## Rehabilitation of Severely Attrited Teeth Using Full Crown, Onlay, Endocrown & Buccal Half Crown

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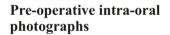
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37 year old male patient came to the department with chief complaint of rapid wear of his dentition and sensitivity in #16. Intra-oral and radiographic examination revealed generalised attrition of teeth with freeway space no more than 2mm; Root canal treated #35, #36, #37. Missing #46, #47

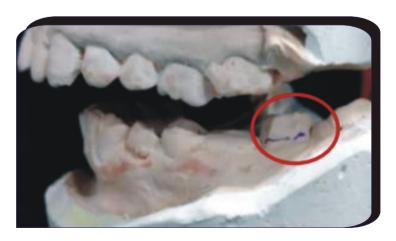
Treatment plan - fabrication of vertical stops in the form of various indirect restorations and RPD fabrication wrt #46, #47 followed by soft splint fabrication







Extra-oral left lateral view presenting absence of positive occlusal contact for #17 and severly attrided buccal surface of #37



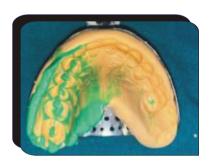






**Tooth Preparation** WRT **#16- Onlay** #35- For pfm full veneer crown #36- Endo crown #37- Buccal half

preparation





2 Stage dual consistency impression of maxillary & mandibular arch

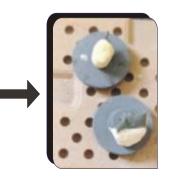




Full contour wax up #16, #36 Wax up for metal coping wrt #35, #37 (with step created for occlusal stop buccally wrt #37)







Crowns retrived from investment material

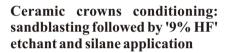
Ceramic layering wrt #35, #37







Polished crowns on the cast







Tooth conditioning using H<sub>3</sub>PO<sub>4</sub> etchant and bonding agent application followed by cementation using dual cure resin cement







Post-operative intraoral photograph







In present case report, further wear of teeth was prevented by creating vertical stops bilaterally in the form of various indirect restoration. Full coverage metal ceramic crown was planned for #35, All ceramic endocrown for #36 because of inadequate inter-occlusal space (supra-erupted 26) and less crown height wrt #36. #37 was excessively lingually tilted and required RCT for full crown. A conservative buccal half crown was given instead of full coverge crown because of which we were able to avoid the root canal treatment. Onlay was planned for #16 which acted as vertical stop as well as protected the tooth from sensitivity.