CLINICAL CASE

Diagnostic profile of the patient:

The patient (K.E) aged 45 years old presented to the clinic with a broad absence of teeth; which was her primary complaint. The patient's initial expectations were to have a functional occlusion. Personal and medical history findings were as follows: excessive tea consumption, bruxism, no genetic or systemic diseases, no allergies and no regularly used drugs. The patient's brushing habits were regular with minor discrepancies, although she didn’t have a flossing habit which we agreed she would establish after her treatment.

Extraoral examination findings:

were as follows: mesofacial facial type, straight profile, regularly shaped nose and all 3/1rds of the face were proportional.

Intraoral examination findings:

19 teeth were found in the oral cavity, of which 10 maxillary and 9 mandibular. Due to the absence or the lower molars there was no posterior occlusion. In order to achieve any occlusion at all the patient occluded on her anterior teeth. Taking in consideration the canine relationship, it was clear there was no actual Class III malocclusion. No symptomatic findings were observed in any of the teeth. There was local gingivitis on the gingiva of her upper anterior teeth.
Radiographic Findings

Due to the long term edentulism, the bone of the posterior mandible had begun to resorb. There were wide restorations on no. 13,23. RCT had been previously performed on teeth no. 15,13,11,21,23. No. 14,24,25,26,37,36,44,46,47 and the third molars

Treatment

Due to the localized gingivitis on teeth no. 11,21; temporary acrylic crowns were placed, and the patient was recalled 1 week later.

Post-core treatment was applied on teeth no. 21 and 15. Teeth 11,21 were prepared for crowns using a long needle diamond bur for a knife edge finish line. Teeth 13,15 and 23,27 were prepared using a long round-end cylindric diamond bur for a chamfer finish line and a diamond occlusal reduction bur for the occlusal reduction. Impressions were taken using Zhermack Zetaplus C Silicone putty and lightbody and were sent for the metal layer preparation.

After the metal proofing, the occlusion was stabilized using a modelling wax occlusal plate.
Regarding the dislevel in marginal zeniths on the gingiva of teeth no.21,11 the patient needed gingival aesthetics, but she didn’t accept any invasive procedures, therefore pink porcelain was used for the pink aesthetics of that area.

After checking for any discrepancies, the porcelain bridge was sent for glazing then cemented using RelyX Luting Cement.

The patient was offered to have teeth no. 22,12 included in the bridge restorations but refused. For the lower jaw the patient was also offered whether implants or a partial denture but accepted none of them. In this case it was decided that the patient stay with the shortened dental arch, under the circumstances.