





Faculty of Dentistry

## 15 December 2019

# Comprehensive Case Presentation

By: Lina Khalid Alobidi - 927

# This work was achieved under the supervision of dental teaching staff at Libyan International Medical University:

- Dr. Rafik AlKowafi.
- Dr. Abdelmonem Abdelnabi. •
- Dr. Ali Busnaina .
- Dr. Amal Alawami.
- Dr. Asma BenHariz.
- Dr. Ghalia Omran.

- Dr. Khadija Alfallah.
- Dr. Malek Abdulmatlob.
- Dr. Masoud Alojilly.
- Dr. Nuha Alkadiki.
- Dr. Omar Alhuni.
- Dr. Rabie Alhuni.

#### Personal Data

- Initials: S.O.S.
- **DOB:** 2.8.1976.
- Gander: Male.
- Occupation: Teacher.
- Address: Algowarsha \ Benghazi.
- Nationality: Libyan.

# Patient History

#### • Chief complaint:

Pain, in Lower back area of the jaw, from one week.

#### History of Chief Complaint:

- Mild, throbbing, intermittent, and poorly localized pain, related to the lower left posterior quadrant, provoked by hot drinks, and relieved immediately after eliminating the stimuli, no sleeping disturbance, no associated signs and symptoms, of non radiating nature.
- No treatment attempts.

# Patient History

#### • Medical and Drug History:

- Free of any chronic illness.
- No history of hospitalization .
- No other allergic history .
- No abnormality detected by systemic review.
- No medications taken currently.

#### • Dental History:

- Symptomatic patient.
- Last visit: 5 years ago.
- Filling, RCT, Extraction, without complications.

# Patient History

#### Social and Family History:

- Married .
- 2 children.
- Non smoker
- Non alcohol drinker, or drug abuser.
- Mixed and variant diet, drinking about 1\L of water daily.
- Brushing teeth one time\day with horizontal motion.
- No family history of any disease.

- Symmetrical face.
- Ovoid form.
- Straight profile.
- Competent lips, low lip line.
- No swelling.
- No scaring.
- Normal TMJ, with average mouth opening.
- Lymph nodes: Not Palpable.

#### • Soft Tissue:

- No discoloration .
- No swelling.
- No Ulcers .
- No scaring.
- No abnormality detected.









#### **Debris Index**

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

$$D.I = 5/6 = 0.8$$

#### Calculus Index

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

$$C.I = 5/6 = 0.8$$

$$(OHI-S) = 0.8 + 0.8 = 1.6$$

Fair Oral Hygiene

#### • Hard Tissue:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
F	F/RCT	RR		D	D	D	#	#			M	M	D	M	M
M	F	F	D	M								D	D	M	M
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

D:Decay

• RCT: Root Canal Treatment

M: Missing

• F: Filling

• #: Fracture

• RR: Remaining root

### DMF-T Index

- Decayed: 8.
- Missing: 7.
- **Filled**: 3.

DMF-T = 
$$7+7+3 = 18$$
  
Very High

# Gingival And Periodontal Status

- Pink.
- Round gingival margin.
- Blunt IDP.
- Bleeding on probing.
- Localized gingival recession.
- Pocket depth "1-3 mm".
- CAL " 0-4 mm ".

- Grade II furcation involvement.
- No swelling.
- No exudate.
- No mobility.
- No traumatic occlusion.
- Normal frenal attachment.





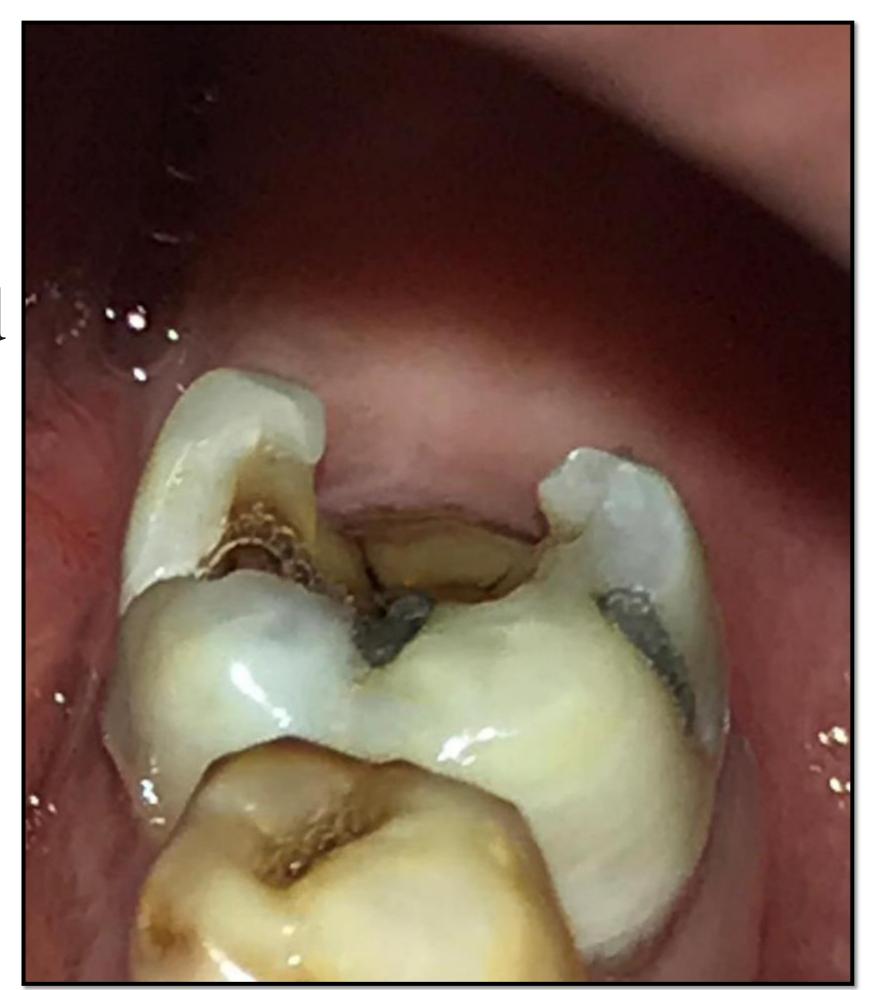








- Lower left First Molar.
  - Inspection: Badly distracted
  - Palpation : Not TTP .
  - Percussion : Not TTP .
  - Mobility: No.



# Investigations

- IOPA.
- Orthopantomogram (OPG).

# Radiographic Examination



Panoramic view Showing maxillary and mandibular teeth with generalized mild to moderate bone loss.

- Furcation involvement Radiolucency (Upper left 6).
- Remaining root (Upper right 6).
- Endodontically treated (Upper right 7).
- Radiolucency related to many crowns, indicating carious lesions, and Radiopacity related to many other crowns, indicating restoration.
- Missing teeth (Upper left 4), (Upper left 5), (lower right 4) (lower left 7)

# Diagnostic Cast Analysis

#### Crowding\Spacing:

- Upper arch: Normal.
- Lower arch: Moderate crowding.
- Incisal Relationship:
  - Class I.
- OJ: 2mm, OB: 2mm.
- Canine Relationship:
  - Right: Class I.
  - Left: Class I.
- Molar Relationship: \
- No cross bite.
- Midline:
  - Upper midline: Coincidence.
  - Lower midline: shifted 1.5 mm \ right.



# Final Diagnosis

- Chronic pulpitis related to (Lower left 6).
- Generalized mild to moderate chronic periodontitis.
- Moderate fluorosis . (Dean's Fluorosis Index )
- Remaining root (Upper right 6).
- Dental caries related to (Upper right 2), (Upper right 3), (Upper right 4), (Upper left 6), (Lower left 5), (Lower right 5).
- Fractured tooth (Upper right 1), (Upper left 1).
- Failed restoration (Lower right 7).
- Edentulous areas "Kennedy classification "
  - Upper arch: Class III mod 1.
  - Lower arch : Class III .

### Treatment Plan

- Emergency phase:/
- Phase I Therapy:
  - OHI
  - Diet control
  - Scaling & localized root planning.
  - Pit and fissure sealant (Lower left 4).
  - Re-evaluation.
- Phase II Therapy "Surgical":
  - Surgical extraction of Remaining root (Upper right 6).

### Treatment Plan

- Phase III Therapy "Restorative":
  - RCT (Lower left 6), (Upper right 4).
  - Composite restoration (Upper right 2), (Upper right 3), (Upper right 1), (Upper left 1), (Upper left 6), (Lower left 5), (Lower right 5).
  - Replacement of Amalgam restoration (Lower right 7).
  - Polishing amalgam restoration (Lower right 6).
  - Custom made cast post and core + PFM crown
     (Lower left 6), (Upper right 4).
  - Replacement by PFM bridges (Upper right 6),
     (Upper left 4, 5), (Lower right 5).

### Treatment Plan

- Phase IV Therapy "Maintenance":
  - Checking 1st after 3 months, then after every 6 months.

# Patient Informed Consent

الجامعة الليبية الدولية للطوم الطبيه كلية طب وجراحة الفم والأسنان موافقة للأنن بالعلاج

الله التراب التي التي التي مواققي التصوية والكتابية للبده والإسلنوار في العلاج بعيادات كلية علب الأسنان بالجامعة الليدة والإسلنوار في العلاج بعيادات كلية علب الأسنان بالجامعة الليدة النواية النطوع المطبية والتي المستنف المستنفة المنافعة المنافعة

2019 1217 000

# Oral Hygiene Instructions

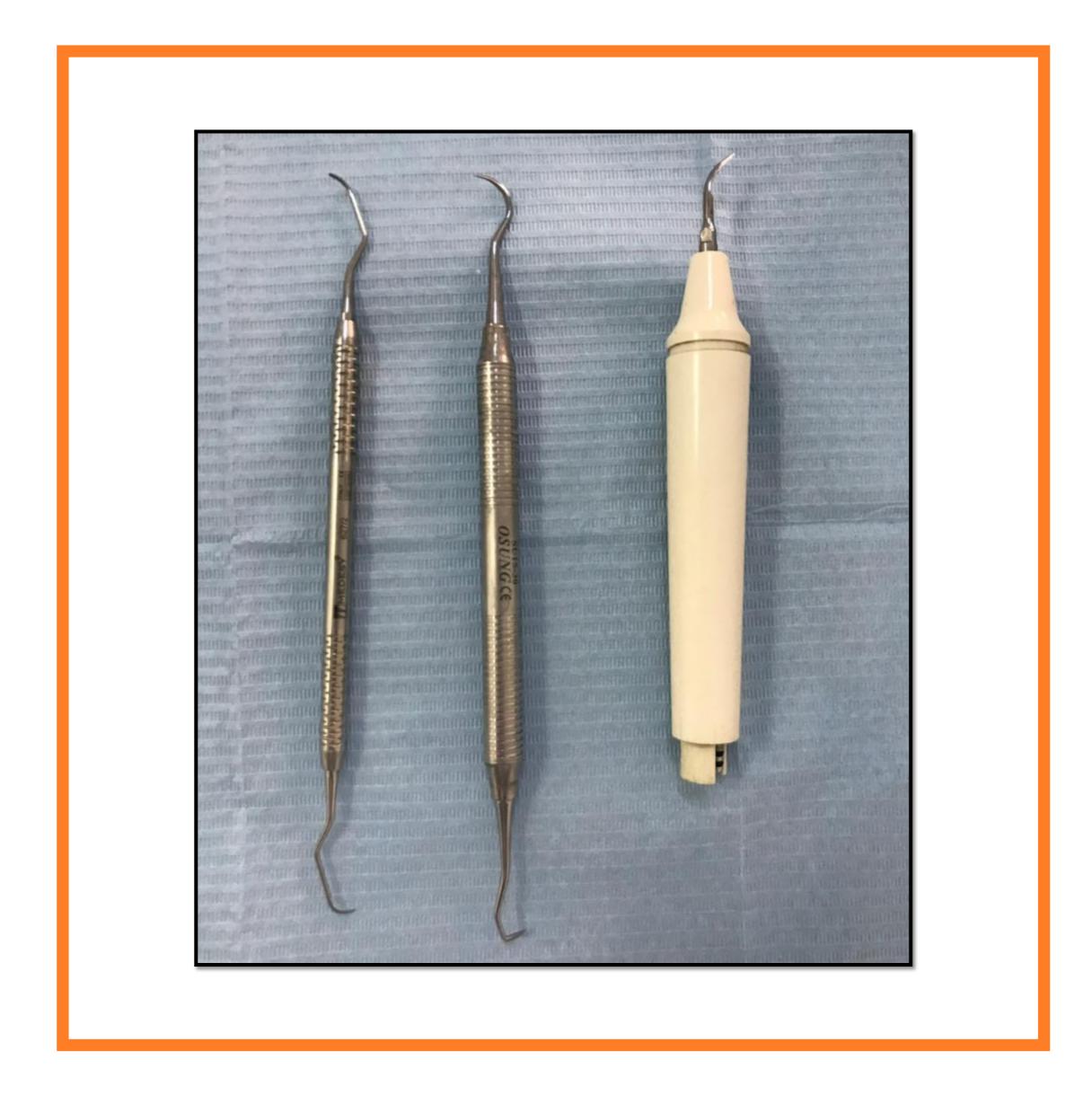
- Regular tooth brushing at least twice\day, and after every sugary meal.
- Soft tooth brush with modified pass technique is preferable.
- Toothpaste with not aggressive abrasive agent.
- Use dental floss before tooth brushing.
- Use mouthwash.
- Tongue cleaning.
- Change the Toothbrush every 3 months.

# Diet Sheet Analysis

The diet sheet was discussed with the patient, supporting their good habits & explaining the effect of the bad ones on their oral health and how to decrease and stop that effect.

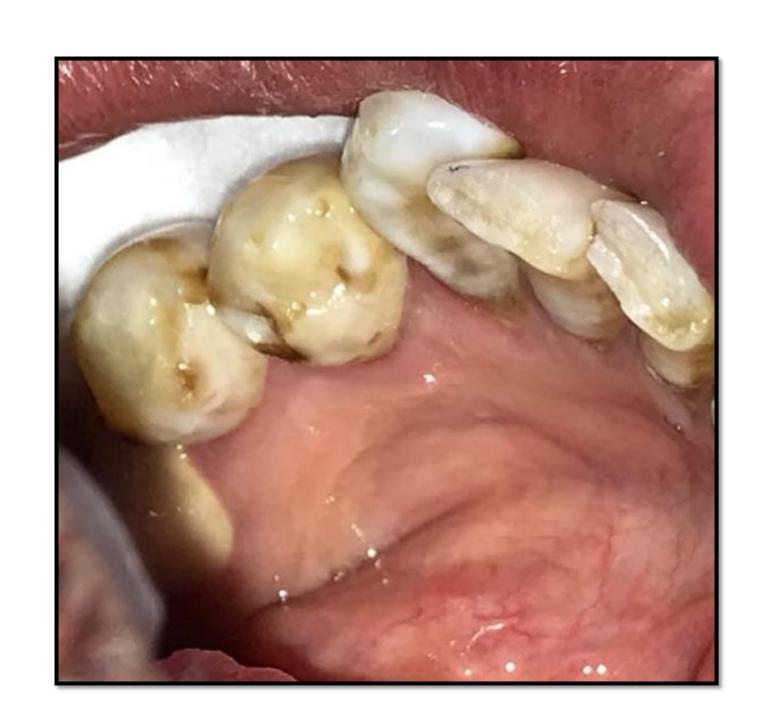
نوع الوجية	المأكولات والمشروبات	الساعة	الأيام
منظور	سندوتان شارولاته شاهی و دلیب	6:30	الأحد
استداء	به قدر و زش جیب قالو به شاهی محدر و نده بدر حنشی	10.00	
- اس	خدان ههوه و بسيوسه	51 · ·	
مشاه	مستدوتش تن د طماطم		الاشين
غداء	بسندونش شکولات: نشاس ودارب دارامونی وصلف	8:	0.
, Line	سندونش خول عدمی مشرور رسان	8:	
e die	سنروتش مكرولاته	5:	Appel
عندار	مثاهی وطبیب نست و تستات کیان	1:30	
عشد	ستروب نازي سندوتش جبت وطعاظم مشروب رسان	8:	

# Scaling And Root Planning



## Pit And Fissure Sealant

#### Lower left 4







### Re-evaluation

- Oral hygiene improvement from fair to GOOD.
- Pink Gingiva, with round gingival margin, and Pointed IDP.
- Pocket depth "1-3 mm".
- CAL "0-4 mm" Due to gingival recession.
- No swelling, exudate,
   mobility, or other symptoms.







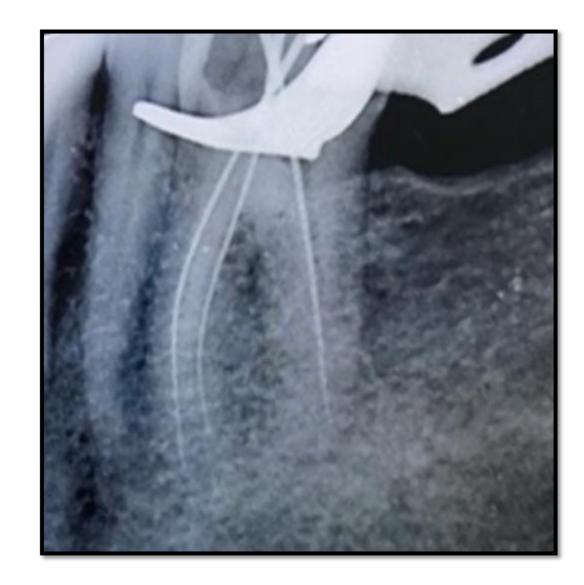
# Diet sheet Re-evaluation

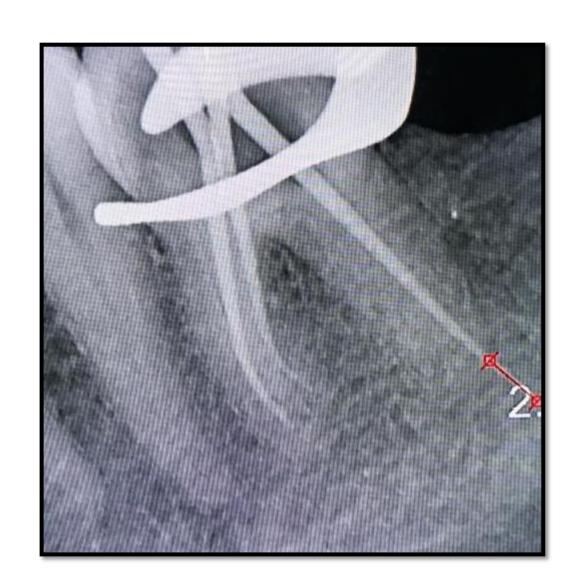
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منطور	سندودش جبنه وطماطم سندودش	8:	الفارقار
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غداد	معرونة +دجاج مقلى +بطاطا معرونة +دجاج مقلى +بطاطا معليه + عمير عنب +ماد	1:30	لاربعاد
sties	سندونش جینه وطماطم	8:	

## Root Canal Treatment

• Lower left 6



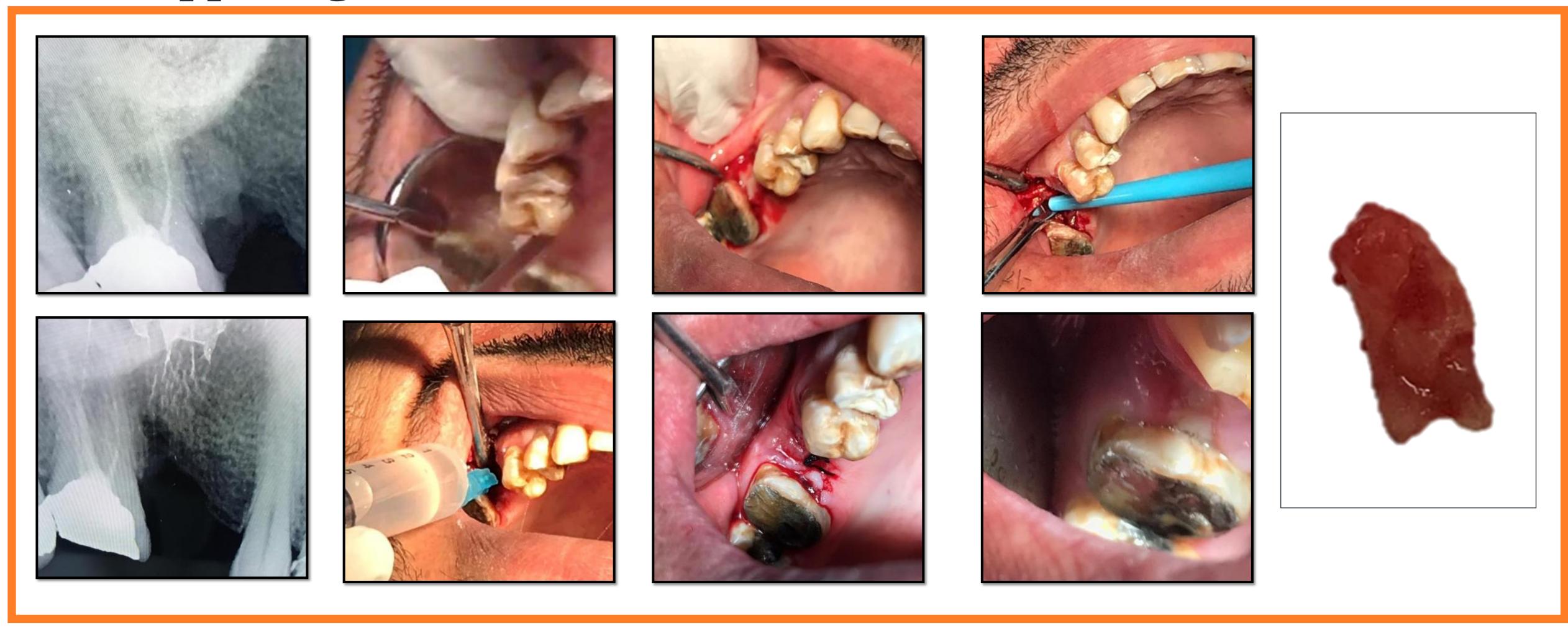






# Surgical Extraction Of Remaining Root

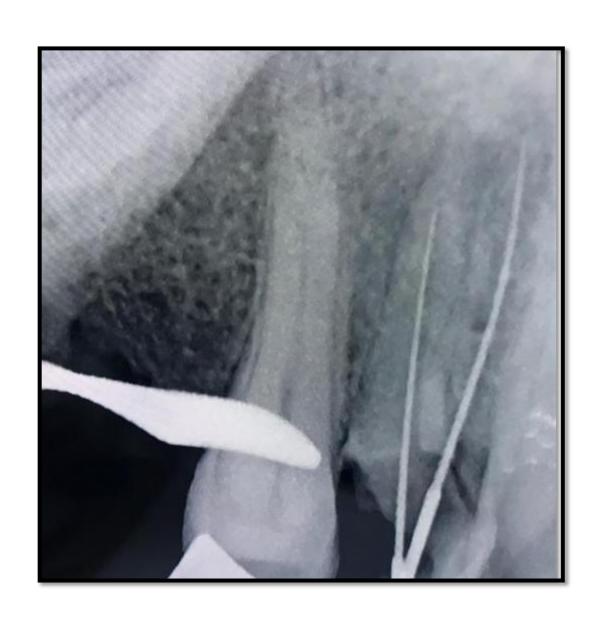
• Upper right 6

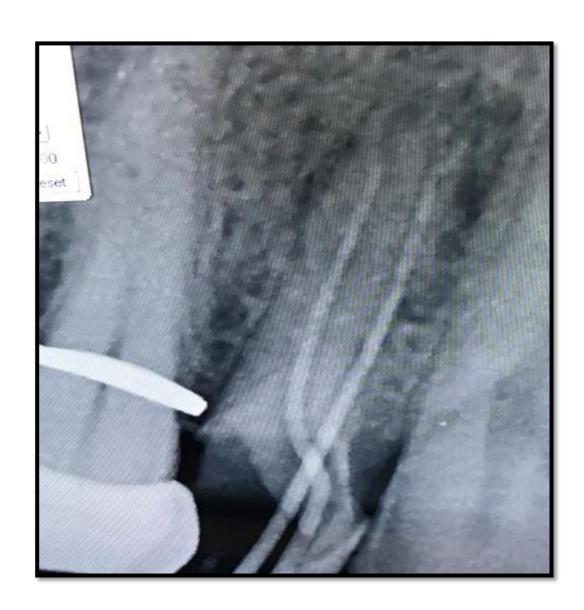


## Root Canal Treatment

Upper Right 4







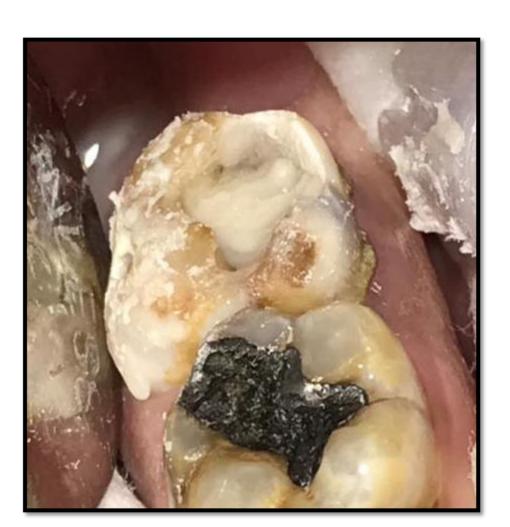


# Replacement of Amalgam restoration

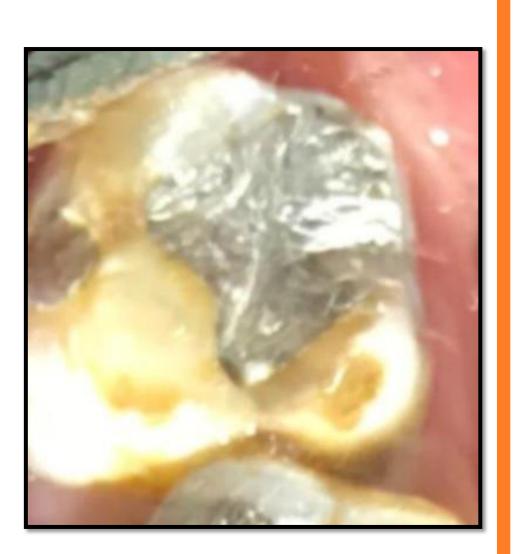
Lowe Right 7





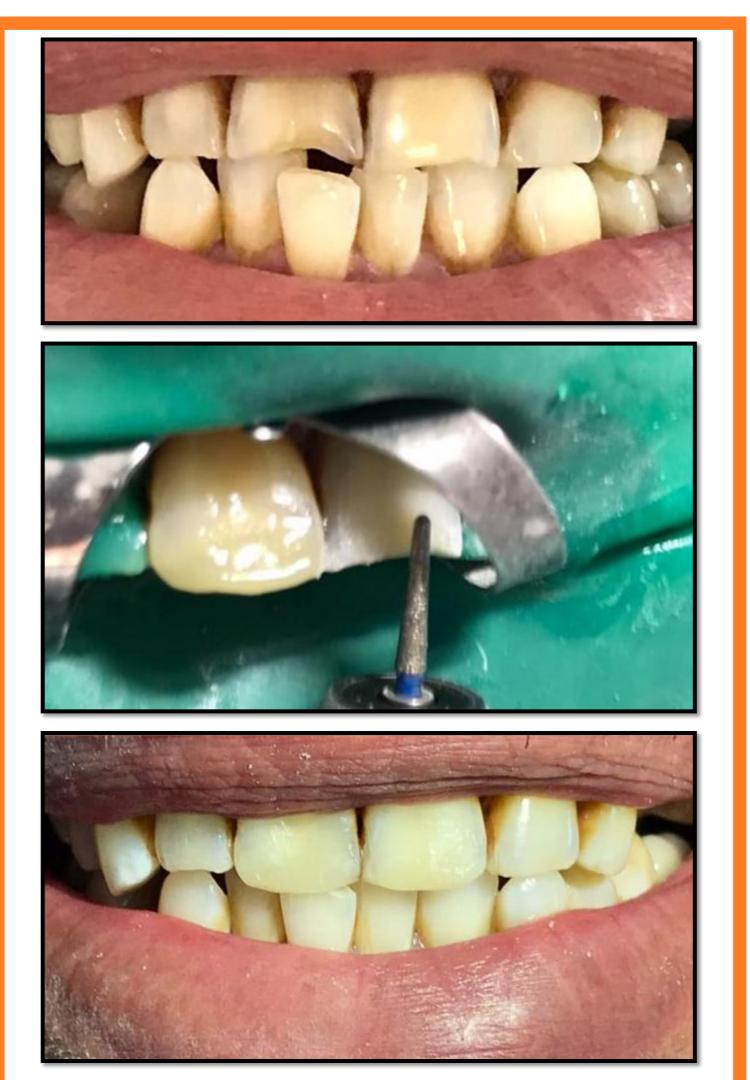






## Composite Restorations

• Upper right & left 1

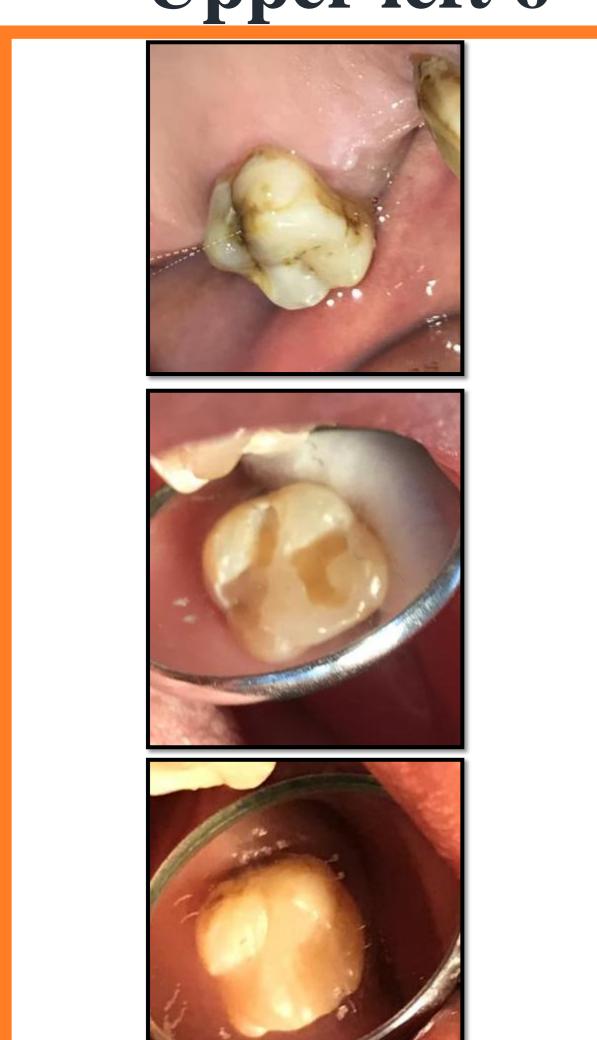


• Upper right 2 & 3

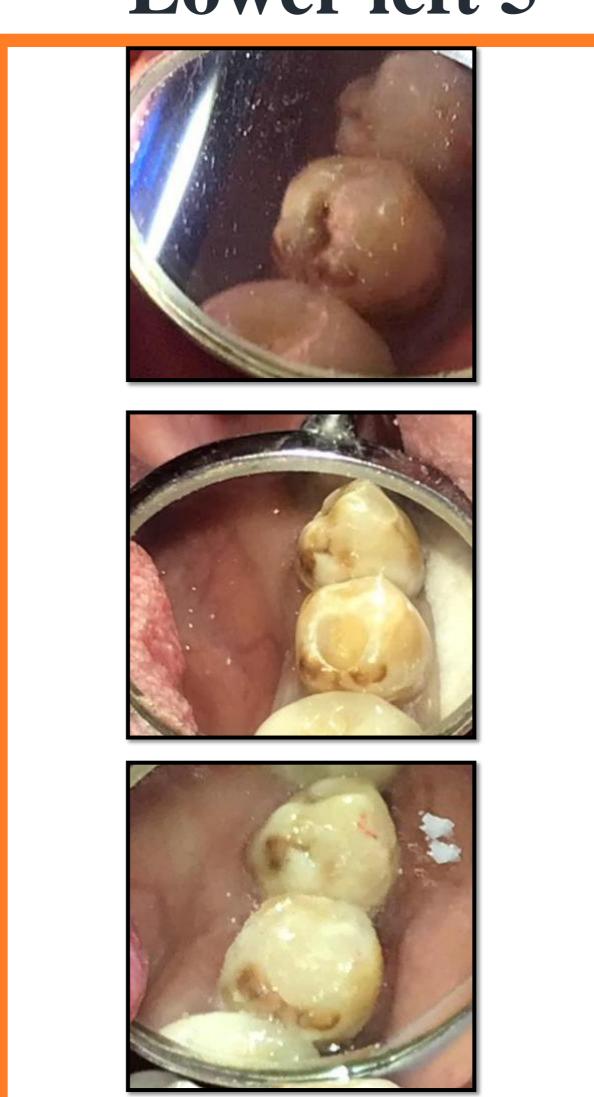


### Composite Restorations

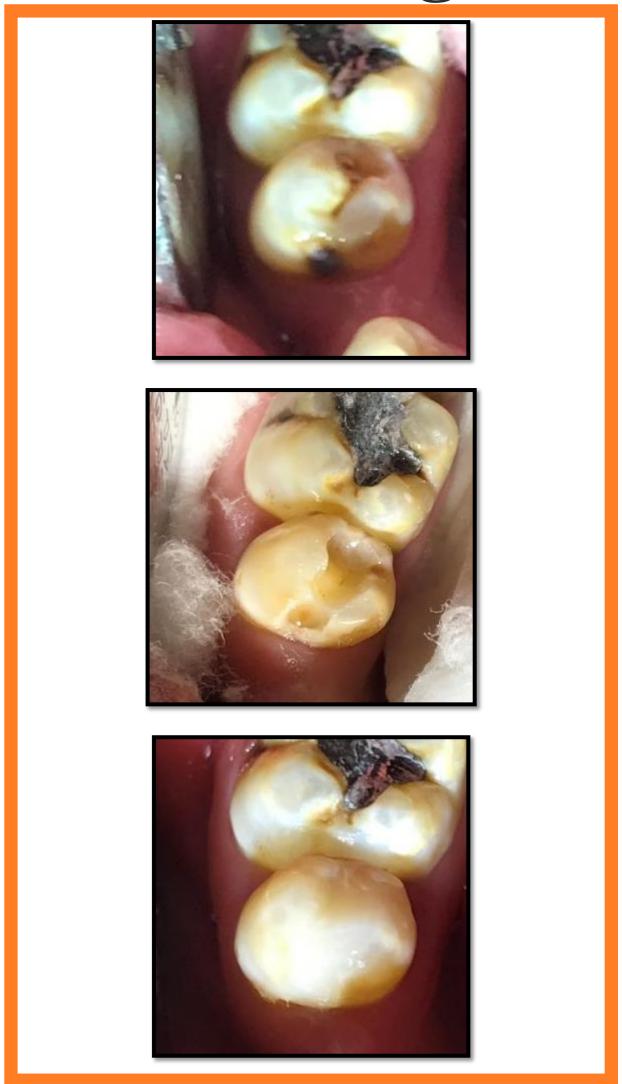
• Upper left 6



Lower left 5



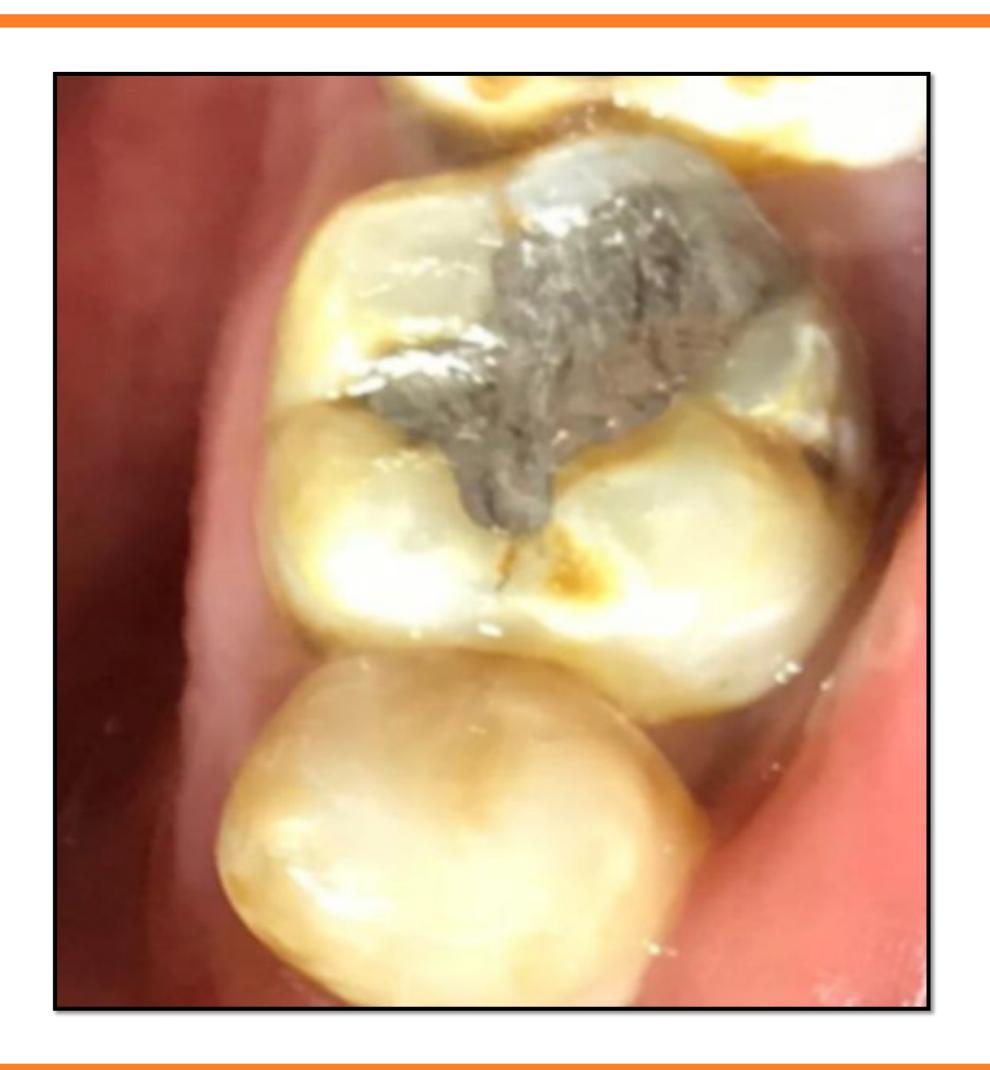
Lower right 5



# Polishing Amalgam Restoration

• Lower right 6





Lower left 6





- Lower left 6
- Post space preparation and impression

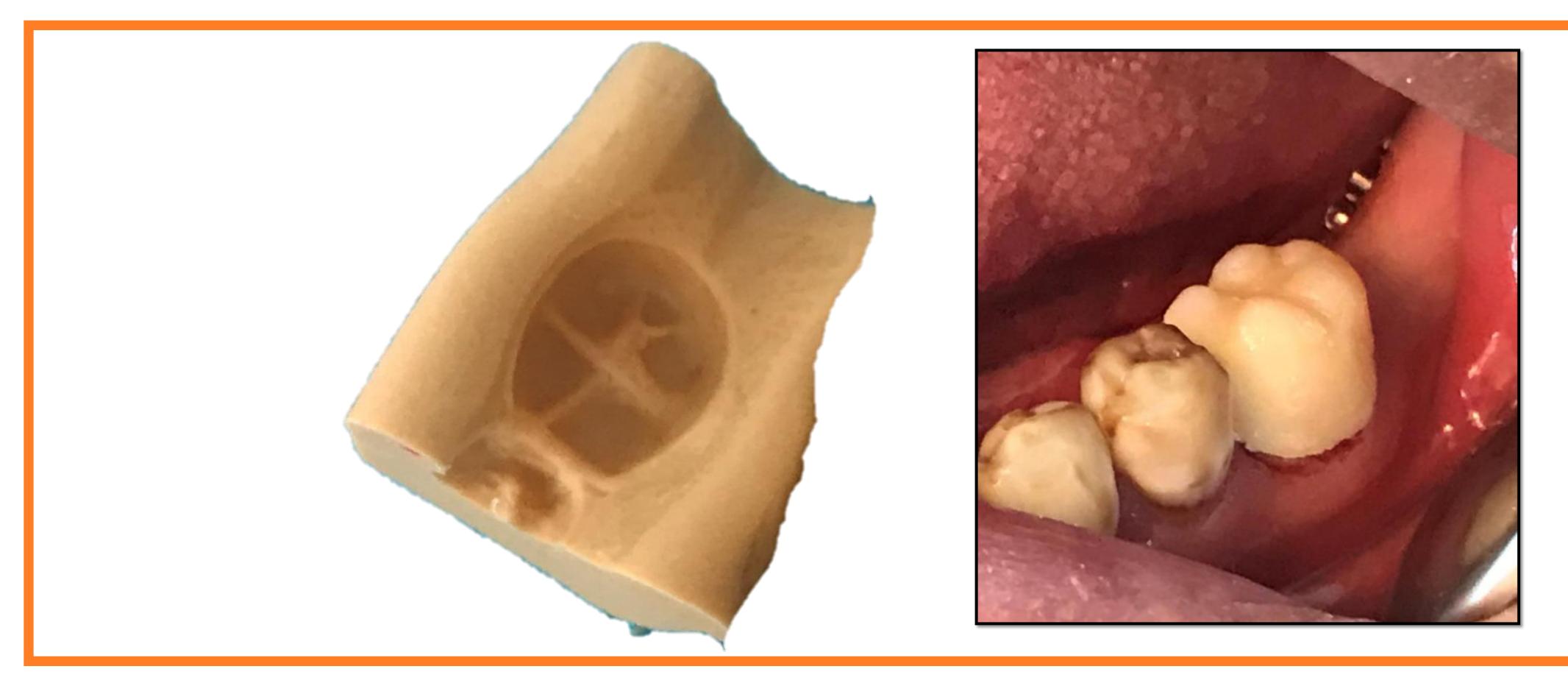




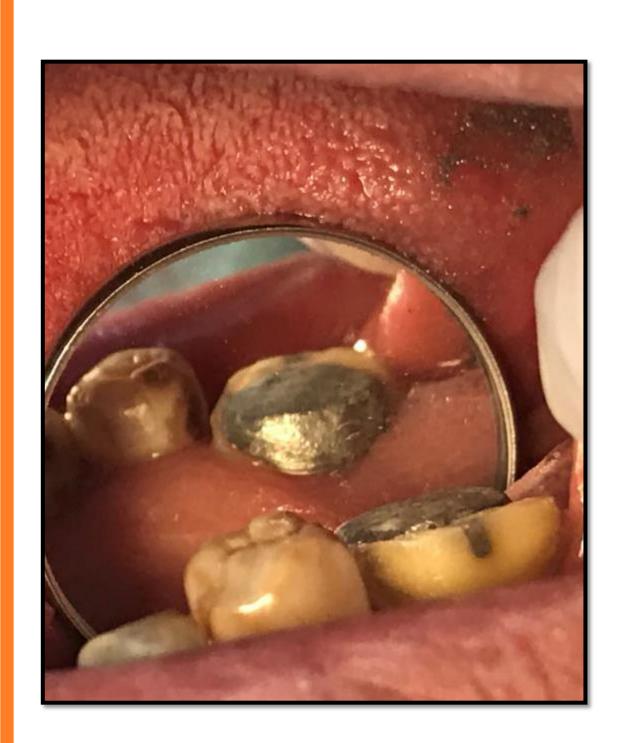




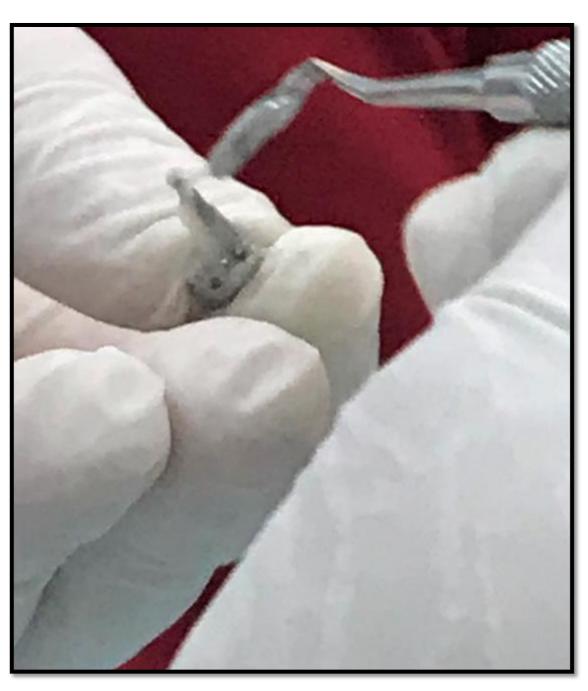
- Lower left 6
- Temporary post and crown

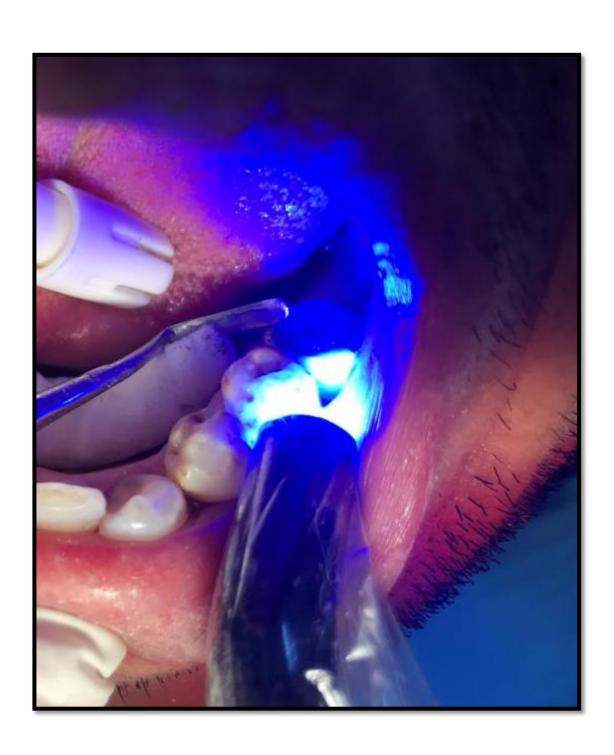


- Lower left 6
- Post placement and Cementation

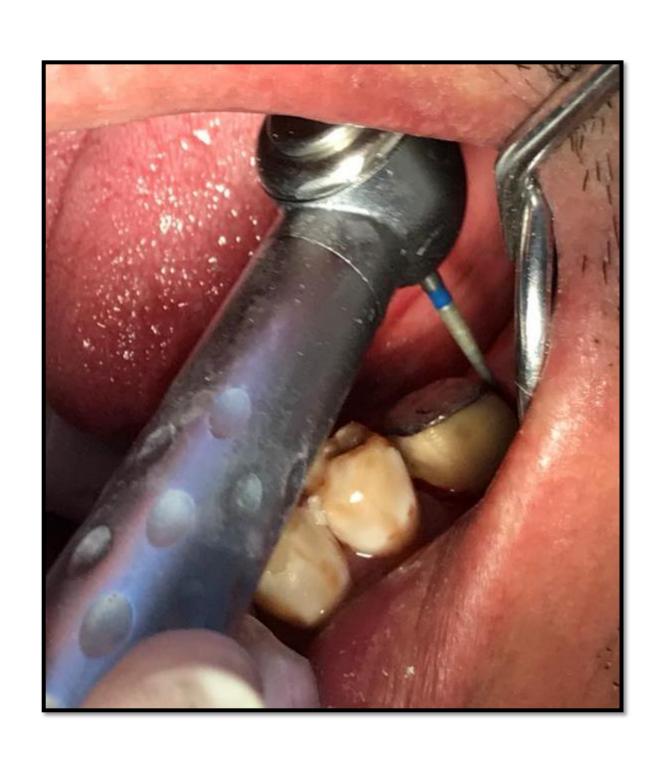


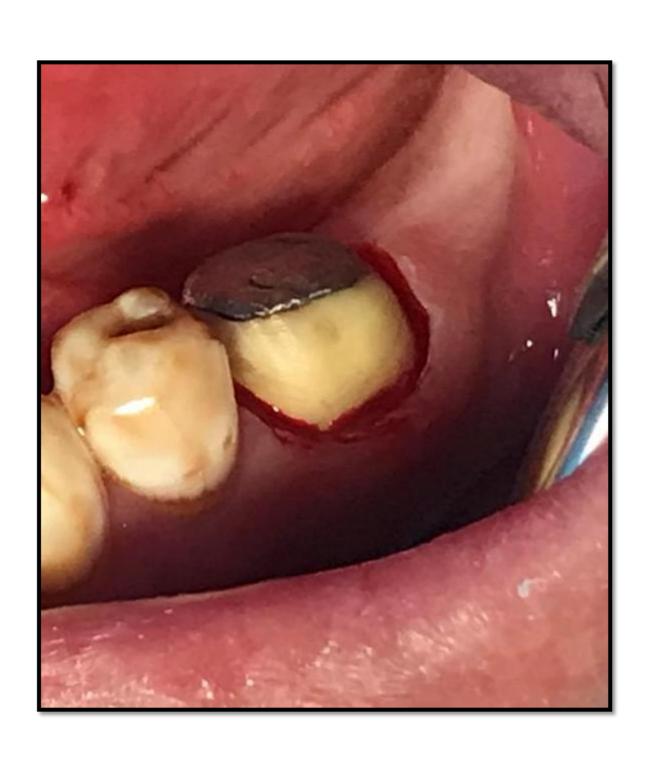


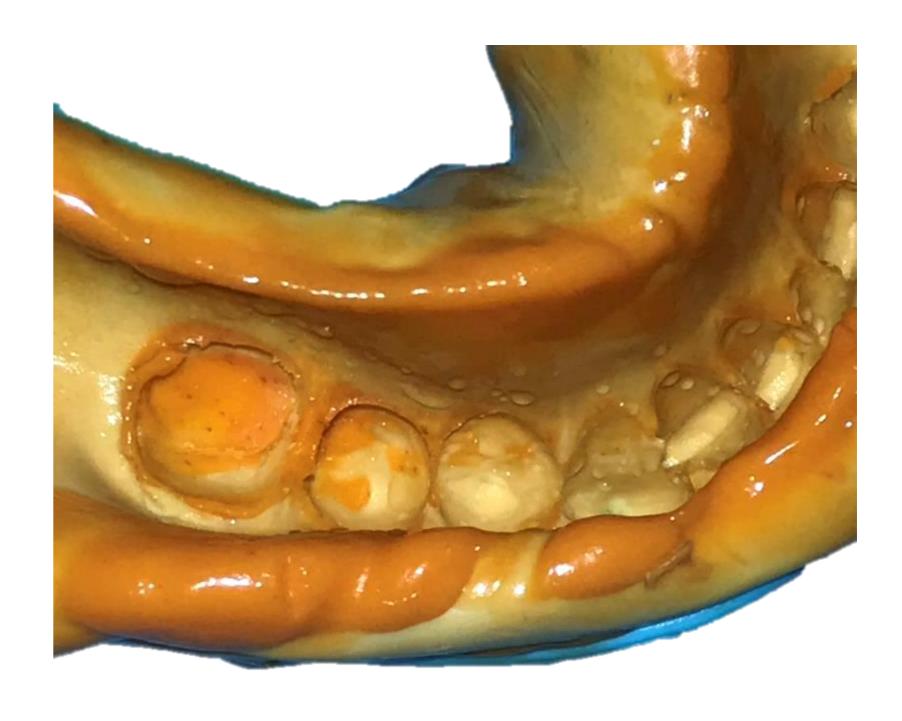




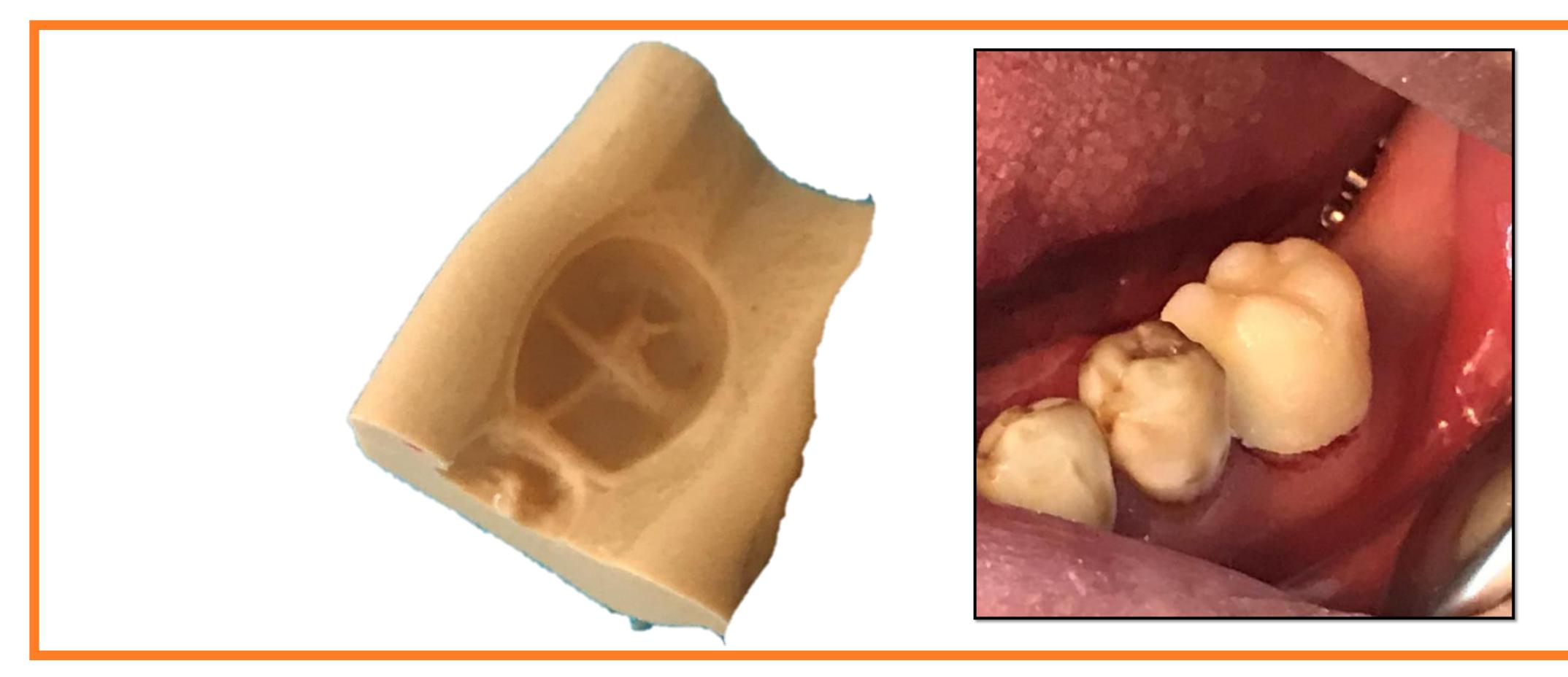
- Lower left 6
- Tooth preparation and Final impression







- Lower left 6
- Temporary crown



- Lower left 6
- Metal Try-in







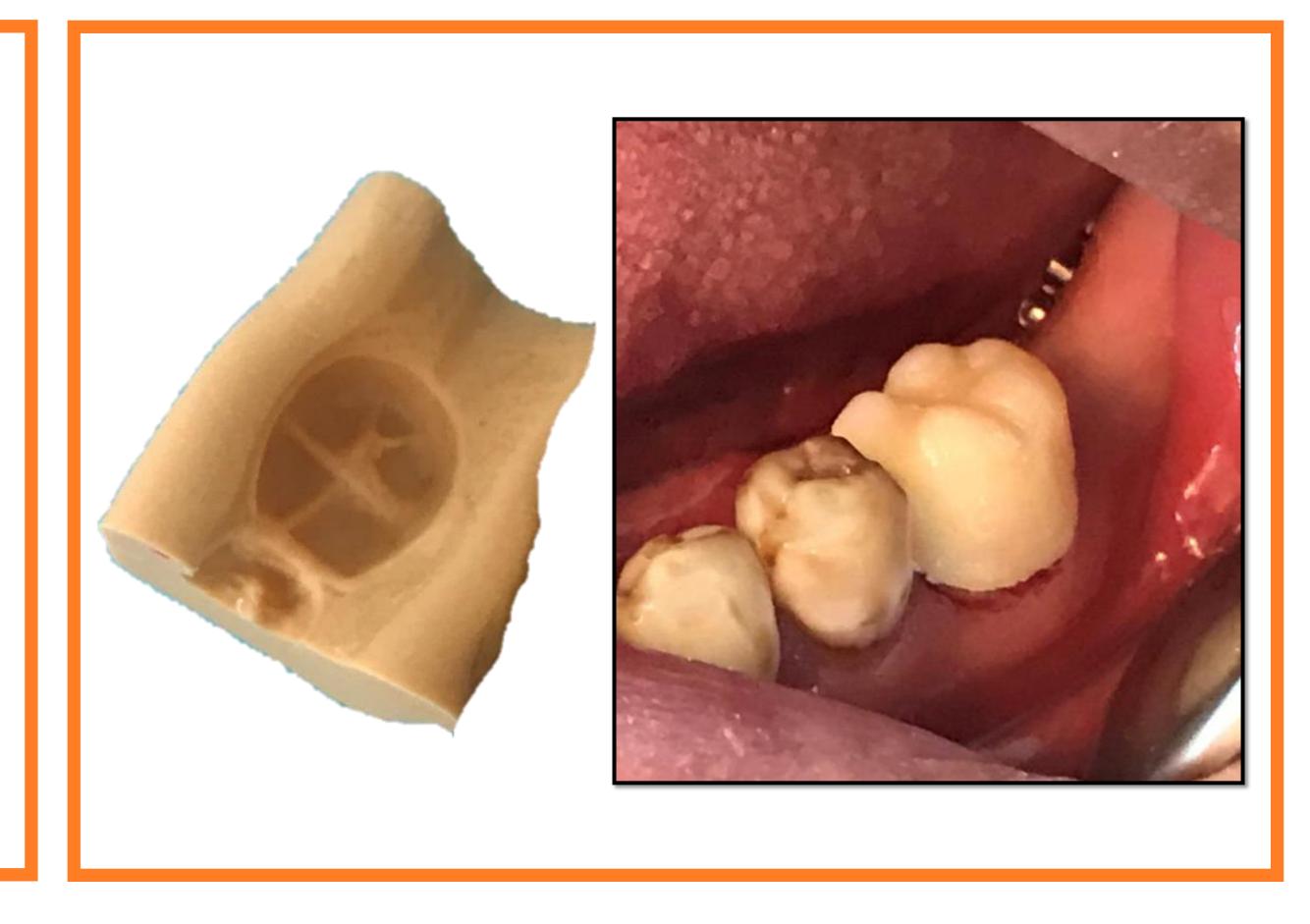


- Lower left 6
- Shade selection





Temporary crown



- Lower left 6
- Crown insertion















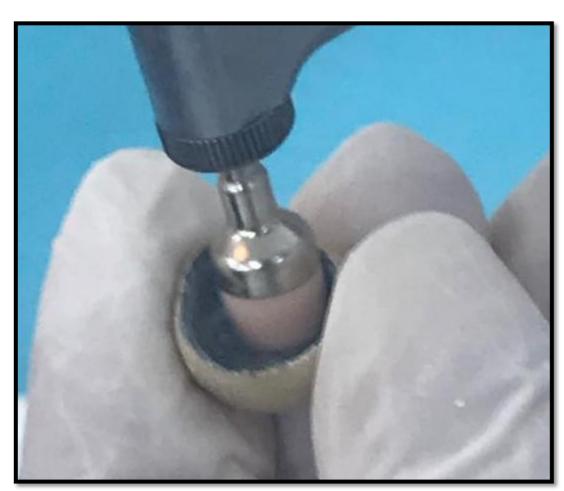
- Lower left 6
- Trail cementation







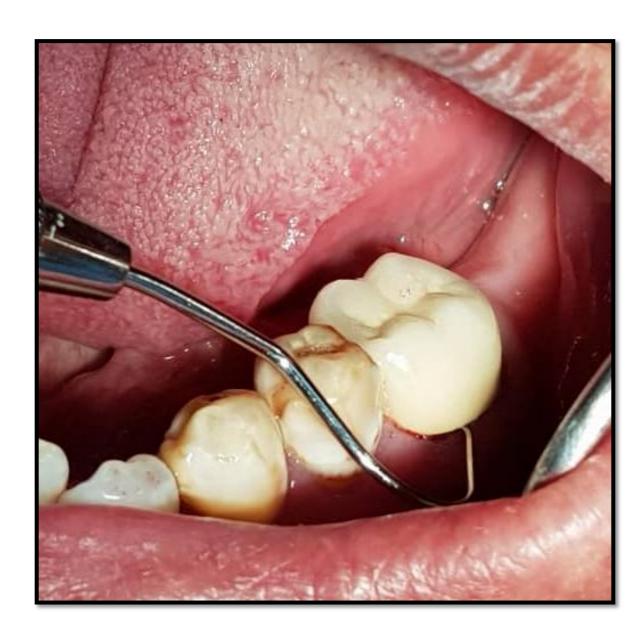
- Lower left 6
- Final cementation







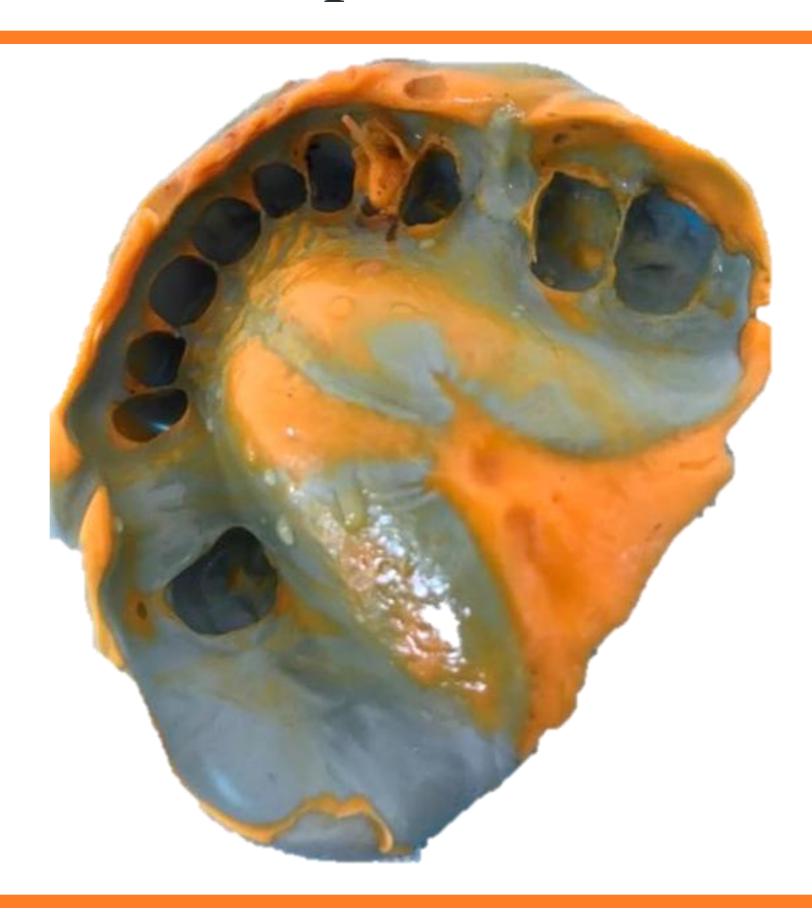


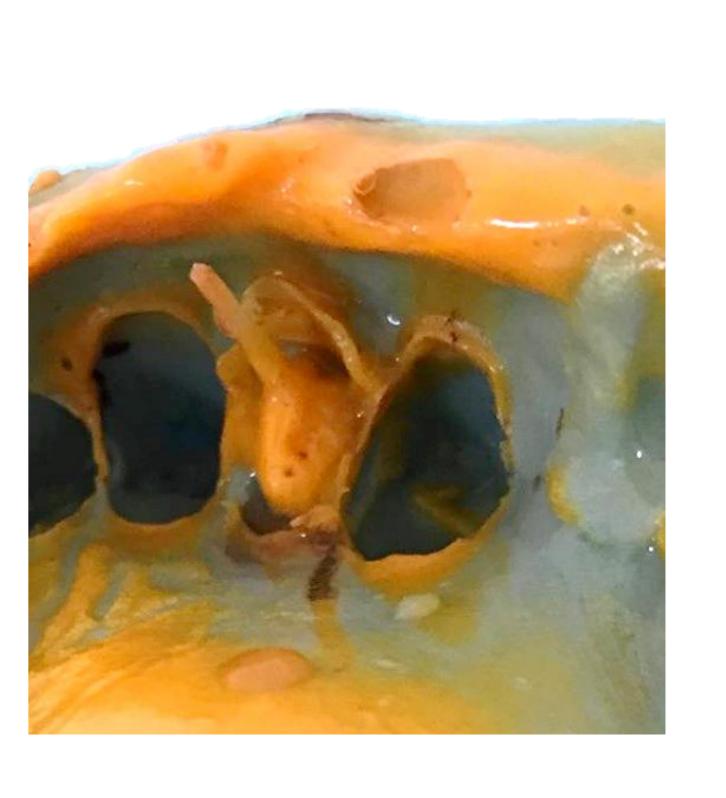




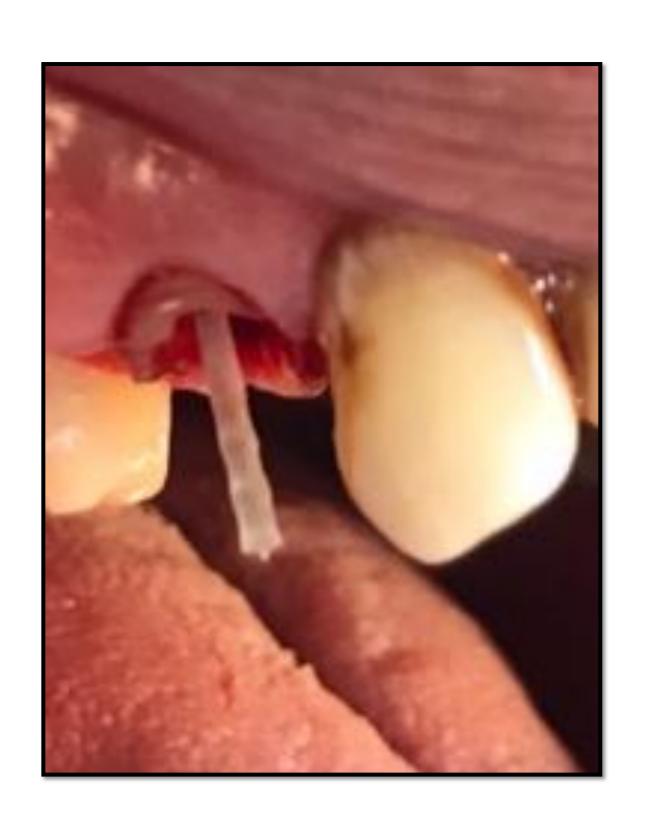
- Upper right 4
- Post space preparation and impression





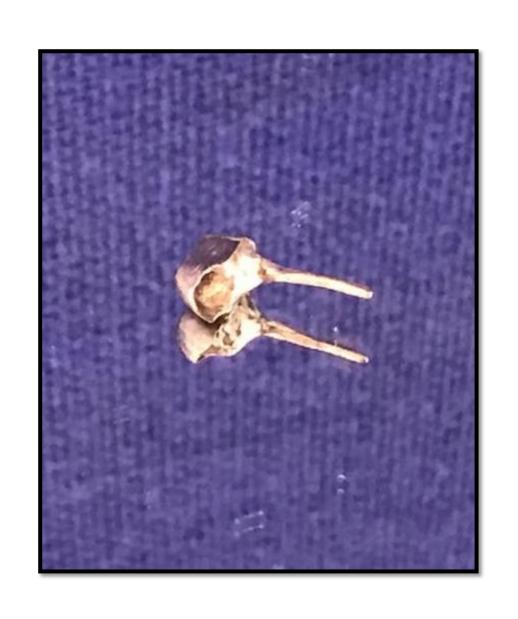


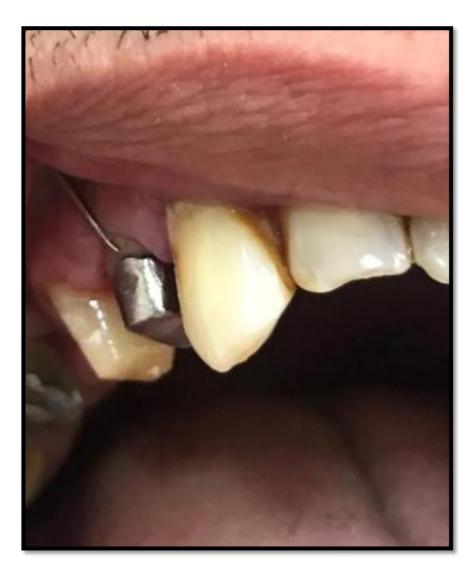
- Upper right 4
- Temporary post and crown



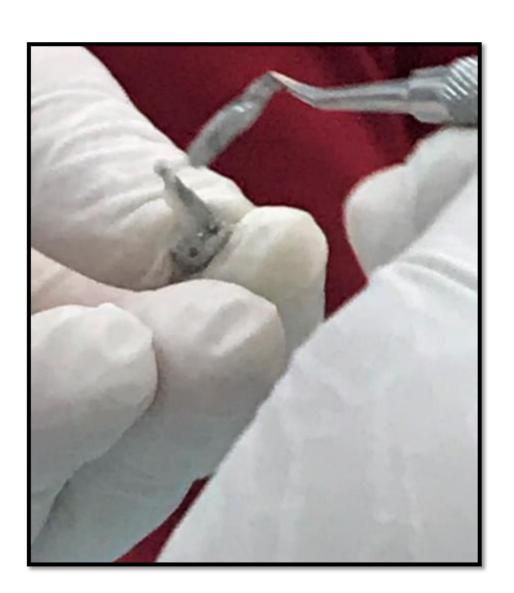


- Upper right 4
- Post placement and Cementation



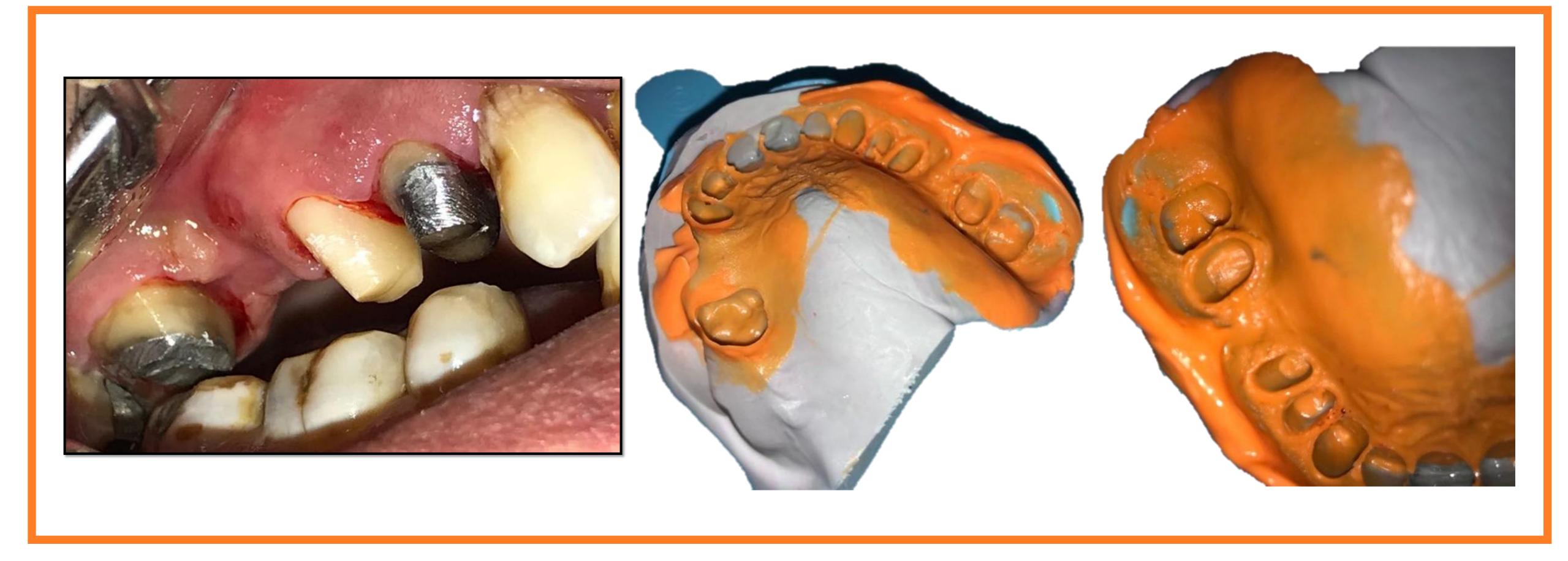








- Upper right 4, 5, 7
- Teeth preparation and Final impression



- Upper right 4, 5, 7
- Temporary bridge



- Upper right 4
- Metal Try-in









- Upper right 5 X 7
- Metal Try-in





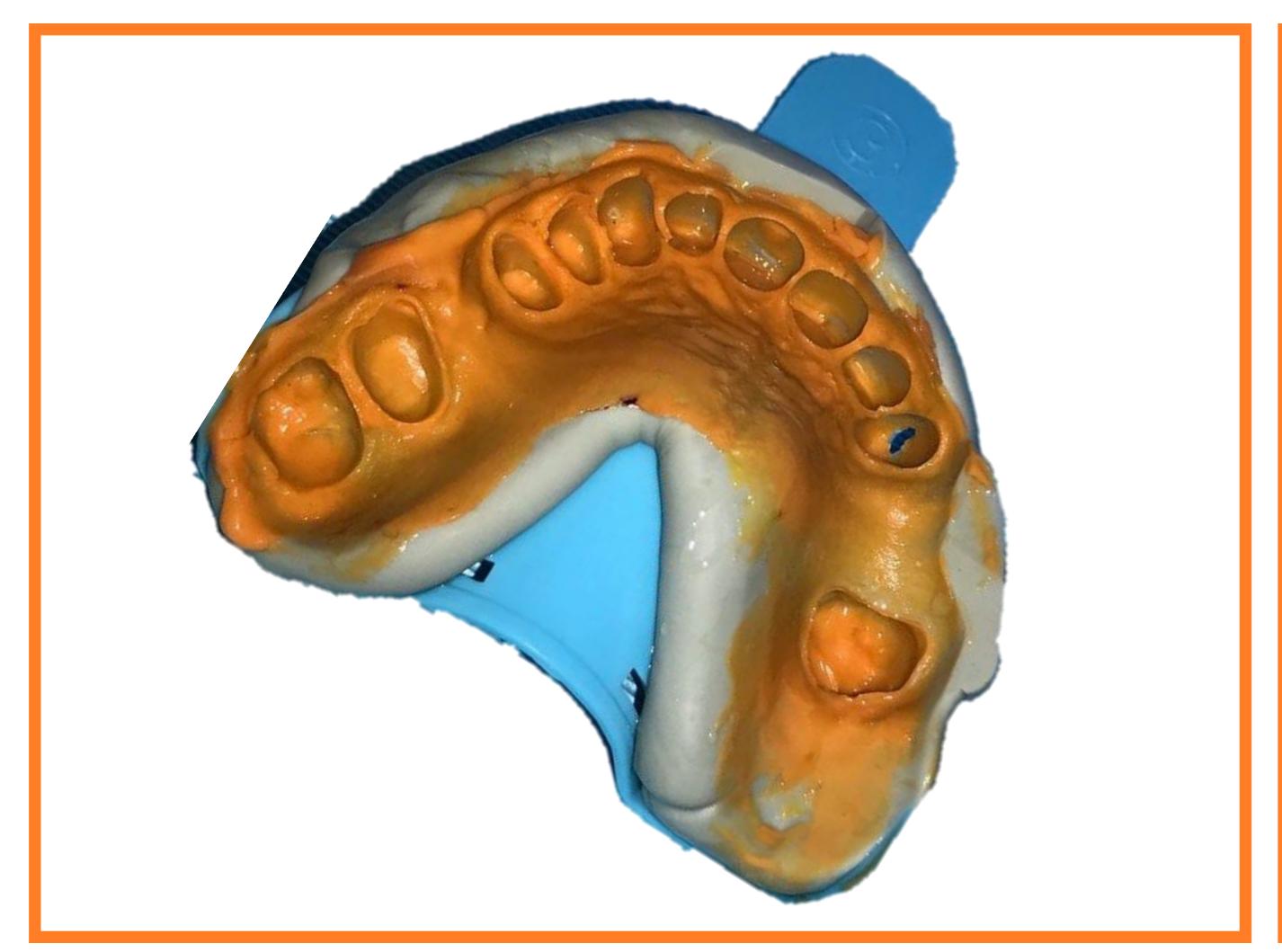






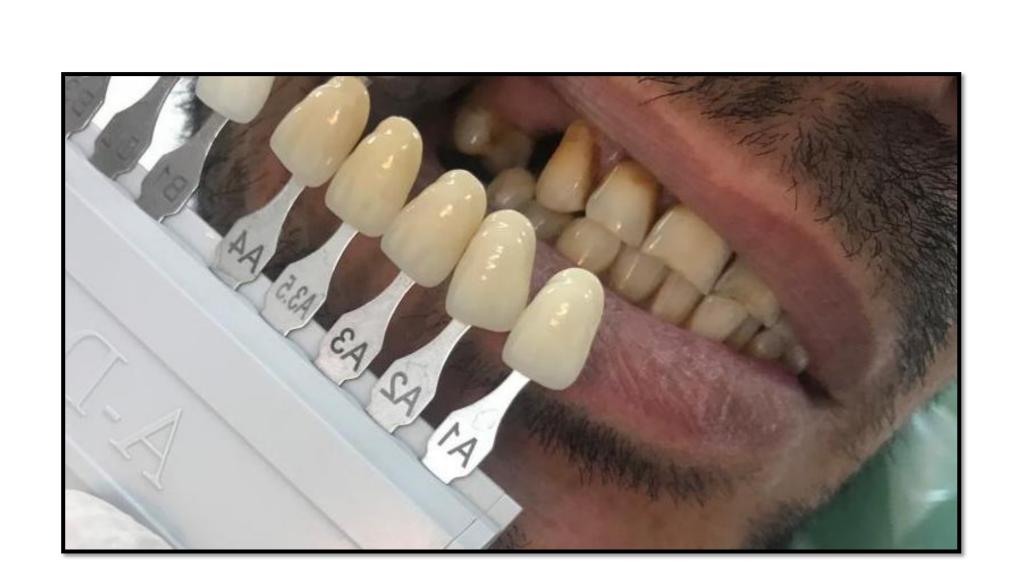


Upper right 5 X 7





Shade selection

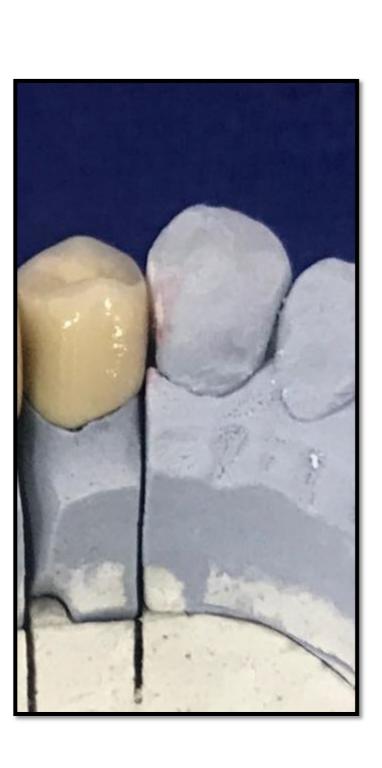


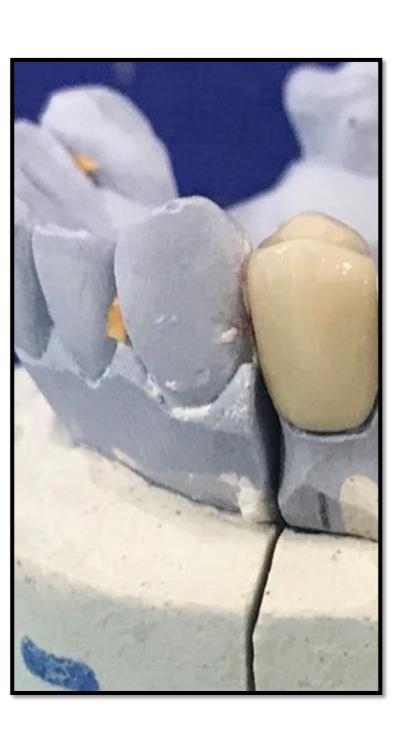
Temporary Bridge



- Upper right 4
- Crown insertion with trial cementation



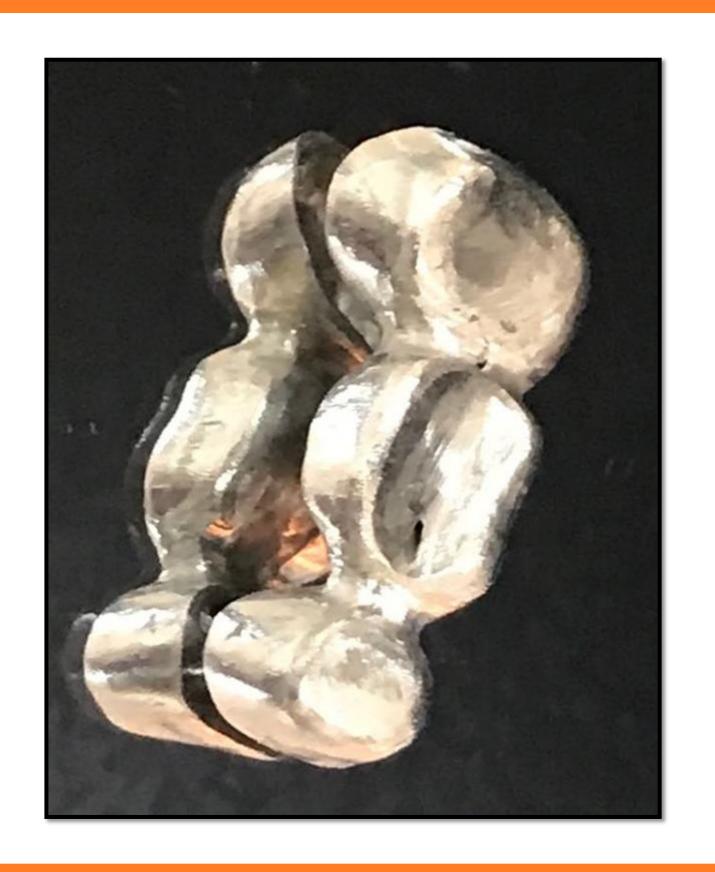


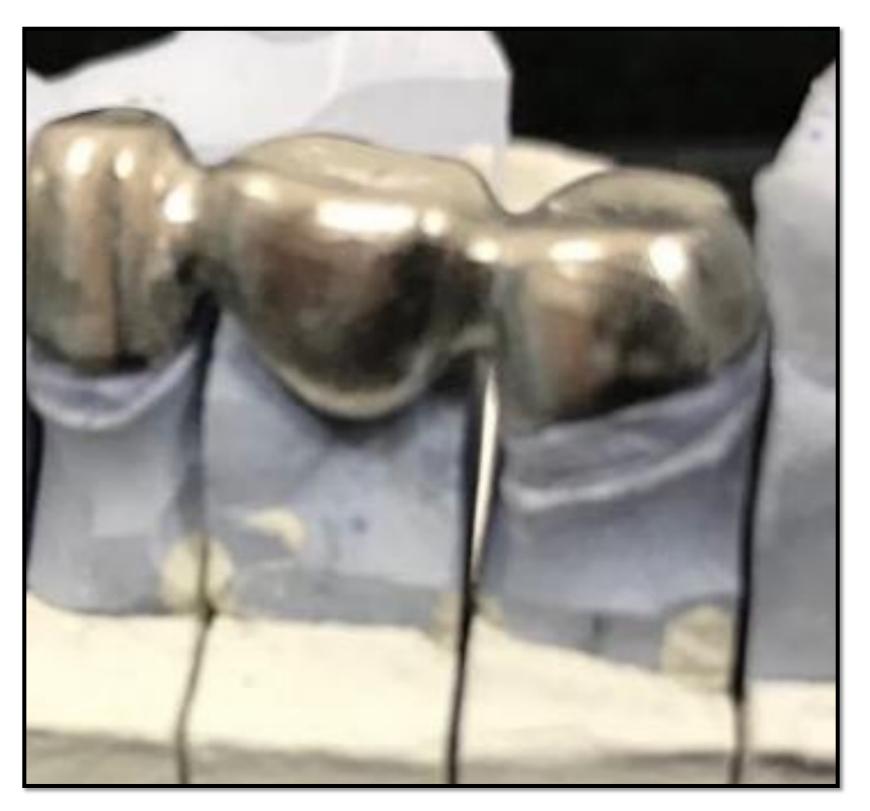


- Upper right 5X7
- Temporary bridge



- Upper right 5 X 7
- Metal Try-in







• Upper right 5 X 7



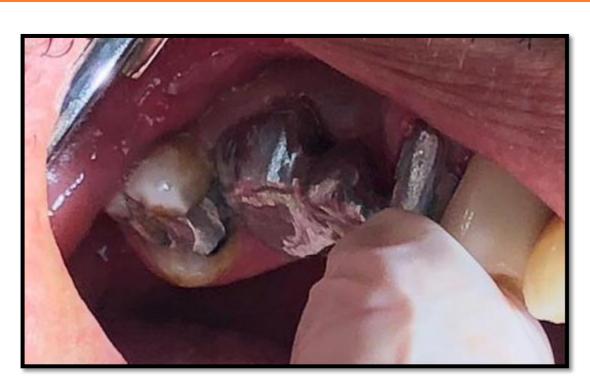


- Upper right 5 X 7
- Temporary bridge



- Upper right 5 X 7
- Metal Try-in







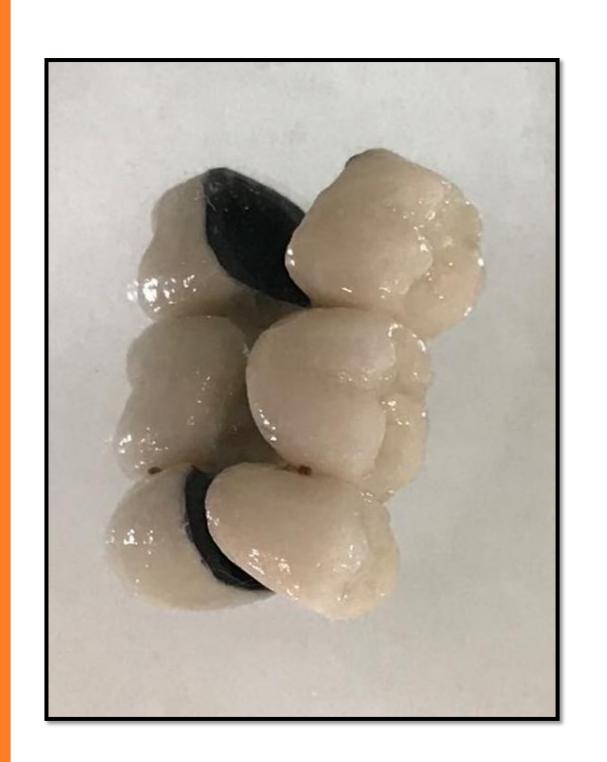




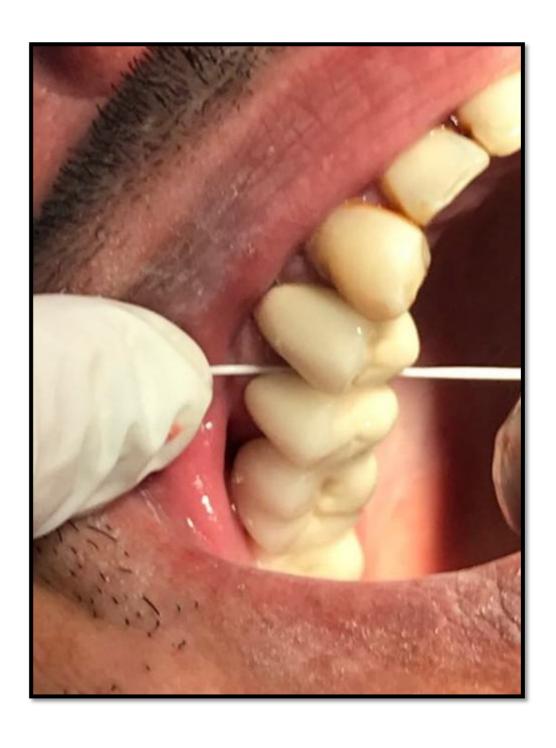
- Upper right 5 X 7
- Temporary bridge



- Upper right 5 X 7
- Bridge insertion









- Upper right 5 X 7
- Final cementation











# Post Operative Photographs

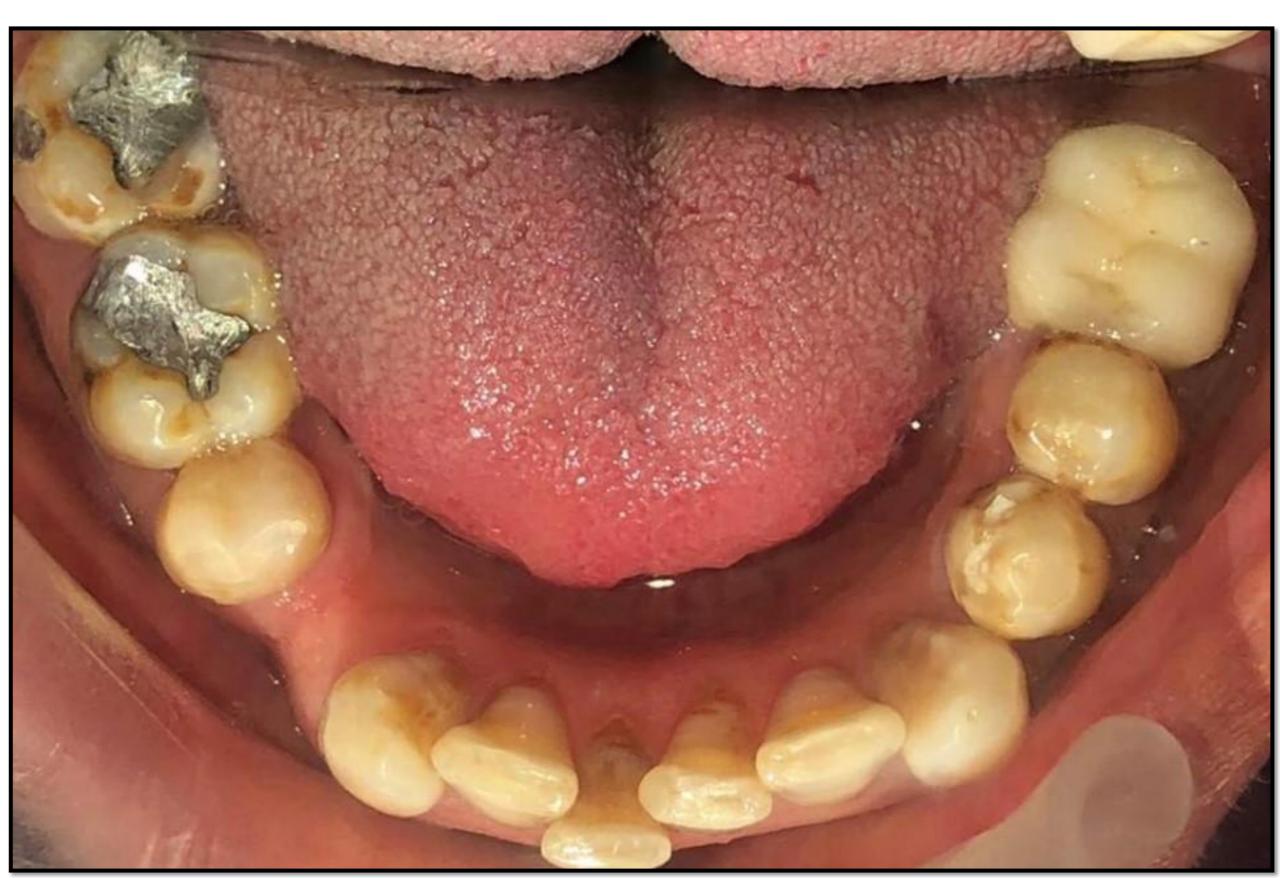






### Post Operative Photographs





#### Before And After





#### Before And After







# Thank You For Your Attention