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Case Report

Restoring smile: An integrated prosthodontic approach



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Introduction

Mutilated dentition results in functional and esthetic problems which may result in having an adverse psychological effect on the patient. It poses multiple challenges to the prosthodontist for restoration of missing teeth in the anterior esthetic zone. This challenge is underscored when the teeth adjacent to the edentulous area are unrestored and structurally sound deciduous teeth. Treatment of such cases requires integration of diagnostic, therapeutic and restorative prosthodontic procedures for the conservation of teeth thus dictating judicious treatment planning and decision making. There, always, exists an apprehension about success of complex rehabilitative procedures due to varying concepts

and experiences of the clinicians. This case report describes the prosthetic rehabilitation of 23-year-old male who was under psychological trauma due to his hesitation to smile because of mutilated and unesthetic anterior dentition.

Case report

A 23-year-old male patient had a fall from running train leading to multiple fractures.

He also had associated injuries of oral and maxillofacial region. Once his medical condition was stabilized, he was taken up by oral and maxillofacial surgeon for rigid internal fixation for the fracture of body of mandible right side and later referred to Prosthodontist for further rehabilitation of mutilated dentition (Fig. 1).

There was no gross facial asymmetry and no abnormality was detected in TMJ. Intraorally, patient had Cl I malocclusion with Ellis Cl III fracture in 11, Ellis Cl IV fracture in 21. Both maxillary lateral incisors were peg shaped. Left maxillary lateral incisor was buccally placed and had 3° mobility. Patient had retained deciduous canines in the maxillary arch. There were palatally erupted permanent maxillary canines that were completely out of occlusion. Diastema was present between right lateral and central incisor and left lateral incisor and deciduous canine through which palatally erupted canines were visible giving unesthetic appearance leading to psychological trauma and hesitation to smile (Fig. 2).

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Fig. 1 – Preoperative extra oral view.

Intraoral periapical radiographs were taken to confirm clinical findings along with the orthopantomogram.

Treatment plan was formulated with primary aim to conserve maximum number of teeth and restoration of optimum function and esthetics. In the preliminary phase, the teeth with poor prognosis i.e. maxillary left central and lateral incisor were extracted. This was followed by root canal treatment of right central incisor and complete oral prophylaxis. Extraction of malerupted canines was done on advice of Orthodontist. Radiographic evaluation of the patient was done by orthopantomogram after completion of



Fig. 2 – Preoperative intraoral view.

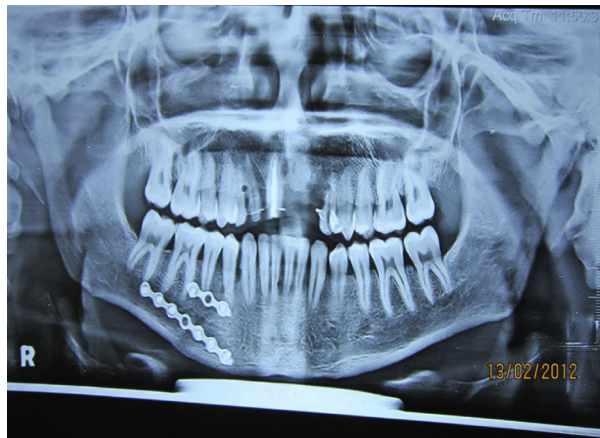


Fig. 3 – Radiological imaging after completion of preliminary treatment.

treatment of preliminary phase (Fig. 3). It was followed by rehabilitation phase.

Rehabilitation phase was to be completed in two parts. Ceramo-metal crown on root canal treated right central and lateral incisor and left deciduous canine for diastema closure followed by implant supported fixed restoration for missing maxillary left central and lateral incisor. During phase one of restorative treatment, crown preparation of right central, lateral incisor and left deciduous canine was done. Temporization of the same was done using fixed provisional prostheses extending from right lateral incisor to left deciduous canine. After 3 months post extraction of left central and lateral incisor, radiological investigation along with bone mapping of the site was done and diagnostic impression was made for fabrication of surgical stent. Two single piece one stage immediate loading implants (IHDE Implant company KOS) 4.1×10 mm, 3.7×12 mm were surgically placed in the site (Fig. 4). IOPA radiograph was done to check parallelism of implants. Impressions were made with addition silicone impression material for fabrication of ceramo-metal restoration for right lateral incisor,



Fig. 4 – Two single piece one stage implants surgically placed in the site.

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