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| **Student Name:** |
| Rebecca Willfahrt |
| **Case abstract** (Provide a brief synopsis of this patient)**:** |
| Patient presented to the clinic in Summer of 2019 with a chief complaint of the wear on his mandibular anterior teeth. Over the course of Fall 2019, twelve lithium disilicate crowns were placed spanning #6-12 and #22-27. Patient was satisfied with results, and hence became open to the idea of replacing sections of his posterior in order to obtain proper posterior support/occlusion. It was determined that in order to achieve this, the implant supported bridge from #28-31 would be replaced in order to restore posterior support on the patients right side (PFM bridge with porcelain fracture of #29). Additionally, the crowns existing from #12-14 would be replaced in order to restore proper occlusion on the patients left side. When the crowns were removed on the upper left quadrant, it was determined that inadequate tooth structure/ferrule existed in order to replace the crowns on #12/13. Additionally, the mesial buccal root of #14 was undergoing resorption due to it being endodontically involved (asymptomatic irreversible pulpitis with asymptomatic periodontitis). Therefore, an endodontic consult was performed. The endodontic specialists recommended root amputation of #14MB root. Additionally, the patient was presented with the option of extraction of #12-14, with placement of crowns in site #12 and #14 with a three-unit implant supported bridge spanning #12-14. |
| **axiUm Chart:** |
| 770966 |
| **Date of Rounds presentation:** |
| 10/28/2020 |
| **D3 Student:** |
| Rizwan Bader |
| **D2 Student:** |
| Marissa Bunge |
| **D1 Student:** |
| Shaun Nelson |
| **Medical History:** |
| History of acid reflux, which the patient is controlling with Ranitidine. |
| **Dental History:** |
| When patient presented to MUSoD, there were existing crowns from #2-5, #7-10, and #12-14. #15 has previously had a crown that had fallen off within the past year. Implant supported bridges existed from #18-20 and #28-31. There were individual crowns on #20 and #21. The implant supported bridge from #28-31 was a PFM and had fractured porcelain on #29. The implant fixtures were determined to be in good health.  Due to the continued erosion of #22-27, it was determined that crowning these teeth in order to preserve the remaining tooth structure was crucial. Due to the status of the existing crowns from #7-10 and the retroinclination, it was determined that these crowns needed to be redone in order to create space, level the maxillary occlusal plane, and to restore esthetics. Therefore, over the course of Fall 2019, 12 lithium disilicate crowns were placed from #6-12 and #22-27. We are now currently in the process of restoring proper posterior support, which is described above. |
| **Radiographic Findings:** |
| Asymptomatic periodontitis of MB root #14. CBCT reports possible endodontic involvement of #2. |
| **Clinical Findings:** |
| Lack of sufficient remaining tooth structure #12/13. Fractured porcelain on #29. |
| **Periodontal Findings:** |
| PARL #14 MB root |
| **Periodontal Diagnosis:** |
| Asymptomatic periodontitis #14 |
| **Problem List:** |
| Lack of adequate posterior support, insufficient remaining tooth structure #12/13, endontically involved #14 |
| **Other:** |
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