

Full Mouth Rehabilitation : A Clinical Case Report

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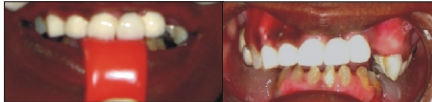
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Abstract

Properly planned & executed cases of full mouth rehabilitation is not often seen as, there are many dependant factors which impacts the prognosis of it. Condylura guidance, incisal guidance, vertical height & occlusion are some of it. A properly done full mouth rehabilitation will correlates all these factors & reestablish them as natural as possible for success.



A 20 year old lady came to the department complaining of missing teeth and gum bleeding, the case was thoroughly examined and patient was ready for full mouth rehabilitation. This case was typical as the patient had lost the vertical height and it was important for us to re gain it. SO face bow transfer was done in order to record proper orientation of the occlusal plane and to record the condylar guidance and incisal guidance.



After tooth prepration ,muscle deprogrm- mming was done with the help of lucia jig, prior to it temporary crowns were given. LUCIA JIG was prepared with a roll of modelling wax which was kept in between the anterior teeth ater softening ,and the patient was guided to centric relation.

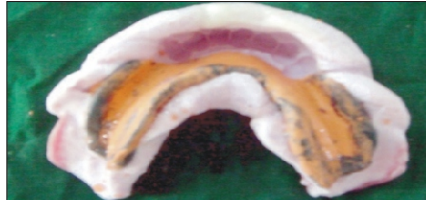
After the lucia jig is transferred to the articulator, the require vertical height is established and a occlusal splint is made with clear acrylic and the patient was allowed to wear it for two weeks.



Post and core was done for 11,12 as crown height was less.



After that temporaries were also fixed.



Functional impression was made for t he lower arch which was planned for a precision attachment.



Metal frame work was made with a ball attachment.



First the mandibular permanent restorations were placed and than metal try in was done for maxillary arch which was followed by bisked try in. Metal tryin was done for the mandibular posterior teeth for cast partial denture with ball attachment.



Completed prostheses fixed to the patient.



Pre-Operative.



Post-Operative.

Conclusion

Finally the ultimate success for a case of FMR depends upon the ability of the clinician to evaluate the concerned factors and to record them for their reestablishment.

References

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