General Information

- Keep the order of slides the same as this template.
- Limit the number of slides to about 35.
- Add graphics to illustrate concepts.
- Cite references, illustrations on slides.
- Avoid crowding the slide with too much text.
- Best font size: 32.
- Font size smaller than 24 will be difficult to read.

General Information: Slide Design

- Choose an esthetic design that enhances, and does not detract from, the presentation.
- Text should be easily readable, not crowded.
- The easiest typeface to read are sans serif fonts, that is, without serifs.
 - For example, Times New Roman is a serif typeface while
 Arial, Corbel and Lucida Sans are sans serif typefaces.

General Information Presentations

- D4 Case presentation: 10 minutes
- D1 Basic Science presentation: 5 minutes
- D2 Pathology presentation: 5 minutes
- D3 PICO CAT presentation: 10 minutes
- 30 minutes of student presentation will be followed by 10 minutes of discussion.

Important:

- All patient information must be de-identified
 - Radiographs
 - Images
 - Charts and odontograms
 - No names

Template Slides: #5-38 Delete Slides #1-4 from presentation

Template Revised 9/10/2020 Optional footer for reference citations or other notes. Delete if not needed.

Quarantine Crowns

Evidence Based Dentistry Rounds Specialty ^{2a-5} 09/30/2020

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Rounds Team

- Group Leader: Dr. Pelz
- Specialty Leader: Dr. Chien
- Project Team Leader: Conner Belnap
- Project Team Participants: Haley Maurer, Allison Dreyer, and Ahmed Al-Sallami

Patient

- 75 years old
- Male
- Caucasian
- "I need a bridge or crown"
- Retired

Medical History

- Patient is diagnosed with high blood pressure, type 2 diabetes, sleep apnea, and acid reflux.
- Patient has a heart attack 12/18 and had triple bypass surgery on 12/31/18.
- Pt had a stroke in 2001
- Pt has NKDA

Medications

nitroglycerin	0.4 mg
nifedipine	90 mg
metformin	1,000 mg
Acid Gone Antacid E.Strength(aluminum hydrox-magnesi	160-105 mg
insulin glargine	100 unit/mL
insulin aspart U-100	100 unit/mL
clopidogrel	75 mg
atorvastatin	80 mg
Aspirin Low Dose(aspirin)	81 mg
amiodarone	200 mg

Medical History

 Medical consult was obtained on o2/10/2020 from patient's cardiologist. Patient was cleared for routine dental care including extractions.

Dental History

- Has had crown and bridge work completed in the past.
- Multiple amalgam restorations
- Several missing teeth
- Oral hygiene: poor
- Non-smoker
- Soft tissue: WNL



Radiographs



Radiographs of #9 and #10



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Radiographic Findings

- Multiple amalgam fillings
- 3/4 cast crowns
- Maryland bridge
- Calcified root canals

Clinical Findings

- slide describing all clinical findings
- Clinical photos 1-2 slides
 - Relevant extraoral &/or intra-oral views
- Photos of casts 1-2 slides
 - Mounted on articulator
 - Same views as intraoral photos
 - Occlusal maxilla, mandible
 - Open, closed
 - Anterior, lateral
 - In occlusion, excursions
 - Show excursions from posterior to molar view

Clinical findings

- Attrition on all teeth. Especially mandibular anterior incisors.
- Fractured lingual cusp on #20
- Generalized calculus deposits
- Fractured porcelain on #9 PFM.

Specific Findings

- List findings specific to the Rounds discussion, 1 slide
- To enhance viewing, include close-ups of clinical photos, cast photos, radiographs, add slides as needed

Periodontal Charting

Diagnosis

 Diagnosis pertaining to Rounds discussion, 1 slide

Problem List

- Fractured core build-up of #10
- Fractured lingual cusp of #20
- Fractured porcelain on PFM of #9
- Poor oral hygiene
- Anterior attrition

What Causes Tooth Wear?

4 major types:

- 1. Attrition
- 2. Abrasion
- 3. Abfraction
- 4. Erosion

https://www.speareducation.com/spear-review/2019/12/intrinsie erosion-causes-and-diagnosis

review of literature. Saudi Dental Journal, 32, 53-60. https://doi.org/10.1016/j.sdentj. 2019.09.004.

Attrition:

- Tooth to tooth contact causing tooth tissue loss
- Most common type of tooth wear
- Shiny facets/flat areas on occlusal and incisal surfaces

Abrasion:

- Due to external objects
- No hypersensitivity
- V-shaped defects on tooth surfaces

Abfraction:

- Cause is not well known
- Thought to be a combination of multiple causes
- V-shaped or C-shaped damage
 - Many times occurs sub-gingivally

Erosion:

- Loss of tooth structure due to non-bacterial acids
- Varying degree of severity based on outside factors
- Starts with the softening of enamel, making it susceptible to damage, and moves apically
- Saliva acts as a pH buffer but does not work for extreme exposure Warreth, A., Abuhijleh, E., Almaghribi, M., Mahwal, G., & Ashawish, A. (2019). Tooth surface loss: A





https://wellingtonroaddentalcare.com.au/general-dental/teeth-

D2 Pathology: What is the relationship between diabetes and periodontal disease?

- Individuals with diabetes and poor metabolic control can experience exaggerated immune-inflammatory response that can result in more rapid and severe periodontal tissue destruction.
 - Formation of ACEs can lead to increased production of pro-inflammatory cytokines leading to periodontal tissue destruction
- In periodontal disease, bacteremia of periodontal pathogens and metabolic products can result in increased proinflammatory cytokines which worsen insulin resistance and diabetic control
 - Inflammatory mediators that are important in periodontal inflammation have also been shown to antagonize insulin action

Campus, G., Salem, A., Uzzau, S., Baldoni, E. and Tonolo G. (2005), Diabetes and Periodontal Disease: A Case-Control Study. Journal of Periodontology, 76, 418-425. Kudiyirickel, MG., and Pappachan, JM. (2015). Diabetes Mellitus and Oral Health. Endocrine, 49, 27-34. Taylor, G., and Borgnakke, W. (2008). Periodontal disease: associations with diabetes, glycermic control, and complications. Oral Diseases, 14, 3, 191-203.

What is the relationship between diabetes and periodontal disease?



- Individuals with type 2 diabetes have been found to have significantly lower number of teeth present, increased number of probing depths, percent of pocket depths greater than 4 mm, plaque and bleeding on probe
- In individuals with periodontal disease and diabetes, nonsurgical periodontal therapy has also been seen to improve glycemic control

Campus, G., Salem, A., Uzzau, S., Baldoni, E. and Tonolo G. (2005), Diabetes and Periodontal Disease: A Case-Control Study. Journal of Periodontology, 76, 418-425. Kudiyirickel, MG., and Pappachan, JM. (2015). Diabetes Mellitus and Oral Health. Endocrine, 49, 27-34. Taylor, G., and Borgnakke, W. (2008). Periodontal disease: associations with diabetes, glycermic control, and complications. Oral Diseases, 14, 3, 191-203.

D₃ PICO

- Clinical Question:
 - In patients receiving a post and core, is a fiber post or a cast metal post a better choice for a lower failure rate?

PICO Format

P: Patients receiving post and core

- I: Fiber Post
- C: Cast Metal
- **O: Failure Rate**

PICO Formatted Question

In patients who need post and core, does using a fiber post compared to using a cast metal post have a higher failure rate?

Clinical Bottom Line

The patient had enough ferrule, so using either fiber post or cast-metal post was possible. A fiber post was chosen.

Search Background

- Date(s) of search: 09/16/2020
- Database(s) used: Pubmed
- Search Strategy/Keywords: post and core, fiber post, cast metal post, endodontically treated teeth

Search Background

 ("Dental Restoration" [Mesh] AND "Tooth Fracture" [Mesh]) AND "Tooth Root" [Mesh])

Article 1 Citation, Introduction

- Citation:
 - Figueiredo FE, Martins-Filho PR, Faria-E-Silva AL. Do metal post-retained restorations result in more root fractures than fiber post-retained restorations? A systematic review and meta-analysis. J Endod. 2015;41(3):309-316. doi:10.1016/j.joen.2014.10.006.
- Study Design: Systematic Review and Meta-Analysis
- Study Need / Purpose:
 - "To analyze clinical trials and cohort studies that evaluated the incidence rate of root fractures in post-retained restorations."

Article 1 Synopsis

METHODS

- A search was made via MEDLINE for clinical studies on the incidence of root fractures of restorations retained with fiber posts or metal posts of endodontically treated teeth with a more than 5-year follow-up
- 7 cohort studies and seven randomized clinical trials were included.

Article 1 Synopsis

Results

- The pooled survival rate was 90% for cast metal posts and 83.9% for fiber posts.
- The overall incidence rate of major failures was similar between metal and fiber posts.
- Compared with cast metal posts and glass fiber posts, prefabricated metal posts and carbon fiber posts were twice as likely to fail.

Article 1 Synopsis

Conclusion

 There were no significant differences for root fracture incidence between cast metal and fiber posts

Limitations:

 The studies included in this review had a high risk of bias.

Article 1 Selection

- Directly addresses the PICO question
- Recent publication

Article 2 Citation, Introduction

- Wang X, Shu X, Zhang Y, Yang B, Jian Y, Zhao K. Evaluation of fiber posts vs metal posts for restoring severely damaged endodontically treated teeth: a systematic review and meta-analysis. Quintessence Int. 2019;50(1):8-20. doi:10.3290/j.qi.a41499
- Study Design: Systematic Review and Meta-Analysis
- Study Need / Purpose: In cases of severely damaged tooth restoration, do cast metal or fiber posts demonstrate the best clinical performance?

Article 2 Synopsis

Methods

- Only randomized controlled trials with follow-up of at least 3 years were included.
- A meta-analysis compared survival, success, post debonding, and root fracture incidence of teeth restored with fiber and metal posts.
- Of 1,511 records, 14 full texts were obtained.

Article 2 Synopsis

Results

 Fiber posts presented significantly higher survival rates than did metal posts (RR 0.57, 95% CI: 0.33 to 0.97, P = .04)

Article 2 Synopsis

Conclusion

 Fiber posts displayed higher overall survival rates for a term of 3 to 7 years than metal posts when used in the restoration of severely damaged endodontically treated teeth.

Limitations

 Only four trials with follow-up times of 3 to 7 years met the selection criteria.

Article 2 Selection

Directly addresses the PICO question

Levels of Evidence

- ☑ 1a Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)
- 1b Individual RCT
- 2a Systematic Review of Cohort Studies
- 2b Individual Cohort Study
- □ 3 Cross-sectional Studies, Ecologic Studies, "Outcomes" Research
- □ 4a Systematic Review of Case Control Studies
- □ 4b Individual Case Control Study
- □ 5 Case Series, Case Reports
- □ 6 Expert Opinion without explicit critical appraisal, Narrative Review
- **7** Animal Research
- 🛛 8 In Vitro Research

Strength of Recommendation Taxonomy (SORT)

	A – Consistent, good quality patient
	oriented evidence
	B – Inconsistent or limited quality patient
	oriented evidence
	C – Consensus, disease oriented evidence,
	usual practice, expert opinion, or case
	series for studies of diagnosis, treatment,
	prevention, or screening

Double click table to activate check-boxes

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Conclusions

- The first article showed no significant difference between failure rates in fiber posts versus cast metal posts, and the second article showed that there was a significant advantage of fiber posts over cast metal posts.
- In order to provide the highest quality and most predictable treatment, our patient should be informed about that advantages of using fiber posts over cast metal.

Conclusions: D4

Given that the patient has adequate ferrule, a fiber post can be placed into the prepared post space. Patient will be advised that there is a risk of periapical periodontitis since elective RCT couldn't be done. If patient develops symptoms, an apicoectomy can be performed.

Patient was explained benefits and risks of treatment options, including no treatment.

Discussion Questions

- 1-2 slides
- List posted discussion questions
- Questions may also be from Group Leader or Specialist

Discussion Questions

THANKYOU