

A Case Report

Rare Complication in Case of Full Mouth Oral Reahbilitation - A Case Report

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Abstract

Nowadays for an individual attractive or pleasing smile enhances the acceptance in our society hence esthetic rehabilitation has become a demanding treatment. In this approach esthetic and functional rehabilitation is successfully done. For a quick, reliable and economic treatment option with no chances of relapse, endodontic approach is combined with the prosthodontics which showed great success rate.

Keywords: Multidisciplinary, Makeover, rehabilitation

INTRODUCTION

The most important facial expressions which express friendliness, agreement, and appreciation is smile. Well said "Smile is a curve that sets everything straight." A imperfect smile might be considered as a defect which often motivates the patient to seek dental treatment. However, beauty is not absolute and it is extremely subjective but dictated by cultural or ethnic factors and individual preferences.^[1] The increasing demand for esthetics has encouraged the practitioners to develop new methods and techniques for attrited anterior teeth.

Because of certain constrains and patient demands for a faster treatment option it's often not considered as a treatment of choice. This case report describes the aesthetic rehabilitation of severely attrited maxillary incisors and many missing posteriors with endodontic treatment followed by post and core using an interdisciplinary approach.

CASE REPORT

A medically healthy 65-year-old female patient came with the complain of inability to eat and chew. On oral examination it was observed that upper teeth were severely attrited with many missing posteriors. (Figure. 1a, b)

Treatment suggested was full mouth rehabilitation with endodontic treatment followed by post and core in anteriors and then crown on all of them. (Figure 2a, 2b, 2c, 2d)

Highly satisfactory results were achieved both in terms of function and esthetics. Patient was instructed for regular oral hygiene measure and follow ups. (Figure 3)

Immediately punch biopsy was done and send for histopathology examination. Reports revealed a verrucous lesion, but still recommended for a wider excision and sample. (Figure.5)

Therefore, a careful surgical wide excision was done and whole of the block was again sent for histopathology examination, which confirmed it for moderately differentiated squamous cell carcinoma. (Figure. 6a, 6b, 6c)

Patient was then referred to on co-surgeon for further treatment.

Point to be noted - If the patient has been on regular follow ups, such lesion could have been intervened at primary stage and treatment would have been minimally invasive. Patient could not assess that a growth was developing in that region which shows her negligence towards her health.



Figure 1a, 1b: Pre-operative image of patient

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Figure 2a,2b,2c, 2d: Full mouth rehabilitation

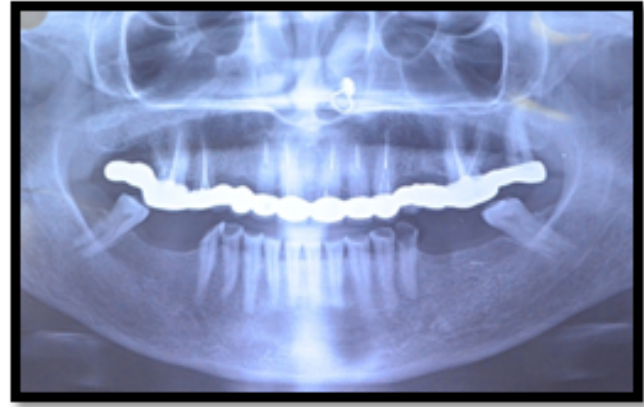


Figure 3: Post operative OPG of the patient



Figure 4: Big growth lesion

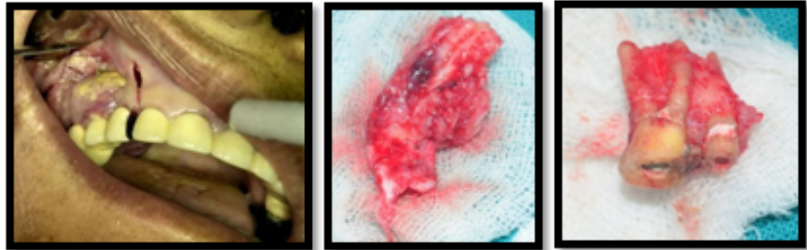


Figure. 6a,6b,6c: Excision of block for histopathological examination

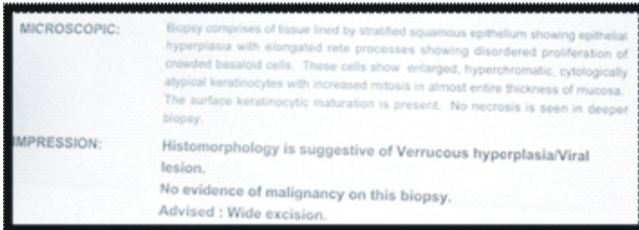


Figure 5: Histopathology report

DISCUSSION

For a quick, reliable and economic treatment option with predictable outcome, endodontic therapy is combined with prosthodontics^[3]. Such treatment modality involving endodontic treatment followed by crowns has a high success rate^[4,5]. In some cases, alignment requires removal of partial or all of tooth crown and restore it with indirect post, core and crown restoration. For which, endodontic treatment needs to be performed over the involved dentition, although these teeth are normally intact and in vital condition. Therefore, several important considerations in determining the post-endodontic restorations are needed and based on the protection and conservation of the remaining tooth structure, in case of restorative part try to reduce pressure over teeth, esthetic condition should be determined, inclination and to achieve similar morphology of natural teeth^[6].

For better esthetics in the anterior teeth, aesthetic post and core and all ceramic crowns are indicated^[4]. However, keeping patient concern about the financial reasons, the best alternative material which is cost effective includes a metal cast post & core and the other materials which are known for the highly desirable properties like color stability, translucency, light transmission, and biocompatibility is porcelain fused to metal crowns.

During abutment preparation, proper alignment of crown is done by gross labial reduction. The core portion was done with proper angulations to reduce favorable stresses to the tooth in question^[9].

CONCLUSION

Esthetic rehabilitation can be done successfully on attrited anterior dentition. Choosing the right treatment and materials but also patient's expectations and conditions can lead to instant result.

REFERENCES

1. Sadowski SJ. An overview of treatment considerations for esthetic restorations: A review of the literature, *Journal of Prosthetic Dentistry*. 2006; 96(6):433-442.
2. Dawson PE. Solving anterior overjet problems. In: *Functional occlusion: from TMJ to smile design 1st ed*. Missouri: Mosby, 2006, 467-78.
3. Kim J et al. Restorative space management: treatment planning and clinical considerations for insufficient space. *Practical procedures & aesthetic dentistry* 2005; 17(1):19- 25.
4. Summitt JB et al. *Fundamentals of operative dentistry: a contemporary approach*. 3rd edn. Chicago: Quintessence Publishing, 2006, 571-584.
5. Shabahang S. State of the art and science of endodontics, *The Journal of the American Dental Association*. 2005; 136(1):41-52.
6. Schwartz RS, Robbins JW. Post Placement and Restoration of Endodontically Treated Teeth: A Literature Review, *Journal of Endodontics*. 2004; 30(5):289-301.
7. Shillingburg HT et al. *Fundamentals of fixed prosthodontics 3rd edn*. Chicago: Quintessence publishing, 2006, 433-466.
8. Rosenstiel SF et al. *Contemporary fixed prosthodontics*. 4th edn. St. Louis, Mosby, 2006, 340-365.
9. Singh K et al. Unconventional prosthodontics for the aesthetic rehabilitation of discoloured rotated maxillary central incisor *BMJ Case Rep*, 2013.
10. Bahuguna R et al. Evaluation of stress patterns in bone around dental implant for different abutment angulations under axial and oblique loading: A finite element analysis, *National Journal of Maxillofacial Surgery*. 2013; 4(1):46- 51.