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CASE STUDY

RESTORING AESTHETICS USING FUNCTIONALLY FIXED PROSTHESIS: A CLINICAL CASE REPORT

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ABSTRACT

This case report highlights dental treatment abuse performed by an incompetent person on a woman. A quack is defined as "an unqualified person who falsely claims to have medical knowledge". Most developed countries have explicit legislation with respect to the 'lawful' practice of dentistry. Dental quackery is prevalent in India on a large scale and many people especially from lower sections of the society resort to these treatment methods for their dental problems. The main reasons for visiting a quack were cost (53%) and non availability of dental clinics (20%). Although, this type of practice is illegal, little is being done to check the same. Dentistry has come a long way in the last one and a half century; today it is ranked as one of the most respected professions. It is incumbent upon dentists everywhere to protect this hard-earned reputation by weeding out quacks from among them. However, as dental professionals we must guide these patients towards effective dental treatment through media and awareness programmes. The government should urge fresh graduates to practice in rural areas and provide more incentives to them. Public health dentists should take the initiative of adopting more community-oriented oral health programs to increase the awareness among rural populations. In this case, the unanatomical, unaesthetic false discolored prosthesis were removed after the patient reported to the Department of Conservative Dentistry and Endodontics.

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INTRODUCTION

The profession of dentistry is under threat due to the increase in the illegitimate practices by people worldwide and so is a challenge to the profession as it daunts the trust of the public and it makes the patients undergo unnecessary risks through illegal practices. These practices are performed by self-proclaimed experts, who are incompetent and fraud. The question derived from the present research was the issue of unawareness, low socioeconomic status to afford dental treatment, and access to dental care as the main reasons to visit a quack. Most of these frauds are seen practicing on the roadside as denturists and making money by fixing artificial teeth on the edentulous ridges. It is time for the dentists to tackle menace of unethical practice both for the health of patients and to save this celebrated profession. These practices by incompetent individuals has been the preference of lower socioeconomic group which lead to various complications, one of which we have covered here under our case presentation.

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The case report initiates a thought-provoking response from dental health professionals for oral health awareness targeting different sample population in different areas, who are still visiting a quack or an incompetent person. There is an urge for the profession to seek changes in the present infrastructure that serve as barriers to formulate and deliver health care to improve oral health on a local, regional, and global basis. Last but not the least is access to care which is a particularly serious barrier. With the mushroom-like growth of private colleges in India, the scenario is different; we can utilize these colleges to render a cost-effective treatment or a treatment free of charge which can break the economic barrier between the mass and costly dental treatment in a private dental clinic. The desired endpoint of the model can be that, by the year 2018, the number of patients visiting a quack in the community will be reduced by 60% and we will work "backward" to achieve that goal.

Case Report: A 35 year old female patient reported to the Department of Conservative Dentistry and Endodontics, SDM College of Dental Sciences and Hospital, Dharwad, Karnataka, with the chief complaint of discoloration in relation to the upper anterior region.

History: Her medical history and dental history was noncontributory.

Clinical examination

- Discolored acrylic faulty prosthesis seen with 11,12,21,22 .(placed 3 years ago)
- (Figure 1)
- Missing 14
- Dislodged fixed partial denture seen with 13 , 14 , 15 and improper tooth preparation seen with 13 and 15
- None of the teeth was symptomatic
- No mobility and no gingival recession seen with 11,12, 13,15,21,22:
- RVG revealed endodontically treated 11,12, 13,15,21,22 (Figure 2)

Diagnosis and treatment plan

- Based on clinical and radiographic findings, faulty discolored prosthesis was seen with respect to 11, 12, 21, and 22.
- On removal of the prosthesis, a thorough clinical examination was made to formulate a proper treatment plan
- Porcelain Fused to Metal FPD was planned in relation to teeth nos. 11, 12, 21, 22 and another between 13,14,15.

Procedure

Preliminary Alginate Impression: After planning the treatment for a bridge procedure, a preliminary alginate impression for study models was made. Subsequently, working casts were created from the preliminary impression, for fabrication of custom trays.

Anesthetic Application: Topical anesthetic was applied to the injection sites after drying the mucosa which in turn provided patient comfort during the infiltration.

Shade Selection: A2 Shade selection (using the Vita shade guide) was done under natural lighting. A2 shade matched with the adjacent teeth best.

Preparation and Evacuation: After the teeth to be prepared were anesthetized, SHOFU crown cutting burs in a high-speed hand piece were used to modify the tooth preparations. Burs used were Tapered flat ended diamond point (superfine grit - # SF210), Tapered diamond ended points (superfine grit #SF 102 R), Tapered ellipse (superfine grit - # SF 104R), Round inverted cone (regular grit - # 265R)

- Using a coarse grit diamond bur, modification of tooth preparation was done on the facial surface of 15 , 13 ,12 , 11, 21, 22 that followed the incisocervical curvature of the facial surface
- After which a uniform modified reduction of the facial surface and the incisal edge was done following its mesiodistal form.
- 1mm of occlusal clearance was given for anterior teeth and 2mm for posterior teeth as the surfaces will be veneered with porcelain
- Then the proximal surfaces were uniformly modified while establishing a finish line of the desired depth.

- Shoulder finish line was prepared within the common recommendations of 1.5 – 2 mm depth
- Tapered round end diamond instrument was used to reduce the facial and lingual surface
- A lingual chamfer finish line was given (1.2 to 1.5 mm deep)
- A total occlusal convergence between the facial and lingual surfaces and between the mesial and distal surfaces was 10 to 20 °
- All of the sharp line angles were rounded
- Rubber base impression was made followed by light body impression .
- Porcelain Fused to Metal FPD was fabricated in relation to teeth nos. 11, 12, 21, 22 and another between 13,14,15 (Figure 4, 7)

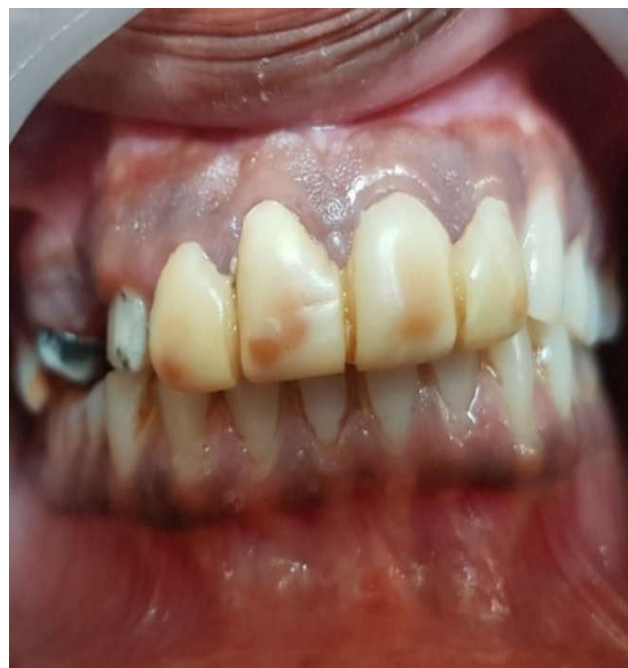


Figure 1. Pre-operative Photograph



Figure 2. Pre-operative RVG



Figure 2: (1) - Pre-operative RVG



Figure 2: (2) - Pre-operative RVG



Figure 3 : Pre-operative photograph



Figure 4 : Post - operative photograph



Figure 5 : Pre - operative study model



Figure 6 : Pre - operative study model



Figure 7 : Post - operative photograph

Conclusion

There is urgent need to fill the gap between the availability of trained dental professional for the rural and urban population. The future of quackery depends on how deep and strong is the symbiosis of quacks and qualified practitioners. The sooner that symbiosis is broken and the sooner rational care can be made universally available, the sooner quackery would recede. The best defense against quackery is an understanding of how scientific knowledge is developed and verified. In our modern competitive society, a pleasing appearance often means the difference between success and failure in both our personal and professional lives. Esthetics is a branch of philosophy that deals with the questions of beauty and artistic taste. The present generation is giving importance to their esthetics in every aspect to improve their personality. Esthetic or cosmetic dentistry strives to merge beauty and function with the values and individual needs of every patient. But unfortunately dentistry faces serious problems regarding accessibility of these services to all in India. Reports suggest that there are about more than one million unqualified dental health-care providers in India. The Government and dental council should put forward a strong policy to culminate this unethical practice of harming the population. It is incumbent upon dentists everywhere to protect the hard earned reputation by weeding out quacks from among them. By looking at the past, analyzing strategies that are currently working and planning for the future, we, as dental professionals, should strive for healthier generation of Indians.

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