UL5,7 are missing.
- ✓ LR5,LL8 & UL8 are remaining roots
- ✓ Normal root length.
- ✓ Normal root anatomy except the LR8 is curved distally .





## Differential diagnosis

✓ Acute periapical periodontitis UL2.

✓ Chronic periapical periodontitis with acute exacerbation UL2.

## Diagnosis

- Chronic periapical periodontitis with acute exacerbation UL2.
- Chronic periapical periodontitis LL6.
- Generalized chronic mild periodontitis.
- Dental caries UR7,3&1,LR6, UL1,LL 6 & 7.
- Remaining root UL8,LL8 and LR5.
- Missing teeth UR5,UL5 & 7,LL5 and LR7.







## Emergency phase





## Phase 1 (Before).



# (After).





## ✓ Diet instructions

Patient Name: Bud Galiana Gender: MF Date of Birth: 2/14/1992
Occupation: ada Address: acuse.

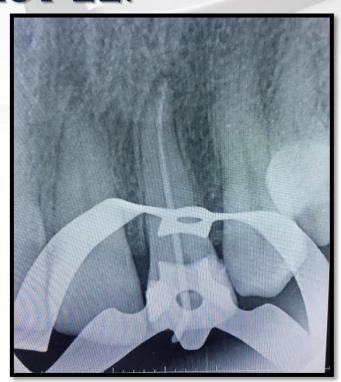
نوع الوجية	الماكولات والمشروبات	الساعة	الأيام
خطور خطور	سُحلبا عُمْدِة +لَيلَةُ	7100 9100	الحنميس
عراء	همکر جر طالاونه	1130	
100	رز بالخلطة + حوالع + قرية + سّاء	8:00	
خطور	stort ability the	9:30	الجمعة
عصور	معرة + سويات + مراهي سكر لاطة ×	5:00	
	~ al / Ju	10,0	
خطور	فعرة + كردة	9:00	السبت
عداء	مرونه أمروة ملافة	1:34	
124	20/0 + T. L. + Toylos	4/3	
عستاء	عا حوليار + ميه	8:3	-

## Phase 2





## ✓RCT 22.



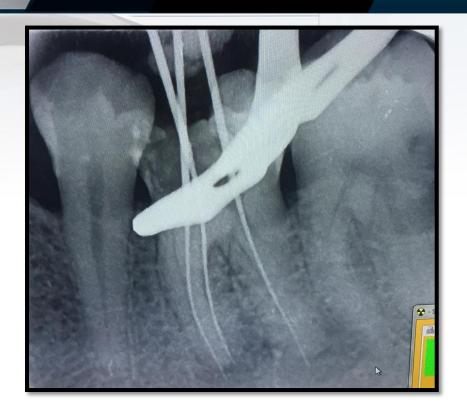


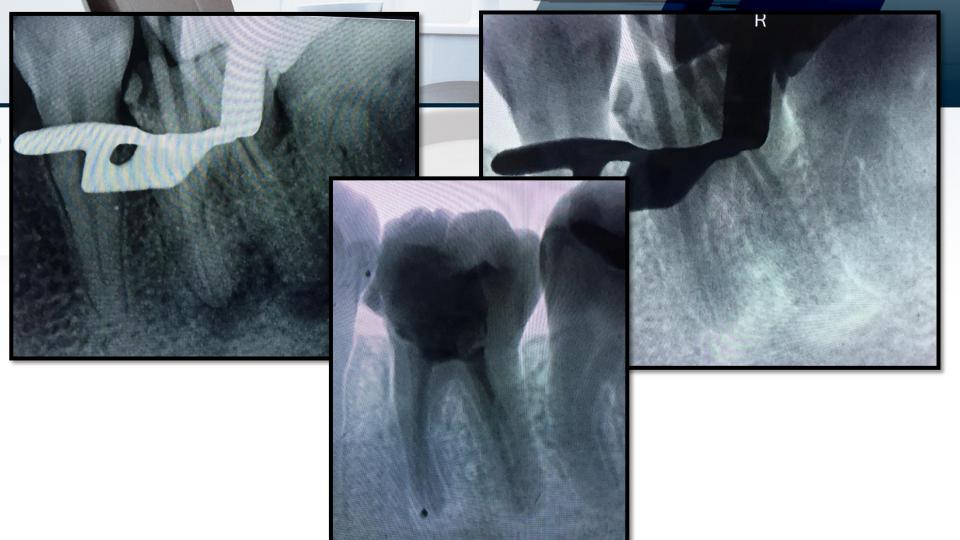
## ✓RCT 36.











## Phase 3

✓ Class III composite restoration 13:

















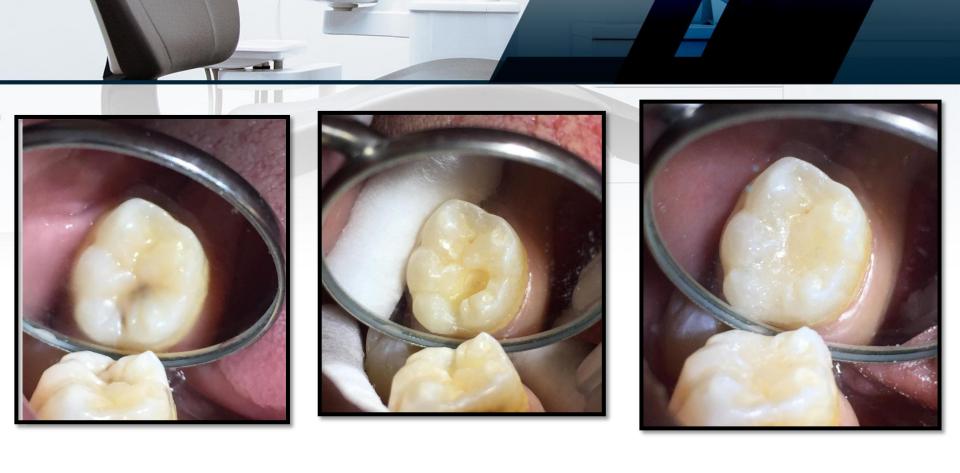
### ✓ Class I composite restoration 17,37 &46:









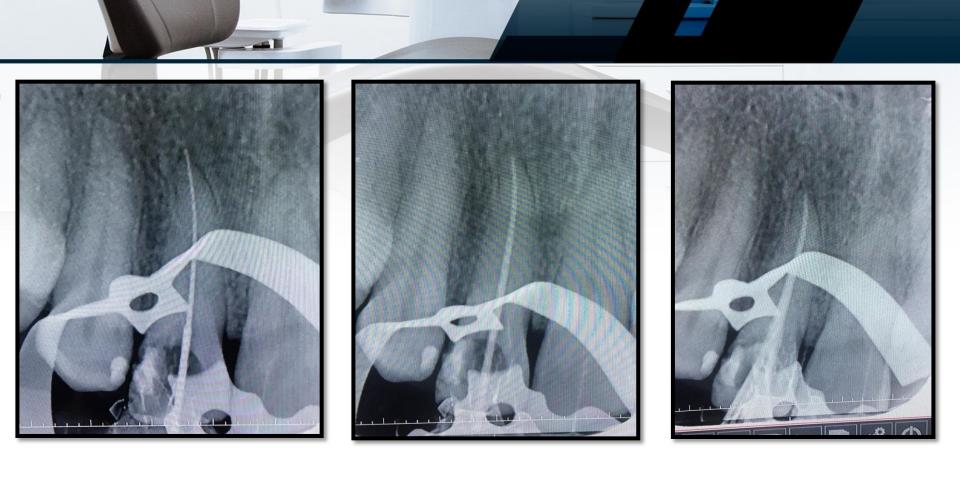


# Emergency phase

**√** 12:











#### ✓ Final restoration of 22 & 36:

1. Primary impression:





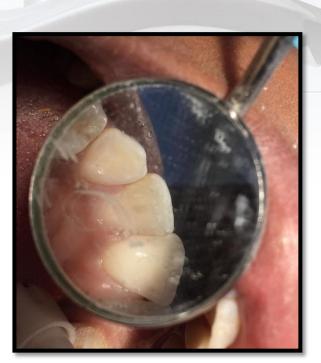
## 2. Study cast with wax up:











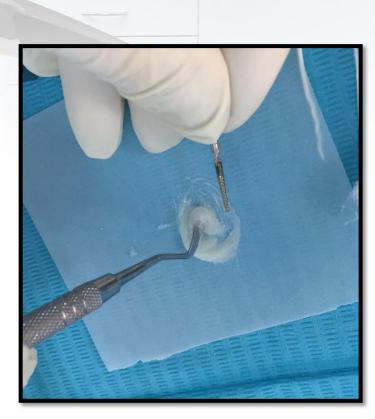




# 1. Post preparation:









## 2. Tooth preparation:







# 3. final impression:







### 4. Temporary crown:

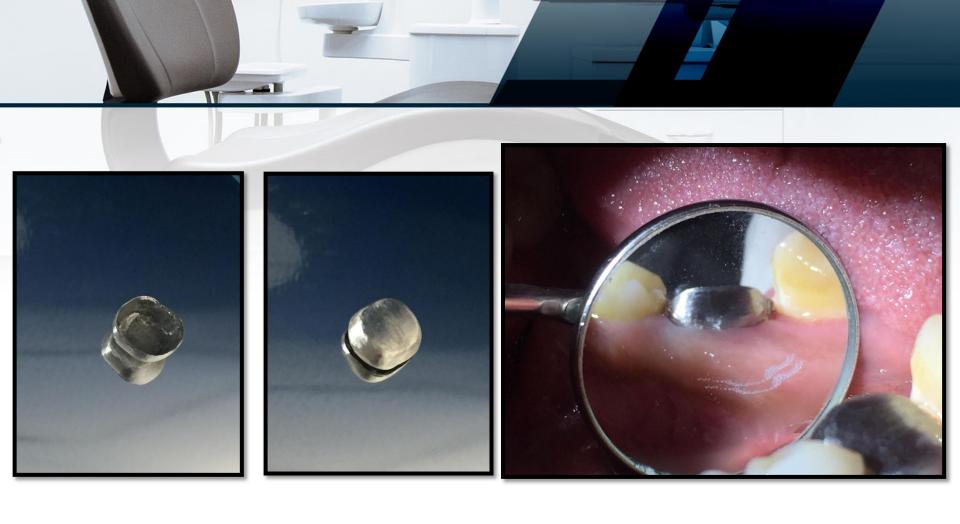












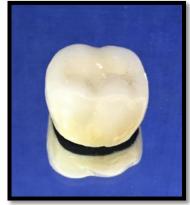


#### 6. Insertion of PFM crown:









#### 7. Cementation of PFM crown:





















Thank you for your attention