



**Our Lady Of Fatima University  
College Of Dentistry**



# **TCAP Case Presentation**

.....

**Presented to the Faculty of  
Our Lady of Fatima College of  
Dentistry  
By Mike Lin**



## **Our Lady Of Fatima University College Of Dentistry**

# **A Comprehensive Oral Management of a 32 Year Old Male Patient with Multiple Upper extraction of Super-erupted Teeth and Root Fragments and Bilateral Posterior Edentulous Areas of the Mandible**





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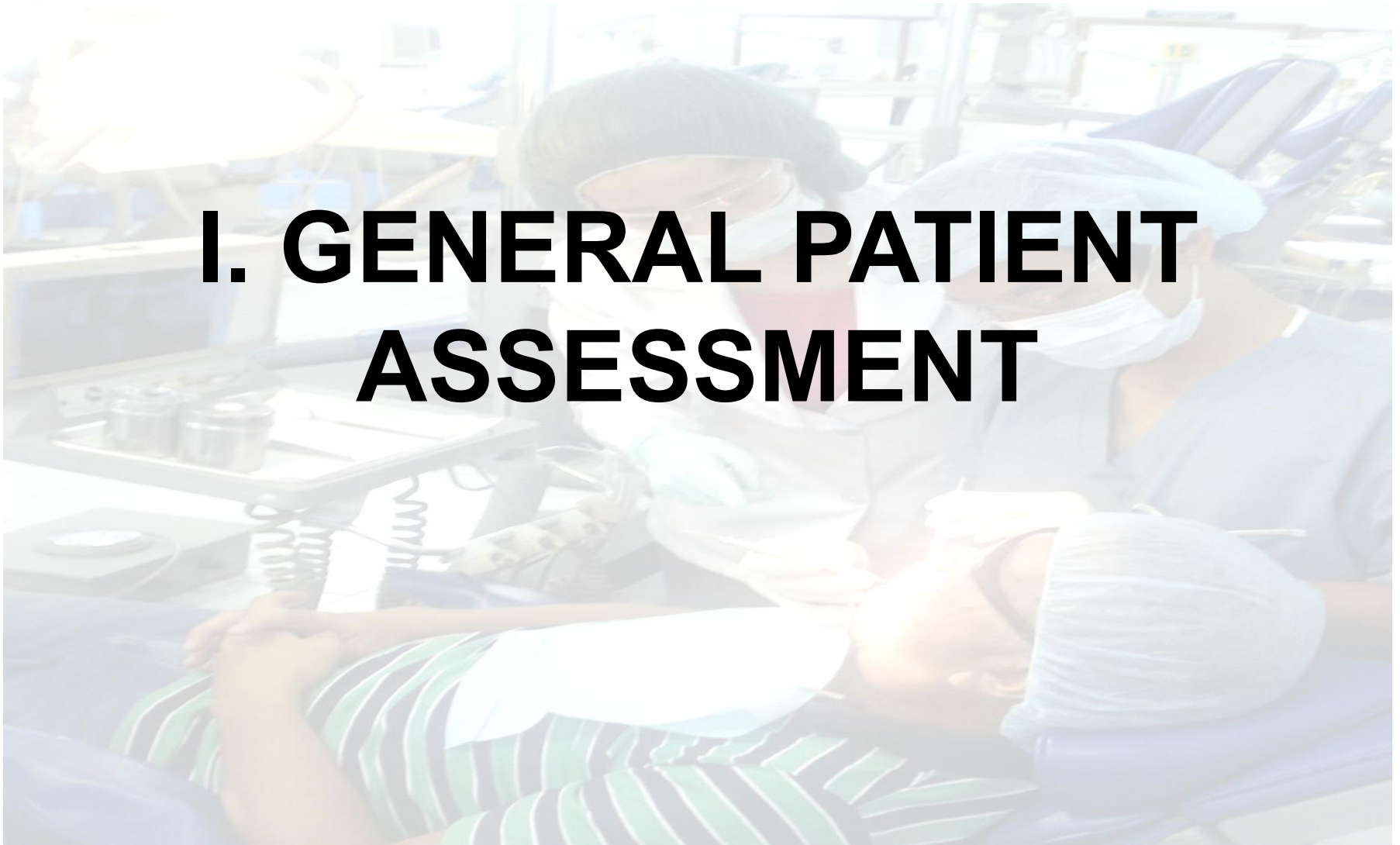
## **PHASE I PRE-OPERATIVE PHASE**





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# **I. GENERAL PATIENT ASSESSMENT**







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## **General Patient Assessment**





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- **Patient's Profile**
- **Name: Lim, Tomas**
- **ASA Category: I**
- **Birth date: December 03, 1980**
- **Age: 32 years old**
- **Gender: Male**
- **High: 170 cm**
- **Weight: 54kg**
- **Nationality: Filipino**
- **Civil Status: Single**
- **Occupation: Helper**
- **Religion: Roman Catholic**
- **Address: 64 rosal street villa teresa subd,Valenzuela City**





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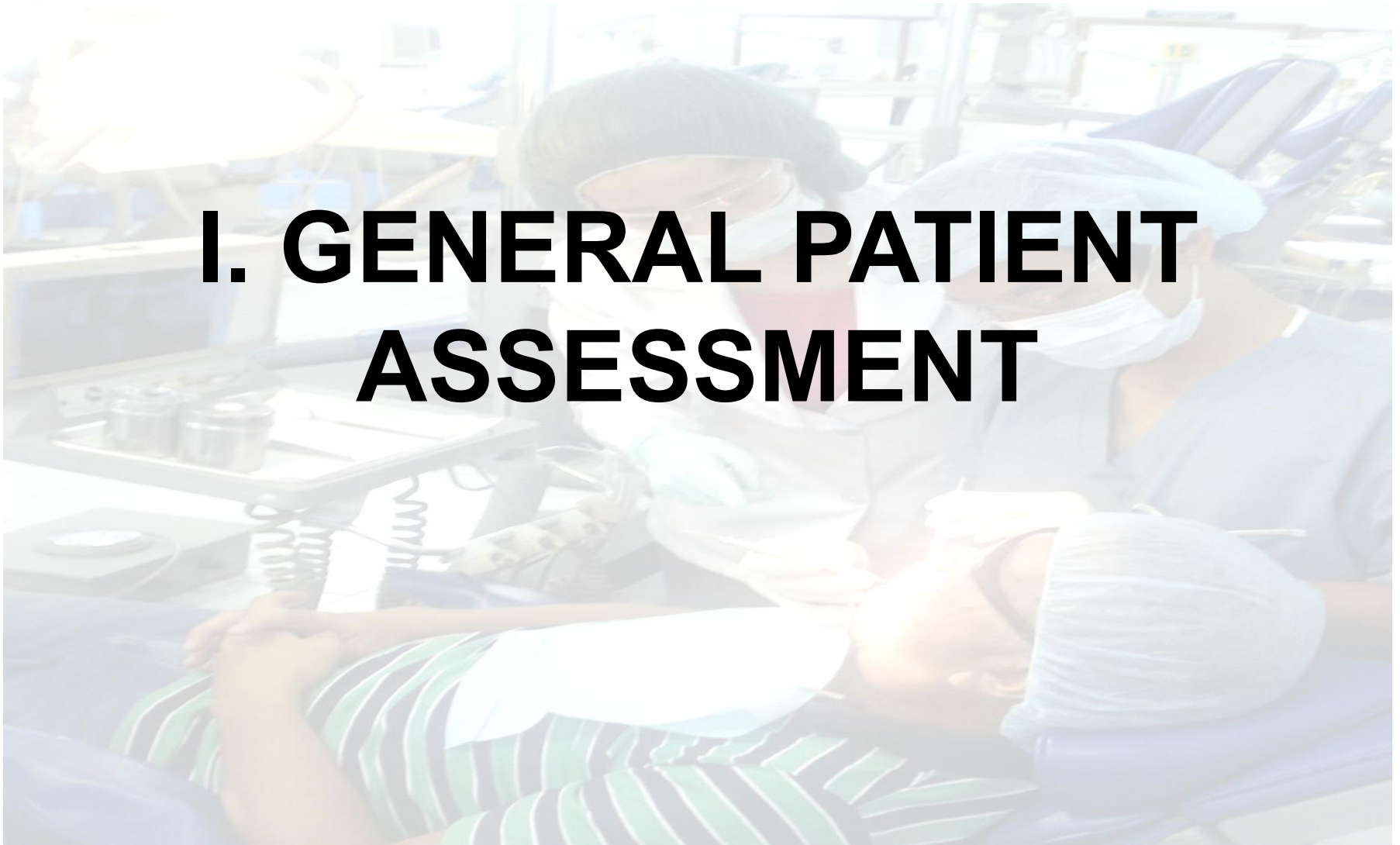
## **PHASE I PRE-OPERATIVE PHASE**





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## **I. GENERAL PATIENT ASSESSMENT**







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## **II. CHIEF COMPLAINT**

**“my teeth is not beautiful and my root  
fragment sometimes lacerate my  
tongue.**

**”**



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## **III. HISTORY OF PRESENT ILLNESS**

- **4 years PTC, patient have tooth # 36, 37, 38, 46, 47, 48 removed at Fatima dental wellness center, Upon to consultation, patient have notice tooth #18, 22, 26, 28 root fragment and wants to remove it.**
- **6 months ago patient noticed that posterior of his teeth are badly carious. Upon consultation, he claimed that all his carious teeth are asymptomatic for the past six months.**
- **According to the patient, he experienced difficulty in eating due to the retained root fragments on his posterior teeth and anterior teeth**



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## **IV. MEDICAL HISTORY**

- **The patient has neither been hospitalized for the past six months nor been diagnosed with any systemic diseases. He claims that he is not allergic to any food or medicine.**
- **He is not under any medication.**



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## **V. FAMILY HISTORY**

- Father side: Have diabetes, but no hypertension and other systemic disease
- Mother side: Have ovary cancer
- Sister side: have not any systemic disease, and she does not take any drugs

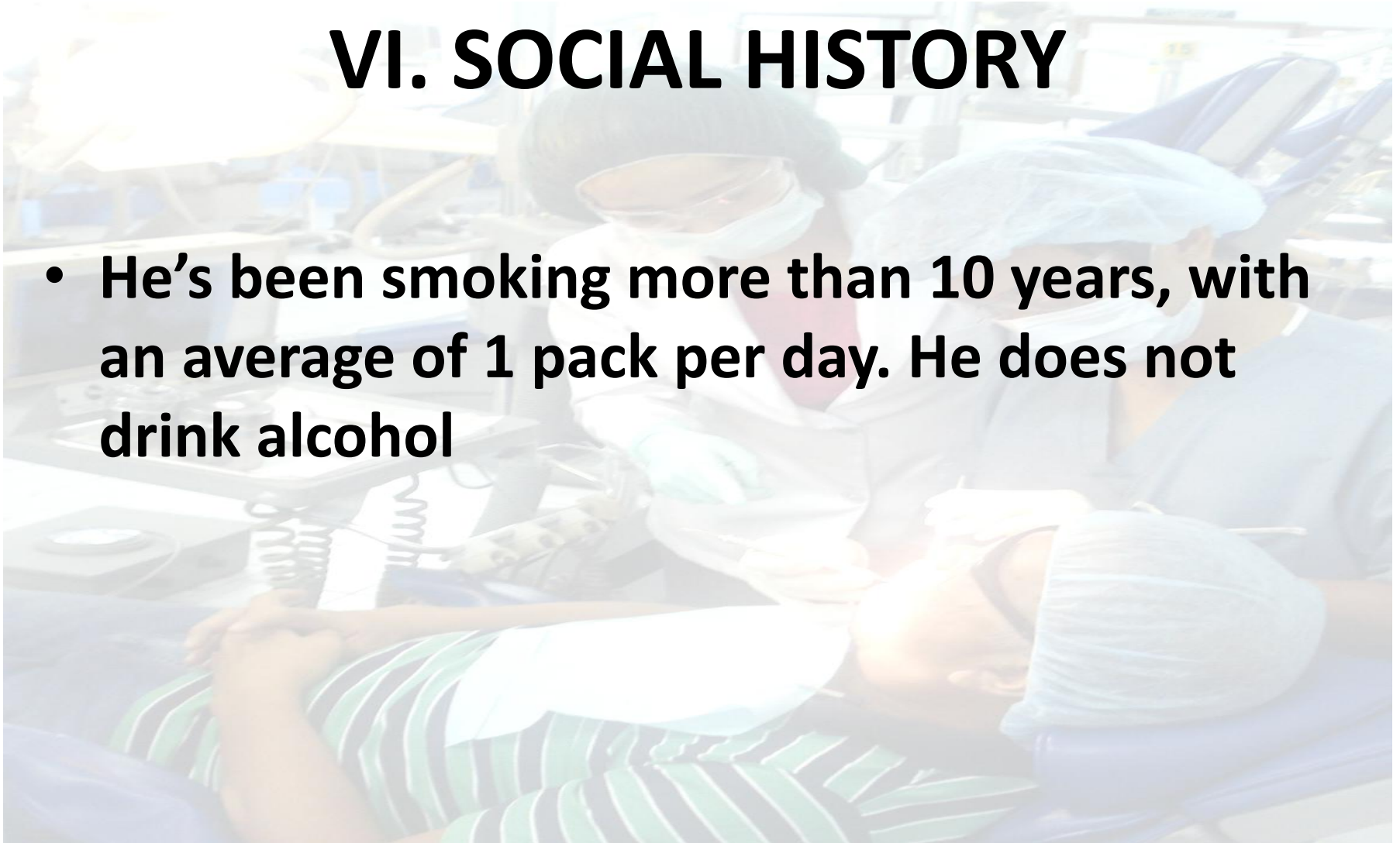




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## **VI. SOCIAL HISTORY**

- **He's been smoking more than 10 years, with an average of 1 pack per day. He does not drink alcohol**





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# **CLINICAL EXAMINATION**

## **VII. Vital Signs**



	Patient	Normal Value
Blood Pressure :	120/65 mmHg	120/80 mmHg
Respiratory Rate :	16 times/min	12-20 times /min
Pulse Rate :	70 times /min	60 / 100 times/min
Body Temperature :	36.4 °C	37 °C



## IX. Facial Examination

	Normal	Abnormal
Eyes	✓	
Lips	✓	
<u>facies</u>	✓	
Facial symmetry	✓	
Facial profile	✓	
TMJ	✓	

	Swelling	Tenderness	Redness
Floor of the mouth	X	X	X
Parotid gland	X	X	X
<u>Submandibular gland</u>	X	X	X
Lymph nodes	X	X	X
Thyroid	X	X	X
Anterior triangle	X	X	X
Posterior triangle	X	X	X

# X. Intra-oral Examination

**Right Lateral**



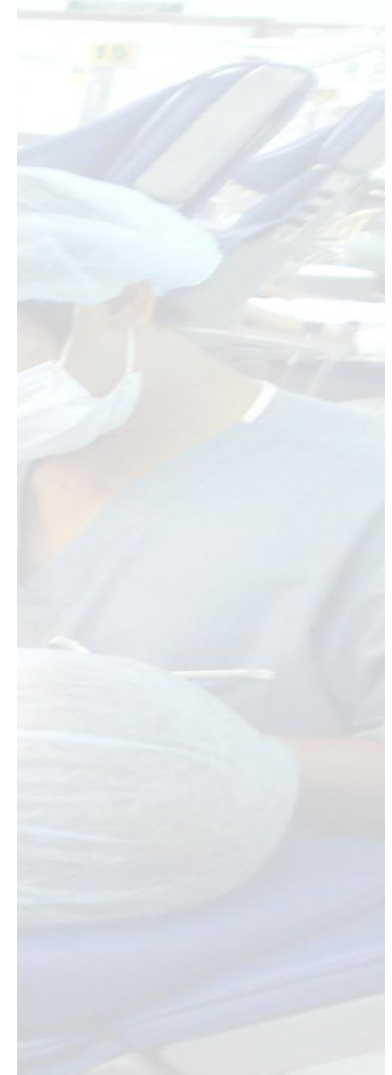
**Left Lateral**



**Upper Arch**



**Lower Arch**







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**Anterior**



# XI. Dental Examination

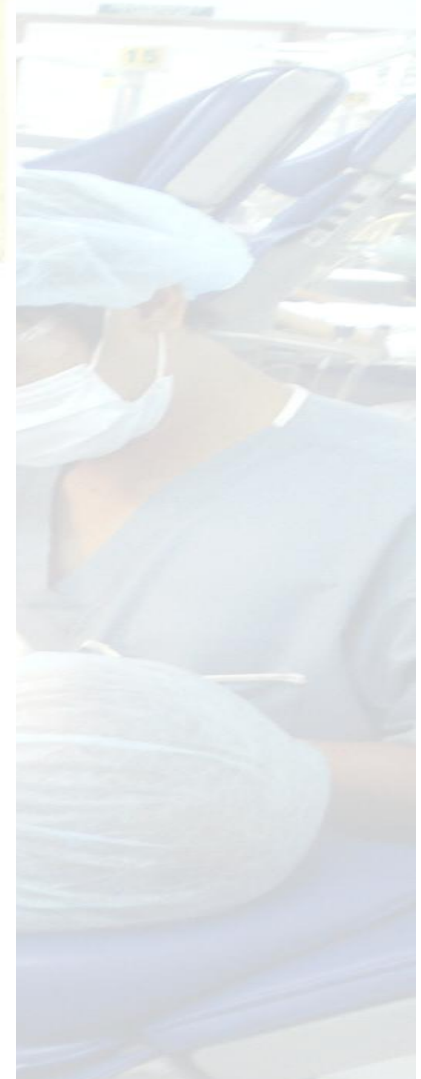
(LABIO-BUCCAL)

CONDITION	D		/	o	o	/	/	/	b	o	D	/	o	o	D		D
OPERATION	x	x		Co	Co				Co	Co	x		Co	Co	x	x	x
UPPER	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
LOWER	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
CONDITION	M	M	M	/	/	/	/	/	/	/	/	/	/	M	M	M	
OPERATION																	

(7 AUTO-DISPLAY)



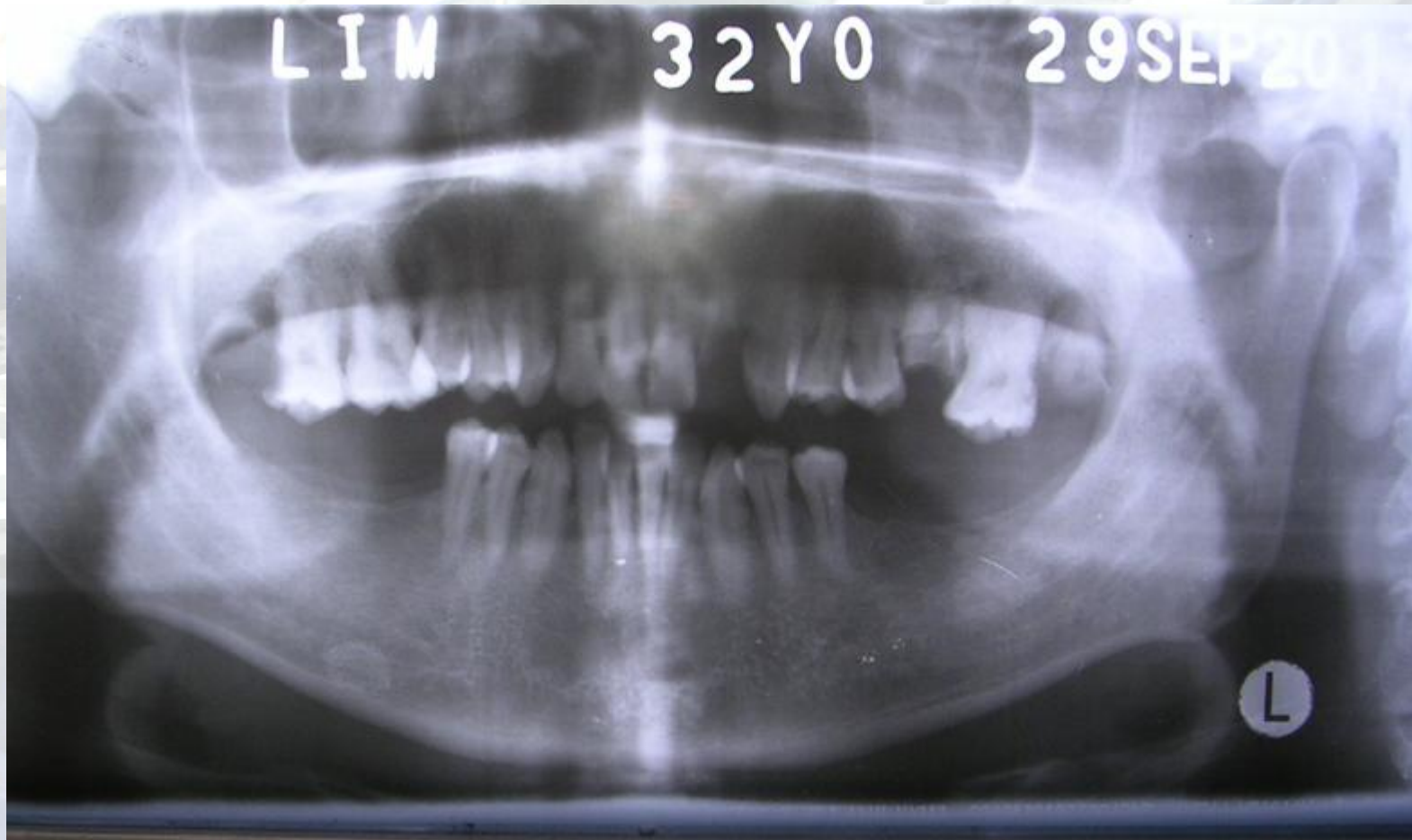
	Class I		Class II	Class III
Occlusion	✓		X	X
<u>Calcular Deposits</u>	Slight		Moderate	Severe
Soft	✓		X	X
Hard	✓		X	X
Congenital Anomalies	None	Present	Specify	
Supernumerary	✓			
Supra-Eruption		✓	#17,27	
Caries Activity		✓	#11,14,15,17,21 ,24,25,27	
Abrasion	✓			
Attrition	✓			
Fractured Tooth		✓	#18,22,26,28	
Stains	✓		#11,12,13,21,23	





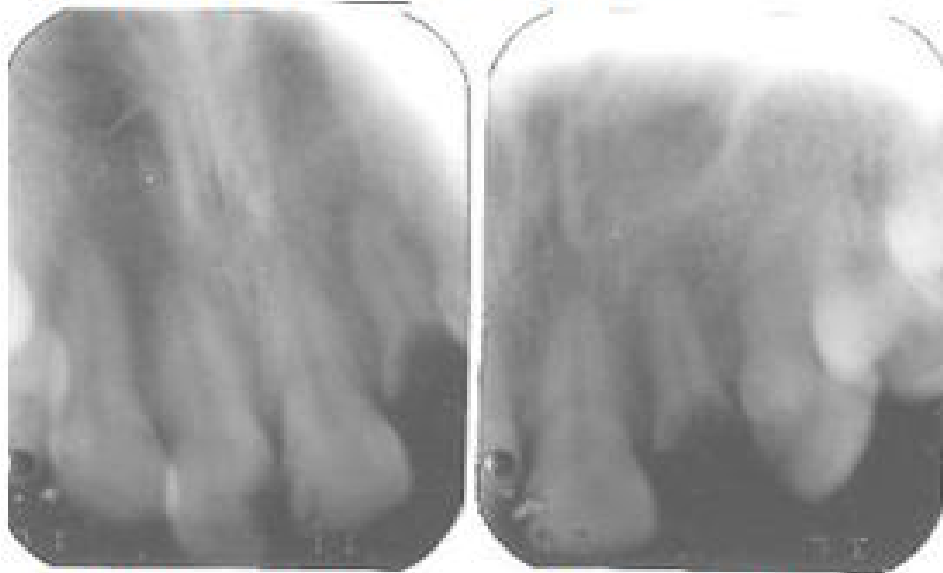
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# **RADIOGRAPH INTERPRETATION**

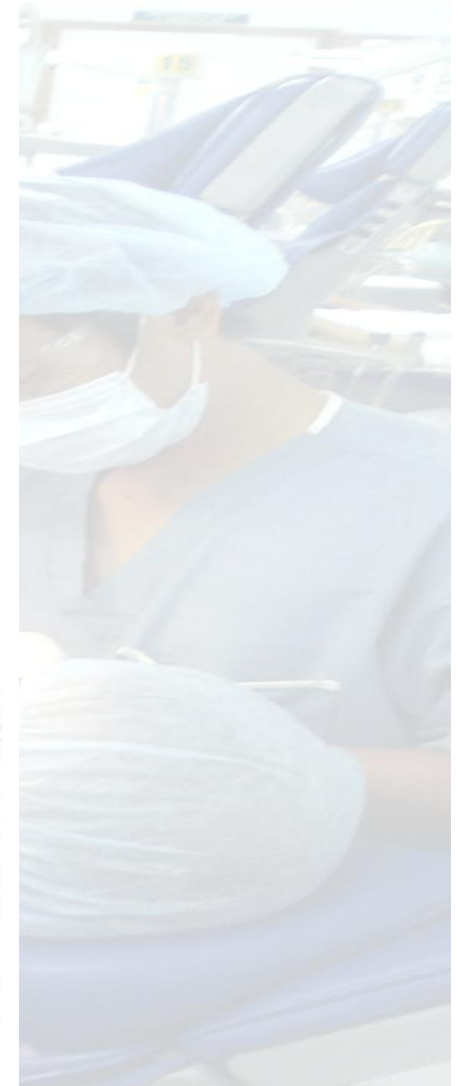
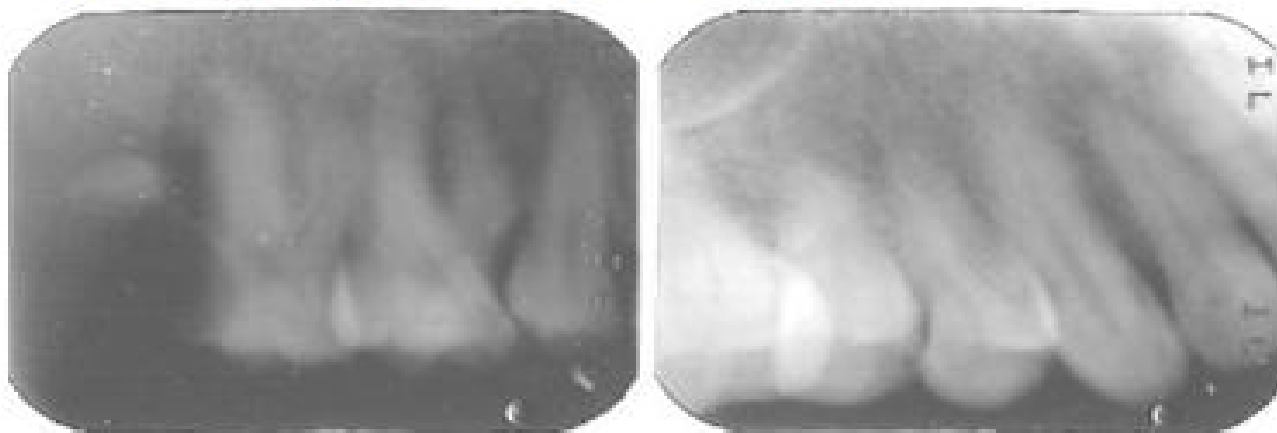


# XIII. Periapical Radiograph

## Maxillary incisor & Canine



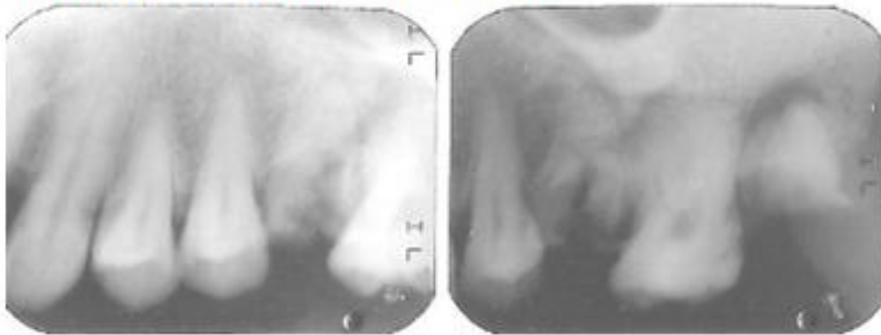
## Maxillary Right premolar & Molar







**Maxillary Left premolar & Molar**



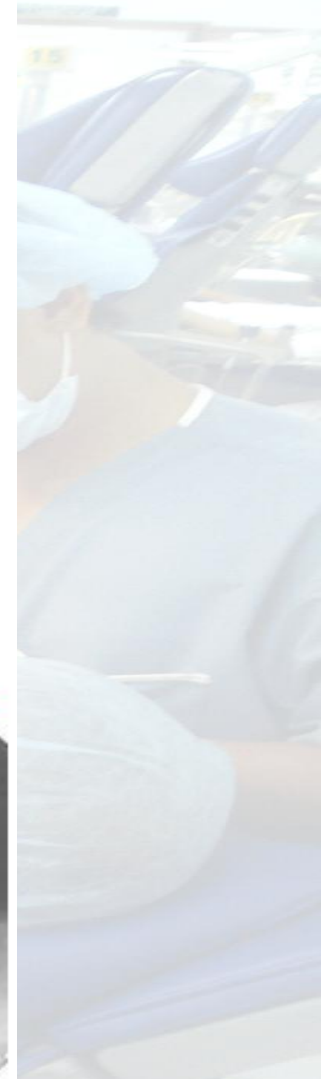
**Mandibular Incisor**



**Mandibular Right premolar**



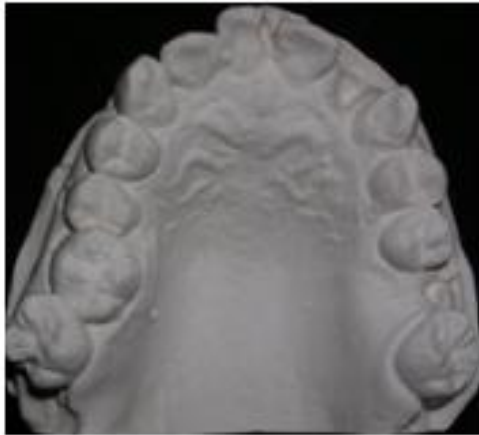
**Mandibular Left premoalr**



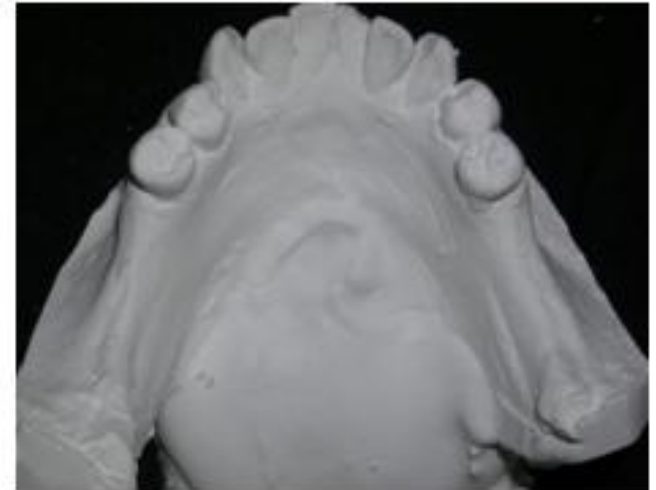


## XIV. Diagnostic Cast

**Upper Arch**



**Lower Arch**



**Left Lateral**



**Right Lateral**





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### XV. Dental Examination

#### *First quadrant (upper right)*

<b>Tooth #11</b>	<b>- Class III carious lesion (MI)</b>
<b>Tooth #12</b>	<b>- Sound with stain</b>
<b>Tooth #13</b>	<b>- Sound with stain</b>
<b>Tooth #14</b>	<b>- Class I carious</b>
<b>Tooth #15</b>	<b>- Class I carious</b>
<b>Tooth #16</b>	<b>- Sound</b>
<b>Tooth #17</b>	<b>- Class II carious DO</b>
<b>Tooth #18</b>	<b>- Root fragment</b>

#### *Second Quadrant (upper left)*

<b>Tooth #21</b>	<b>- Class III carious lesion (MI)</b>
------------------	--



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<b>Tooth #22</b>	<b>- Root fragment</b>
<b>Tooth #23</b>	<b>- Sound with stain</b>
<b>Tooth #24</b>	<b>- Class I carious lesion</b>
<b>Tooth #25</b>	<b>- Class II carious lesion (MO)</b>
<b>Tooth #26</b>	<b>- Root fragment</b>
<b>Tooth #27</b>	<b>- Class I carious lesion</b>
<b>Tooth #28</b>	<b>- Root fragment</b>







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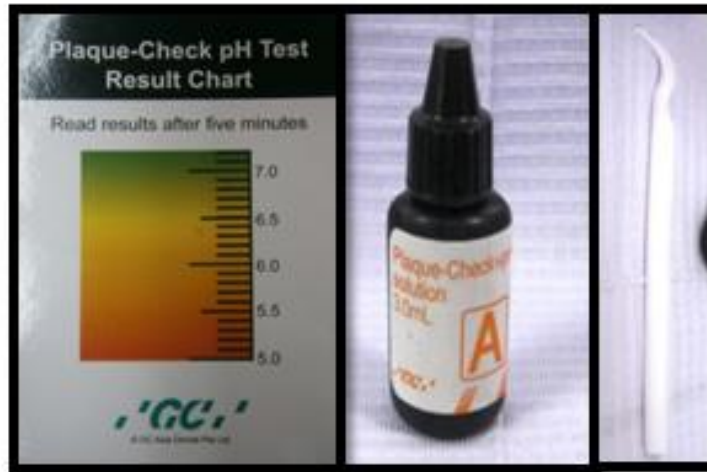
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<i>Third Quadrant (lower left)</i>	
<b>Tooth #31</b>	- Sound
<b>Tooth #32</b>	- Sound
<b>Tooth #33</b>	- Sound
<b>Tooth #34</b>	- Sound
<b>Tooth #35</b>	- Sound
<b>Tooth #36</b>	- Missing
<b>Tooth #37</b>	-Missing
<b>Tooth #38</b>	- Missing
<i>Fourth Quadrant (lower right)</i>	
<b>Tooth #41</b>	- Sound
<b>Tooth #42</b>	- Sound
<b>Tooth #43</b>	- Sound
<b>Tooth #44</b>	-Sound
<b>Tooth #45</b>	- Sound
<b>Tooth #46</b>	-Missing
<b>Tooth #47</b>	-Missing
<b>Tooth #48</b>	- Missing



## PLAQUE TEST

### Armamentarium:



- Plaque-Check pH Test result chart
- Plaque-Check pH Test Solution
- applicator

### Procedure:

1. A small amount of interproximal plaque was gathered from the oral cavity of the patient using a disposable material.
2. The sample is then dipped for 1 second on the GC Plaque check solution and change in color is observed.





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3. Result was interpreted after 5 mins using the Plaque-check pH test Chart.
4. Results show a pH of 5.5 indicating that the oral environment is out of balance and preventive action is required.





## XVI. Treatment Plan



Date		Procedure	Alternative treatment
12/12, 2012	<ul style="list-style-type: none"> <li>➤ History Taking</li> <li>➤ Oral Examination</li> <li>➤ Plaque test</li> <li>➤ Intra-oral and Extra-Oral photographs</li> <li>➤ Scaling and polishing</li> <li>➤ Impression taking for study Cast</li> <li>➤ Radiograph : panoramic and <u>periapical</u></li> <li>➤ Oral hygiene Instruction</li> </ul>		
12/13, 2012	<ul style="list-style-type: none"> <li>➤ Tooth #28 <u>Dx: #Root fragment</u></li> </ul>	Tooth Extraction	Tooth Extraction
12/19, 2012	<ul style="list-style-type: none"> <li>➤ Tooth #26,27 <u>Dx: #26 Root fragment</u> <u>Dx: #27 Super-erupted tooth</u></li> </ul>	Tooth Extraction	Tooth Extraction
1/9, 2013	<ul style="list-style-type: none"> <li>➤ Tooth # 17,18</li> <li>➤ <u>Dx: #18 Root fragment</u></li> <li>➤ <u>Dx: #17 Super-erupted tooth</u></li> </ul>	Tooth Extraction	Tooth Extraction
1/17, 2013	<ul style="list-style-type: none"> <li>➤ Tooth #22 <u>Dx: #22- Root fragment</u></li> </ul>	Tooth Extraction	Tooth Extraction
2/15, 2013	<ul style="list-style-type: none"> <li>➤ Tooth #21,24,25,15,14</li> </ul>	Tooth-Colored	RCT and



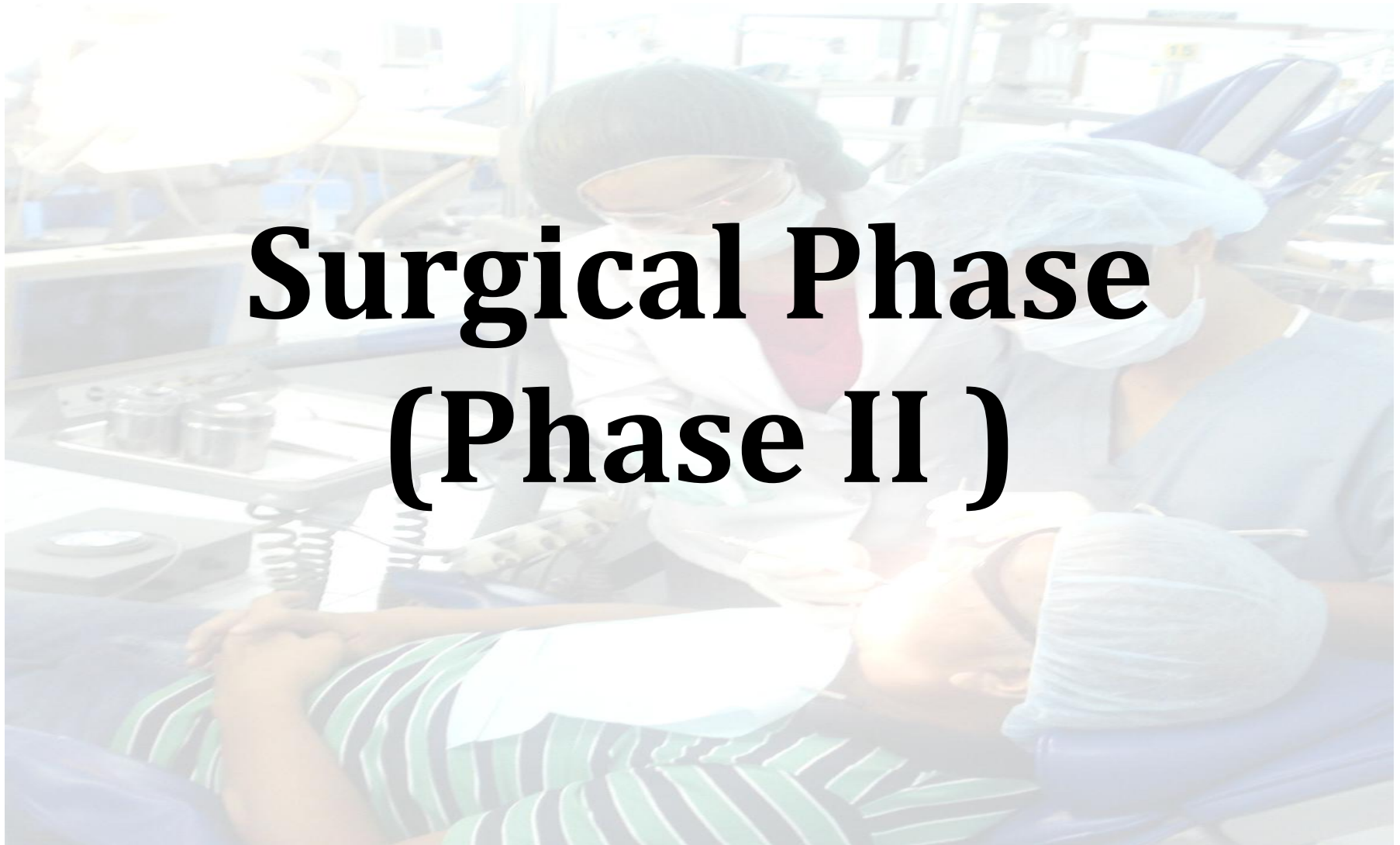


	<ul style="list-style-type: none"> <li>➤ <u>Dx</u> :# 21 Class III caries</li> <li>➤ <u>Dx</u> :#24 Class I caries</li> <li>➤ <u>Dx</u> :#25 Class II caries</li> <li>➤ <u>Dx</u> :#15 Class I caries</li> <li>➤ <u>Dx</u> :#14 Class I caries</li> </ul>	Restoration	PFM
2/21, 2013	<ul style="list-style-type: none"> <li>➤ Tooth #11</li> <li>➤ <u>Dx</u>: Chronic Ulcerative Pulpitis</li> </ul>	<ul style="list-style-type: none"> <li>➤ Endodontic Treatment</li> <li>➤ Pulp Diagnostic test</li> <li>➤ X ray taking</li> <li>➤ Crown Build up</li> <li>➤ Access preparation</li> </ul> MAF IAF ,working length determination	Tooth extraction
2/28, 2013	➤ Tooth #11	<u>Obturation &amp; Final</u> restoration	
3/1, 2013	<ul style="list-style-type: none"> <li>➤ Rest &amp; Seat preparation</li> <li>➤ Final impression taking</li> </ul>		
3/5, 2013	➤ Metal Frame work try in, teeth set up		
3/6, 2013	➤ Veneer on Teeth #13,12,11,21,23		
3/7/2013	➤ <u>Pontic</u> set up & try in		
3/8/2013	➤ RPD installation		









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# **Surgical Phase (Phase II)**





Diagnosis	Oral condition	Radiographic Examination
<ul style="list-style-type: none"><li>➤ Tooth #17 - Chronic apical <u>periodontitis</u></li><li>➤ Tooth #18 - Apical Abscess, Chronic apical <u>periodontitis</u></li></ul>		
<ul style="list-style-type: none"><li>➤ Tooth # 26- Apical Abscess, Chronic apical <u>periodontitis</u></li><li>➤ Tooth # 27- Chronic apical <u>periodontitis</u></li><li>➤ Tooth # 28- Chronic apical <u>periodontitis</u></li></ul>		
<ul style="list-style-type: none"><li>➤ Tooth # 22- Chronic apical <u>periodontitis</u></li></ul>		



## Armamentarium:

### Basic instrument:

Mouth mirror  
Explorer  
Cotton pliers



### Antiseptic:

Betadine anti-septic solution (1% Povidone-Iodine)



### Anesthesia instrument:

Topical anesthesia Gel (Lido-Gel)  
Syringe  
Lidocaine 1.8ml (HCL 2mg/0.01mg with epinephrine 1:100,000)  
Needle (long 27G\*13/16", short 30G\*13/16")



### Extraction Instrument:

Elevators  
Gum separator  
Gauze  
Forceps (18L(left maxillary molar), 18R(right maxillary molar), 69(Maxillary root pick))  
Chisel  
Mallet







**Instrument of flap:**  
**Scalpel with blade (#3 scalpel, #15 blade)**  
**Molt periosteal elevator #9**  
**Minesota retractor**

**Surgical instrument:**  
**Rongeur forcep**  
**Bone file**  
**Soft tissue scissor**  
**cellulostat**

**Irrigating material:**  
**Irrigating syringe**  
**Normal saline solution**

**Suturing material:**  
**Suture thread (silk, non-resorbable)**  
**Suture needle (half circle with eyes)**  
**Needle holder**





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- **Computation of Anesthesia**
- 
- **Milligram of local anesthetic per dental cartridge:**
- **36mg/carpule (2%lidocaine \*1.8ml carpule)**
- 
- **Patient's weight:**
- **2mg/lb = 4.4mg/kg**
- 
- **Patient's weight: 54kg**
- **$54 * 4.4 = 237.6$**
- **$237.6 / 36 = 6.6$**
- **Maximum recommended dosage: 6.6 carpules (Lidocaine with vasoconstrictor)**



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## **The sequence of extraction**

**First appointment:**

**#28 ➡ #26 ➡ #27**

**Second appointment:**

**#17 ➡ #18**

**Third appointment:**

**#22**



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- **Procedure:**
- 
- **Surgical procedure involved:**
- **Tooth extraction – closed technique on tooth**
- **#28**
- **#26,27**
- **#17,18**
- **#22**
- 
- **Clinical procedure proper:**
- **Patient was instructed to gargle with antiseptic mouth rinse for 1 minute..**
- **Gauze was used to dry the tissue around the site of needle penetration.**
- **Topical anesthesia was applied at the site of needle penetration for a minimum of 1minute.**





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**Topical anesthesia was applied at the site of needle penetration for a minimum of 1 minute.**





## Administration of local anesthesia (2% lidocaine with 1: 100,000 epinephrine)

The anesthetic technique:

Tooth #17, 18 –posterior superior alveolar nerve block, greater palatine nerve block .



Tooth # 22 – local infiltration to the terminal nerve ending of anterior superior alveolar nerve and nasopalatine nerve.





#26, 27, 28 - middle superior alveolar nerve block, posterior superior alveolar nerve block, greater palatine nerve block.



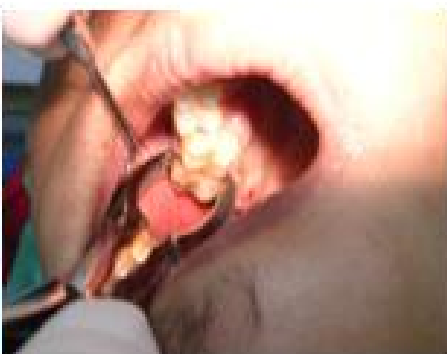
- After local anesthesia is obtained, extraction of tooth by:
  1. Loosening of soft tissue attachment from the tooth by using gum separator.



**2. Straight elevator was applied to further mobilize the tooth.**



**3. Forceps was adapted to the root of the extracted tooth.**







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4. Tooth sockets were curetted to remove necrotic tissue and bony debris.





5. Expanded alveolar bones were compressed back to original position. Take a gauze to control the bleeding.
6. Wounds were sutured using the simple interrupted technique with 3-0 non-resorbable silk sterilized suture.



- List of postoperative instructions was provided and the patient was appointed to come back after 1 week for suture removal.



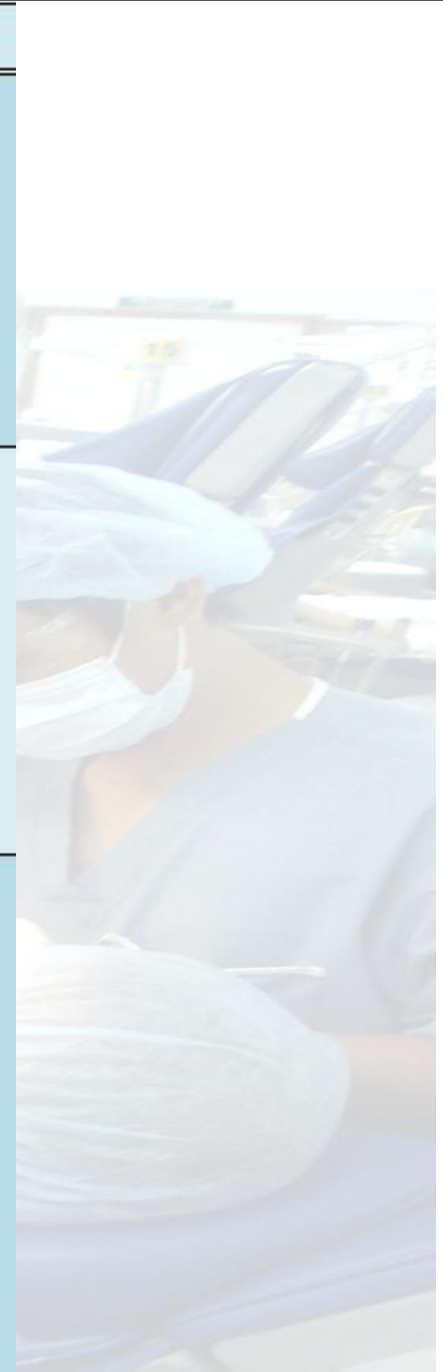
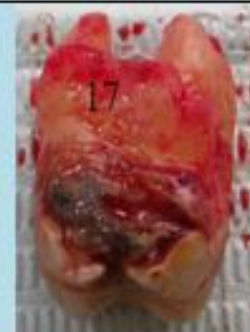


**Before**

**Tooth #**

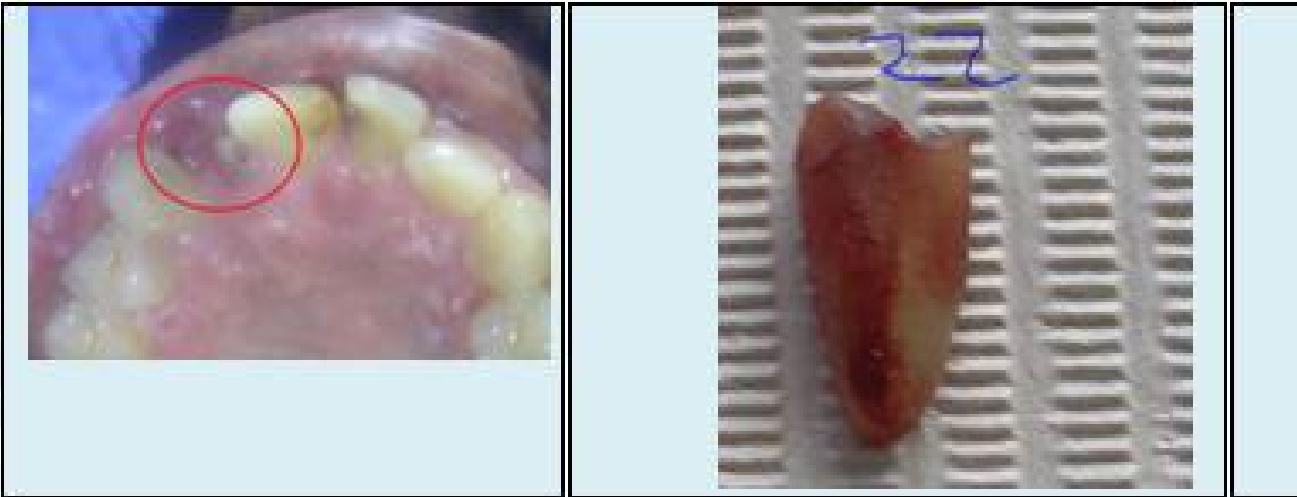


28





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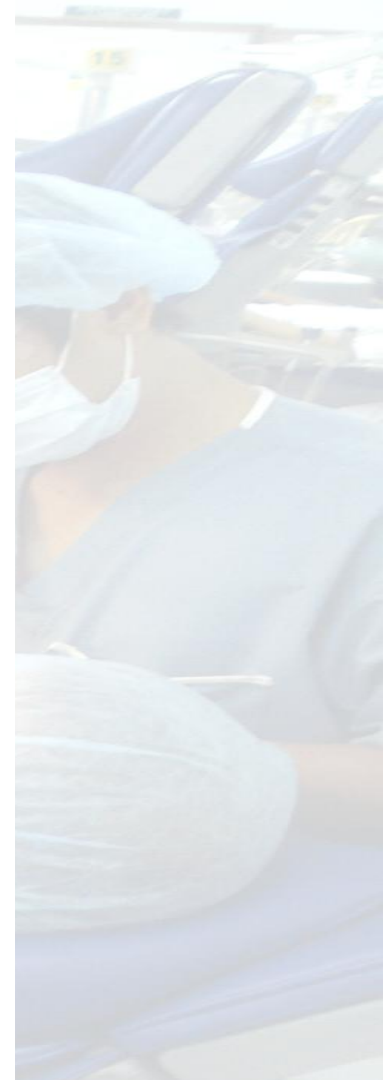
## Prescription:

### Rx:

1. Mefenamic acid 500 mg  
Disp 9 capsules for 3 days  
Sig: Take 1 capsule right after surgery and 1 capsule every 8 hours, if pain persist.
2. Amoxicillin 500 mg  
Disp: 21 caps  
Sig: 1 capsule tid for 7 days.
3. 1% Providine iodine  
Disp: 1 bottle  
Sig: gargle for 30 seconds, every 6 hours for 7days.

## Postoperative instruction:

1. Drink plenty of fluids. (do not use a straw) and high calorie diet for the first 12-24 hours.
2. Using 1% providine iodine solution rinses twice daily for 1 week .
3. The swelling that is normally expected is usually proportional to the surgery involved. This is the body's normal reaction to surgery and eventual repair.
4. The swelling may be minimized by the immediate use of ice packs or eat the ice cream.
  - After 24 hours, ice has beneficial effect.
  - After 36 hours, the application of moist heat to the side of the face is beneficial in reducing the size of the swelling.





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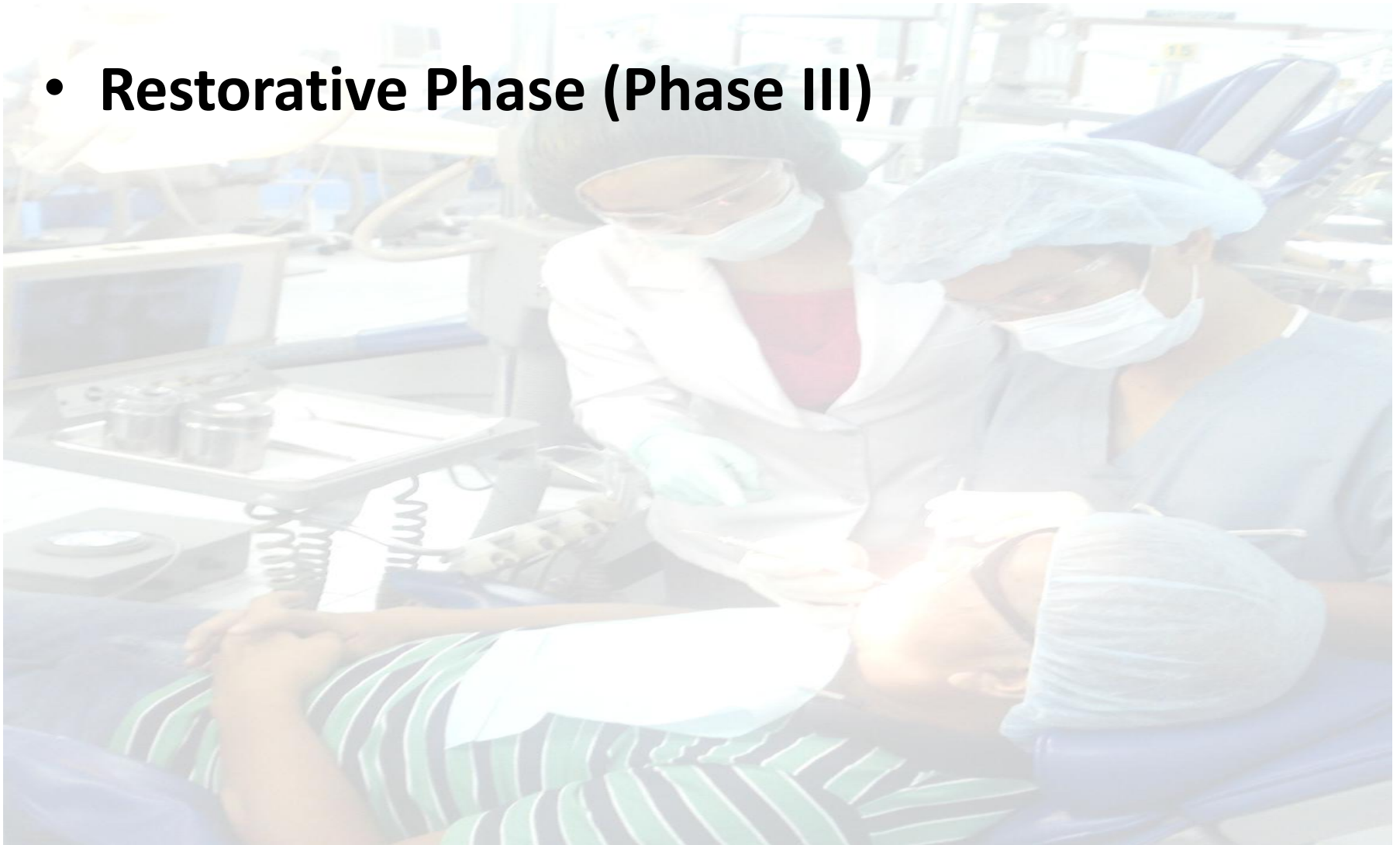
- 5. After 24 hours, gentle rinsing with warm water to removes food particles and debris from the socket area and thus helps prevent infection and promotes healing.**
- 6. Sutures are placed the area of surgery to minimize postoperative bleeding and to help healing. The sutures will be removed approximately 1 week after surgery.**
- 7. Call the clinician if there is heavy bleeding, severe pain or continued swelling for 2 or 3 days.**





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- Restorative Phase (Phase III)**







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### Tooth Condition:

First quadrant (upper right)	Second Quadrant (upper left)
<ul style="list-style-type: none"><li>➤ #14 - Class I carious lesion (0)</li><li>➤ #15 - Class I carious lesion (0)</li></ul>	<ul style="list-style-type: none"><li>➤ #21 - Class 3 carious lesion (M0)</li><li>➤ #24 - Class 1 carious lesion (0)</li><li>➤ #25 - Class 2 carious lesion (M0)</li></ul>
Fourth Quadrant (lower right)	Third Quadrant (lower left)
<ul style="list-style-type: none"><li>➤ None of restorative treatment</li></ul>	<ul style="list-style-type: none"><li>➤ None of restorative treatment</li></ul>





## Procedure:

1. Use the round bur to remove the caries.
2. Cavity preparation
  - Beveling of cavosurface margin.



3. ulp protection (if near pulp)

-Calcium Hydroxide (Dycal) was placed on the gingival floor of the cavity as base.



#### 4. Filling (composite)

- Acid etching with 37% phosphoric acid for 15 seconds.



- Water spray for at least 10-20 seconds to remove the acid.
- Air spray to dry the tooth and isolate the tooth with rubber dam.
- Air spray to dry the cavity then bonding agent was applied over cavity walls.





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- **Spray air to produce thin film layer.**
- **Light cure for at least 10 seconds.**





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- **Selection of tooth shade.**



- **Composite resin was injected incrementally into the cavity.**
- **Followed by light cure for at least 10 seconds for initial curing.**
- **Then light cure for 20 seconds after curing of the last layer.**
- **Trim the excess composite using the composite trimmer.**
- **Finish and polish, smoothing the restoration using a flexible disk, rubber or other polishing materials.**





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### Before Treatment

**Tooth #21**

**Dx: Class III  
carious lesion (M0)**



### After Treatment

**Material using:**

**Composite resin.**

**Tooth shade: A3**



**Tooth #24**

**Dx: Class I  
Carious lesion (0)**

**Material using:**

**Composite resin.**

**Tooth shade:**

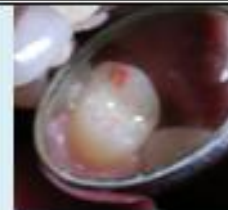
**A3.5**



**Tooth #25**

**Dx: Class II**

**Carious lesion (MO)**



**Material using:**

**Composite resin.**

**Tooth shade:**

**A3.5**



**Tooth #14**

**Dx: Class I**

**Carious lesion (O)**

**Material using:**

**Composite resin.**

**Tooth shade:**

**A3.5**



**Tooth #15**

**Dx: Class II**

**Carious lesion (O)**

**Material using:**

**Composite resin.**

**Tooth shade:**

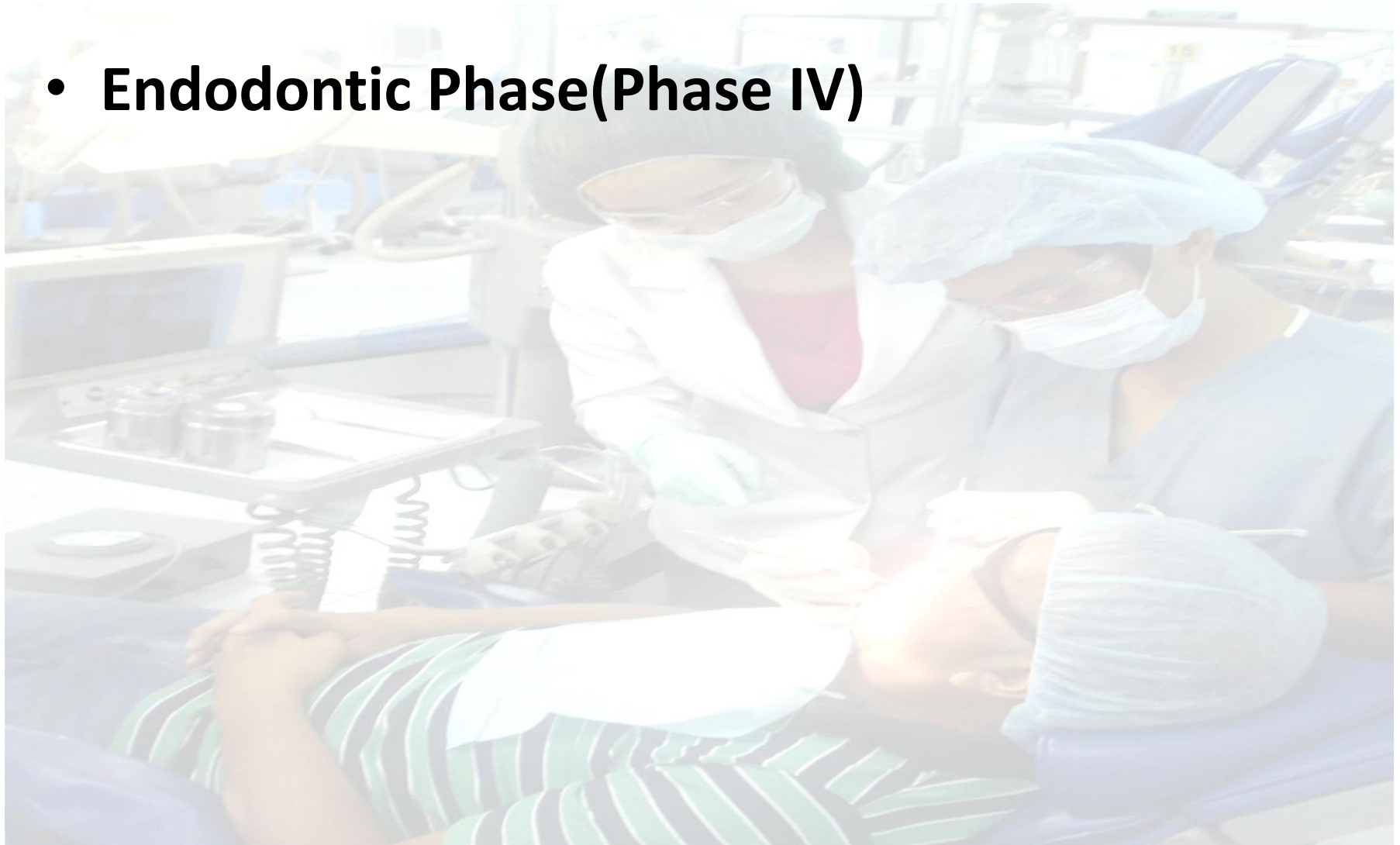
**A3.5**





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- **Endodontic Phase(Phase IV)**





## Chief Complaint:

"There is a big cavity on my anterior teeth. It is hard for me to eat and clean."





# History of present illness

Patient felt sensitive when drink cold, and he does not feel any painful now.

## Subjective symptoms (pain):

Sharp	X	Intermittent	X
Dull	X	Throbbing	X
Diffused	X	Continuous	X
Localized	X	On mastication	X
On lying down	X	Aggravated by sour	X
Aggravated by sweet	X	Increased by heat	X
Increase by cold	X		






## Objective symptoms:

Extra - oral swelling	X	Lymph node involvement	X
Intra - oral swelling	X	<u>Submaxillary</u>	X
Fistula	X	<u>Submental</u>	X
Tooth discoloration	X		

## Diagnostic Test:

	Involved tooth	Control teeth	
	Lesion Tooth #11	Adjacent Tooth#12	<u>Contralateral</u> Tooth #31
Diagnostic Test	Response/Time elapsed	Response/Time elapsed	Response/Time elapsed
Heat Test	-	-	-
Cold Test	+ (7 sec)	-	-
Mobility	-	-	-
Palpation	-	-	-
Percussion	-	-	-

## Radiographic findings:

	Pulp chamber	Root canal	
Partially calcified	X	X	
Completely calcified	X	X	
Perforated (bur, file)	X	X	

	<u>Periapical region</u>
Periodontal membrane normal	<b>x</b>
Periodontal membrane widened	<b>x</b>
Circumscribed rarefied area	<b>x</b>
Diffused rarefied area	<b>x</b>
Thickened lamina <u>dura</u>	<b>x</b>

## Etiology:

Caries	✓	Attrition, abrasion	X
Iatrogenic	X	Trauma	X

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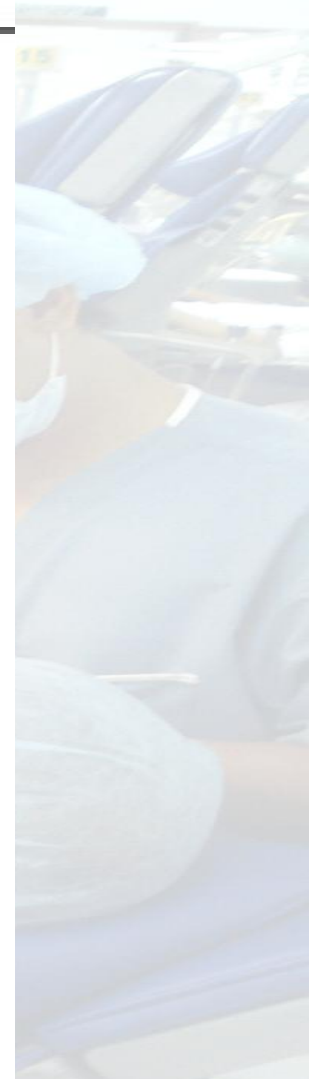
Crown fracture	X	Deep - seated restoration w/o a base	X
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## Working diagnosis:

Chronic ulcerative pulpitis on tooth #11

## Procedure:

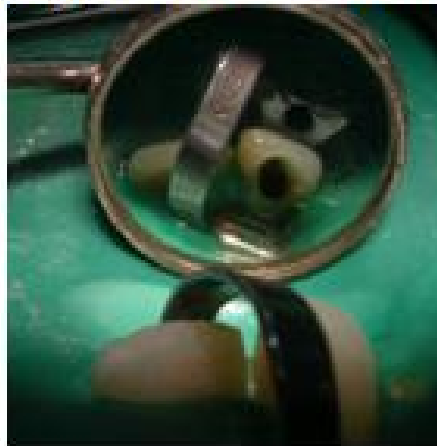
1. Administration of topical and local anesthesia. (2% lidocaine with 1:100,000 epinephrine)





## 2. Access preparation. (for crown)

- Carious lesion was excavated with spoon excavator and an opening was made with round bur to gain access into the canal.



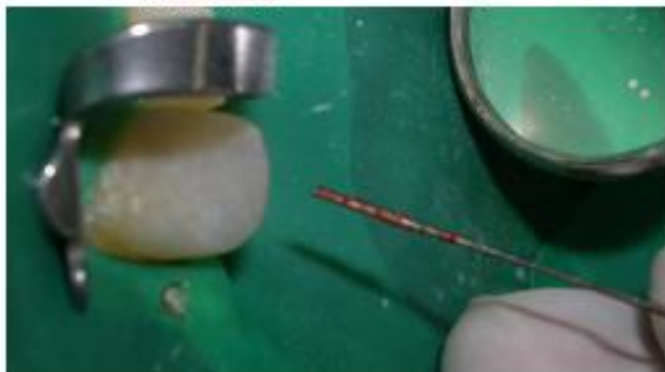
## 3. Crown build up with composite

## 4. Rubber dam set-up



## 5. Pulp extirpation:

- Pulp tissue was removed with a broach.
- Pulp chamber and canal were irrigated with diluted sodium hypochlorite solution ( $\text{NaOCl} : \text{H}_2\text{O} = 1 : 9$ )



## 6. working length determination:

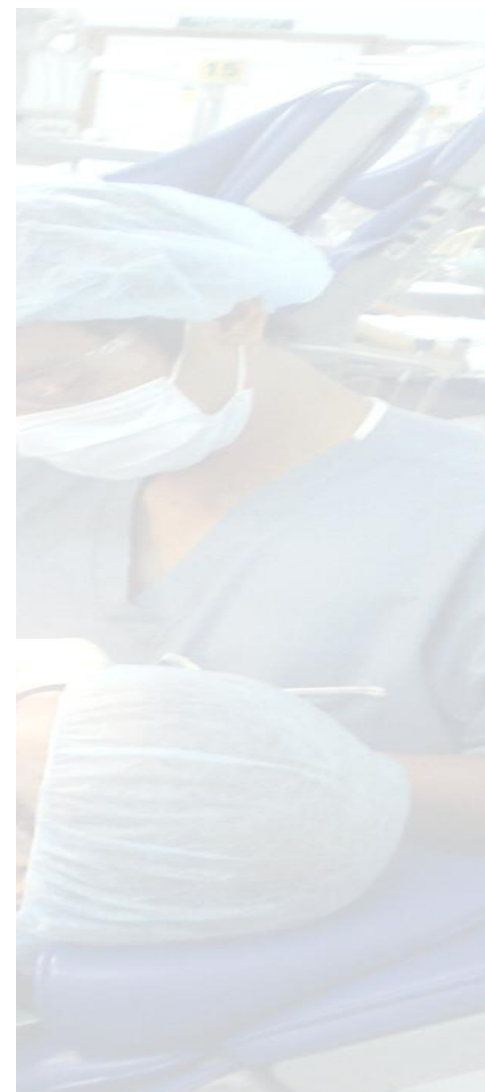
- using a ruler to measure the length of root canal for determine the initial working length.
- Initial apical files were placed into the canal and a radiograph was taken to determine the final working length.



	Radiograph Length	Initial working Length	Final Working Length(WL)
Tooth #11	24mm	22mm	21mm

## 7. Biomechanical preparation:

- Use #25 root canal file, 21mm to prepare the root canal.  
The #25 root canal file, 21mm is IAF.
- Use #25 to #40, root canal file, 21mm to prepare the root canal.  
The #40 root canal file, 21mm is MAF.





	Size of files	Working length
Initial apical file (IAF)	#25	21mm
Master apical file (MAF)	#40	21mm
Master apical cone(MAC)	#40	21mm

- Serial preparation and Step-back technique were carried out, accompanied with copious diluted NaOCl irrigation.

⊙ Recapitulation:

it is accomplished by taking a small file to the correct working length to loosen accumulated debris and then flushing it with 1 to 2 ml of irrigant.

### Serial preparation :

- Apical region is prepared for least 3-4 size bigger than IAF and when the MAF reaches the working length.



Size of files	Working length		Size of files	Working length	
#25	21mm	Irrigation			
#30	21mm	Irrigation	#25	21mm	Irrigation
#35	21mm	Irrigation	#30	21mm	Irrigation
#40	21mm	Irrigation	#35	21mm	Irrigation



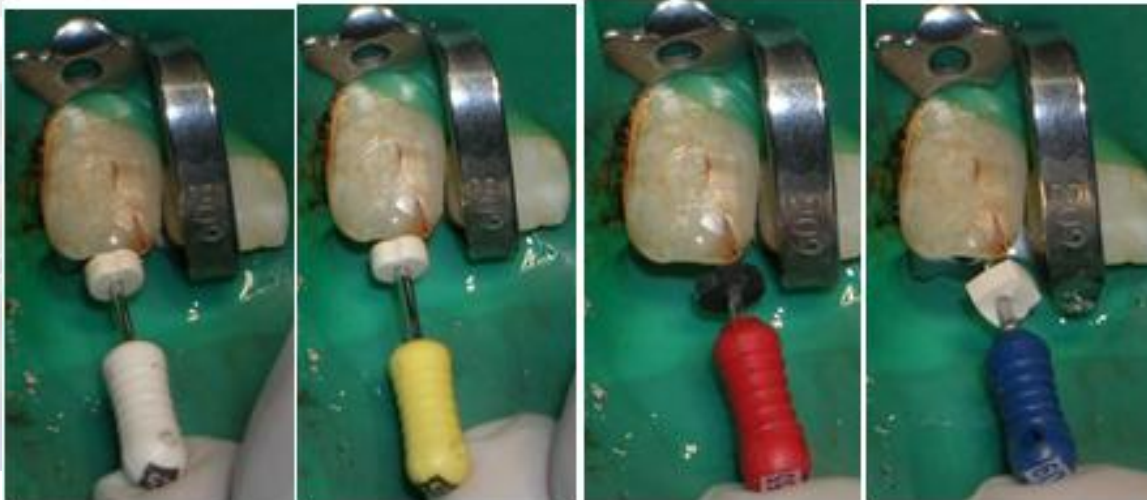


- Irrigate with diluted sodium hypochlorite solution ( $\text{NaOCl}$ ) every after insertion of each file.



### Step - back method:

- Prepares the canal use an increase size with decrease length of file, sequentially.







Size of files	Working length		Size of files	Working length	
#45	20mm	Irrigation	#40	21mm	Irrigation
#50	19mm	Irrigation	#40	21mm	Irrigation
#55	18mm	Irrigation	#40	21mm	Irrigation
#60	17mm	Irrigation	#40	21mm	Irrigation
Circumferential filing: #40					

- Irrigate with diluted sodium hypochlorite solution (NaOCl) every after insertion of each file.



#### Intracanal dressing:

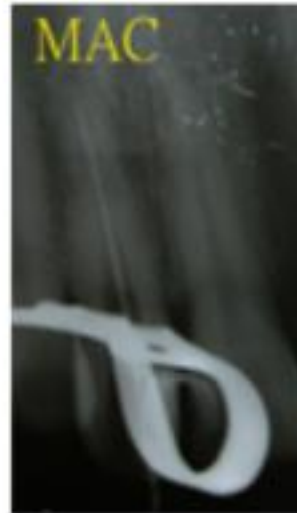
- Calcium hydroxide powder mixed with local anesthetic solution (2% lidocaine with 1:100,000 epinephrine) was placed into the canal with a K-file and temporary sealed with Fermin or IRM.



- Patient was scheduled to recall after 1 week for further check the absence of any symptom and the intracanal medicament to take effect.
- Correctly performs the spreader test to confirm. If the canal is prepared enough for obturation.

## Master cone trial:

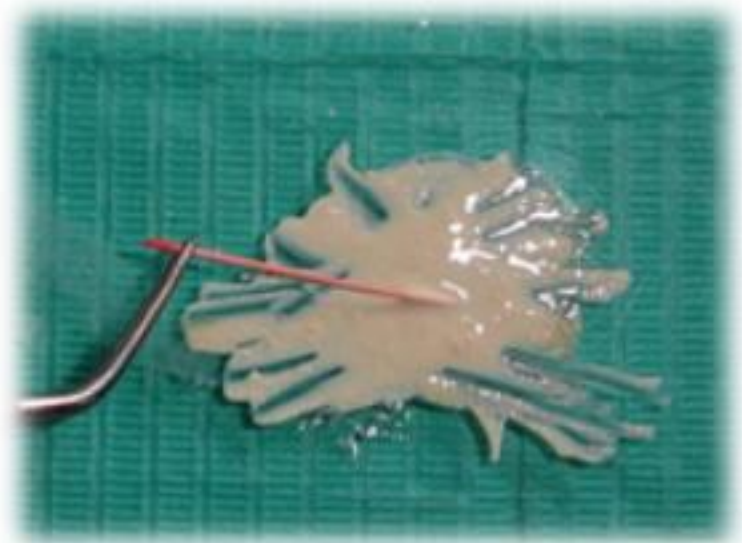
- After circumferential filing against canal walls and copious irrigation, Gutta Percha was fitted - in to obtain the master cone.





## 8. Obturation:

- Before obturation, the canal was irrigated with normal saline solution and checked. If it was suitable to be obtured.
- Paper points were inserted to completely dry the canal.
- Zinc Oxide Eugenol (ZOE) paste was initially placed upon canal walls with Lentulo spiral.



- Master cone coated with ZOE was fitted - in to the canal, up to the working length and accessory cones were condensed by lateral condensation technique (Endodontic spreader) to fill the voids.
- When the canal is completely filled with obturing material. Take a radiograph to assess the presence or absence of voids.





- If the radiograph shows the canal is completely filled. Cut the excess Gutta Percha with heated instrument. And condense the obturing material by endodontic plugger.
- Cleaning the cavity and temporary filling.
- If patient feels painful (Phoenix abscess) after endodontic treatment. Asking patient to take the anodyne for release the pain.



**Before**



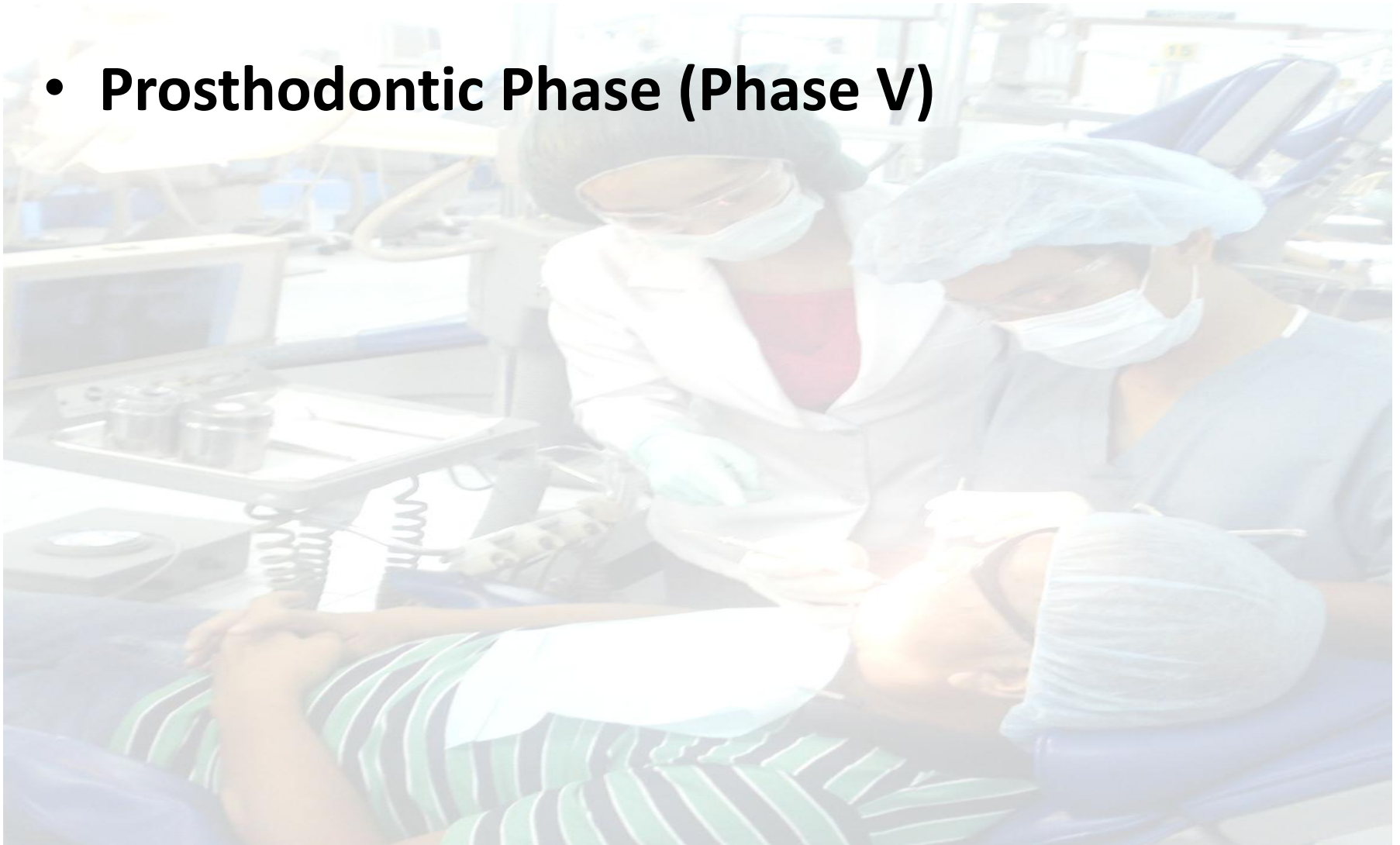
**after**





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- **Prosthodontic Phase (Phase V)**



# Removable Partial Denture (RPD)

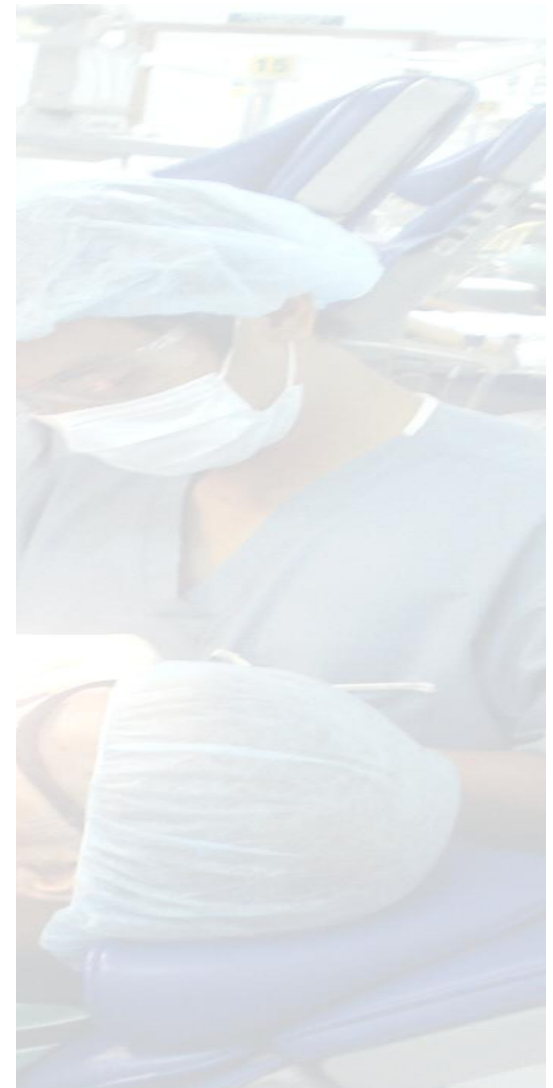
## Procedure:

1. Preliminary impression taking.
2. Inter - occlusal record for diagnostic cast.
3. Articulated diagnostic cast.
4. Individual tray making.



5. Survey and pencil design on diagnostic cast.
6. Mouth preparation for rest.

ity





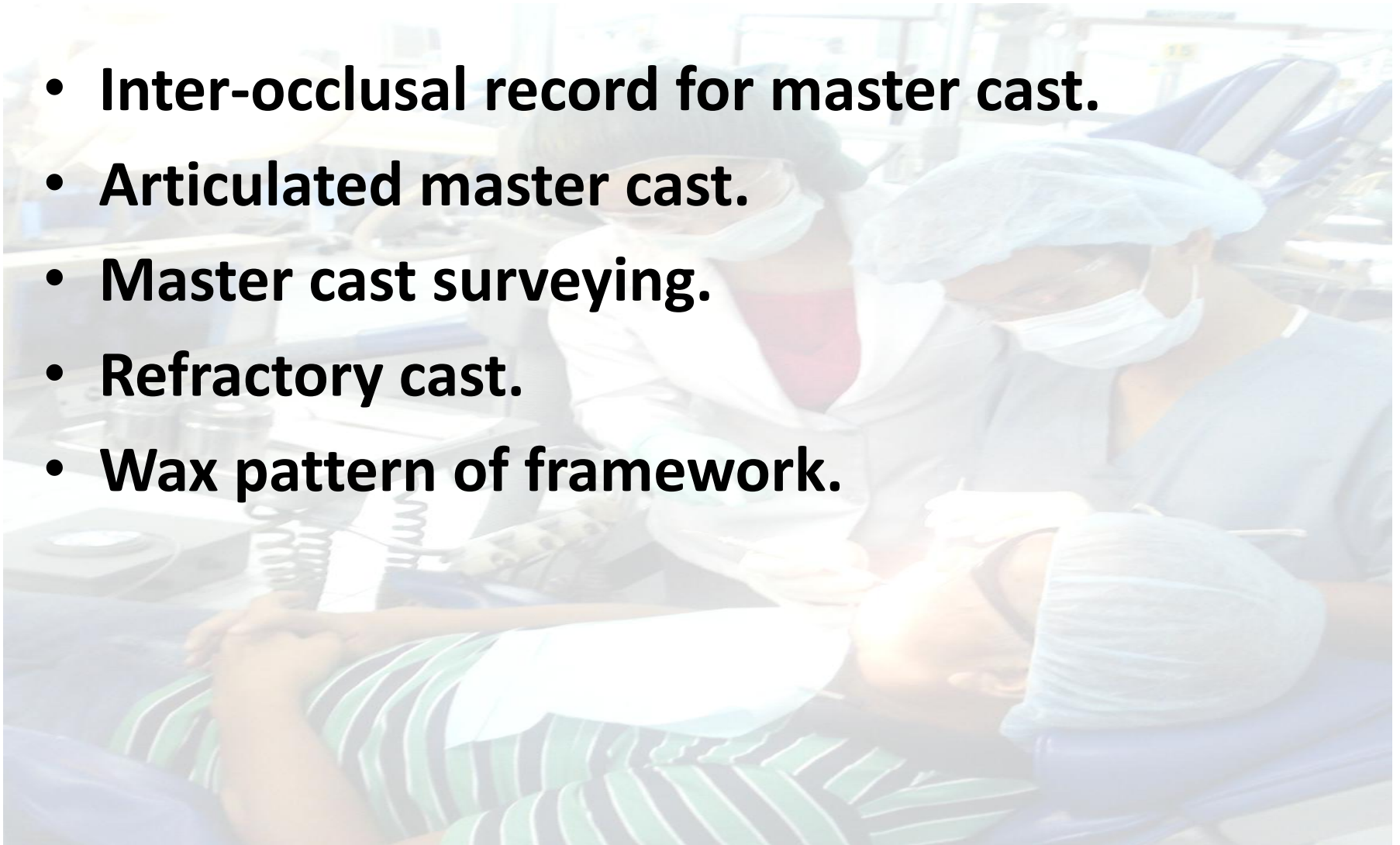
## 7. Final impression for upper and lower arch.





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- **Inter-occlusal record for master cast.**
- **Articulated master cast.**
- **Master cast surveying.**
- **Refractory cast.**
- **Wax pattern of framework.**

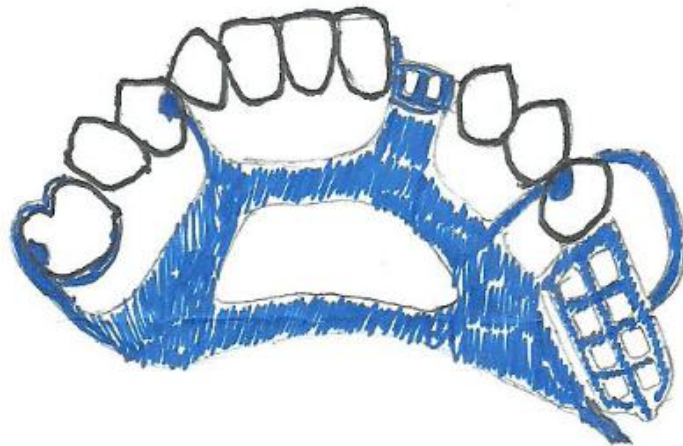




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### DESIGN



### Lab. Instructions:

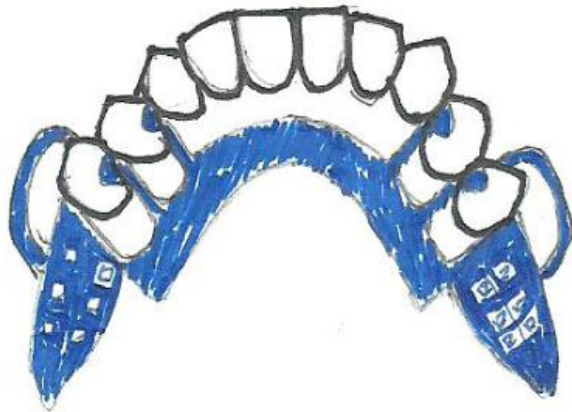
1. **Major Connector** Anterior & Posterior  
Palatal strap
2. **Direct Retainer** Aker on Distal of  
tooth 16. RPI on tooth 25
3. **Indirect Retainer** Rest & Seat on Mesial side of tooth 14
4. **Guide Planes** Proximal plate on tooth 21 Distal and 23  
Mesial
5. **Denture Base Retention Design**  
open lattice



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### DESIGN



### Lab. Instructions:

1. Major Connector Lingual Bar
2. Direct Retainer RPI on tooth 35 and 45
3. Indirect Retainer Rest & Seat on Mesial side of 34 & 44
4. Guide Planes
5. Denture Base Retention Design open lattice



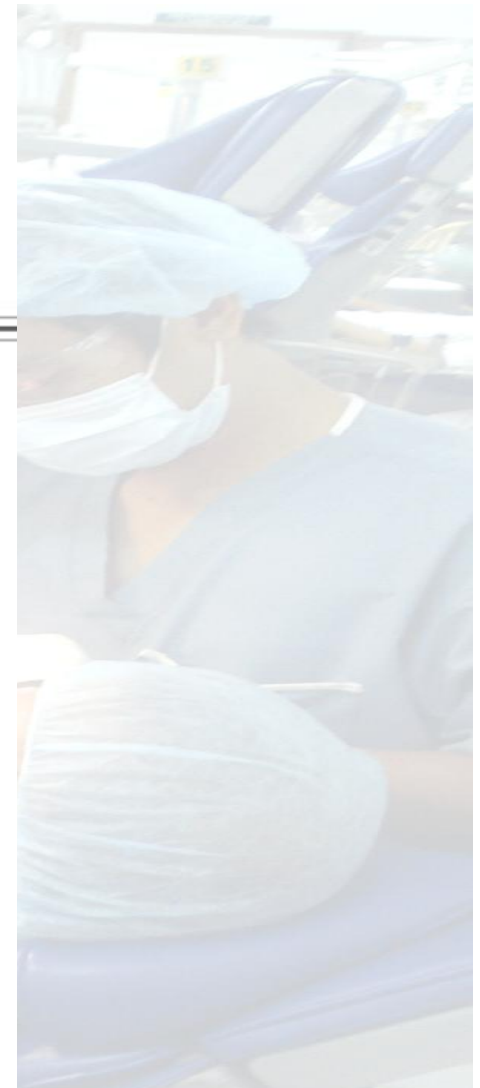
**13. Try - in of metal framework and adjustment.**



**14. with artificial pontics set up.**

**15. Delivery of finished RPD.**

**16. Installation for final processing of RPD.**



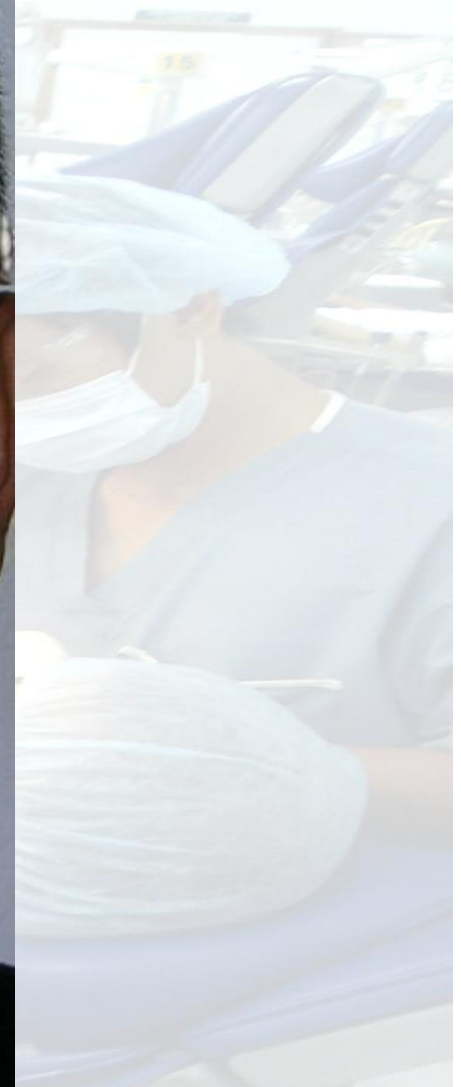
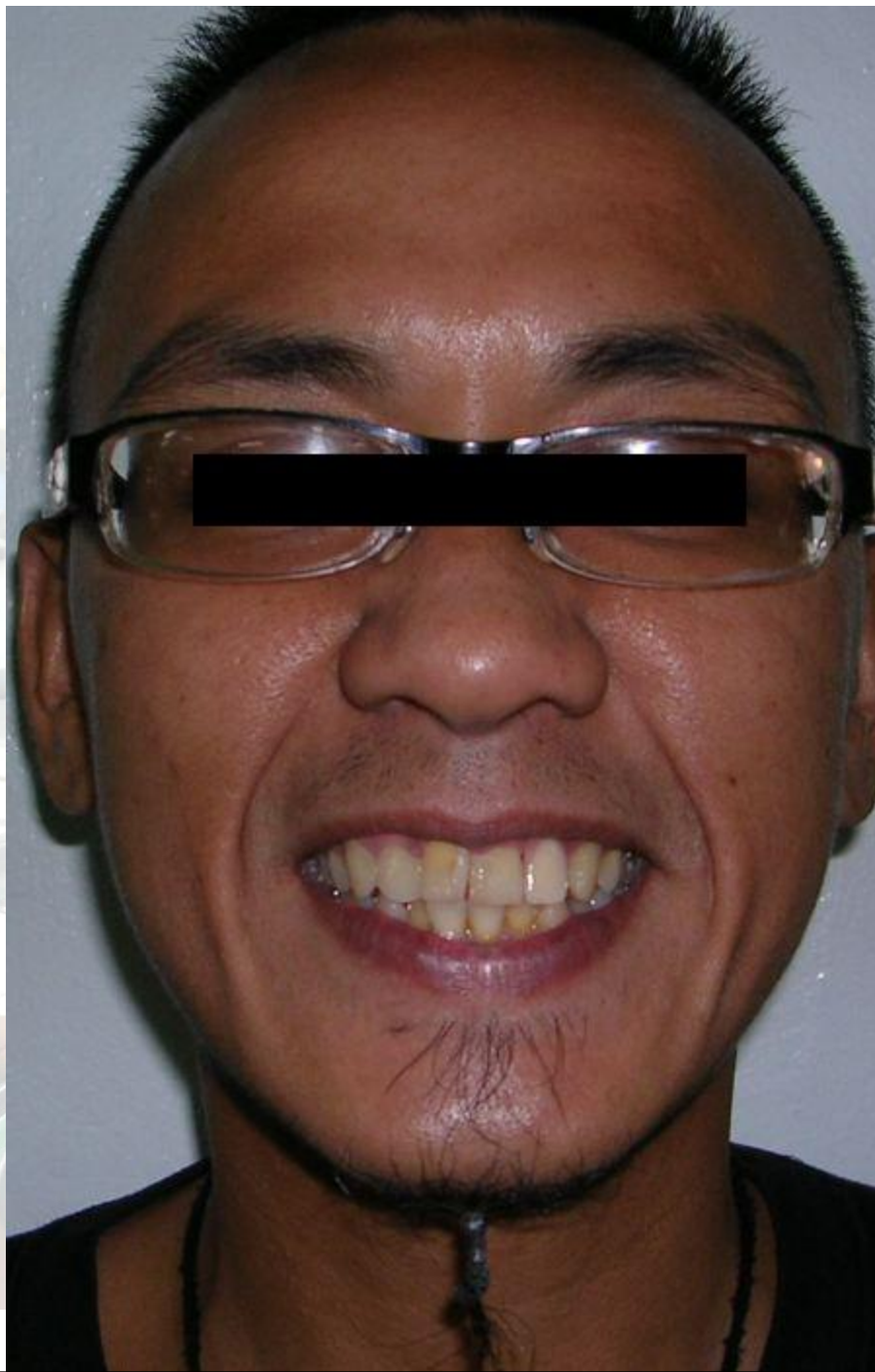


**Post - insertion instruction:**

1. If going to sleep, soak it in the denture solution; if there is no solution. Store it in a sealed container. Do not boil your denture.
2. Do not drop the denture.
3. Do not attempt to repair, if it was broken. Calling your clinician to get it fixed.
4. Brush your denture using a soap. Hold it in a manner that it is resting on your palm. Make sure you wash it over a basin. So that if it falls, it will fall in the basin.
5. If pain is felt. Do not attempt to remove the cause by trimming the denture. Calling your dentist for trimming and polishing.













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**Thank You**

