



Libyan International Medical University
Faculty of dentistry

Full Mouth Rehabilitation

Student Name: Sondos Faraj Alojly

Roll no: 982

Year: 5th year



Patient details

- **Initials:** A.M.M
- **DOB:** 1971
- **Occupation:** house wife
- **Sex:** Female
- **Title:** BENGHAZI , Almajori



Chief complaint

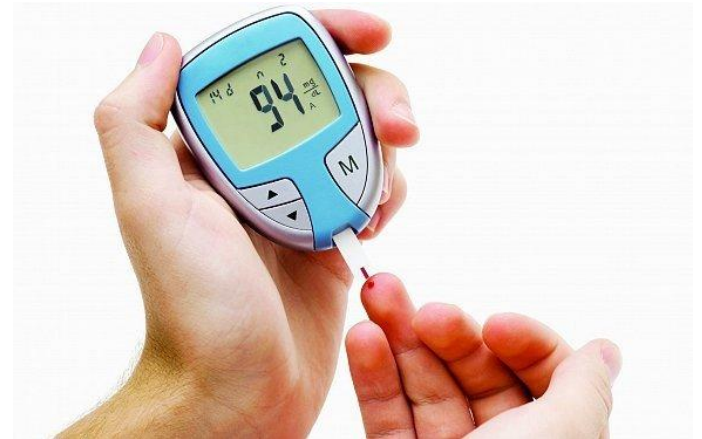


- **Chief complaint:** pain in upper right anterior ,since 3 days .
- **History of Chief complaint:** sever , suddenly onset, well localized, spontaneous ,continuous for 3 to 4 hrs. , pain related to upper right central, aggravated by cold and sweet ,sleep disturbance, with no associated symptoms , pain respond to one tablet ketofan 50mg . The pain was intermittent, moderate and well localized from 3 months ago.

Medical history



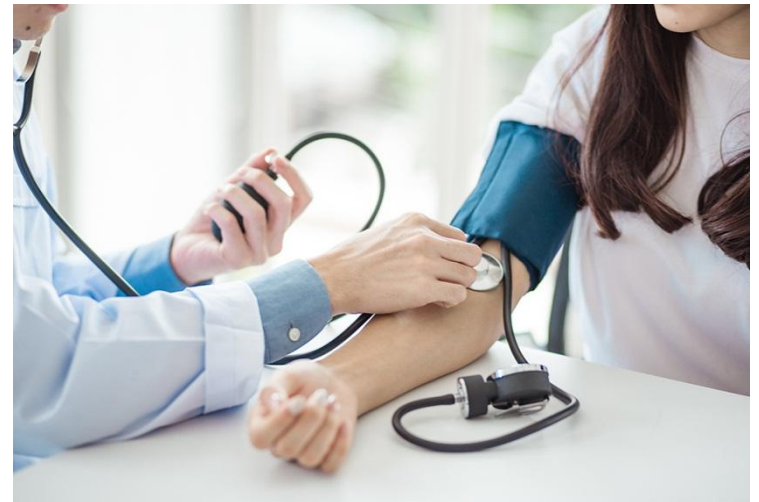
- Patient is have :
- **Diabetes mellitus type I** : for 20 years ago .
- Last fasting blood sugar: was **120 mg/dl** .
- Last HBA1C was : **6.3 %**
- Diabetes **controlled** .
- P.t under medication .



Hypertension



- Essential hypertension : from **3 years** ago.
- Last Blood pressure measurement was:
160/95mm Hg
- Disease is controlled
- Patient under medication.



Drugs history

Metformin 500mg



Insulin



Captopril 25 mg



dental history

- Last visit was from 2 weeks ago.
- Extraction , restorations without complications.



Family history

- Mother and father is diabetic.

Allergic history

- Doesn't have any type of allergy .

Social history

Married , doesn't have children.



Oral hygiene practice

- brushing : yes
- Brushing method :horizontally
- Type of tooth brush : medium
- Type of dentifrices : crest
- Any others : no



Clinical examination



Extra oral

intraoral

Extra oral examination



- Her body weight is good , a fit & healthy looking.
- with **no** obvious facial asymmetry.
- **no** submental, submandibular or other lymph nodes are palpable.
- the temporomandibular joint appears **normal** with **no** clicking, crepitus, tenderness or deviation in the mouth opening with **no** masticatory muscles tenderness.
- The Lips are competent

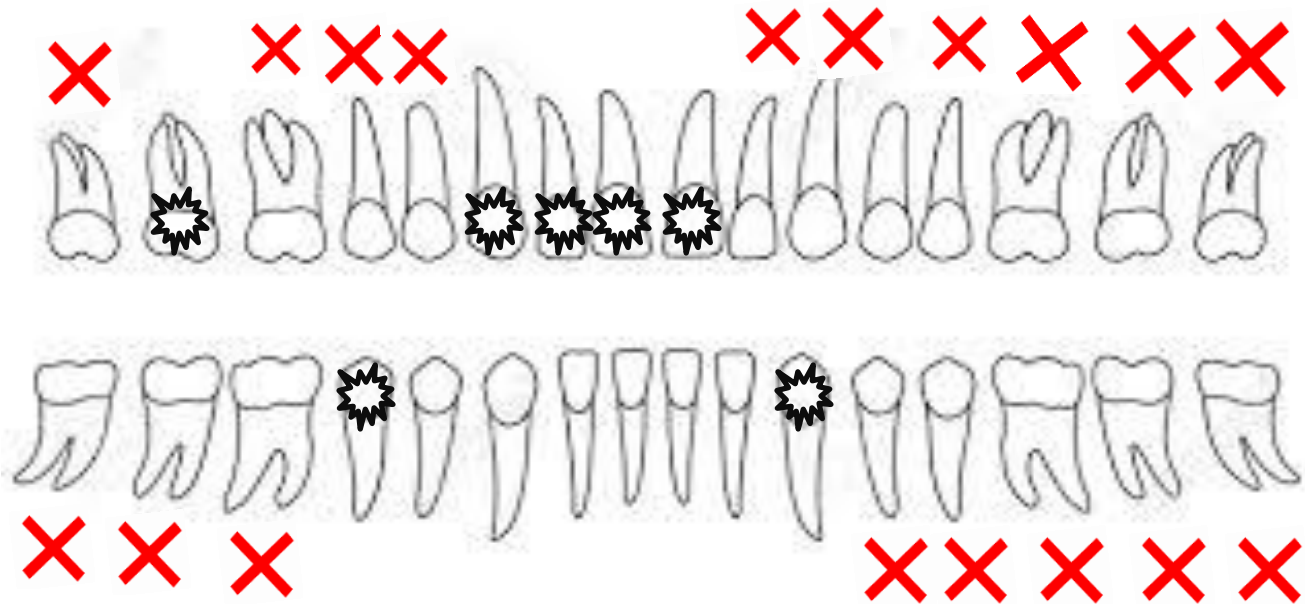
intra oral examination



- The soft tissue was **normal** and healthy .
- Her oral hygiene is **fair** there is plaque ,calculus, soft debris in cervical portion of the teeth .
- **No** halitosis.

	D	M	F
DMFT= 26	17,13,12,11,21, 43,44,	18,16,15,14,22,23, 25,26,27,28,48,47, 46,34,35,36,37,38	/

Dental chart



Intraoral photos



Intraoral finding

- **No** objective or subjective sign of parafunction : Attrition , Abrasion , Erosion. There is **slight** crowding in the lower anterior area.
- **No** loss of proximal contact.
- **No** TFO, cross bite , open bite, deep bite

Gingival status

	Man. Right Posteriors	Man. Anterior	Man. left posteriors
Color	M	Pink	M
Contour	M	Rolled with round	M
size	M	Enlarged	M
consistency	M	Soft & edematous	M
stippling	M	absent	M
position	M	Apical to CAJ	M
Bleeding on probing	M	Present	M
Exudation	M	absent	M

Gingival status

	Max. Right Posteriors	Max. Anterior	Max. left posteriors
Color	Pink	Pink	Pink
Contour	Rolled with round	Edge and	blunt IDP
Size	Enlarged	Enlarged	Enlarged
Consistency	Soft & edematous	Soft & edematous	Soft & edematous
Stippling	present	present	Present
position	Apical to CAJ	At CAJ	At CAJ
Bleeding on probing	Present	Present	present
Exudation	absent	absent	absent

Periodontal examination

PERIODONTAL CHART

PATIENT NAME: _____ FILE NO.: _____ DATE: _____

Pre-treatment Re-evaluation Recall maintenance

Diagnosis																	
CAL, BOP																	
PD, Pl, Calc																	
CEJ-GM																	
			111			1111111	2212					111					
			634			463	000001101					432					
FACIAL	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2
Mobility																	
LINGUAL																	
CEJ-GM																	
PD, Pl, Calc																	
CAL, BOP																	
			111			111222	111111					222					
			444			222	111000000					211					

Periodontal examination

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
CAL, BOP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PD, PL, Calc	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CEJ-GM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LINGUAL																
Mobility																
FACIAL																
CEJ-GM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PD, PL, Calc	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CAL, BOP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diagnosis																

GM- Gingival Margin, CAL- Clinical Attachment Loss, CEJ- Cementoenamel Junction, PD- Probing Depth
 PL- Plaque, if presents put * Calc- Calculus, if presents put * BOP- Bleeding on probing, if presents put red

Chief complaint tooth

- TESTS:**

TOOTH

**VITALITY
TEST**

PERCUSSION

PULPATION

11#

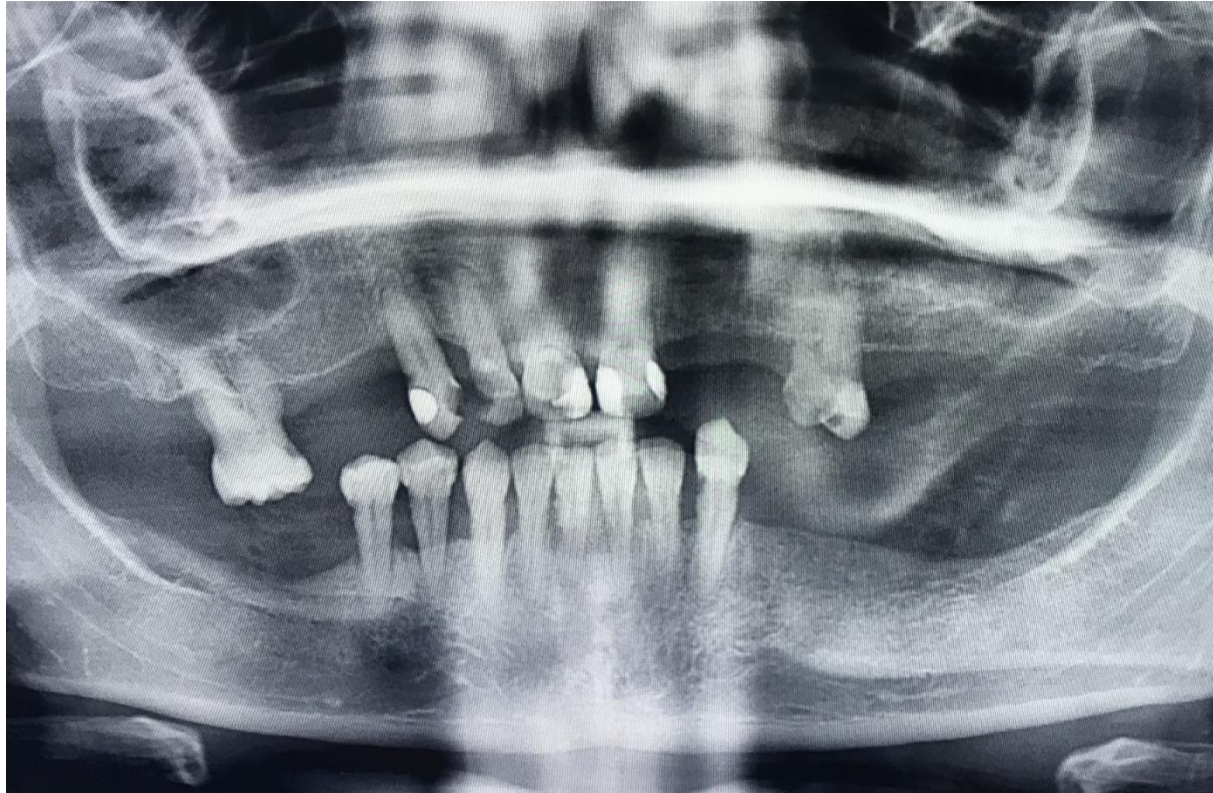
Delay respond

Tender

Slightly respond

Radiographic examination

Extra oral panoramic radiograph



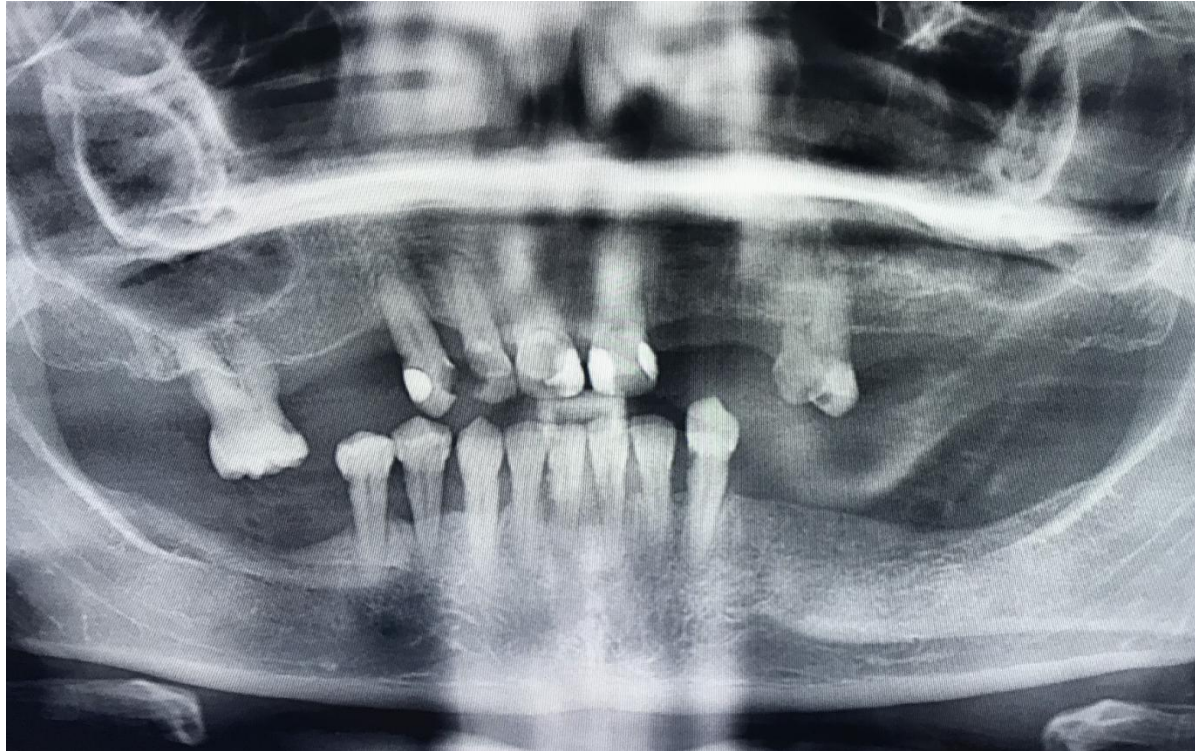
BONE

Generalized moderate to severe bone loss

Normal trabecular pattern

No bone pathology

Radiographic examination

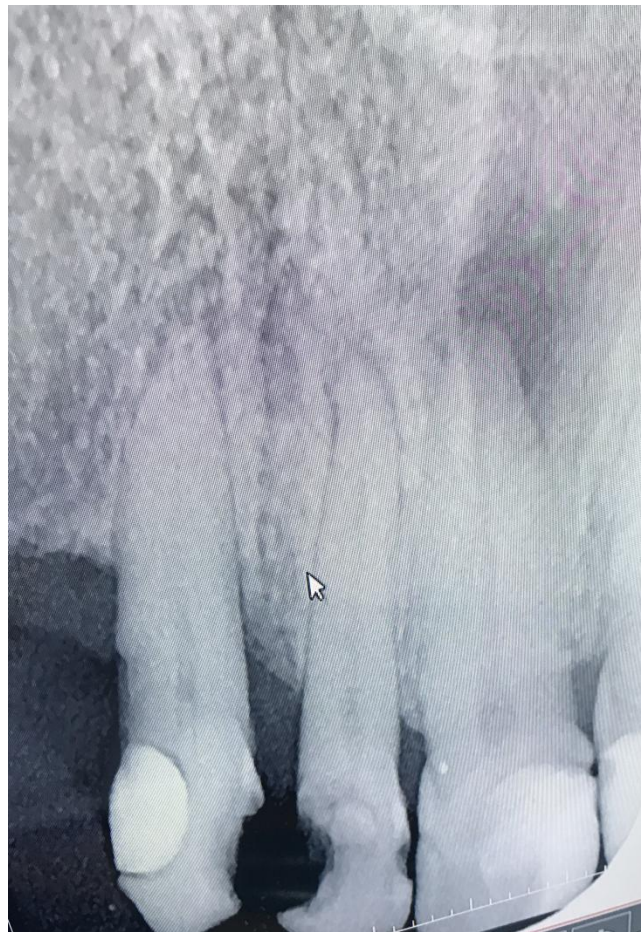


Teeth

**Tooth# 17 rotated super eruption
Teeth #13,11,21 restored by radiopaque restoration**

Radiographic examination

- **IOPA**



Final diagnosis

- Generalized moderate to severe chronic periodontitis.
- **Chronic periapical granuloma** with acute exacerbation related to upper right central .
- **Chronic periapical abscess** related to upper right lateral.
- **Chronic periapical periodontitis** related to upper right canine .
- **Root caries** related to upper right canine ,lower right second premolar and lower left canine .

Treatment plane



- Emergency phase : RCE for 11#
- Phase one : OHI, scaling ,root planning , fluoride application, diet sheet .
- Phase two: RCT 12# ,13#, 21#, 24# and restoration for 17# ,33#,44#, 45#.
- Phase three : post ,core and crown for endo treated teeth replacement by implant , FPD,RPD .
- Phase four: revaluation .

Consent

الجامعة الليبية الدولية للعلوم الطبية
كلية طب وجراحة الفم والأسنان
موافقة للأذن بالعلاج

أقر أنا / بطاقة شخصية رقم:

ويكامل ارادتي أنني أعطي موافقتي اللغضية والكتابية للبدء والاستمرار في العلاج بعيادات كلية طب الأسنان بالجامعة الليبية الدولية للعلوم الطبية والذي يتضمن

..... حالة شاملة

وقد تم شرح التشخيص المرضي لحالتي والخيارات المختلفة المتوفرة لمعالجتها والأعراض الجانبية والمخاطر التي قد تصاحب العلاج والمشاكل التي قد تنتج عن عدم العلاج والمدة التقريبية اللازمة لانتهاء منه والتكلفة الاجمالية للعلاج وفقا للرسوم الرمزية المقررة كما اتفهم ان هذا العلاج قد تم تنفيذه من قبل طالب أو طبيب امتياز تحت الاشراف المباشر لأعضاء هيئة التدريس بالكلية.

..... أسم المريض:

..... توقيع المريض:

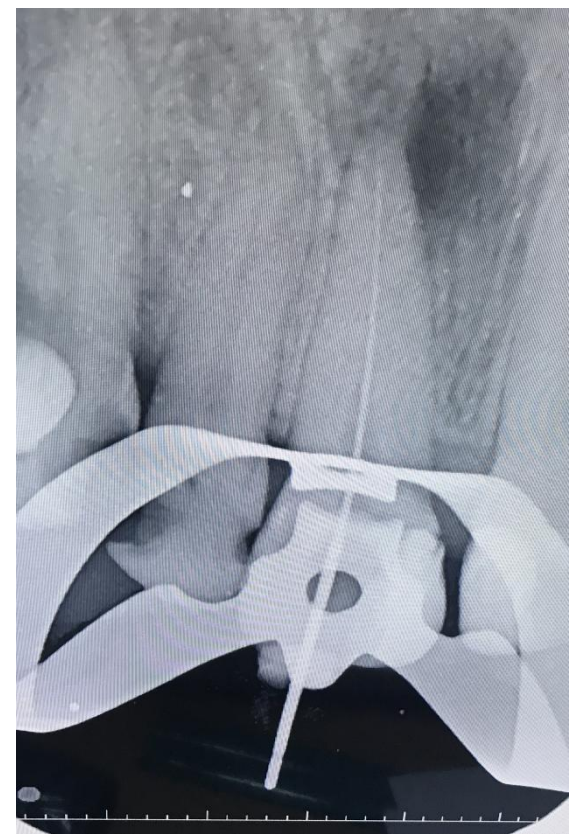
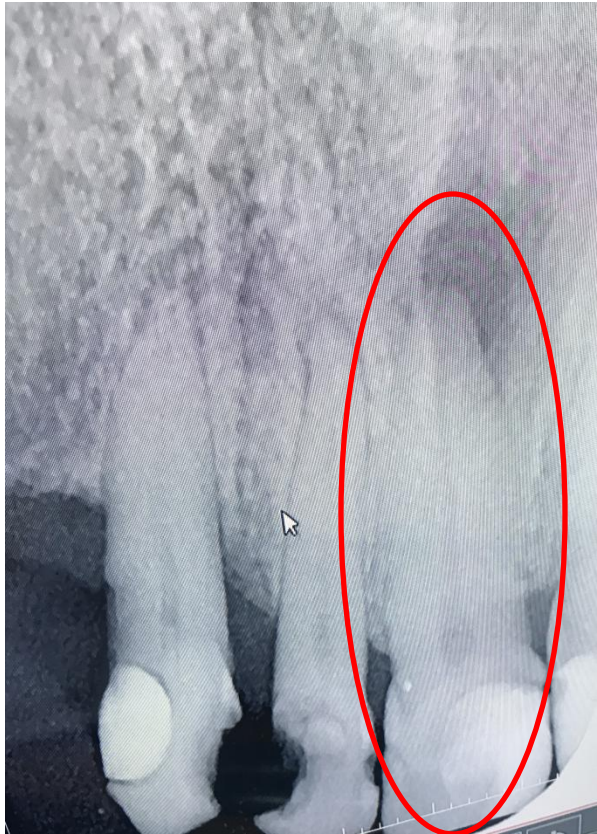
..... اسم الطالب أو طبيب الأمتياز:

..... الأستاذ المشرف:

..... التاريخ: 2019 / 2 / 16

Emergency phase

- Clinical procedure :



Clinical procedure



Phase one

- **OHI** , patient education
- Scaling , root planning , fluoride application
- Diet counseling .

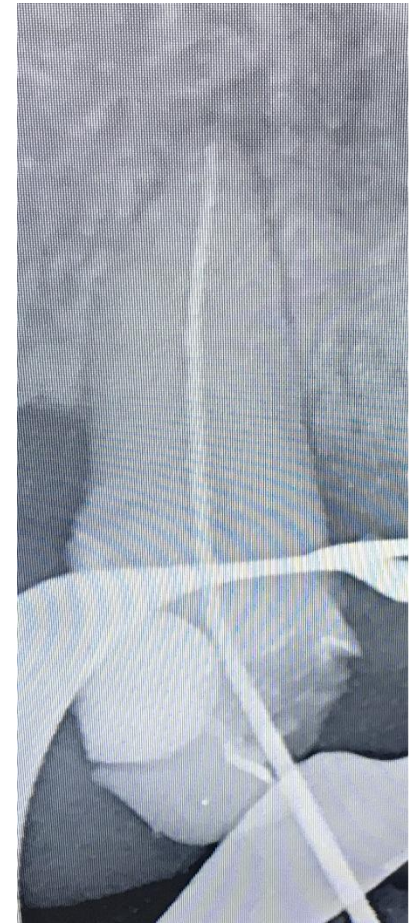
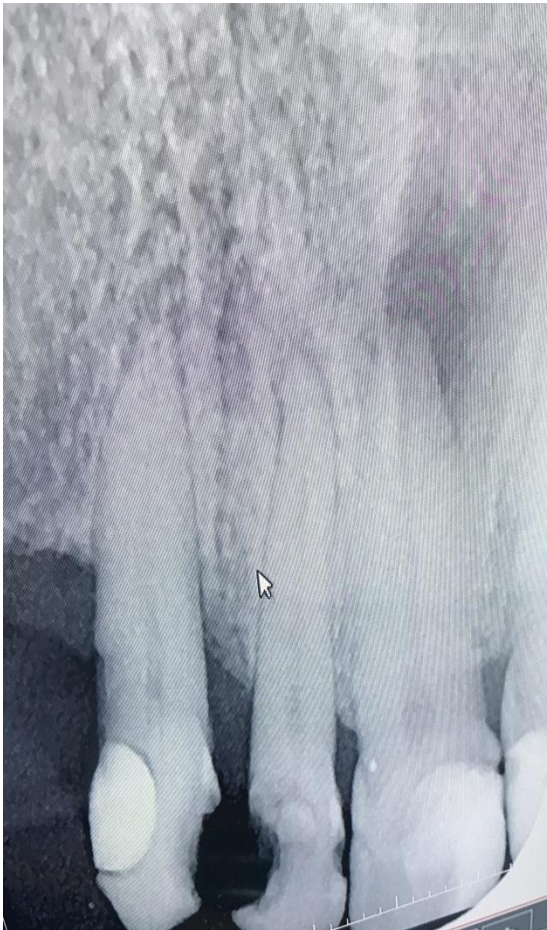


Diet sheet

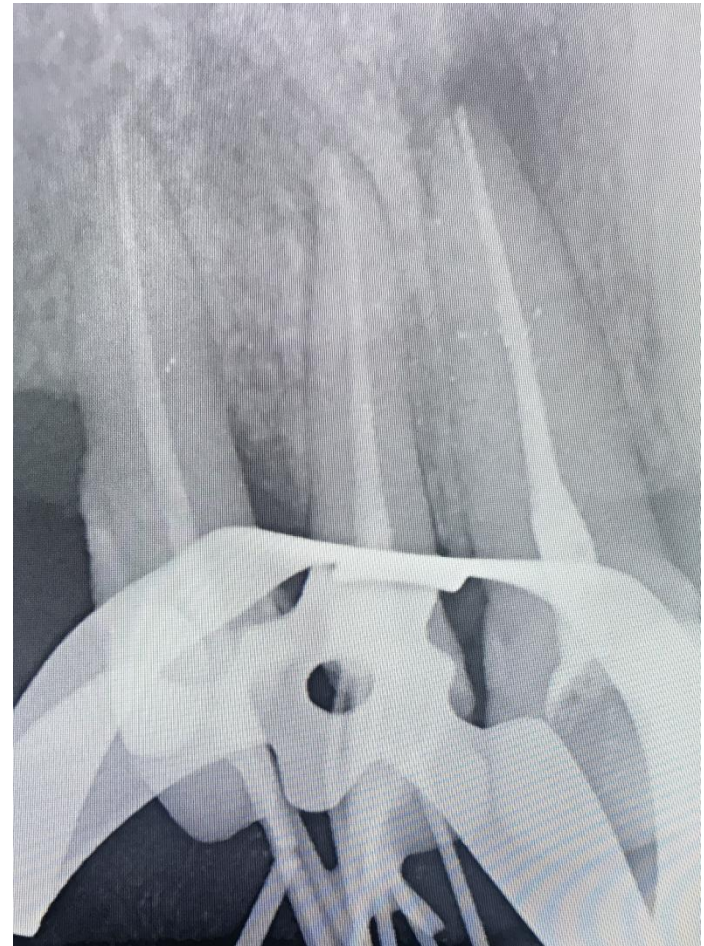
نوع الوجبه	المأكولات والمشروبات	الساعة	الايام
الافطار	قهوة وحليب بريوش وماء	8:00	الجمعه
غذاء	طبيخ ولحم محمر وسلطه ماء ومشروب غازي	2:00	
عصر	تفاحة وكيك بسادة وماء	5:00	
عشاء	بيض مطبوخ وخبز شعير	9:00	
الافطار	كورنفلكس وحليب وماء	9:00	السبت
غذاء	شربة عدس ورز بالبازيلاء وعصير	2:00	
عصر	قهوة وبسكويت صاده	4:00	
عشاء	بيتزا او عصير	10:00	
الافطار	قهوه وحليب وخبز وجبن	9:00	الاحد
غذاء	مكرونه مבוخة وسلطه	3:00	
العصر	شاي اخضر ومكسرات	6:00	
العشاء	تن ودحي وخبز شعير وماء	9:20	

Phase two

- RCT for lateral and canine :

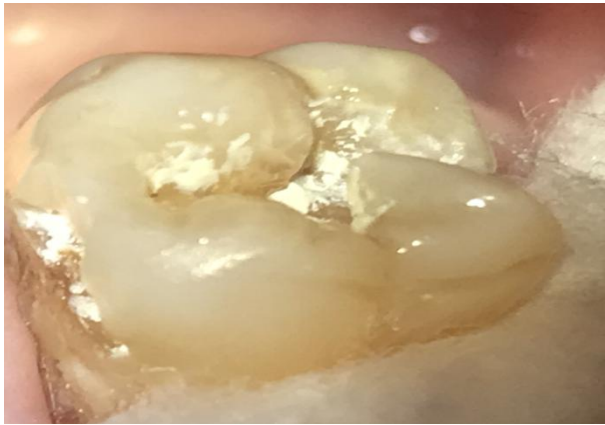


Clinical procedure



Clinical procedure

- Restoration for upper right 7



ATTENTION



- After 1 month my patient call me and tell me she was exposed to **myocardial attack (MI)**
- She performed an **operation** Cardiac Catheterization & Coronary Angioplasty and Stent



After 3 month

- Patient was normal and stable doesn't complain from any sign and symptoms .

And now we have two options



Stop treatment

OR

Complete with ideal precautions

American Society of Anesthesiologists physical status (ASA PS) classification system.*†

ASA PS*	DEFINITION*	EXAMPLE	TREATMENT RECOMMENDATIONS
1	Normal healthy patient	—	No special precautions
2	Patient with mild systemic disease	Pregnancy, well-controlled type 2 diabetes, epilepsy, asthma, thyroid dysfunction, BP‡ 140-159/90-94 mm Hg§	Elective care OK; consider treatment modification
3	Patient with severe systemic disease that limits activity but is not incapacitating	Stable angina pectoris, postmyocardial infarction > six months, post-CVA¶ > six months, exercise-induced asthma, type 1 diabetes (controlled), epilepsy (less well controlled), symptomatic thyroid dysfunction, BP 160-199/95-114 mm Hg	Elective care OK; serious consideration of treatment modification
4	Patient with an incapacitating systemic disease that is a constant threat to life	Unstable angina pectoris, postmyocardial infarction < six months, uncontrolled seizures, BP > 200/> 115 mm Hg	Elective care contraindicated; emergency care: noninvasive (for example, drugs) or in a controlled environment
5	Moribund patient not expected to survive 24 hours without surgery	End-stage cancer, end-stage infectious disease, end-stage cardiovascular disease, end-stage hepatic dysfunction	Palliative care

* The ASA physical status classification system is adapted with permission of the American Society of Anesthesiologists, 520 N. Northwest Highway, Park Ridge, Ill. 60068-2673.⁹

† Sources: American Society of Anesthesiologists⁸; McCarthy and Malamed.¹⁰

‡ BP: Blood pressure.

§ mm Hg: Millimeters of mercury.

¶ CVA: Cerebrovascular accident.

Discussion

- I discussed with the patient and she told me that she wanted to complete the treatment.
- I also explained the situation with the supervising doctors and told me that I can complete the treatment but do just **selective treatment** .




Consent

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.....
أساليب علاج الحالة الشاملة بعد التقييم الجيدة

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.....
اسم المريض

.....
توقيع المريض

.....
اسم الطالب أو طبيب الامتياز: التويهي

.....
الأستاذ المشرف:

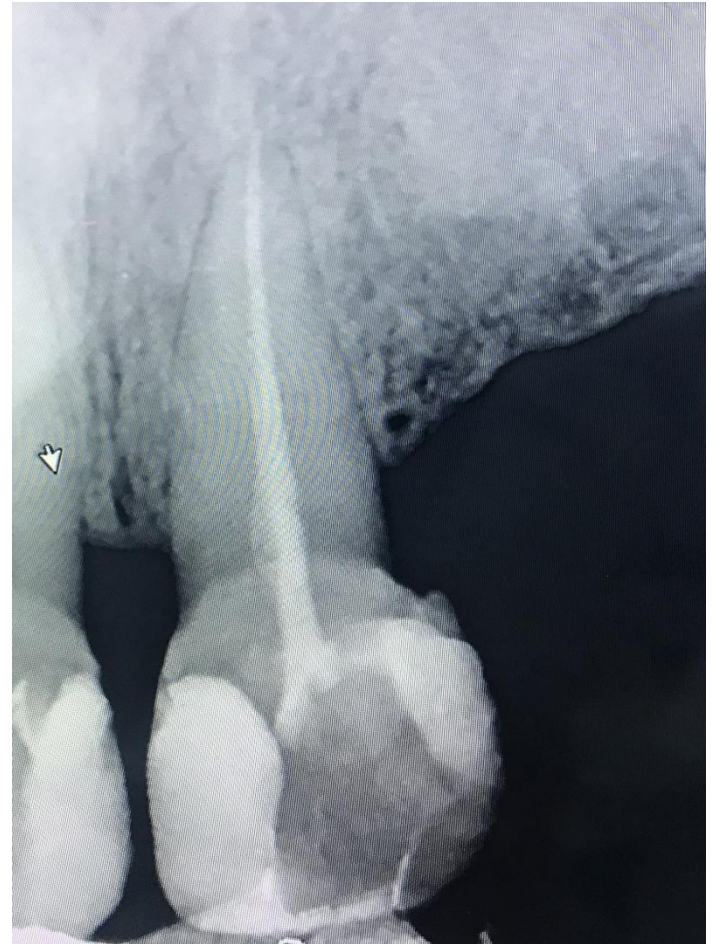
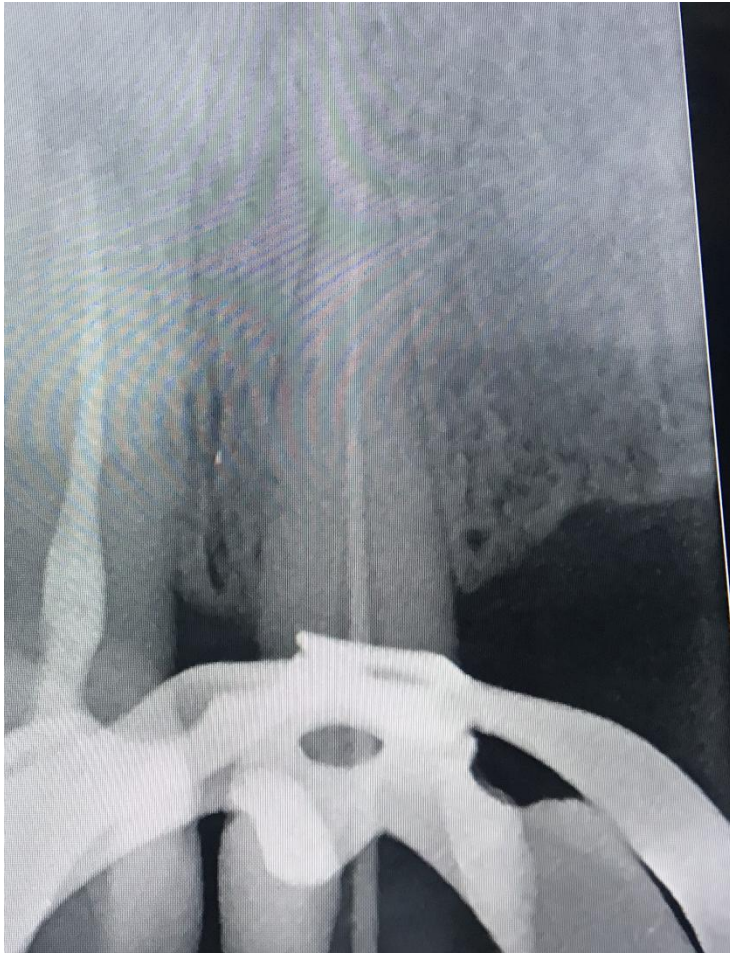
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التاريخ: 2019.1.8.6

Clinical procedure

- RCT FOR 21# :

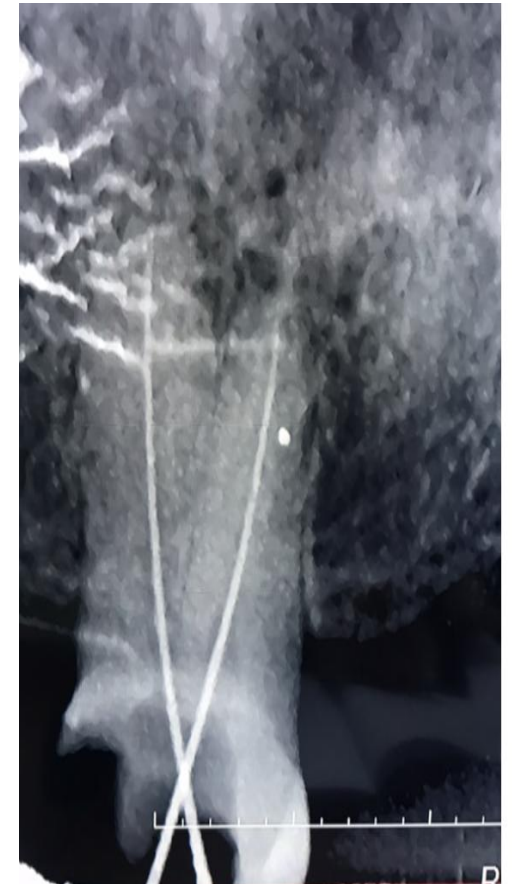
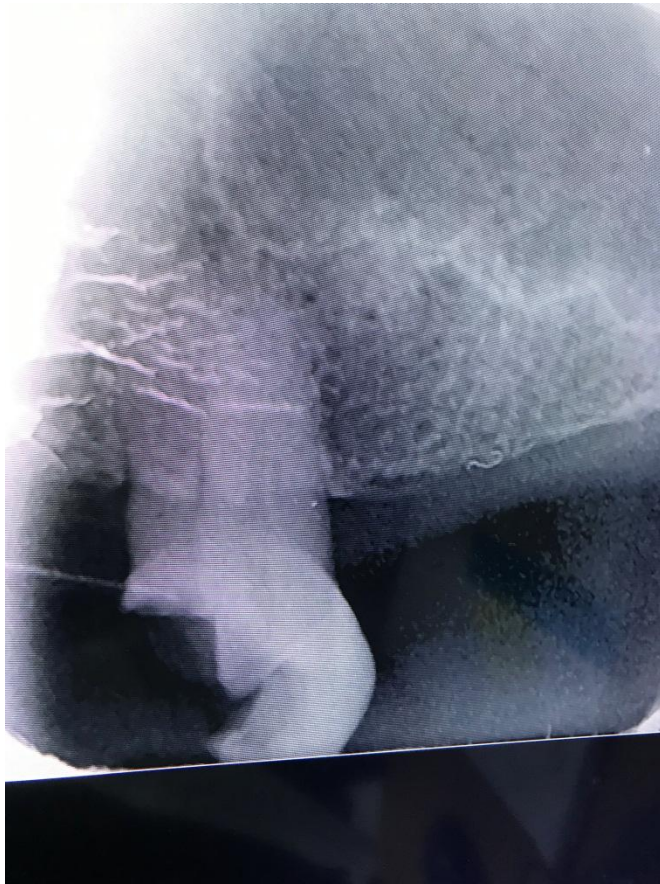


Clinical procedure

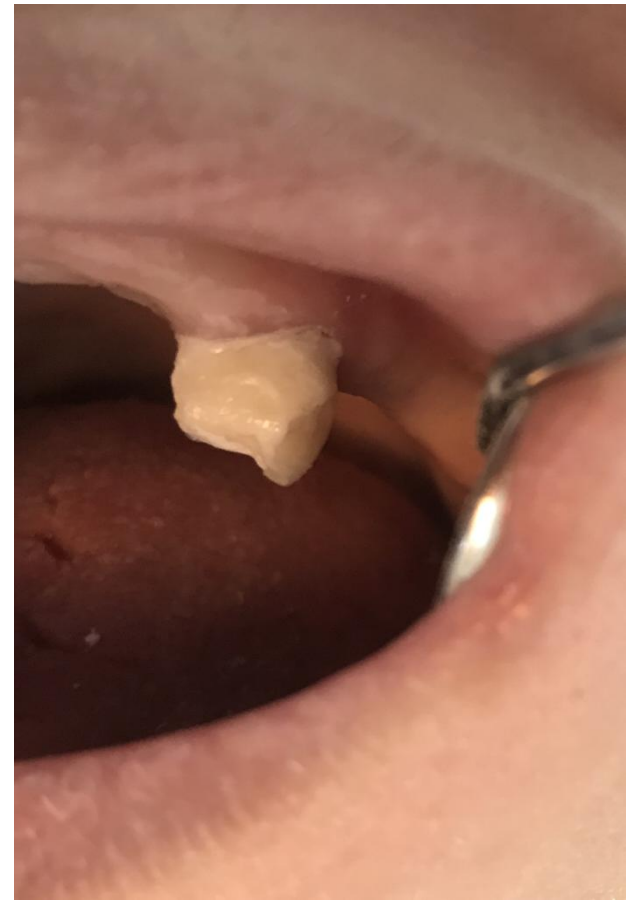
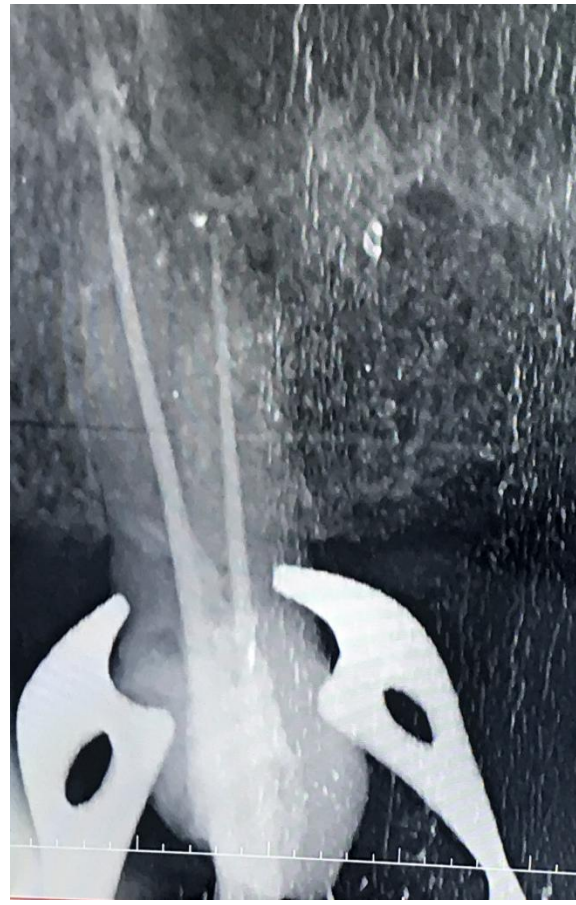
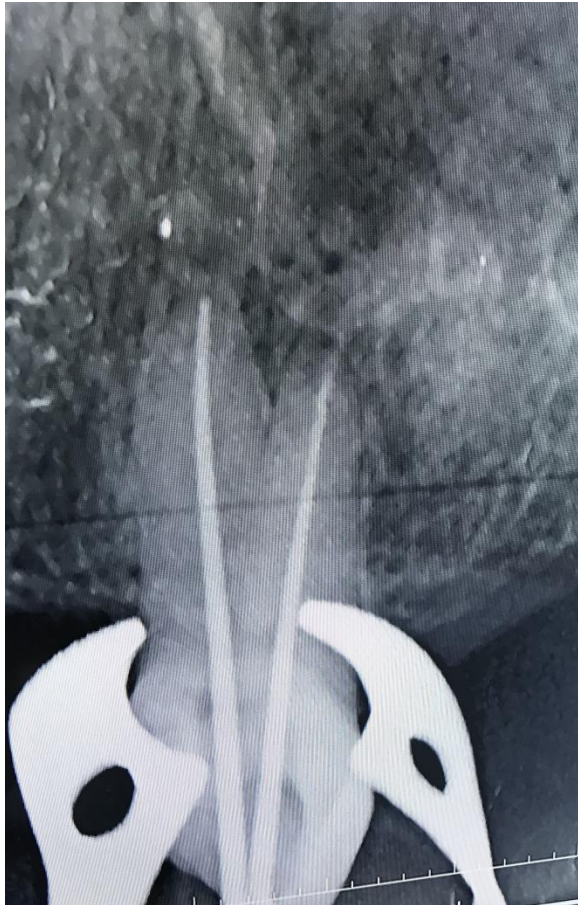


Clinical procedure

- RCT for 24# :



Clinical procedure



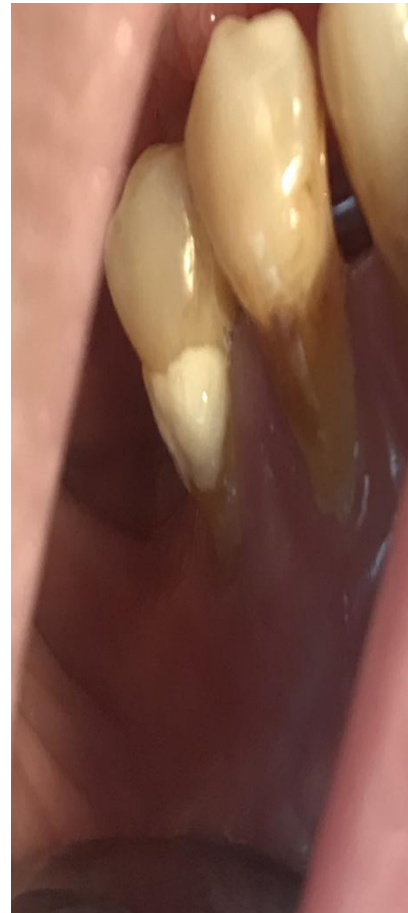
Clinical procedure

- Restoration for 33#:



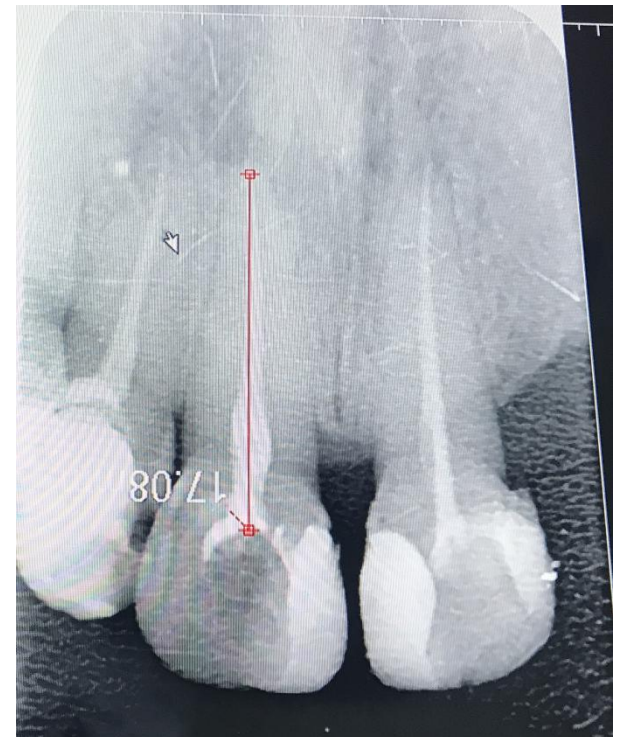
Clinical procedure

Restoration for 45# :

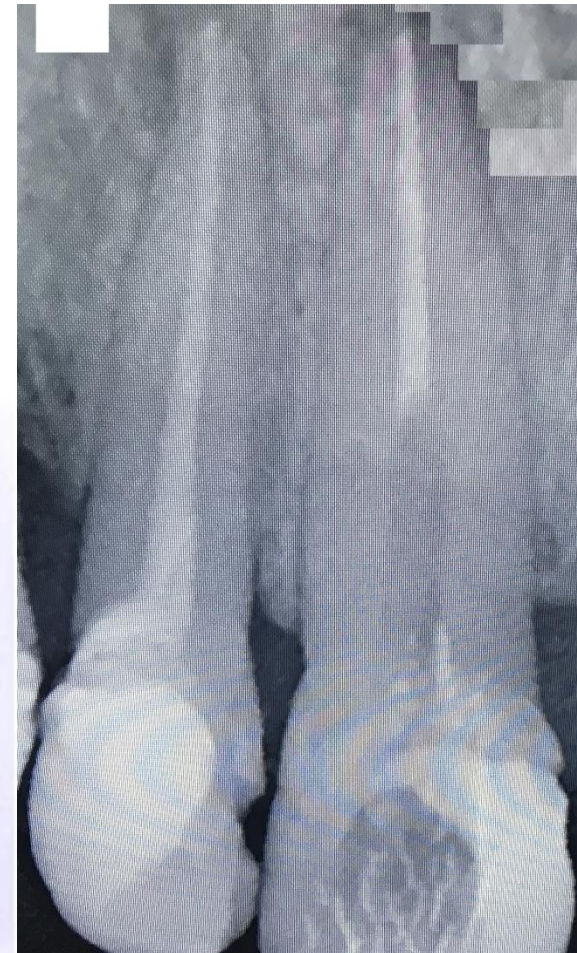
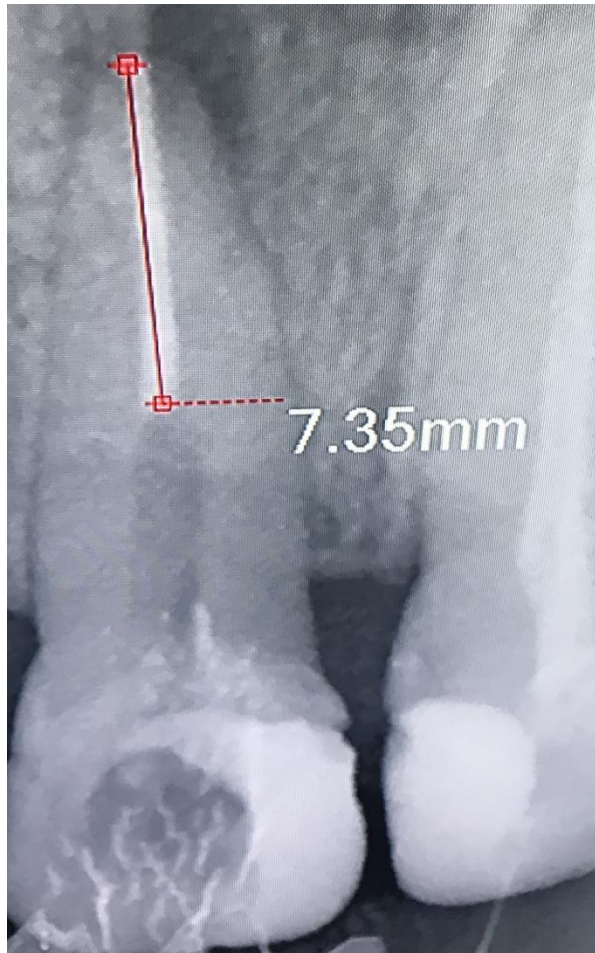


Phase three

- Post and core for upper right central :
- Post preparation , mechanical removal of guttabercha using low speed hand piece with basoremer.
- Irrigation with saline.



Clinical procedure



Clinical procedure

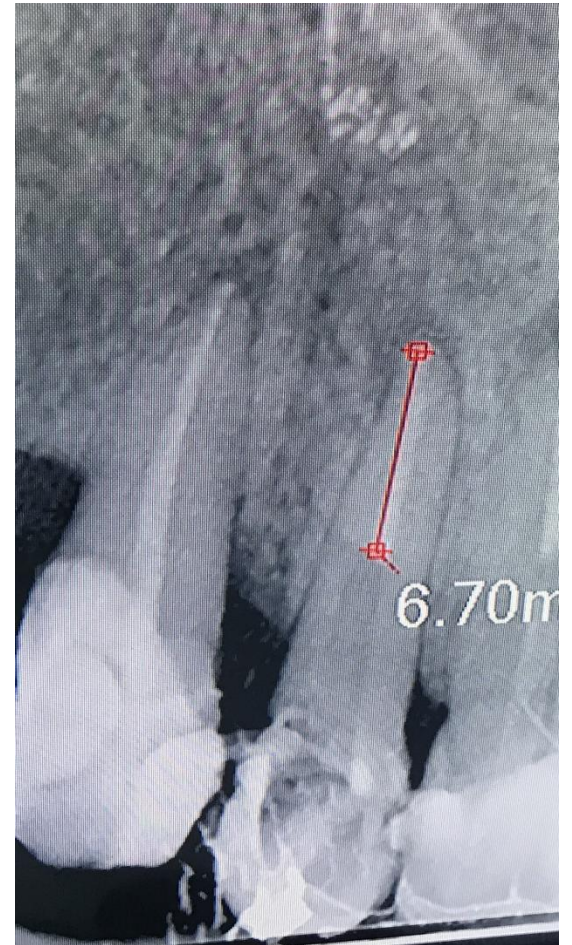
- Remove undermined enamel
- Isolation
- Acid etching , bond for tooth and canal .
- Post cementation with resin cement .
- Build up with composite

Clinical procedure



Clinical procedure

Post and cone build up composite for upper right lateral:

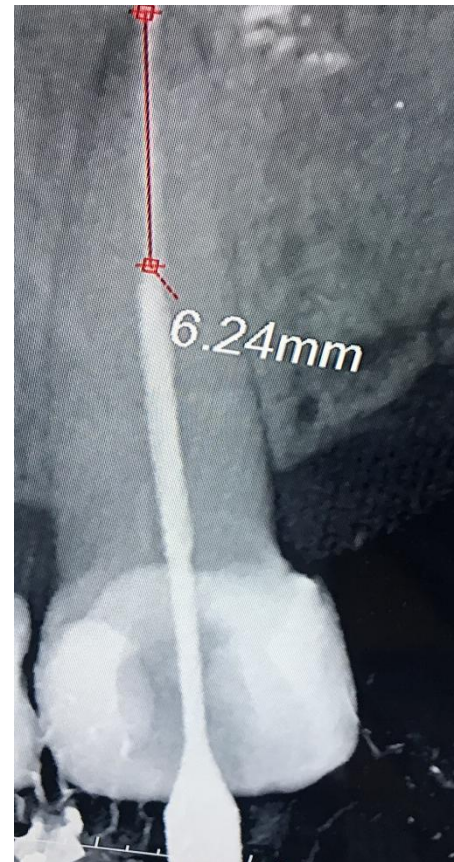
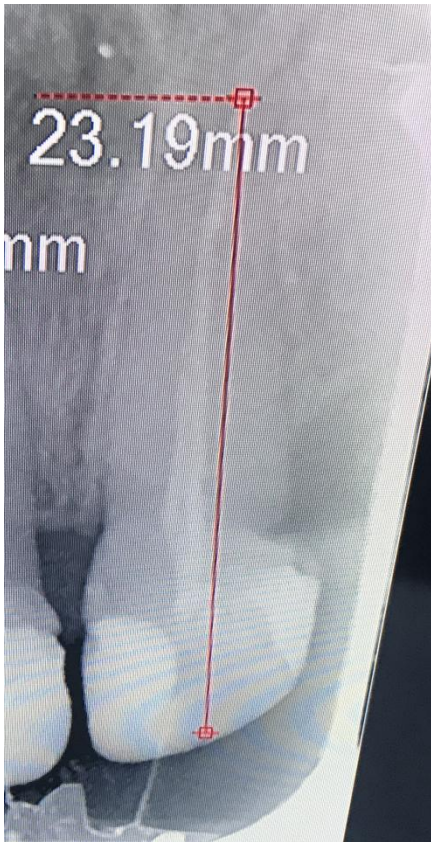


Clinical procedure



Clinical procedure

- **Post and core for upper left central :**



Clinical procedure



Phase three

- Upper and lower replacement by RPD:
- Primary impression :



Jaw relation



Try in



insertion



Post operative



Post operative



Post operative



Final result

Before



After



Phase four

- Periodic **rechecking** for: Plaque and calculus .
Recall and maintenance every **6** month



Conclusion

- There is a poor prognosis teeth but can coexist with the patient for years I kept it Because of a medical status of the patient .
- **So**, this is not perfect treatment But this is what I can do in such a situation .



Thank You

