

PRACTICAL ASPECTS OF PROSTHETICAL AND INTRAORAL REHABILITATION AT YOUNG SOCIAL CASES

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ABSTRACT.

In most clinical situations, the final therapeutic decision is frequently suggested by the economic criterion and implies more the fulfillment of the functional part's wishes within the requirements established and dictated by the curative principle, things that are largely underlined by the succinct social case presented.

Key words: social cases, specific therapy, endodontic treatment rehabilitation, fixed prostheses, removable partial prostheses;

Introduction

The complex pathology of reduced partial edentation raises both classical and modern therapeutic solutions whose main purpose is morpho-functional rehabilitation of edentation and its complications. The therapeutic solutions for the frontal area at the moment are represented by digital techniques characterized by a high degree of accuracy, but the costs are very high. In this context, the patient's social status raises the problem of achieving the main objective of aesthetics and functionality through permissive prosthetic means.

The present clinical case provides a clear picture of the need for a correct therapeutic decision so that the balance between aesthetic desire and functional aspects is balanced.

The restoration of normal function and esthetic appearance with a dental

prosthesis is a major challenge in the rehabilitation of patients who have lost their teeth. Rehabilitation with fixed or removable prosthesis is even more challenging when the edentulous span is long and the ridge is defective. Anatomic deformities and unfavorable biomechanics encountered in the region of resection add to the misery. In such situation, a fixed-removable prosthesis allows favorable biomechanical stress distribution along with restoration of esthetics, phonetics, comfort, hygiene, and better postoperative care and maintenance.

The diagnostic of the present patient, G.I.44 -year-old male patient reported from Iași with complaint of unesthetic appearance and difficulty in chewing food, history revealed that patient had undergone oral surgery –resection, that has the point of concern in our work with students at

Clinical Base for Dental Education - Mihail Kogalniceanu" from Iasi, in collaboration and didactic purpose with the students of the french language section, year IV:

L.O.C 3.6 on occlusal face, bacterial etiology, slow development, modification of stomatognathic all function, favorable prognostic throught treatment, tratated.

L.O.C 1.8, 2.7, 1.3, 2.2 - preparation tooth (abutments) for prosthetic purpose, modification of stomatognathic all function, favorable prognostic throught treatment, tratated.

Deep chronic apical periodontitis 2.3, by bacterian ethiology, slow evolution, modification of stomatognathic all function, favorable prognostic throught treatment, tratated (endodontical surgery- resection).

Partially edentulous maxilary Kennedy Class III with 3 changes, bacterian etiology, slowly evolution, changing all stomatognathic system functions, favorable prognosis by treatment, in untreated treatment.

Partially edentulous at mandible Kennedy Class I, bacterian etiology, slowly evolution, changing all stomatognathic system functions, favorable prognosis by treatment, in untreated treatment.

2.5 and 3.6 rezidual root, bacterian etiology, slowly evolution, changing all

stomatognathic system functions, favorable prognosis by treatment, untreated treatment.

Proper treatment plan with: removal and extraction of the root at 2.5, the treatment of all dental caries indicated by the diagnostic indication at 3.6 and also the preparation of the substructures 21, 2.2, 1.1, 1.2 in order to obtain the favorable space and stability for the fixed treatment plan, and also before all these secvences the removal of temporary metalo-acrylic crowns of teeth with apical surgical intervention- resection at the level of 2.3 to also 1.3 (Fig. 1 a, b, c, d).

Subsequent steps were performed to making fixed prosthetic dentures and supplementing them with removable prosthesis at both, jaw and mandible for having the good predictibility for the functionality and the protection TMJ and on this pathway good rehabilitation treatment plan.

First we inspected the vestibular area Fig. 1,we made the notification for the normality of cicatrisation territory ,position of 2.2 that is missing-anodontie of lateral incisor.We observed also the prosthetical possibilities Fig 2.a b and good and less biological clinical index.,median position of the upper mouth brake Fig 3.



Fig.1 Initial presentation of clinical case after the endodontic surgery- resection.



Fig. 2a,b. Intraoral aspects- maxilla dental arch presentation Kennedy Class I



Fig. 3. Intraoral aspects - position of the vestibular area, the image of the teeth in the frontal area, physiognomic and morphological criteria, gingival area .



Fig. 4a. Intraoral-mandibular aspects

Radiographic examination revealed a very important sequences in odontal , parodontal; endodontics and bone area and give us the most important information about it in the present

case,diagnostic informed, and them objectivated prognosticand we can observed all that in the followig figures. (Fig. 5, 6. a, b, c).



Fig. 5. The ortopantomography informe us- the image of the canine and the I.O.S. that was insert by the tooth after the rezection and also the implamntation of the tooth and also the bone level for stability of future construction rehabilitation.

The model study- before we prepare the tooth for the frontal bridge reveals us the important information about the

inadvertences parametres of occlusion , at Spee curves and also in transvesal plan , the malocclusion class I Angle with malposition of the frontal grup teeth,and the migration of the inferior lateral and posterior grup teeth that can be inaproopriat for the functionality and must be done intervention for balanced.Fig. 6 ,a b c.



Fig. 6 Aspects indicators– on study models -a. Frontal; b. Left; c. Right.

The nespecific treatment plan, begins with the idea that we must have a good management of the social cases procedure and also the clinical steps of the treatment plan, and we can start this with the first precaution manovre - anesthesia -but after the good refereceses that are indicated by the the anamnesticl presentation and

blood presure mesured and an agrrement of pacient for all of that.

The anesthesia for elimination the crown that cover the tooth that have the surgical intervention (Fig. 7) and the indication aspects of treatment and the existant crown –useless- treated at 1.3 and 2.3 and the removal of it .(Fig. 8).



Fig. 7. The anesthesia with vasoconstrictor, procedures aspects.



Fig. 8. Ablation crown to 2.3 using the special hammer to remove crowns and also the removed crown presentation.

The specific treatment begins with the preparation for all maxillar teeth (Fig.9 a, b, c, d) we point out the parallelism between all thooths the essential concept for an optimal biomechanical behavior.

The clinical steps in view of fixed prosthetics restauration are represented by: Impresion using aditive silicone with higher precition degree;Mandibulo- cranial relationships;Framework sample;final prosthetichal restauration adaptation bucal presentation Temporary cementation;Final cementation.Fig. 10, 11, 12,13.



Fig. 9. Aspects after preparation of all tooth- final fixed prosthesis a, b, c, d.

The sample of metallic frame



Fig.10.The sample of metal frame on study model



Fig.11. The sample of metal frame intraoral aspects-and occlusion recorder



Fig. 12. The sample of fixed prosthetic metalo-acrylic in the oral cavity- (temporary cementation)



Fig. 13. Final aspects with fixed and mobile prosthesis– (final cementation)

CONCLUSION

The involvement of the adjuvant methods in the nespecific preparation of prosthetics algorithm are very important for conservatory and biological concept and for this reason, we use this in all clinical case presented and also, we approach this problematic for the prosthetic and nespecific context of the social cases.

Nonspecific training based on apical resection assistive methods has a profound

biological character in the conditions in which the length of the remaining root respects the biomechanical principles.

Anodontia is a pseudoedentation which needs a special management and modifies the complexity of treatment plan and ask special needs ,in further order positioning of the teeths having greats effects on the phsionomy.

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