

Dental Technique Improves Smile and Confidence A Case Report of Post-Traumatic Discolored Teeth-30 Month Follow Up

SS Beauty¹, AA Moral², MS Alam³

Abstract:

Traumatic injury is very common incident in our mechanical life, which require immediate initial treatment in our regular dental practice. Sudden impact involving the head or face may result in trauma to the teeth and supporting structure¹. This type of problem can be managed by various modern dental procedures considering the general and physical condition of the patient, professional status and economic condition of the patient.

Key words: Discolored broken matured permanent teeth, non-vitality, apical radiolucency, full veneer crown.

Introduction:

The most frequent causes of traumatic injury are falling while running followed by traffic accident, act of violence and sports² and especially in the rural area due to tube well injury in our country.

The exposure of the pulp in complicated crown fracture requires more elaborate dental procedure. The initial reaction is haemorrhage at the site of pulp wound. Next a Superficial inflammatory response occurs followed by either a destructive (necrotic) or proliferative (pulp polyp) reaction.³ So the diagnosis of crown fracture with pulp involvement can be made by clinical, radiological and histological examination.

Case report:

A twenty four years old patient with depressed appearance named X came to the department of conservative dentistry and endodontics at BSMMU on 25th November 2007. He had a history of traumatic injury of anterior teeth four years ago. Four months ago he took his first treatment in a private clinic but he was

not satisfied with that treatment and was referred by that doctor to come this hospital for better treatment. On clinical and radiological examination broken incisal maxillary teeth were found with severe discoloration and apical radiolucency. Two stages of treatment procedures were followed. Firstly preservation of teeth by non-surgical endodontic management and secondly, restoration of teeth with full veneer crown.

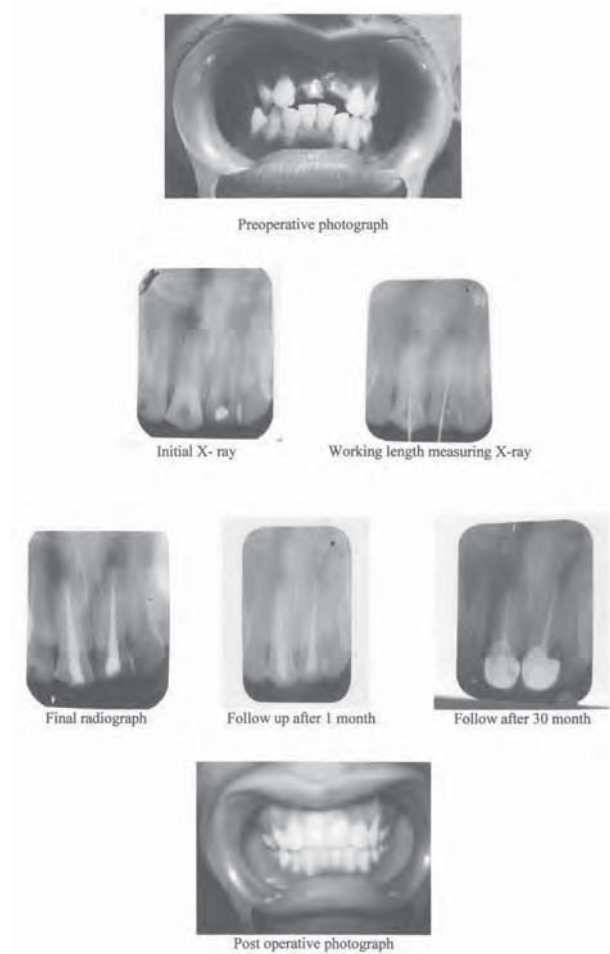
Clinical procedure:

An endodontic access cavity was prepared as of his first treatment management. Necrotic debris was removed from the canal and irrigation was done with normal saline. A working length determination X-ray was taken. The canal was prepared up to the file no- 80. The canal was attempted to dry but couldn't make the canal dry. The access was closed with zinc oxide eugenol cement. A second appointment was given after three days later. On second visit the canal was reopened and it was not possible to dry. So a dressing with calcium hydroxide paste was given and closed with zinc oxide eugenol cement. A third appointment was given 7 days later. On third visit it was not possible to dry the canal and again a dressing with calcium hydroxide paste was given. And fourth appointment was given 7 days later. On fourth visit it was possible to dry the canal and the canal was obturated by lateral condensation technique with gutta-percha point and zinc oxide eugenol sealer. A radiograph was taken and patient was advised to attend for follow up one month later. One month later the patient was examined clinically and there was no pain and tenderness on percussion. On radiological examination the apical radiolucency was slightly less. At this stage

-
1. Dr. Shahnaz Sultana Beauty, BDS. FCPS, Assistant Professor, Department of Conservative Dentistry & Endodontics, City Dental College, Dhaka.
 2. Prof. Dr. Md. Ali Asgor Moral, Professor, Department of Conservative Dentistry & Endodontics, BSMMU, Dhaka
 3. Prof. Dr. Md. Shamsul Alam, Professor & Chairman, Department of Conservative Dentistry & Endodontics, and Dean Faculty of Dentistry, BSMMU, Dhaka.

Address of Correspondence: Dr. Shahnaz sultana Beauty, BDS. FCPS, Assistant Professor, Department of Conservative Dentistry & Endodontics, City Dental College, Dhaka.

the patient was advised to restore his teeth with full veneer crown.



Second stage of treatment:

On first visit the teeth were prepared for full veneer crown and impression was taken. On second visit metal trail was given and there was no marginal shortage and retention was good. On third visit porcelain trial was given and trimmed it to make it perfect and attractive appearance. On fourth visit full veneer crown was fitted and patient was very satisfied and he was advised to come for regular follow up. Thirty month later follow up was made and patient was completely alright both clinically and radiologically.

Discussion:

Management of discolored teeth especially endodontically treated teeth can be done by bleaching technique but this technique is indicated in case of discoloration of pulp chamber, dentine discoloration and is not indicated in superficial enamel discoloration,

severe dentin loss, discolored composite etc.⁶ A successful outcome depends mainly on the etiology, correct diagnosis and proper selection of bleaching technique.⁴ Tooth Whitening is fast and affordable way to revitalize smile but it can be dizzying trying to decide which system is right for particular case. Extreme makeover revealed how porcelain veneer could make dramatic smile changes.⁵

Conclusion:

Cosmetic dentistry is a hot topic now. The main objective of this treatment procedure is to preserve the permanent teeth and restoration with full veneer crown, which return the natural appearance of the patient and leading his life with great confidence.

Reference:

1. Ingle: Backland. Endodontics, 5th edition, Endodontic consideration of Dental Trauma.
2. Ingle: Backland. Endodontics, 5th edition, Endodontic consideration of Dental Trauma.
3. Ingle: Backland. Endodontics, 5th edition, Endodontic consideration of Dental Trauma.
4. Ingle: Backland. Endodontics, 5th edition, tooth discoloration and Bleaching
5. Dentistry.Com-article for category: tooth whitening
6. Ingle: Backland. Endodontics, 5th edition, tooth discoloration and Bleaching