



ENDO – PROSTHO DILEMMA: A CASE REPORT

***Dr. Achu Shinu Punnose and Bhuma Jayaram**

Thamarappallil H, Mazhukeer, Kallisserry, P.O, Chengannur-689124, India

ARTICLE INFO

Article History:

Received 24th March, 2018
Received in revised form
17th April, 2018
Accepted 29th May, 2018
Published online 30th June, 2018

Key Words:

Root canal therapy
Curved root,
Telescopic crown.

ABSTRACT

This clinical report describes the management of teeth with pulpal pathologies using root canal therapy and the use of a telescopic fixed dental prosthesis over a metallic primary coping on a tilted second molar abutment to restore a missing mandibular first molar.

Copyright © 2018, Achu Shinu Punnose and Bhuma Jayaram. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Achu Shinu Punnose. 2018. "Endo – Prosthodontic Dilemma: A case report", *International Journal of Development Research*, 8, (06), 21133-21135.

INTRODUCTION

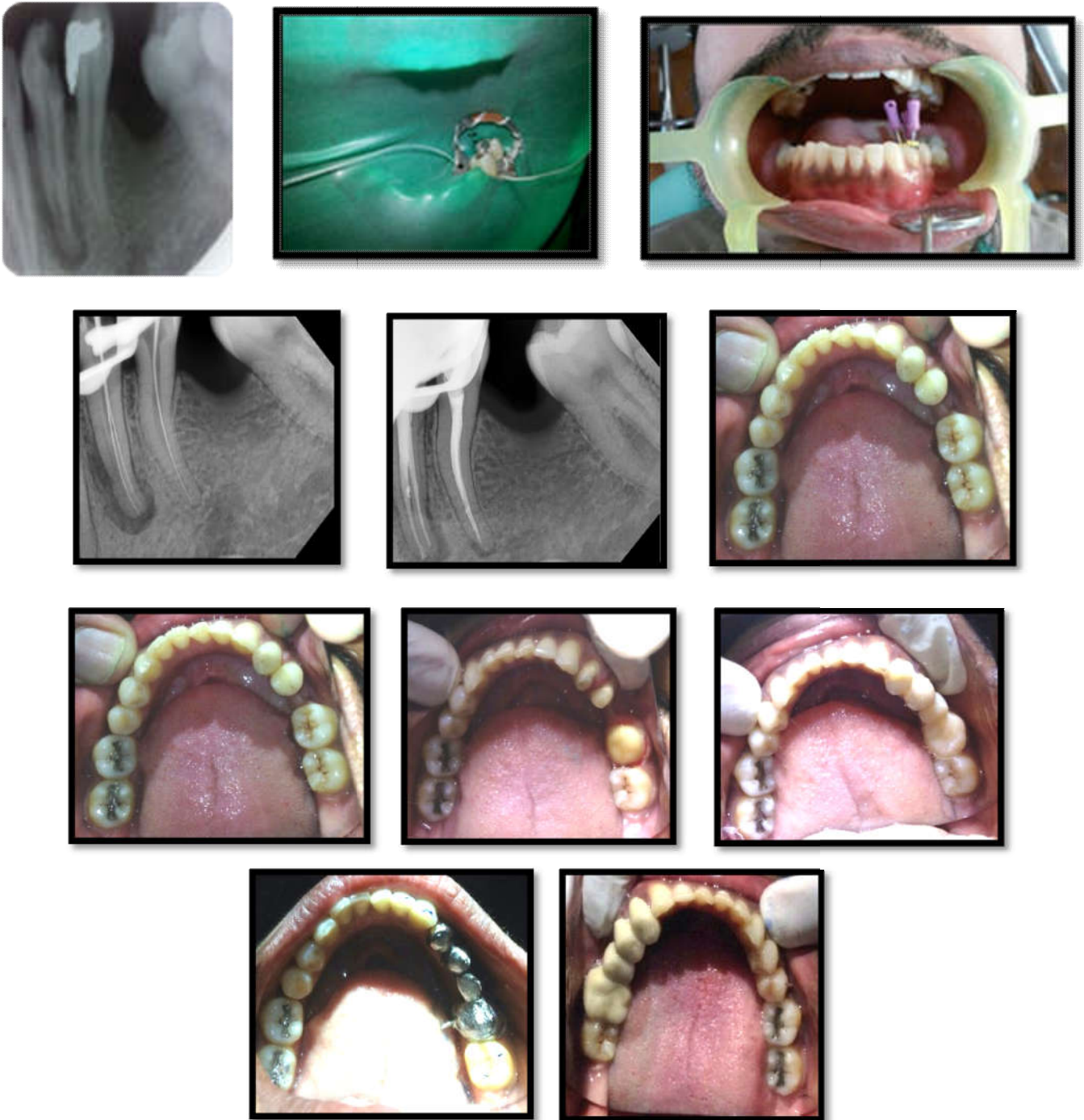
Tilted teeth are the angulated teeth which are out of ideal centric contact and deviated from the normal long axis.

Problems caused by these include food impaction, dental caries, periodontal and occlusion problems. Management protocols can be simple recontouring, orthodontic uprighting, three-quarter crowns or telescopic crown depending on case to case. A telescopic crown or double crown or crown and sleeve coping is an artificial crown constructed to fit over a coping which is then cemented to the abutment teeth. A fixed prosthesis as a secondary structure is fabricated and cemented over the copings.

CASE REPORT

- A 35 year old male patient reported to the dental opd with the chief complaint of pain and swelling in the lower left back region since 5 -6 months with a history of draining sinus.
- Intraoral examination revealed lower molar which was tender on percussion associated with redness and swelling extending from mesial aspect of 33 to distal aspect of 34 on the buccal aspect.

- He had undergone uneventful extraction of lower left first molar 10 years ago due to caries.
- On radiographic examination , periapical radiolucency extending from apical one third of distal aspect of 34 to middle third of the mesial aspect of the same tooth was seen suggestive of long standing periapical lesion. Also 35 presented with a heavy metallic restoration placed on pulp and curved root with adjacent partially edentulous area bounded by tilted 37. Interdental crestal bone loss was also observed.
- Electric Pulp test was conducted: 34 -no response, 35- delayed response
- Thus both the teeth were isolated using rubber dam and RCT was initiated using a No.2 endoaccess bur. Working length was determined using #10 K file. Canal was enlarged to #25 at the apex and then step back done to #40. Alternatively irrigation was done using 2.5% Sodium Hypochlorite and 0.85% saline solution with EDTA during cleaning and shaping.
- Obturation was done with gutta percha cones using cold lateral condensation technique Intra canal sealer used was AH Plus.
- Coronal sealing was done using ionoseal after which post endo restoration was done using Paracore dual cure composite resin.



- Diagnostic impressions were made with irreversible hydrocolloid and study casts were prepared and articulated.
- Occlusion was evaluated with a diagnostic wax-up on the articulator.
- An index of the waxed up tooth was made using addition silicone putty material
- Conventional full crown tooth preparation was done on mandibular left second molar with a chamfer finish line.
- Conventional metal- ceramic crown tooth preparation was done on mandibular left first and second premolars with a shoulder finish line.
- Gingival retraction was done and impression was made using addition silicone putty wash technique.
- Telescope metal coping was fabricated with extensions till the finish line.

- Gingival retraction was done and an impression was made over telescope coping and prepared teeth using addition silicone.
- Casts were poured with Type – IV dental Stone.
- This cast was used for the fabrication of secondary coping.
- Secondary Coping was evaluated clinically for fit and then sandblasted and luted to the prepared teeth and over the telescope coping using Type I glass ionomer cement.
- And a full veneer metal-ceramic fixed partial denture was delivered.

Conclusion

Thus timely execution of root canal therapy and prosthetic rehabilitation helped improve the function, phonetics and esthetics promoting a better prognosis in this patient.

REFERENCES

- Ansari I, Maria R. 2012. Managing curved canals. *Contemporary clinical dentistry*, 3(2):237.
- Bogle J. 2013. Endodontic treatment of curved root canal systems. *Oral Health*,103.
- Castellicci AR. Curved canals. *Endodontics*, 2:502-17.
- Jain H, Ballal NV. 2016. Endodontic Management of Aberrant Root Canal Anatomy in Premolars-A Report of Two Cases. *Journal of Dental Problems and Solutions*, 2;3(1):008-11.
- Langer Y, Langer A. 2000. Tooth-supported telescopic prostheses in compromised dentitions: A clinical report. *J Prosthet Dent.*, 84(2):129-32.
- Muthukumar B, Anitha KV, Kumar R, Ashok V. 2010. Telescopic management of a tilted molar—A case report. *SRM Journal of Research in Dental Sciences*,1;1(1):124.
- Ohkawa S, Okane H, Nagasawa T, Tsuru H. 1990. Changes in retention of various telescope crown assemblies over long-term use. *J Prosthet Dent.*, 64:153-8.
- Segal M. 2008. Managing curved canals: The straightaway and super glide path technique. *Inside Dentistry*, 4(4).
- Steinberg GJ. 1959. The telescopic type of fixed partial denture abutment. *Journal of Prosthetic Dentistry*, 1; 9(5): 863-6.
- The Glossary of Prosthodontic Terms. *J Prosthet Dent.*, 1999; 81:102.