



Libyan international Medical university
Faculty of Dentistry



1

Comprehensive Case

Presented by :

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959

Supervisors

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- Dr. Marwa Elsharkasi
- Dr. Malek Abdulmatlob
- Dr. Nuha Elkadiki
- Dr. Khadiga Elfallah
- Dr. Nada Kashbur

Patient details

- Initials: A.T.F
- Sex :Female
- DOB: 1988
- Occupation: House wife
- Nationality : Libyan
- Address : alQuarsha

- **Chief complaint:**

Pain in upper left side of the jaw ,since 2days ago.

- **History of Chief complaint:**

Sudden onset of moderate to sever throbbing intermittent localized pain ,sometimes starts spontaneously sometimes by chewing ,sleep disturbing relieved by pain killers (50mg ketofan)

- **Medical History:**

- Systemic review revealed no underlying medical condition ,Fit & well .
- Not taking any medication (except contraceptive) .
- No H/O hospital admission.

- **Drug History :**

Oral contraceptives.

- **Allergic history :**

None.

- **Family History:**

No family history of disease .

- **Social History:**

Married with 3 children .

- **Dental History:**

- H/O extraction ,RCT
- last visit was 2 months ago for extraction without complications .

- **Extra-oral examination :**

symmetrical Face .

Fair Skin color

Scaring :none

Lesions: none

TMJ :

1. Tenderness : Absent
2. Jaw deviation : Absent
3. Clicking : Absent
4. Dislocation: Absent

Lymph node : Not palpable

• Intra oral examination

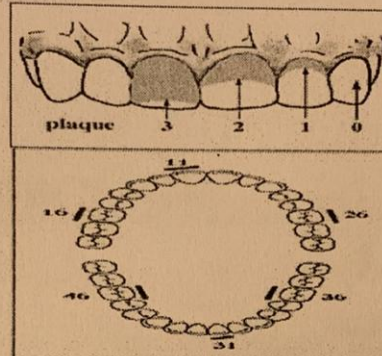
Soft tissue examination

- Normal oral mucosa.
- No discoloration ,ulcers or swelling .

•Oral Hygiene Index

Oral Hygiene Index-Simplified:

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



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

$$\text{Plaque Index} = \frac{2}{6} = 0.33$$

$$\text{OHI-S} = 0.33 + 0.83 = 1.16$$

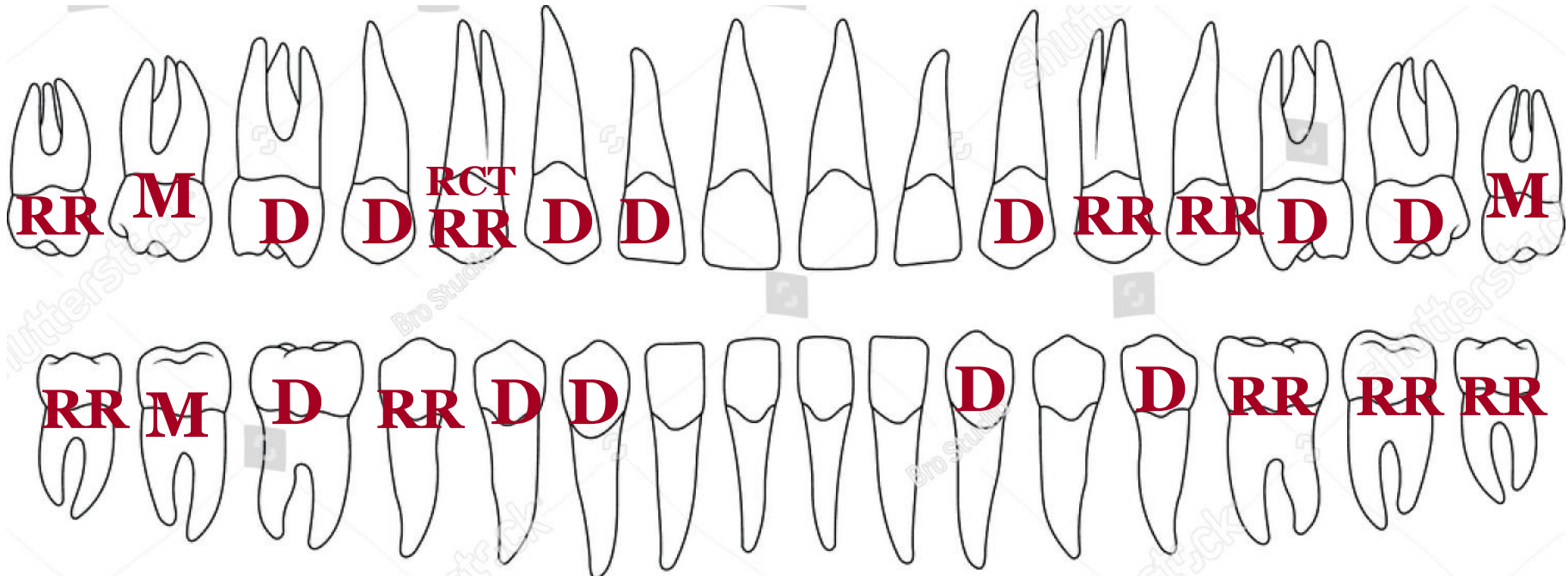
$$\text{Calculus Index} = \frac{5}{6} = 0.83$$

Good (0-1.2),

Fair (1.3-3),

Poor (3.1-6)

Dental chart



M:Missing or Extracted

RR: Remaining Root

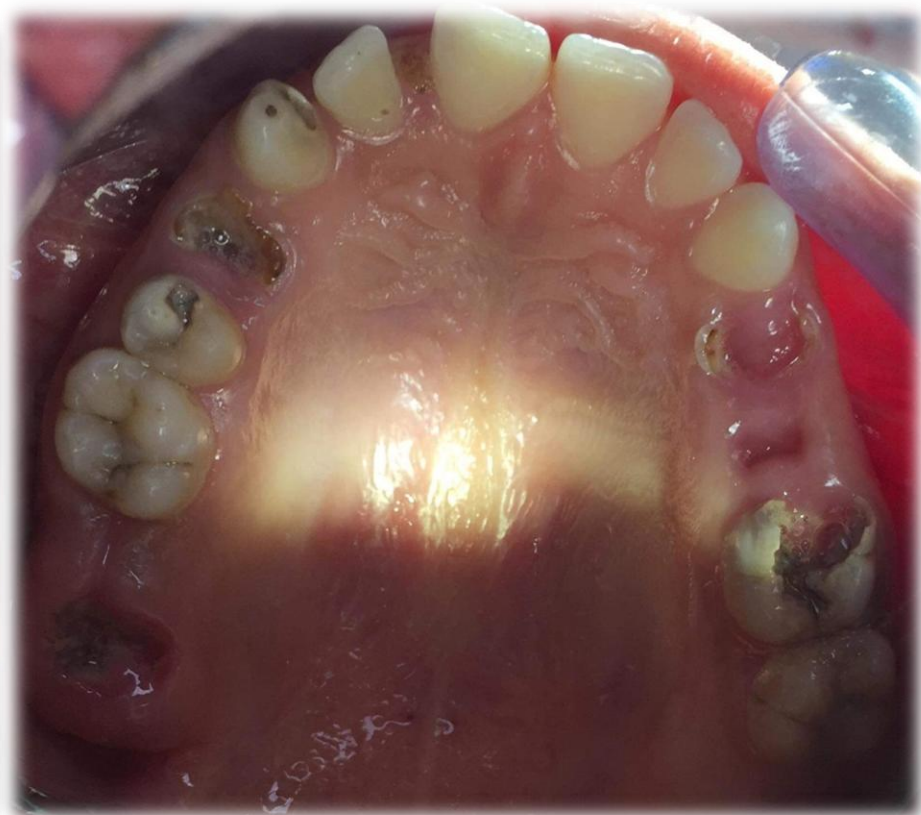
RCT :Root canal treatment

D:Caries

Intra oral photographs



Intra oral photographs



Periodontal status analysis

- **Clinical examination:**
- Pink scalloped gingiva with rounded margins & blunt IDP ,of normal size and firm & resilient in consistency , stippling is seen in the attached gingiva.
- The crest of the gingival margin is positioned approximately 3mm coronal to CEG ;**short clinical crowns** .
- Probing depth was within normal limits.
- **Bleeding on probing** .
- No attachment loss.



Periodontal status analysis

- ***Finding :***
- **Spaced dentition** with loss of proximal contact points between the teeth in the upper anterior sextant and with less extant in the lower anterior sextant , **fortunately** this spacing **has no harm effect on the periodontal health .**

D.D of chief complaint

- Acute periapical periodontitis
- Acute exacerbation of chronic periapical periodontitis
- Acute periapical abscesses

IOPA X-ray



Radiographic examination (OPG)



Final diagnosis

1. Acute exacerbation of chronic periapical periodontitis | 6
2. Generalized marginal chronic gingivitis.
3. Altered passive eruption
4. Spaced dentition
5. Hypomineralized teeth .

6. Remaining roots $\frac{8\ 4\ b}{8\ 5} \mid \frac{45}{678}$

7. Carious teeth $\frac{6\ 5\ 3\ 2}{6\ 4\ 3} \mid \frac{3\ 67}{3\ 5}$

8. Missing teeth $\frac{7}{7} \mid \frac{5\ 8}{}$

Consultation with orthodontics department

<p>Examination of the patient reveals multiple cervical lesions which makes Ortho-Tx risky & Ortho-Tx is only requires for Aesthetic reasons for this pt. Financially pt unable to have ortho-Tx.</p>	<p>Sara El-Kilani 19/6/2019</p>
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Treatment plan

- **Emergency Phase:**

- ✓ Root canal treatment $\frac{\quad}{6}$

- **Preventive Phase:**

- ✓ Scaling & OHI.
- ✓ Diet counseling.
- ✓ Fluoride application.
- ✓ Re-Evaluation (Check gingival inflammation)

- ✓ **Surgical phase :**

- ✓ Extraction of $\frac{8\ 4\ b}{8\ 5} \mid \frac{45}{678}$

- **Restorative phase:**

- ✓ RCT $\frac{5\ 3}{4} \mid$

- ✓ Restoration of $\frac{6\ 2}{6\ 3} \mid \frac{3\ 67}{3\ 5}$

- ✓ Replacement of $\frac{4}{5} \mid \frac{4\ 5}{6}$

The patient Consent for treatment

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

أقر أنا / [Redacted]
وبكامل ارادتي أنني أعطيت موافقتي اللغوية والكتفية للبدء والاستمرار في العلاج بعادات كلية طب الأسنان بالجامعة
الليبية الدولية للعلوم الطبية والذي يتضمن
.....
.....
وقد تم شرح التشخيص المرضي لحالي والخيارات المختلفة المتوفرة لمعالجتها والأعراض الجانبية والمخاطر التي قد
تصاحب العلاج والمشاكل التي قد تنتج عن عدم العلاج والمدّة التقريبية اللازمة لانتهاء منه والتكلفة الإجمالية للعلاج
وفقا للرسوم الرمزية المقررة كما تفهم ان هذا العلاج قد تم تنفيذه من قبل طالب أو طبيب امتياز تحت الاشراف المباشر
لأعضاء هيئة التدريس بالكلية.

اسم المريض: [Redacted]

توقيع المريض: [Redacted]

اسم الطالب أو طبيب الامتياز: [Redacted]

الأستاذ المشرف: [Redacted]

التاريخ: 2018.../11/22

Emergency phase

A decorative graphic consisting of a solid red horizontal bar that transitions into a white background. On the right side, there are several horizontal lines of varying lengths and colors (red, white, red) creating a layered, stepped effect.

The tooth of the chief complaint (Upper left 6)

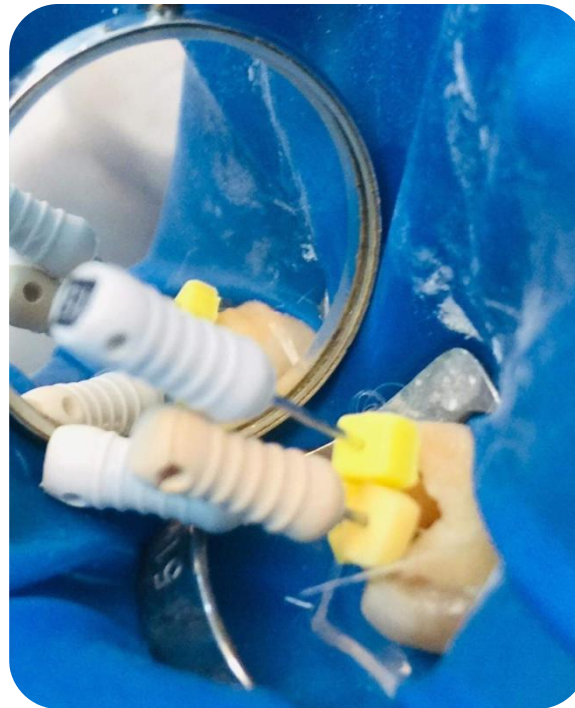
- Clinically the upper left first molar badly destructed & TTP .
- Radiographically :The crown shows radiolucency approaching the pulp .
- Slight widening of the PDL space and radiolucency related to the mesio-buccal root .



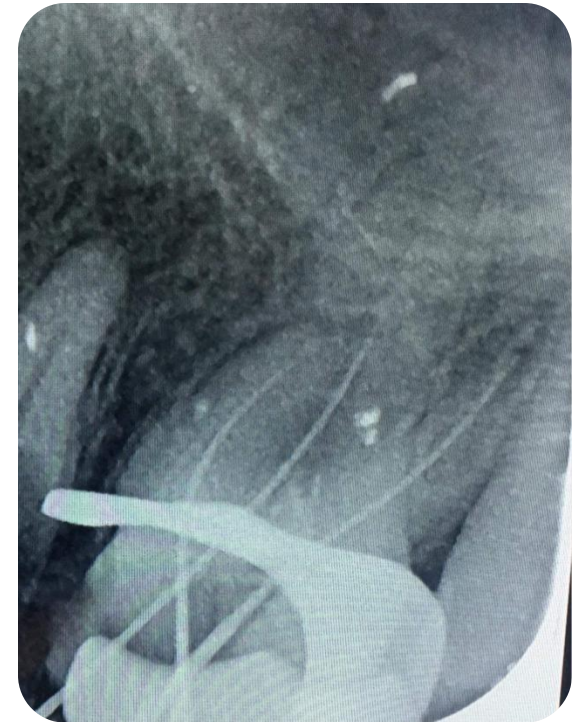
Endodontic treatment of the tooth of The chief complaint (upper left 6)



Access cavity



Rubber dam
application
&
Tooth lost walls Build-
up



W.L : MB
D
P

Endodontic treatment of the tooth of (upper left 6)



Master cone



Cold lateral condensation
tech. for obturation

PREVENTIVE PHASE

A decorative graphic consisting of a solid red horizontal bar that transitions into a white background. On the right side, there are several horizontal lines of varying lengths and colors (red, white, and light red) that create a layered, stepped effect.

Mixed manual and ultrasonic scaling



Fluoride gel application



Post-scaling photos



Prognosis :

The patient has an **overall good prognosis** for her periodontal status and she seems to be motivated toward keeping good oral hygiene .

Diet sheet

نوع الوجبة	الأكل	السلوى	الخبز
الإفطار الغداء العشاء	حليب بنشاي + كعك مكرونات + مشوي قهوة + بسكويت شكروف بطيخ + جبنة	9:22 2: 5:	الخبز
الإفطار الغداء العشاء	حليب بنشاي + خبز عصير ليمون كعك + مشوي + غداء قهوة + معجون البن + تمر	10:34 12: 3:42 2: 9:13	الخبز
الإفطار الغداء العشاء	حليب بنشاي + كعك عصير ليمون عصير ليمون خبز + مشوي غداء	10:26 2: 9:22	الخبز
الإفطار الغداء	حليب بنشاي + كعك تمر + مشوي غداء قهوة + بسكويت البن + تمر	9:22 2: 5: 9:	الخبز
الإفطار الغداء العشاء	حليب بنشاي + كعك طبخ بطاطس عصير ليمون بالنعناع قهوة + ا لته	9:22 2:25 8:30	الخبز

Surgical phase

A decorative graphic consisting of a thick red horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including red and white, creating a layered, stepped effect.

Extraction of remaining roots



Extraction of remaining roots



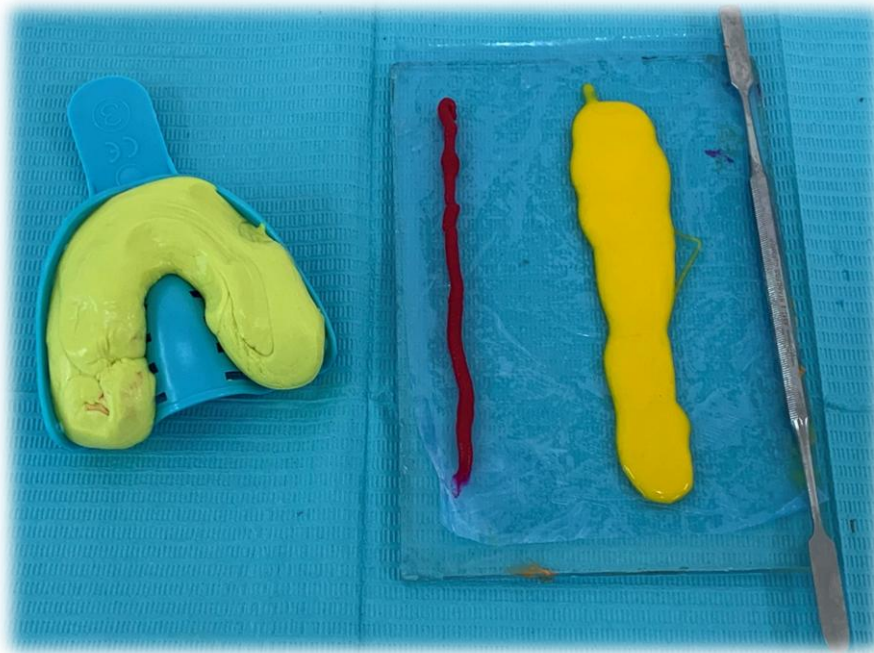
Restorative phase

A decorative graphic consisting of a solid dark red horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including a light red line, a white line, and a dark red line, creating a layered, stepped effect.

Tooth preparation



Final impression (one step two mix)



مركز الأسنان
LIMU DENTAL CENTER

PRESCRIPTION

NAME: _____
AGE: _____
SEX: _____

Case for: Fixed Endocrown

Shade: D4

Next Appoin: Sun 12/8

NB: make it and apply thickness to the maxillary
lance will be applied with RED

Thank you

اسم الطبيب: د. محمد / محمد

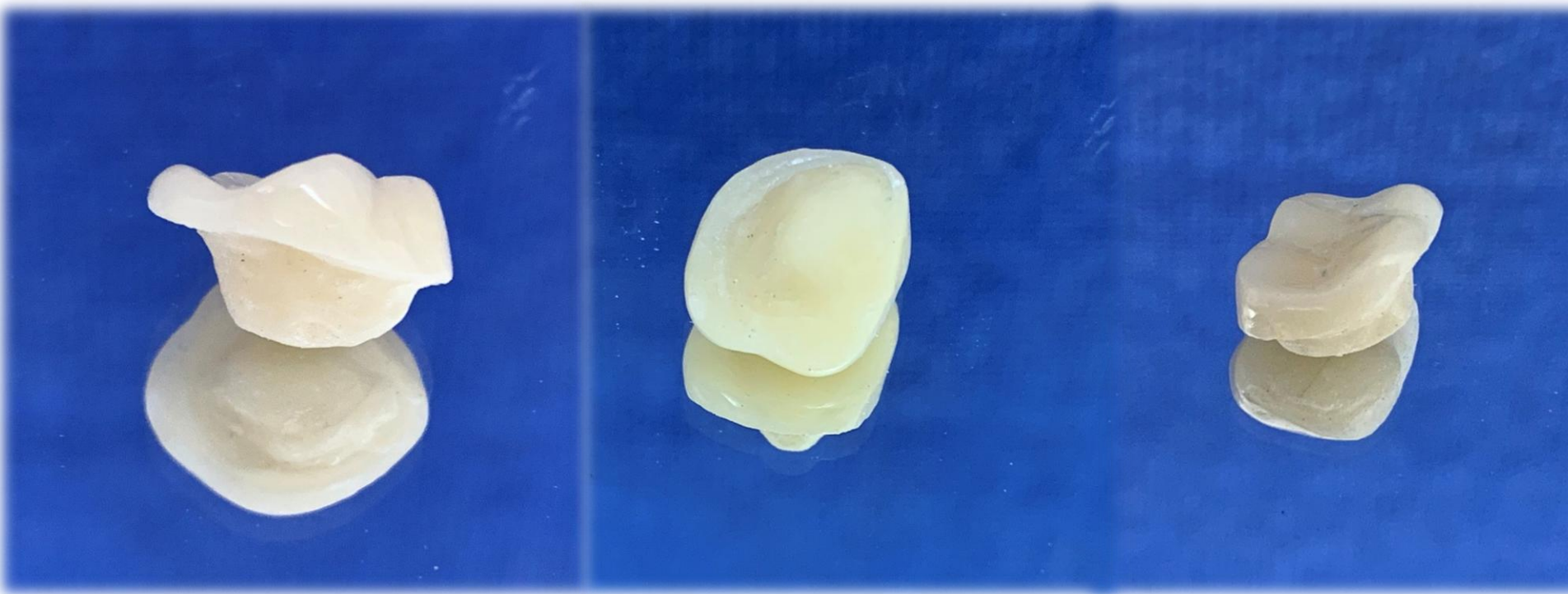
الهاتف: 051 872 7245
البريد الإلكتروني: limu_dental_center@limu.edu.ly
www.limu.edu.ly

The Master cast



The ceramic Endo crown on the die

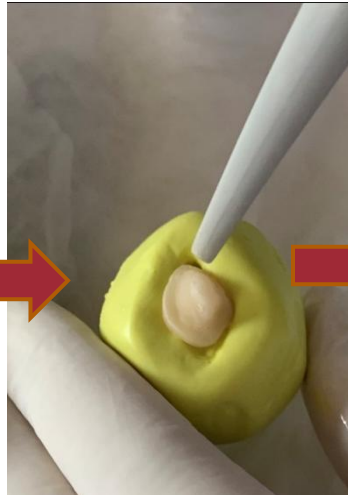
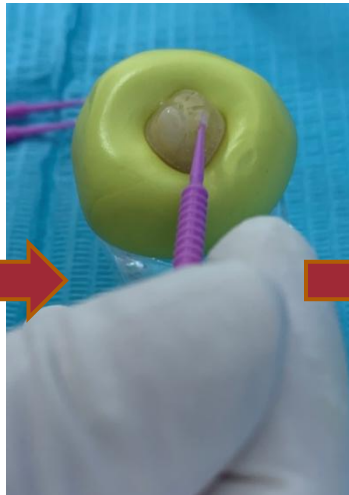




Cementation steps of the ceramic Endo crown



Cementation steps of the ceramic Endo crown



Post cementation



Endodontic treatment of 4



Endodontic treatment of 4

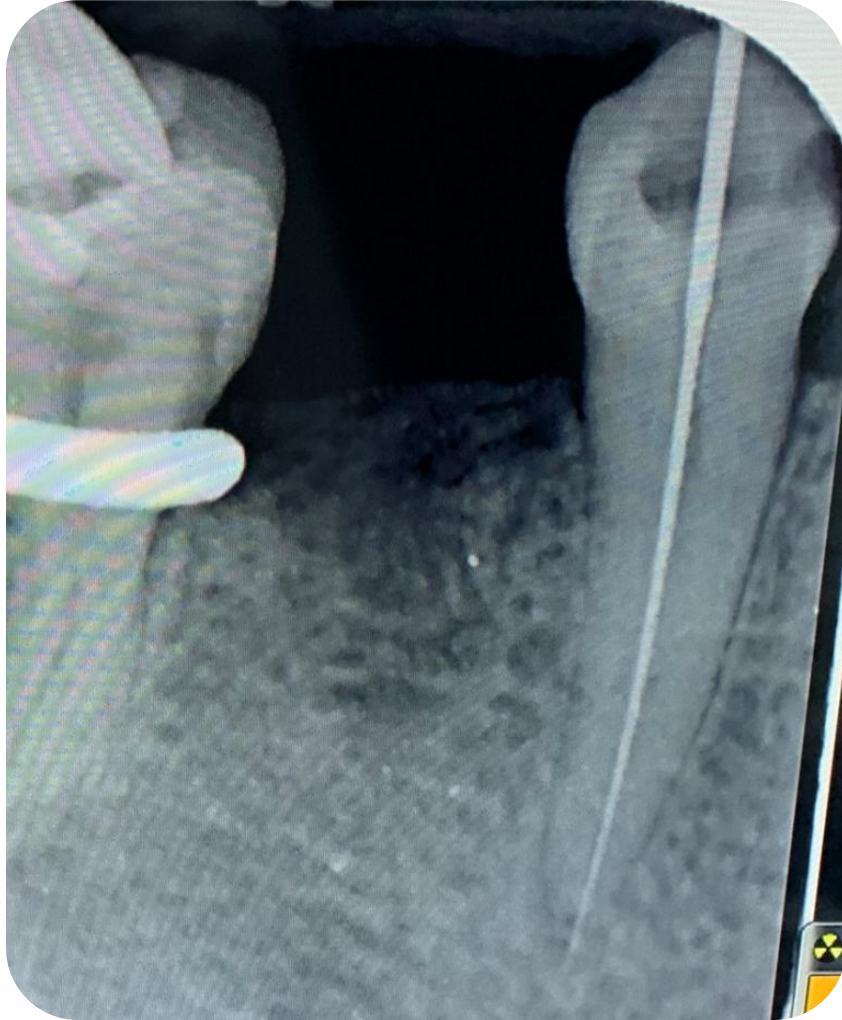


Access cavity preparation

Endodontic treatment of 4

- Cleaning and shaping was done using:
M3 pro gold rotary system

Endodontic treatment of 4



W.L



Cone



Accessory GP were added

Composite Restoration of 4



Endodontic treatment of 5

-Clinically :

by inspection the upper right second premolar is carious .

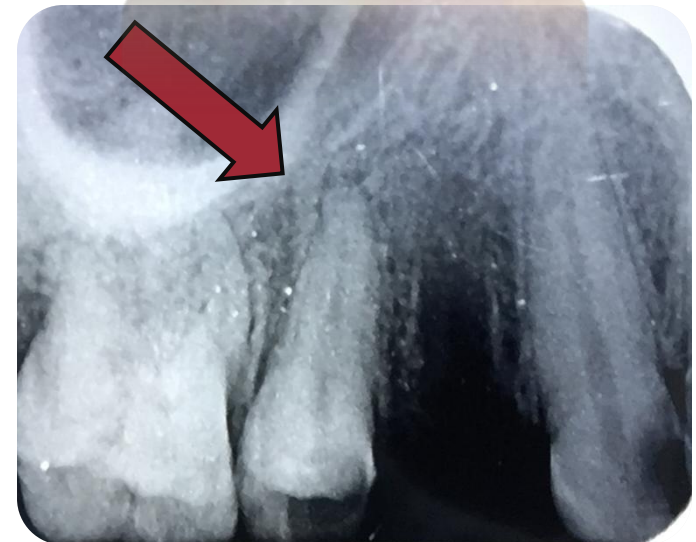
Slight tenderness to percussion .

-Radiographically :

The crown shows radiolucency approaching the pulp .

Widening of the PDL space .

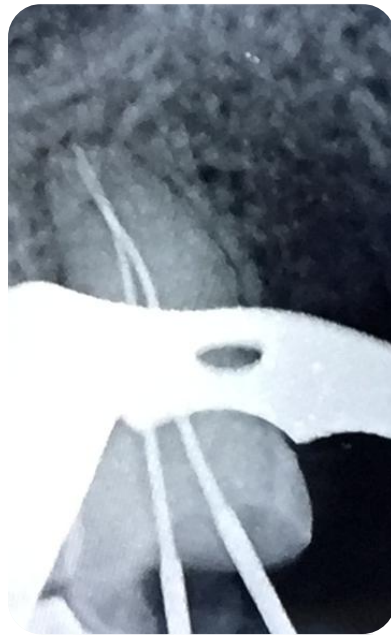
Periapical radiolucency.



Endodontic treatment of 5



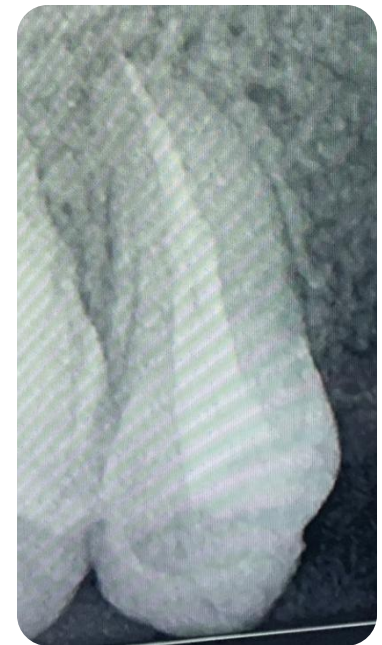
Access cavity



W.L



M.C



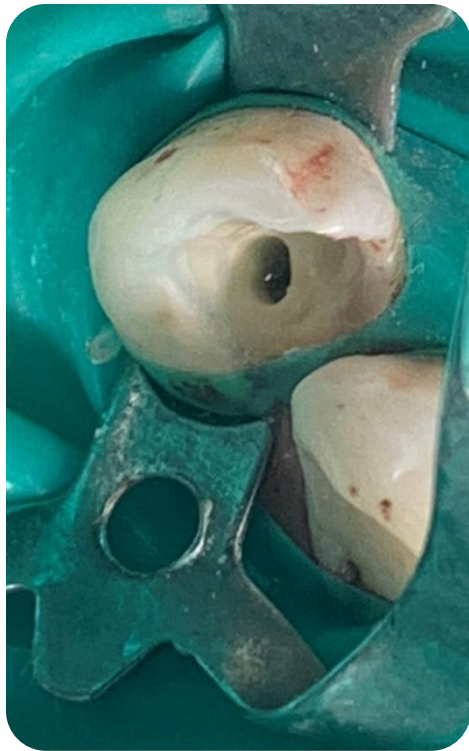
Obturation

Type II
Vertucci's classification

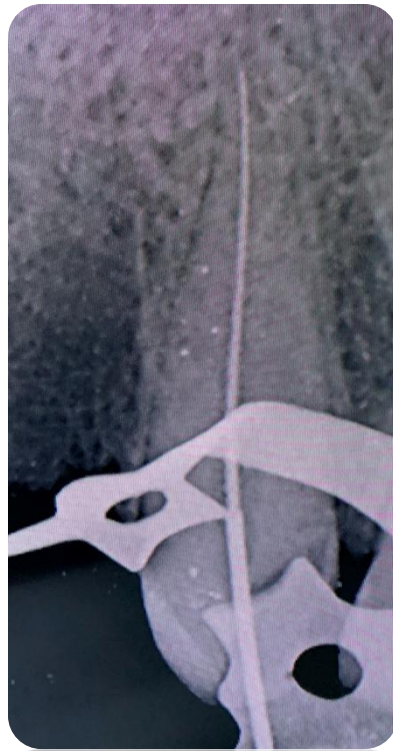
Endodontic treatment of 3



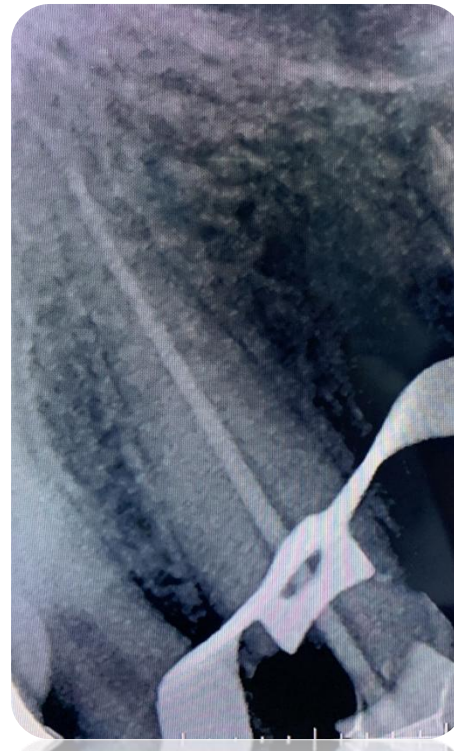
Endodontic treatment of 3



Access cavity



W.L



M.C



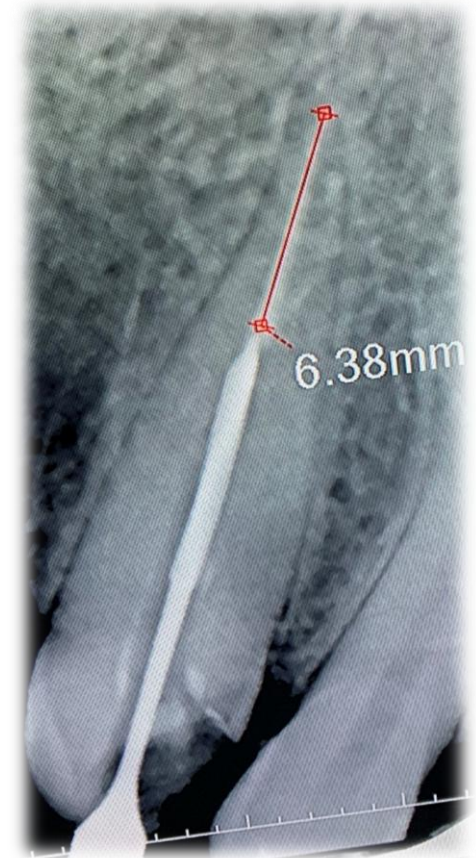
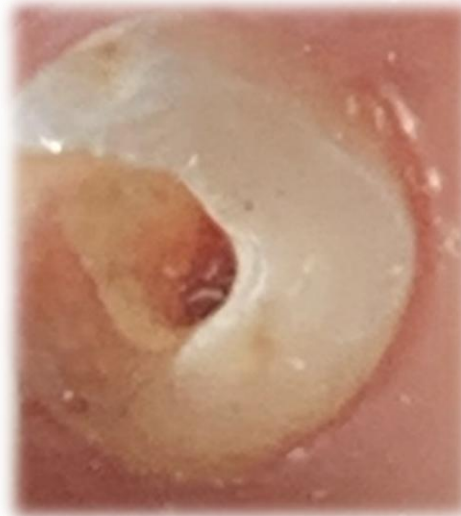
Obturation

PFM bridge restoration for 543

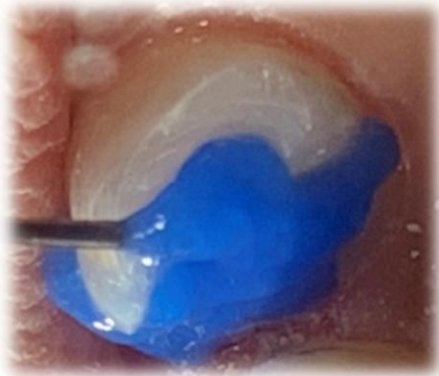
•Post space preparation

3

•Post selection



PFM bridge restoration for 543



Post cementation steps for upper right canine

PFM bridge restoration for 543



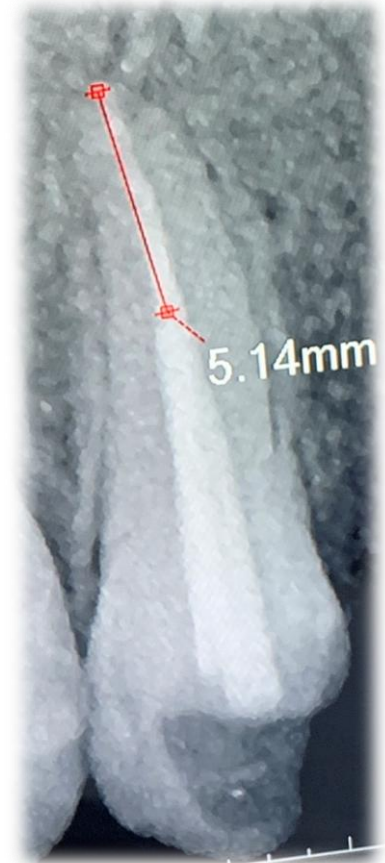
Core build-up

PFM bridge restoration for 543

- Post space preparation

5

- Post selection



PFM bridge restoration for 543



Post-cementation
and core build up
radiograph



post cementation



Core build-up

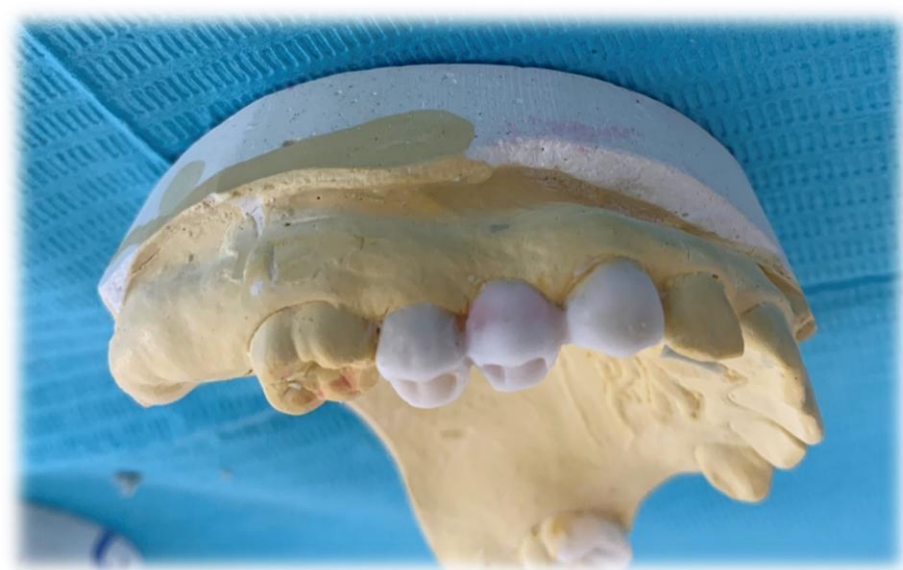
PFM bridge restoration for 543



PFM bridge restoration for 543

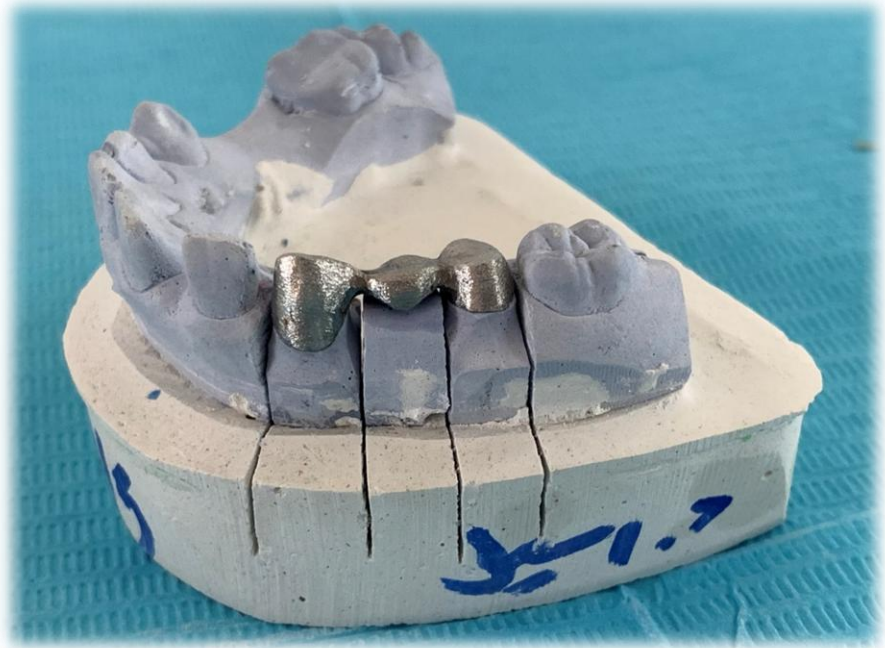
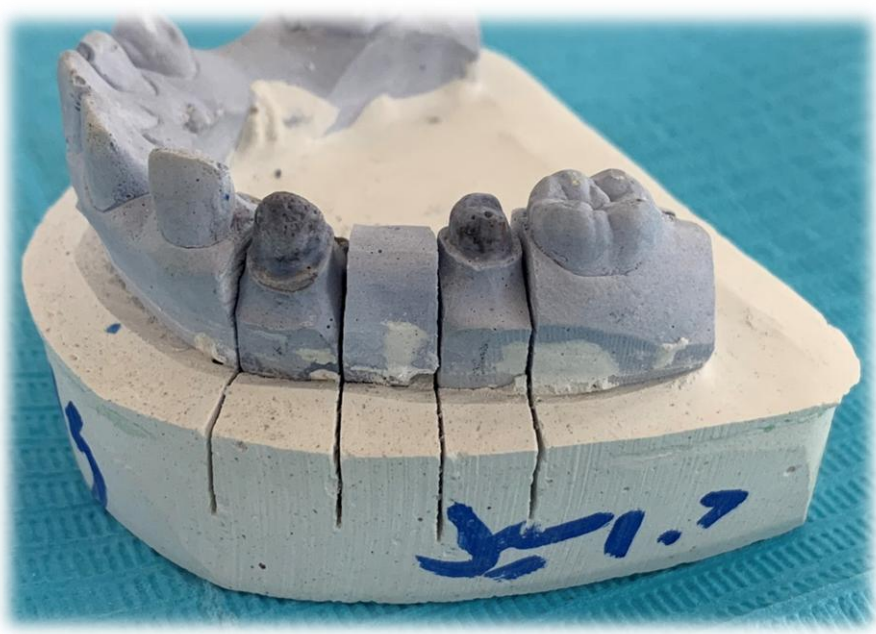


PFM bridge restoration for 543



Temporary bridge

PFM bridge restoration for 543



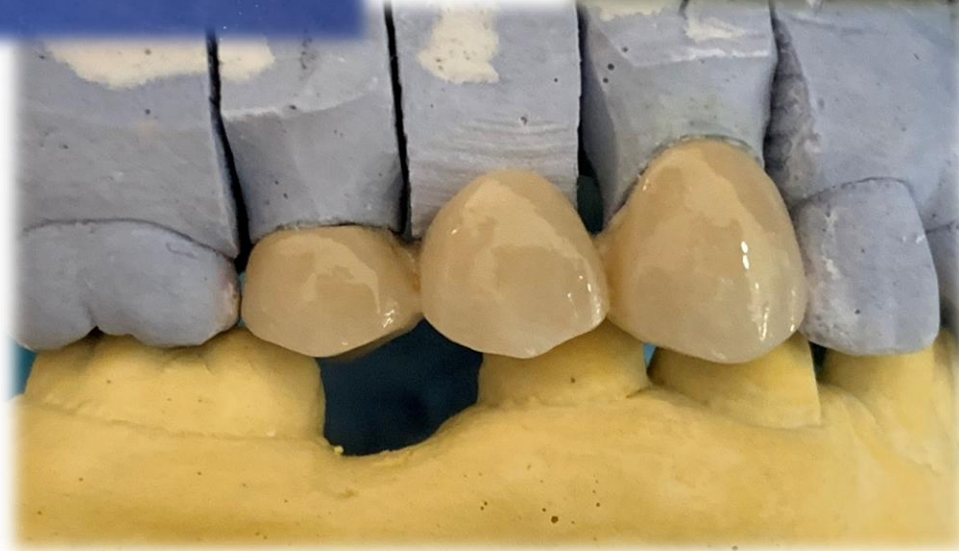
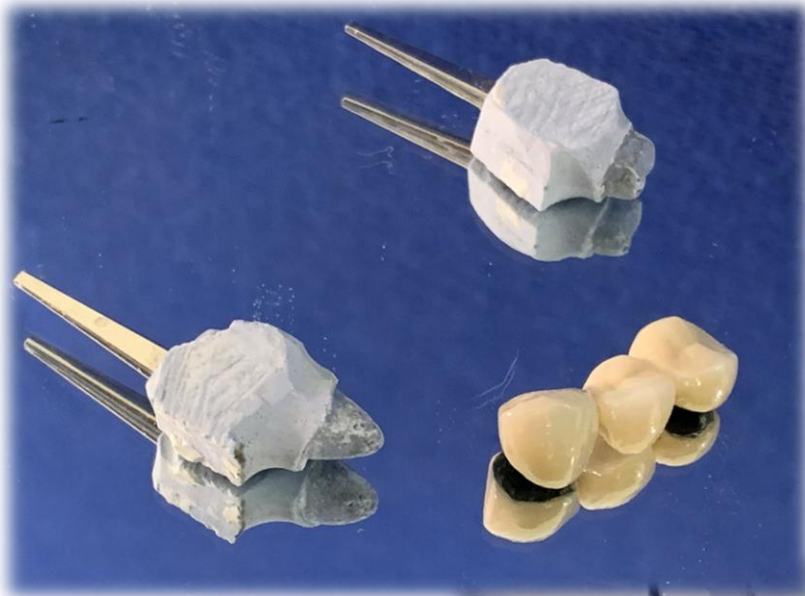
PFM bridge restoration for 543



PFM bridge restoration for 543



PFM bridge restoration for 543



PFM bridge restoration for 543



PFM bridge restoration for 543



Restoration of carious teeth



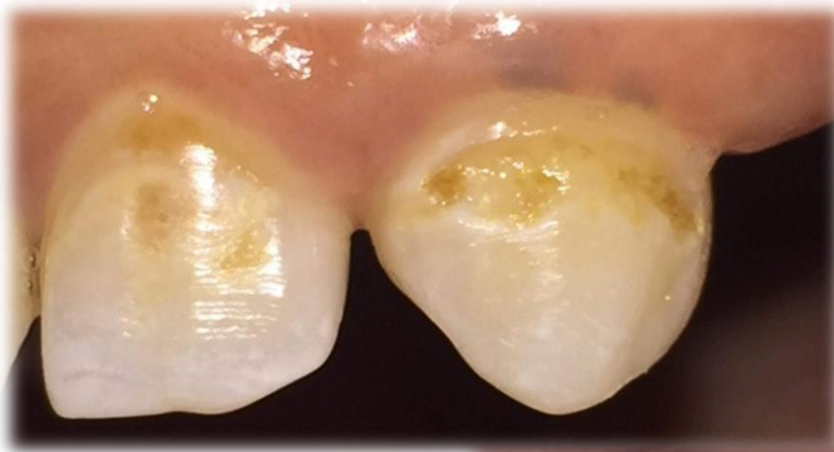
Composite restoration of 6 with class I ,V and VI caries



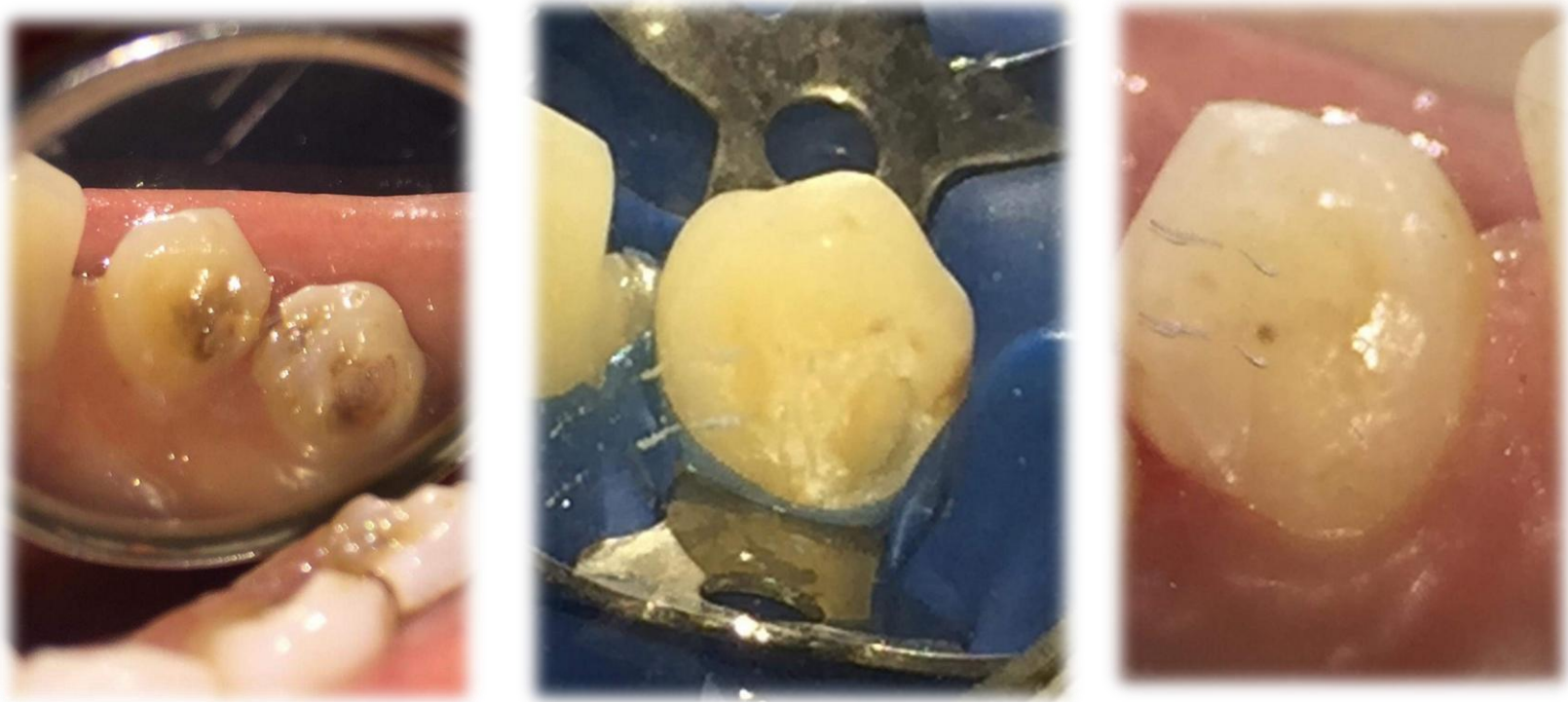
Composite restoration of 6 with class I, V and VI caries



Composite restoration of class V caries in 3



Composite restoration of class III caries in 3



Composite restoration of $\overline{3}$ class v



Restoration of Failed class V composite restoration of 6 with Glass Ionomer



J Adhes Dent. 2018;20(5):435-452. doi: 10.3290/j.jad.a41310.

Are Glass-Ionomer Cement Restorations in Cervical Lesions More Long-Lasting than Resin-based Composite Resins? A Systematic Review and Meta-Analysis.

RESULTS: A total of 1530 articles were identified, but only 19 reports remained for analysis, all of which were judged to possess "unclear" risk of bias. GIC showed higher retention rates in all follow-ups (1 to 3 years, $p < 0.0001$; at 5 years, $p < 0.00001$). No difference was observed for marginal discoloration, marginal adaptation and secondary caries in all follow-ups ($p > 0.05$). RC showed better color match than GIC only at 2 years ($p = 0.03$). Higher roughness was observed in GIC in all follow-ups (at 1 year $p = 0.0003$; at 3 years $p = 0.0004$). Quality of evidence was graded as moderate or low due to unclear risk of bias and imprecision in some outcomes.

“A General Success Rate (GSR) of 91.45% was calculated for the totality of 304 restorations included in the trial at 4 years.” GLASSIONOMER CEMENT FOR PERMANENT DENTAL RESTORATIONS: A 48-MONTHS, MULTI-CENTRE, **PROSPECTIVE CLINICAL TRIAL**

Composite restoration of 6 class I



Composite restoration of $\bar{5}$ class I



Esthetic enhancement

A decorative graphic element consisting of a solid red horizontal bar that transitions into a white background. On the right side, there are several horizontal lines of varying lengths and colors (red, white, and red) that create a layered, stepped effect.

Esthetic crown lengthening gingivectomy



Esthetic gingivectomy



Esthetic gingivectomy



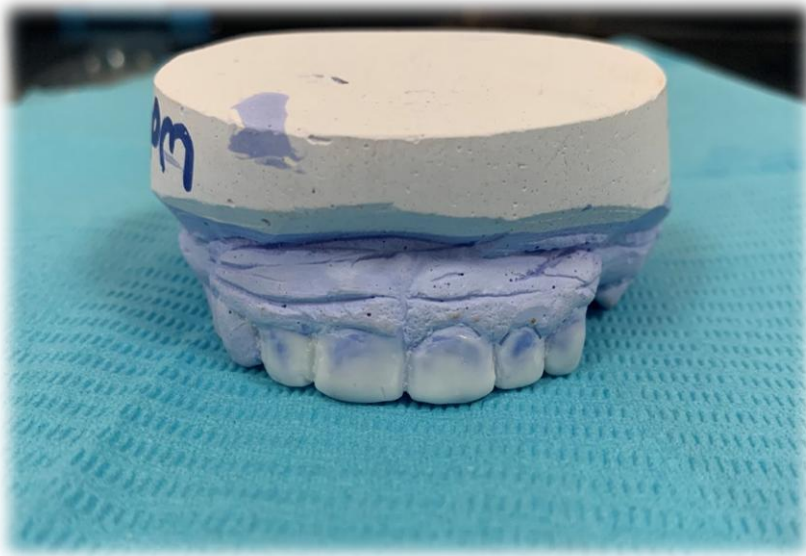
Esthetic gingivectomy



Application of periodontal dressing



Direct composite veneer of upper anterior teeth



Direct composite veneer of upper anterior teeth



Direct composite veneer of upper anterior teeth



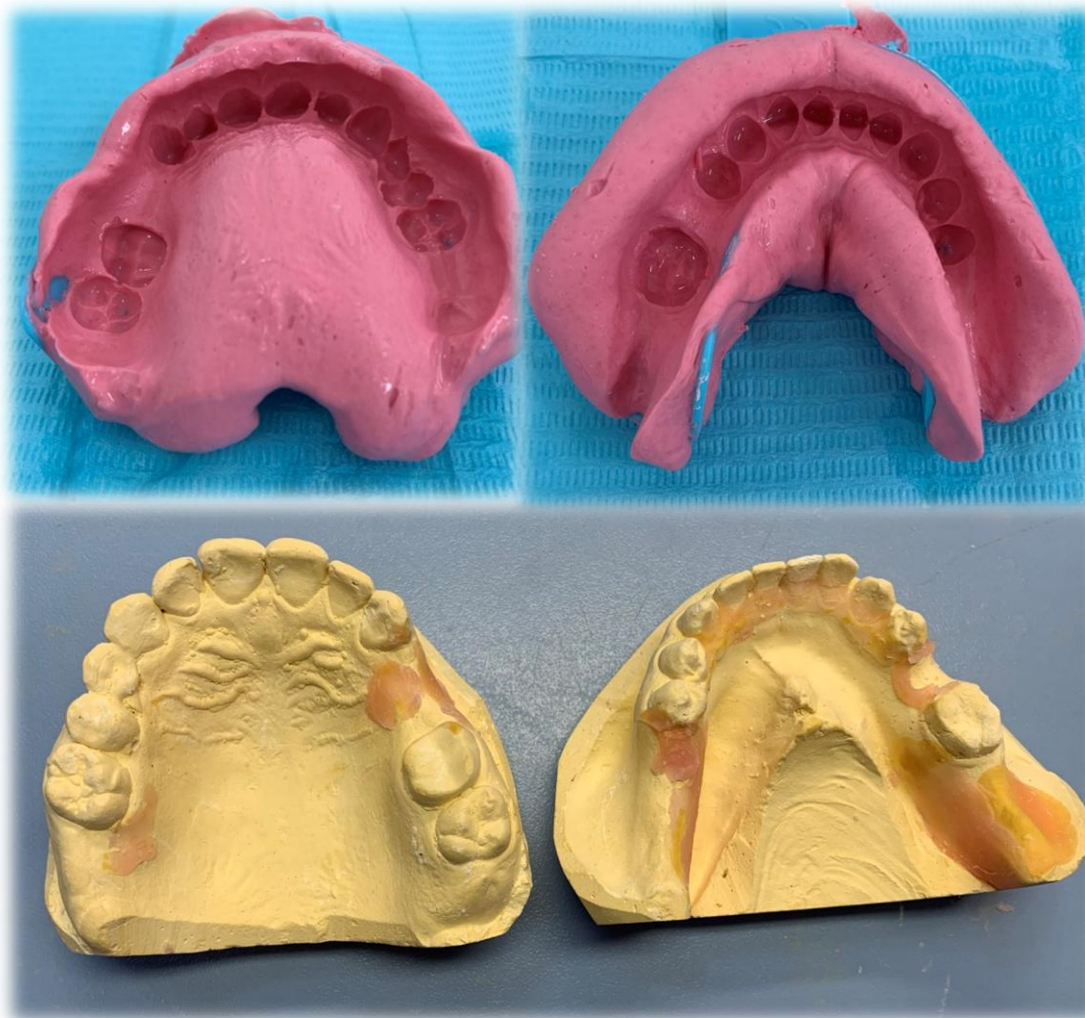
Direct composite veneer of upper anterior teeth



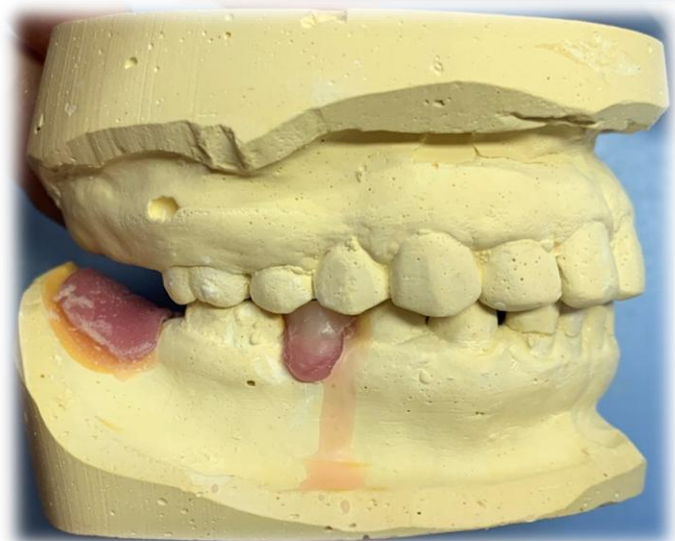
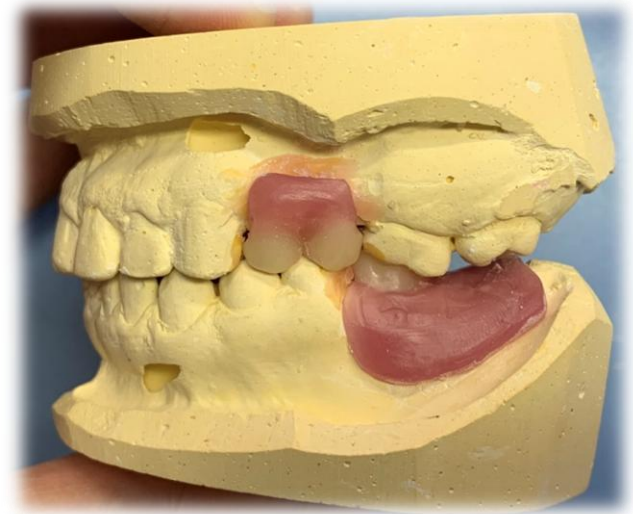
Interim removable partial denture



RPD steps



RPD steps



RPD steps





Before



After



Before



After



Before



After



Before



After



Before



After



Thank you