

اصول دندانپزشکی ترمیمی

■ سامیت ۲۰۱۳ ■

ترجمہ:

■ دکتر اعظم ولیان، دکتر الزہام مروج صالحی

(استاذ و ان دندانپزشکی ترمیمی، دانشکاد علوم پزشکی شہید بهشتی)

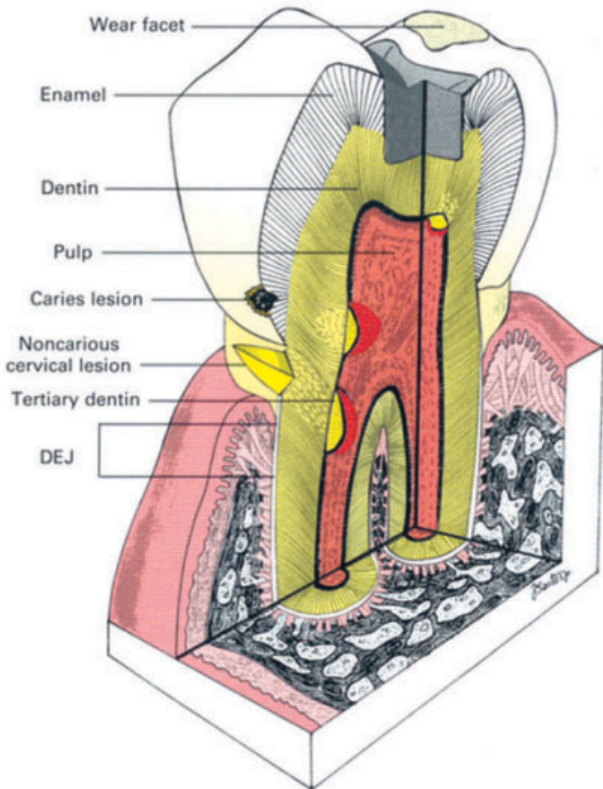
دکتر آذیتا یوزباشی، دکتر بہار جلوند، دکتر فائزہ جمالی، دکتر زیلوفر کیان ویش، دکتر الزہرا نوروزی

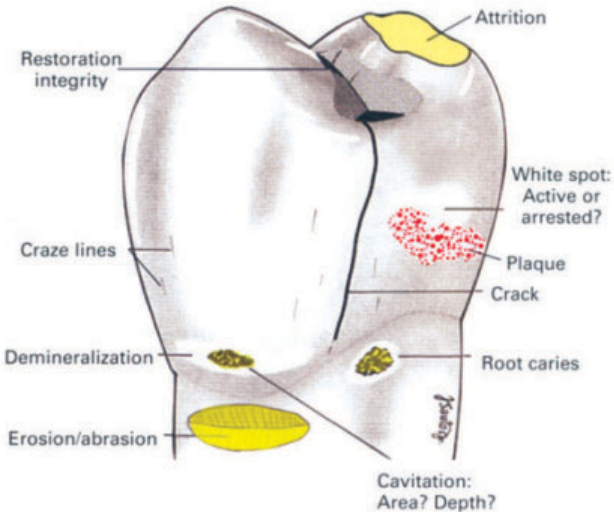
(استاذان تخصصی دندانپزشکی ترمیمی، دانشکاد علوم پزشکی شہید بهشتی)



سرپرست مترجمین: دکتر اعظم ولیان

Capture 1













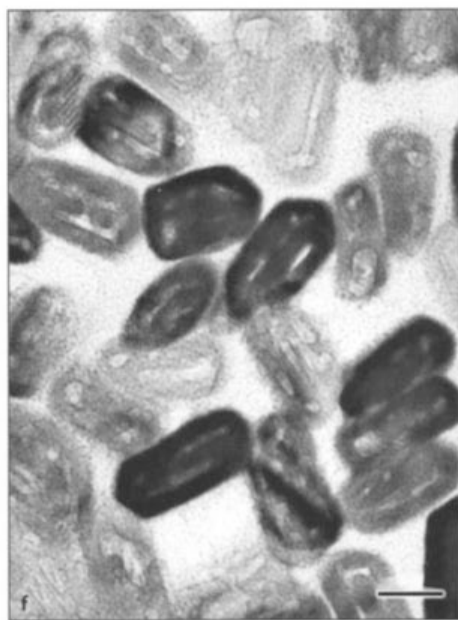
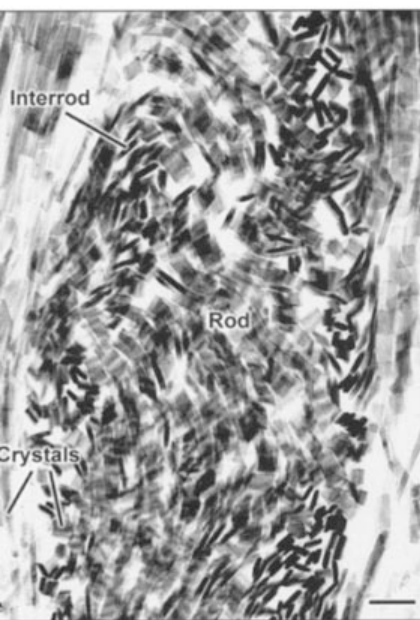
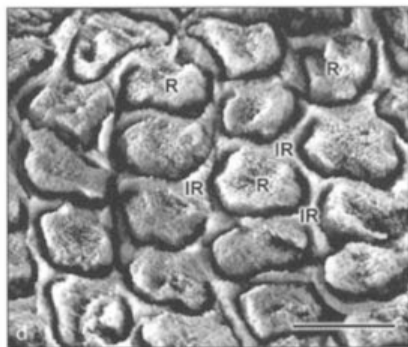
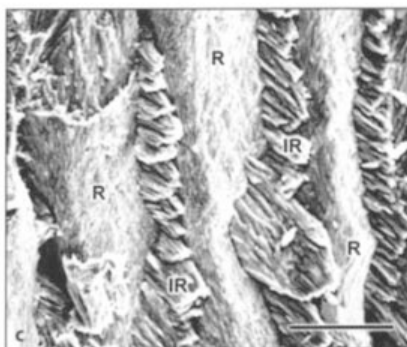
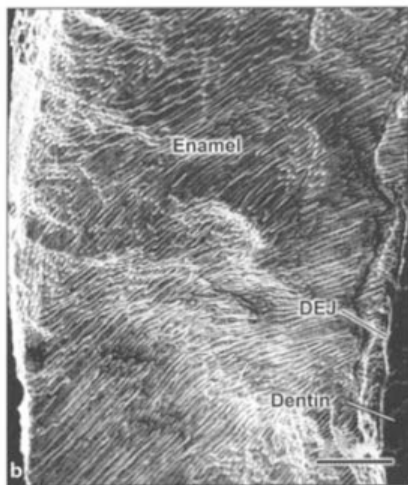
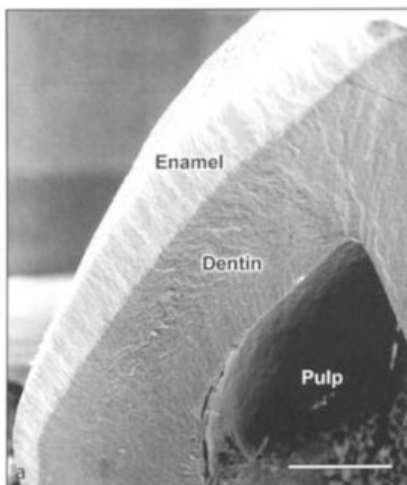


a



b





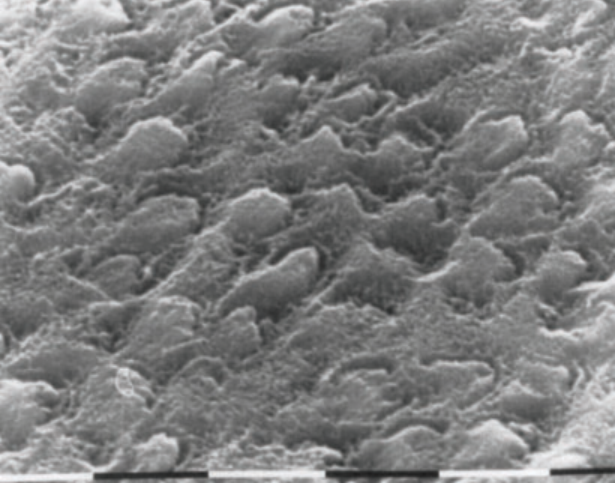


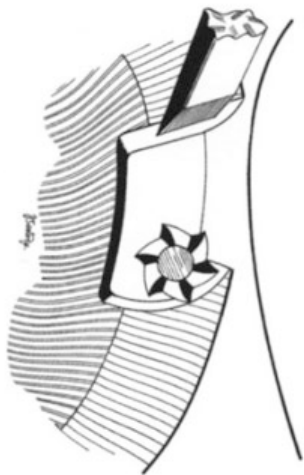
A micrograph showing a cross-section of a tooth. The enamel layer is on the right, appearing as a light-colored, textured band. The dentin layer is on the left, appearing as a darker, more uniform band. The boundary between them is a diagonal line. Two arrows point to the Hunter-Schreger bands within the enamel layer.

Enamel

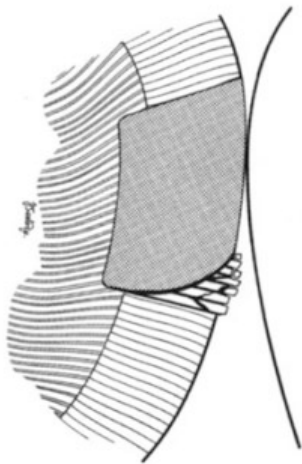
Dentin

Hunter-Schreger bands

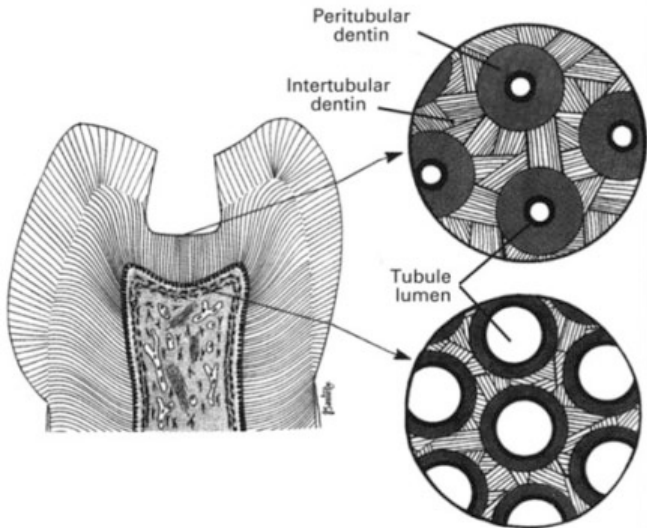


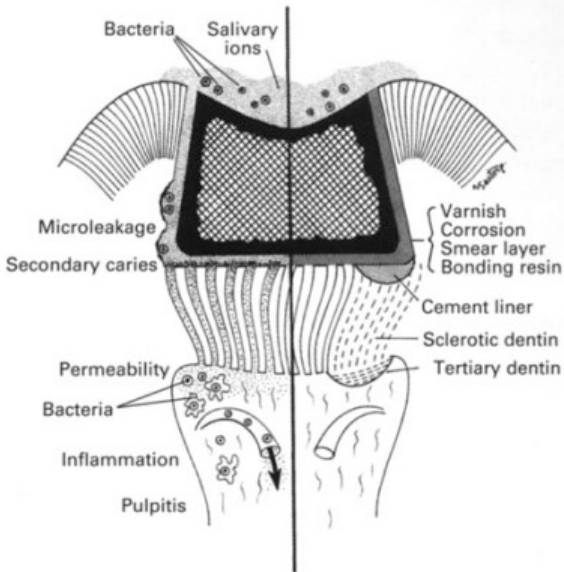


a



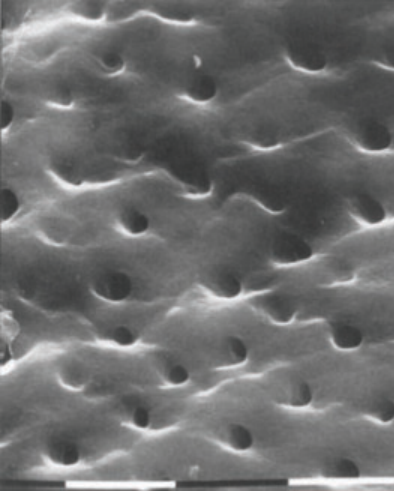
b











DEJ

Peritubular dentin

Periodontoblastic space

Intertubular dentin

Odontoblastic process

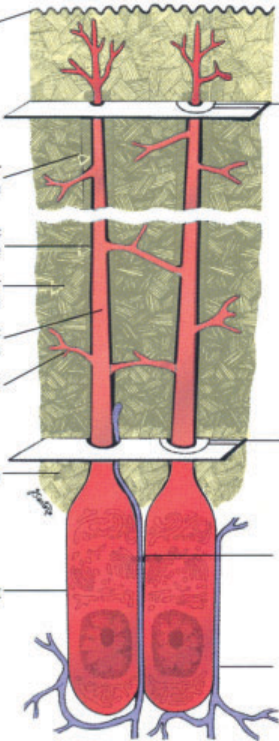
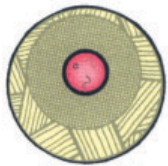
Canaliculi

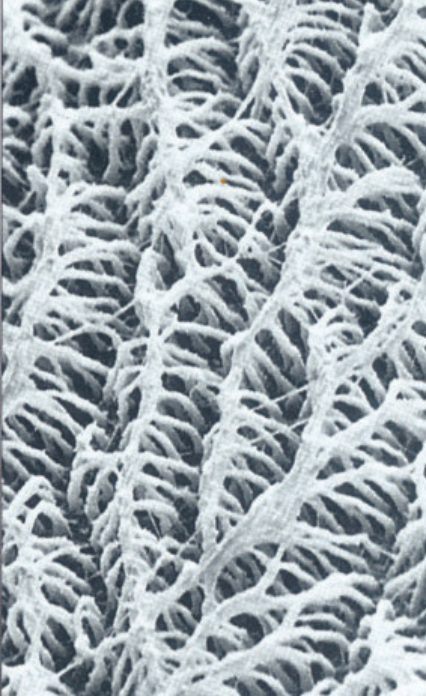
Predentin

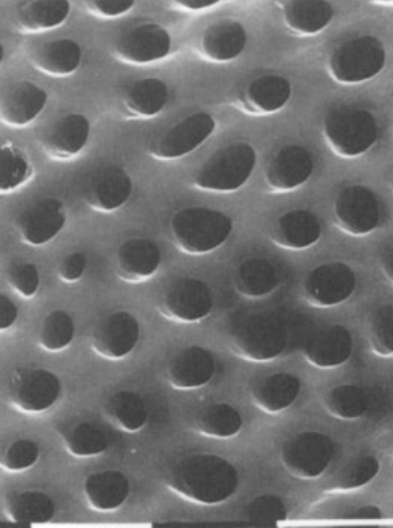
Odontoblast

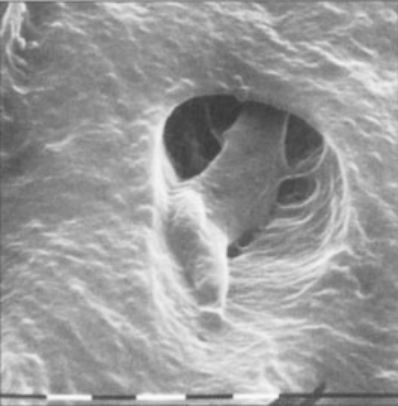
Gap junction

Nerve

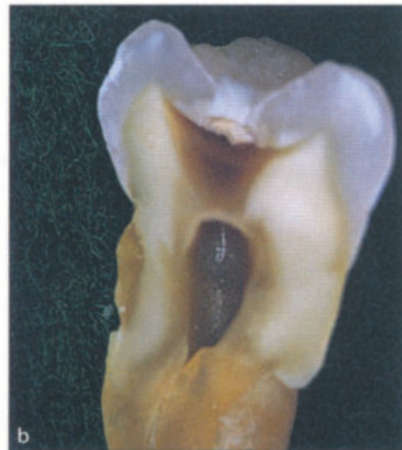
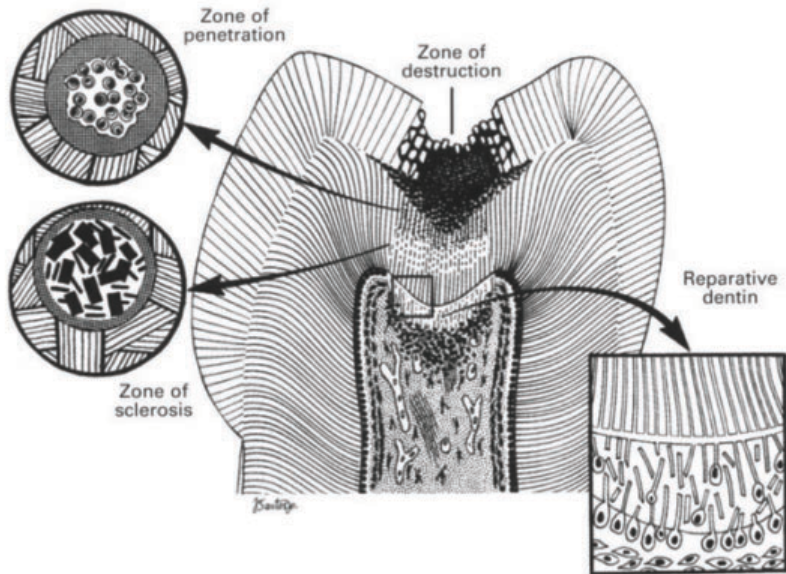




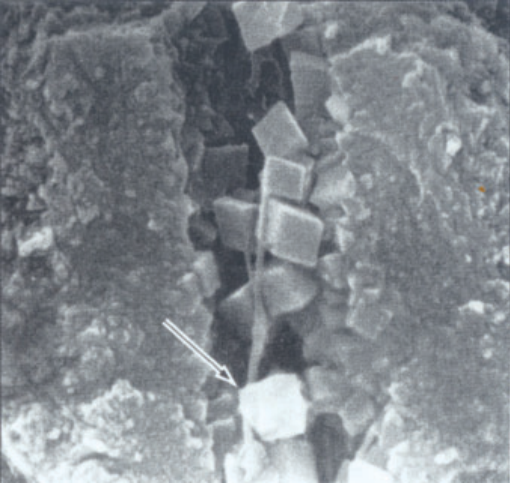


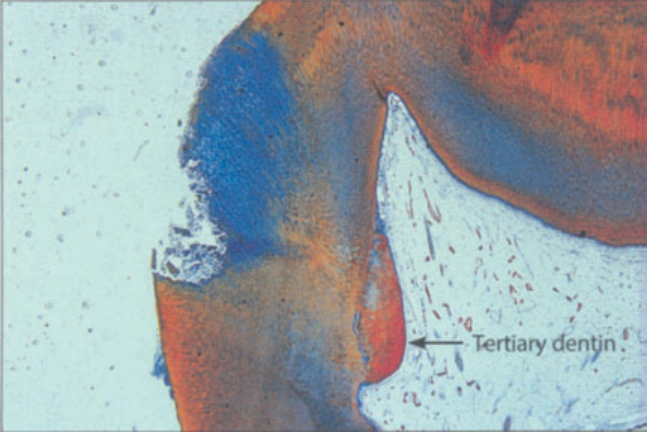




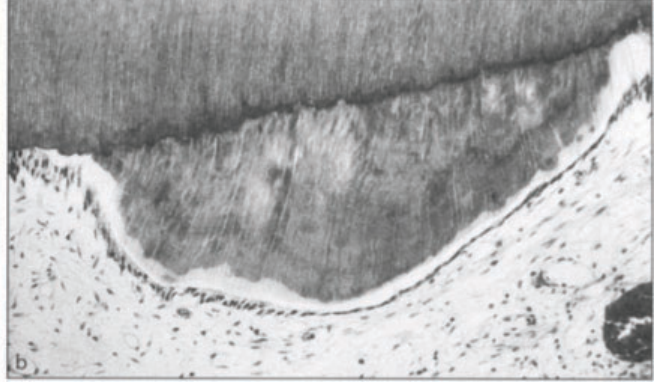
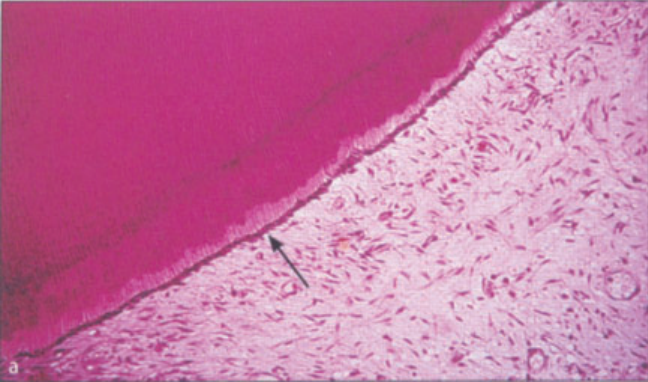


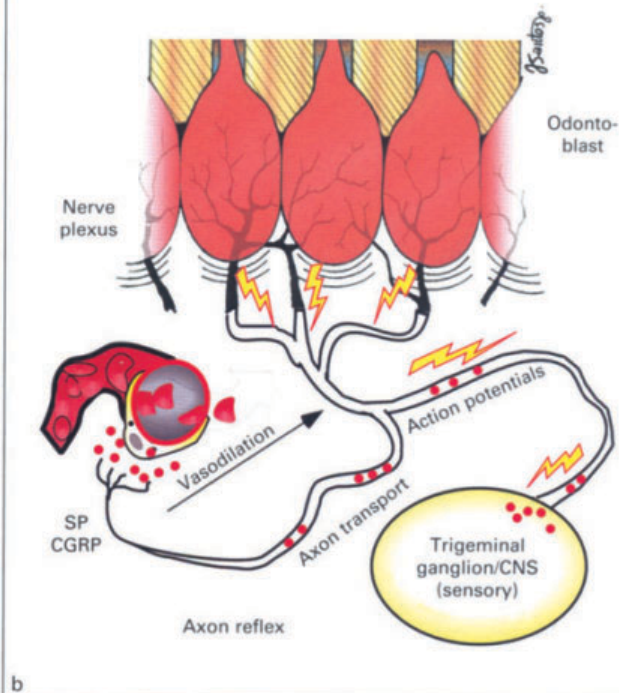
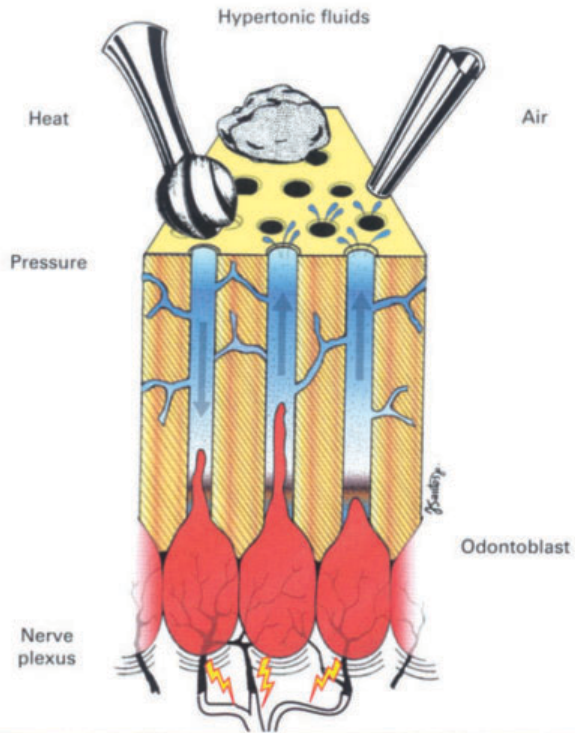






Tertiary dentin



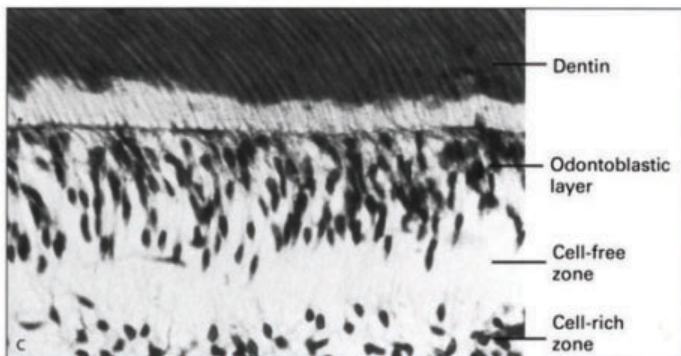
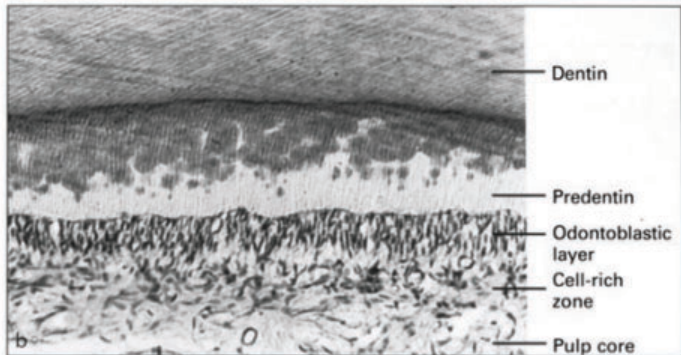
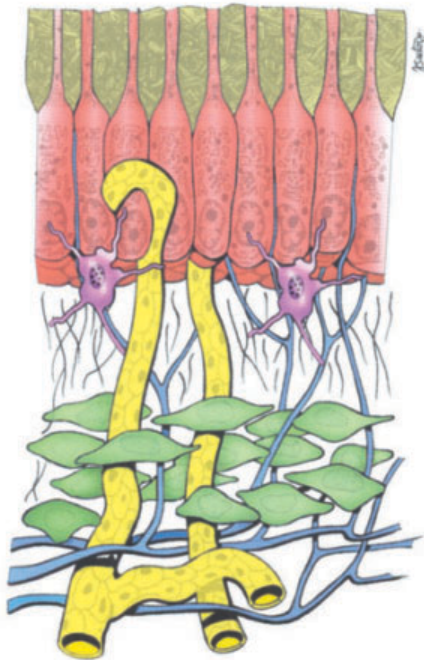


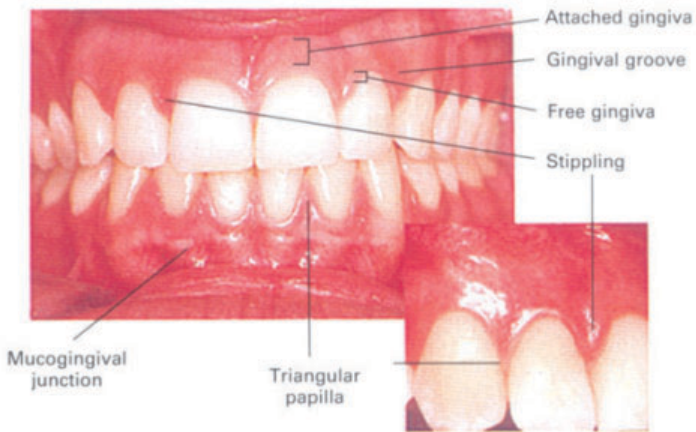
Odontoblastic layer

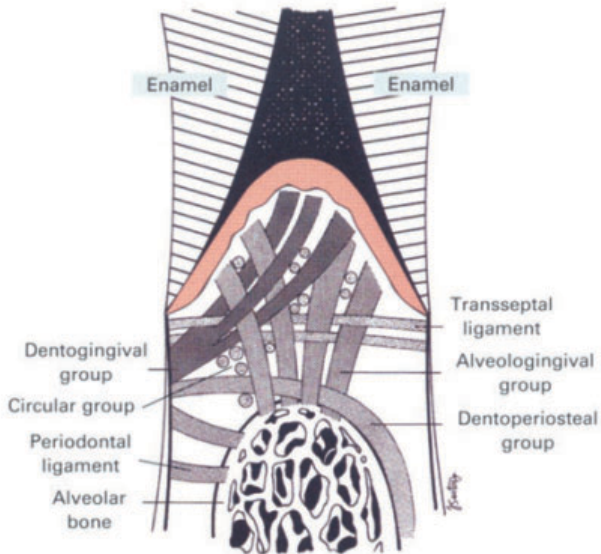
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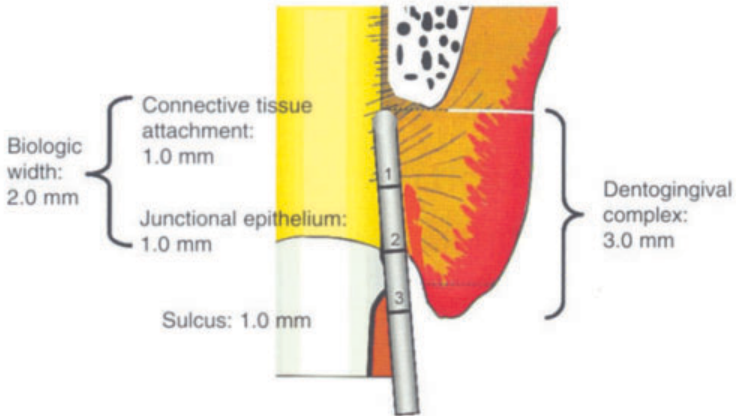
Cell-rich zone

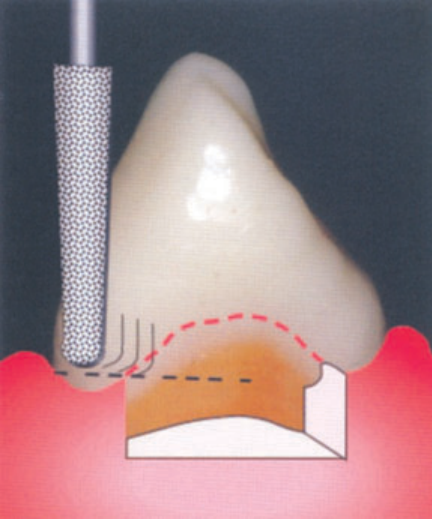
Pulp core



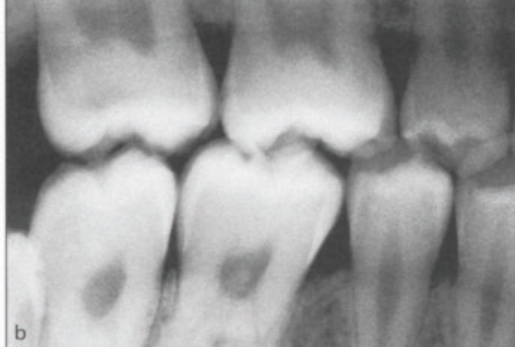


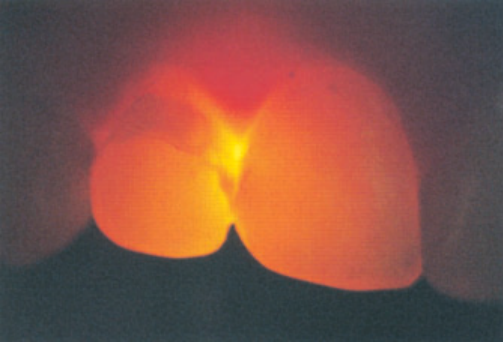


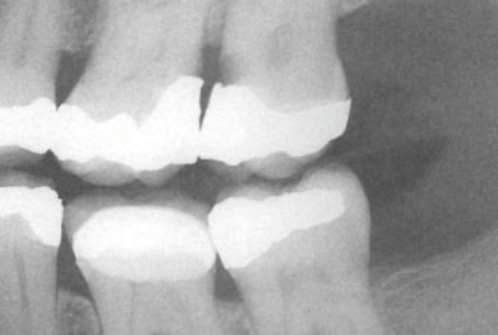


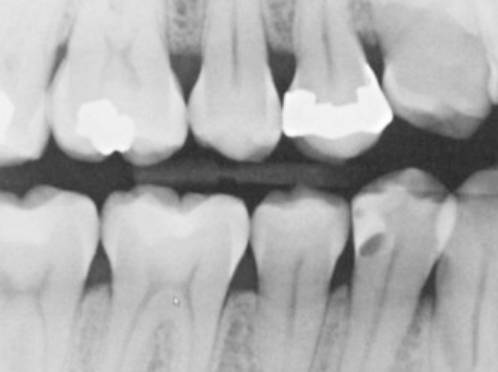


Capture 2

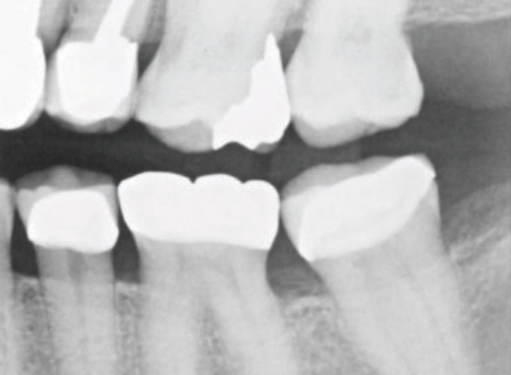






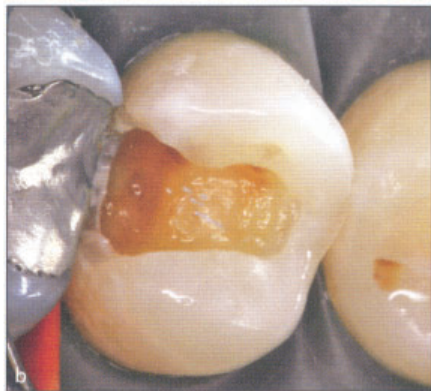
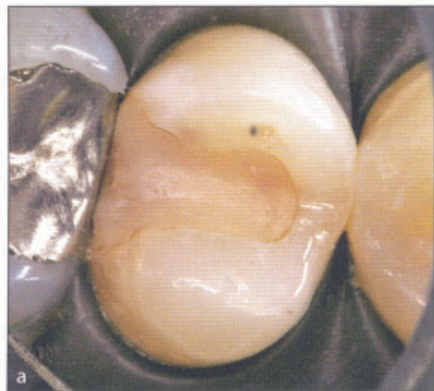


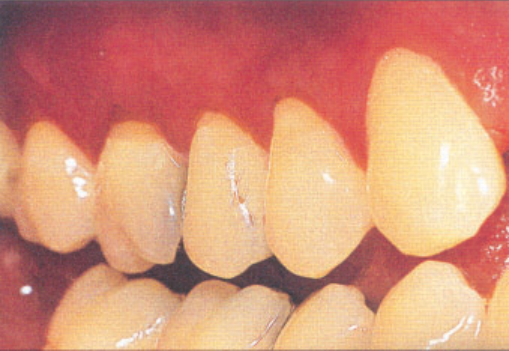








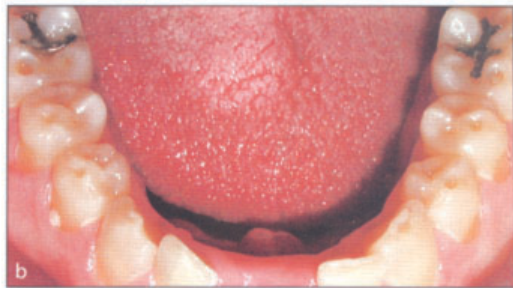
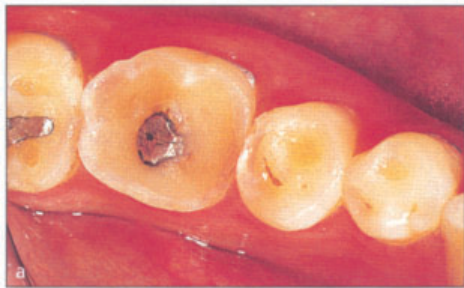




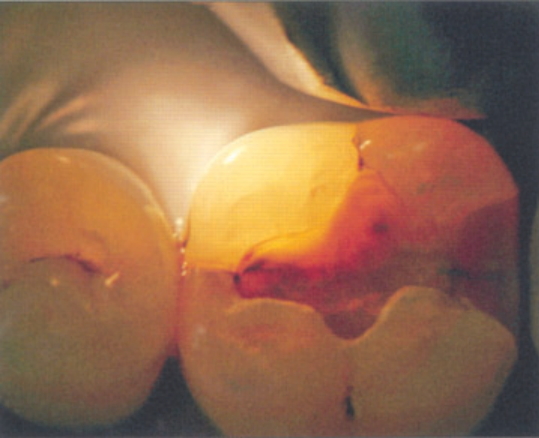


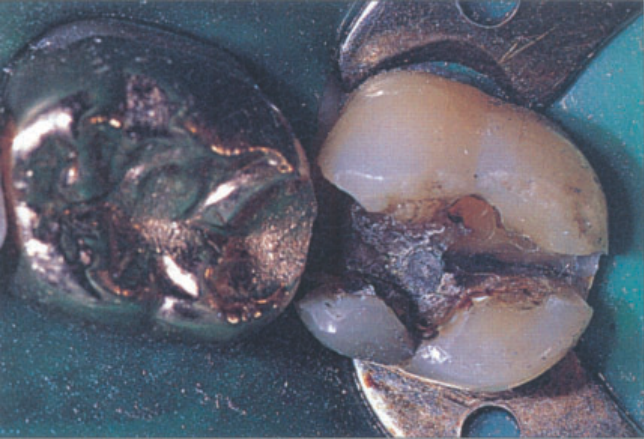


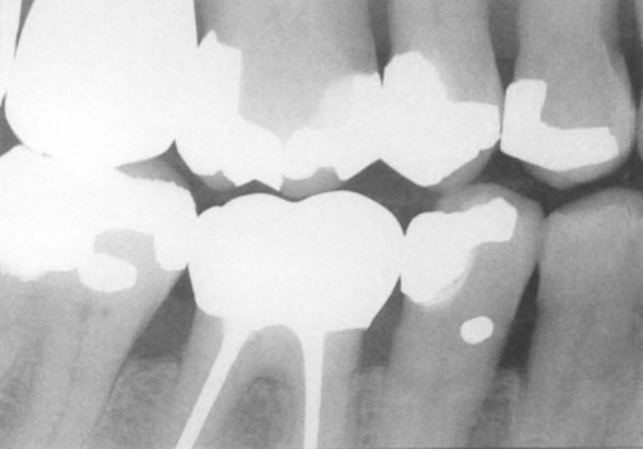








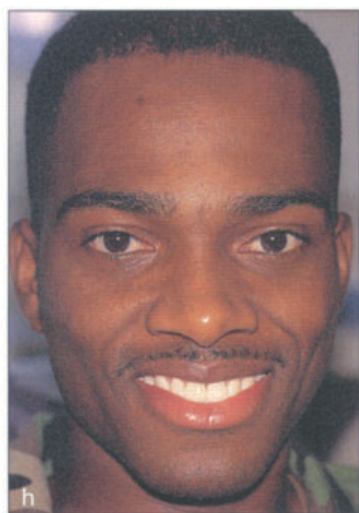
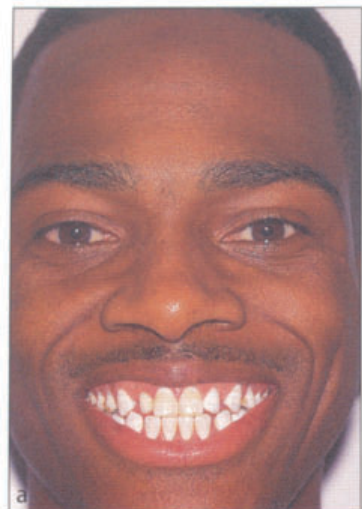


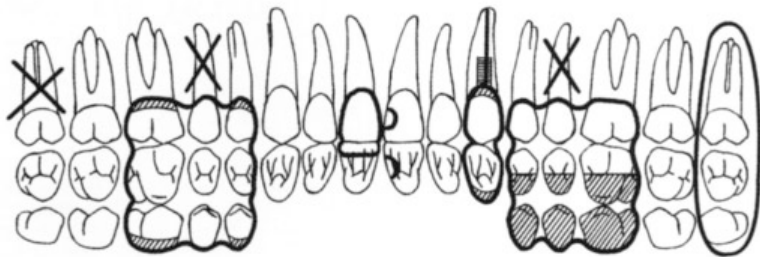






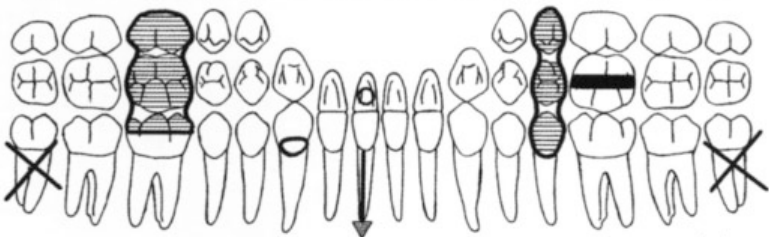






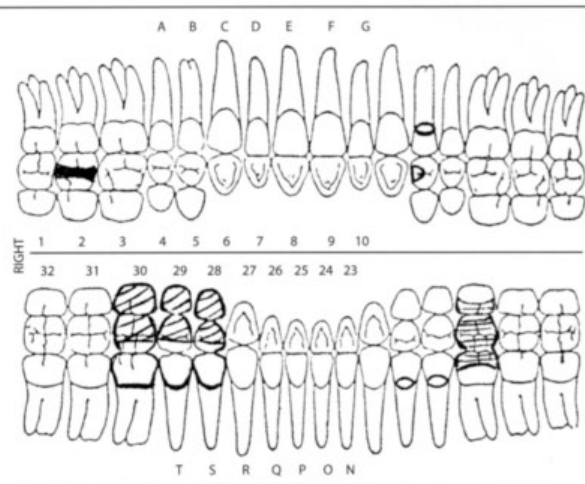
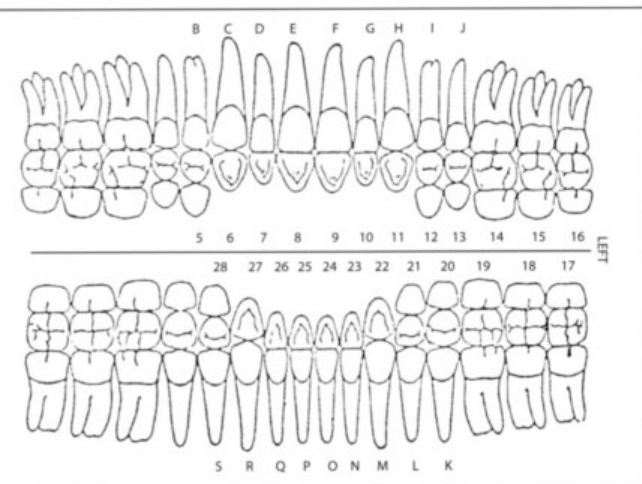
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Handwritten signature

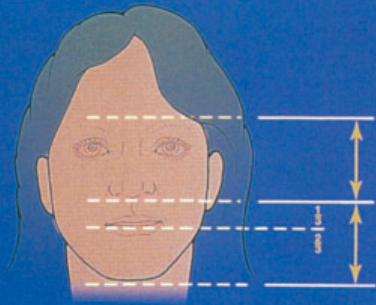
PATIENT: Blank, Felina D.
TREATMENT PLAN BY APPOINTMENT

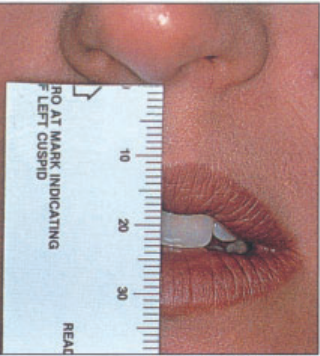


REMARKS

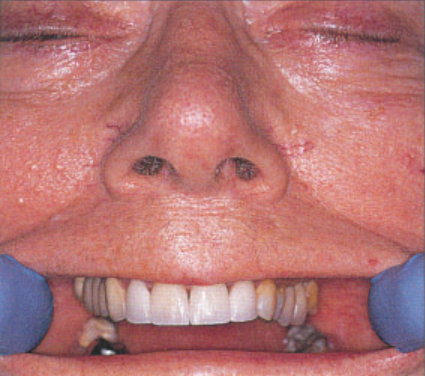
Appt	Problem	Treatment	Time	Total cost	Patient cost	Insur. code	Comp. date
1	CC: #19 Hypertension	Discuss & defer until after med Tx Refer to Dr Dogood	30 min				
2	Tx plan Caries Periodontics	Present Tx plan Counseling; diet and hygiene instruction Plaque index; prophylaxis; scale/root plane mandibular posterior sextants	Dr: 30 min Hygiene: 60 min				
3	Cracked: #19	Prep gold onlay	45 min				
4	Defective restorations: #2, #12	#2: MOD amalgam #12: MO resin composite #12: Class 5 resin composite	60 min				
5	Caries: #20, #21 #19	Resin-modified glass ionomer, Class 5 facial #20, #21 Deliver #19 gold onlay	60 min				
6	Biologic width: #3	Crown lengthening surgery	45 min				
7	Biologic width: #3	Postop evaluation (1 week)	10 min				
8	Reevaluation	Perio and hygiene reeval; confirm definite phase plan	20 min				
9	Missing: #29 Supraerupted: #4	Prep FPD, #28-#30 Shorten	2 h				
10	Missing: #29	Deliver FPD, #28-#30 Impression for occlusal splint	90 min				
11	Wear: #6-#11	Deliver occlusal splint	30 min				
12	Fluorosis: #8	Microabrasion; maxillary impression for bleaching stent	30 min				
13	Color: maxillary anterior teeth	Deliver bleaching stent & give use instructions	15 min				
14	Color: maxillary anterior teeth	Reevaluate bleaching results; reinforce hygiene	10 min				
15	Maintenance	Prophylaxis; fluoride; reexamination	Dr: 10 min Hygiene: 30 min				

Capture 3

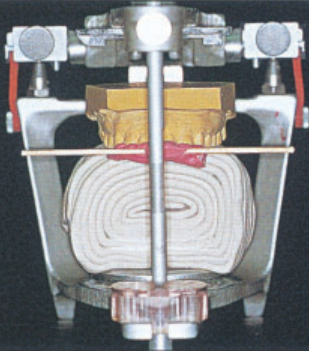




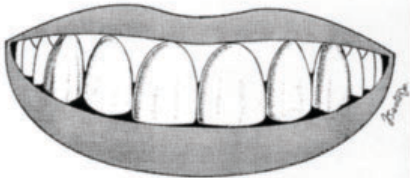








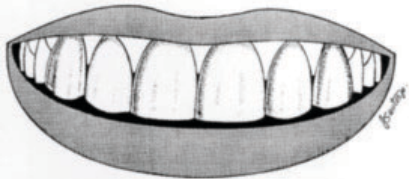


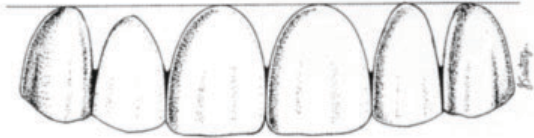


a



b





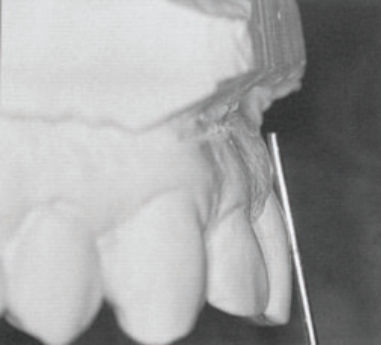


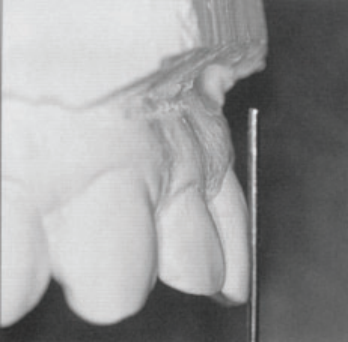






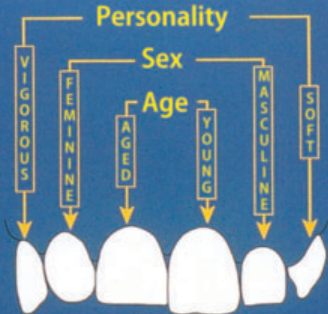


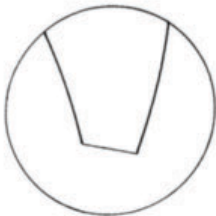
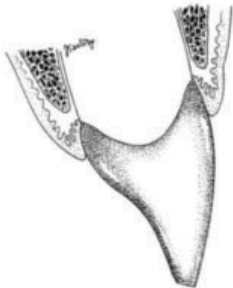






















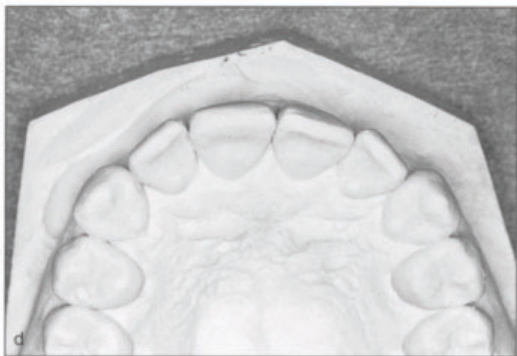
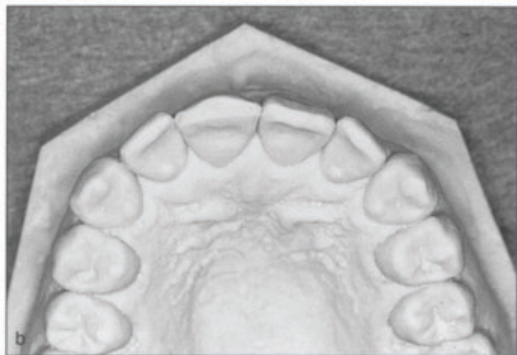




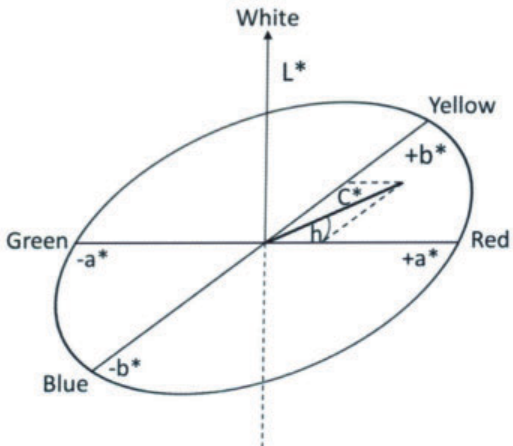








Capture 4

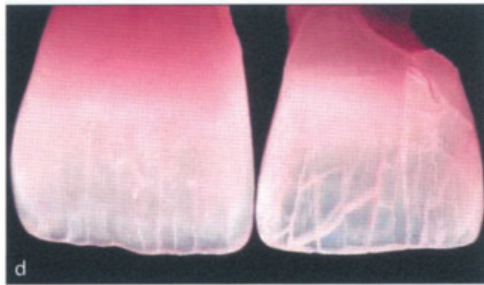
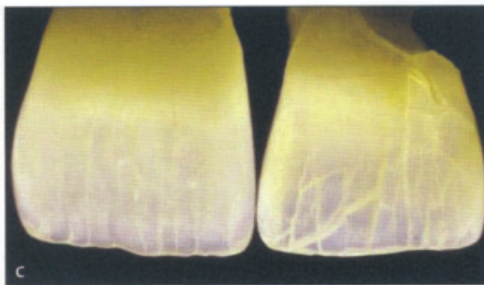
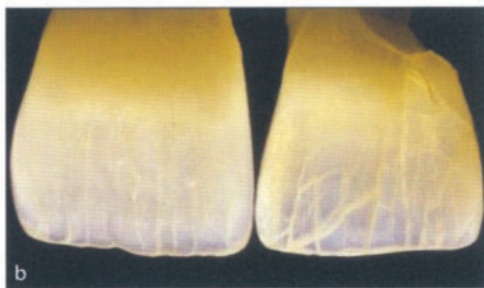
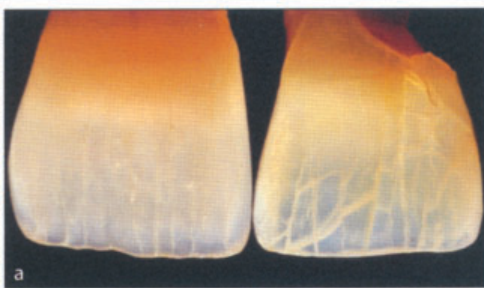




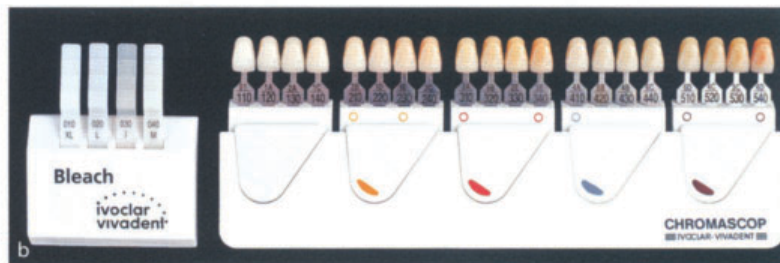
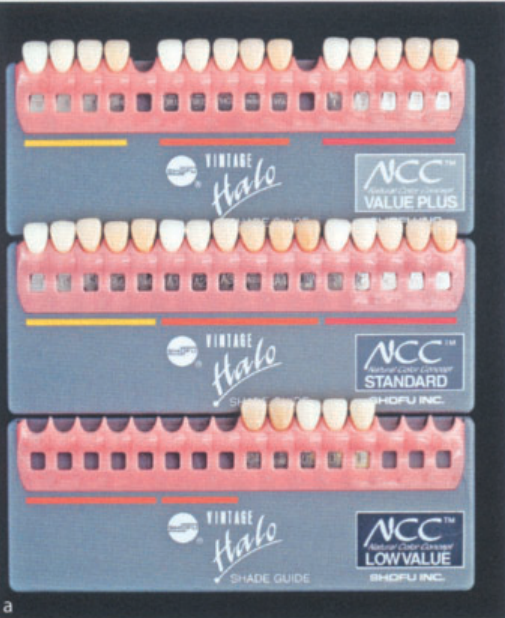














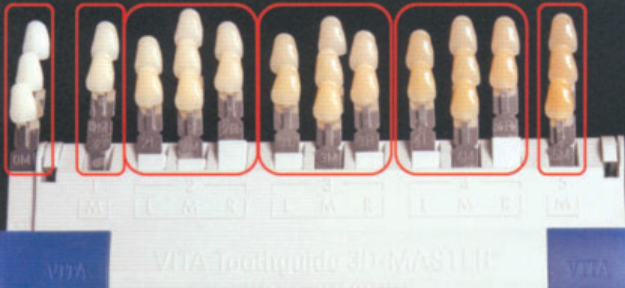


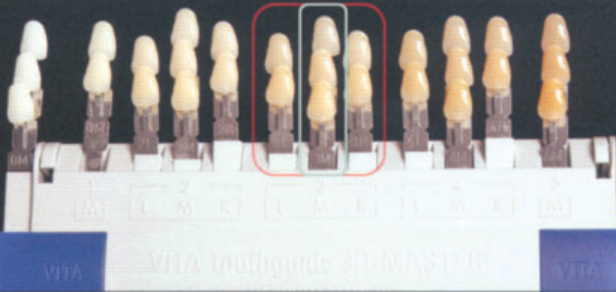
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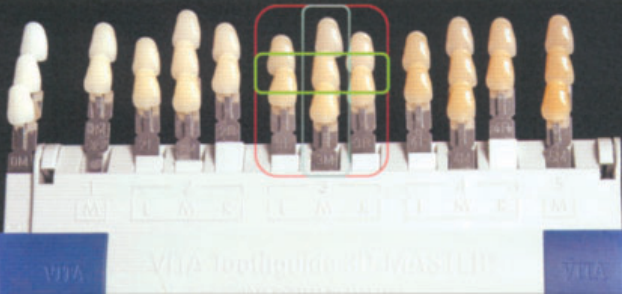
VITA PAN® classical

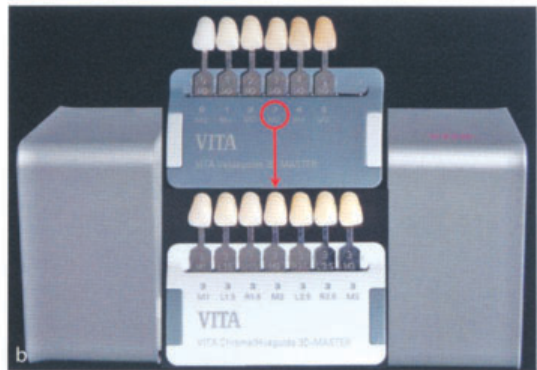
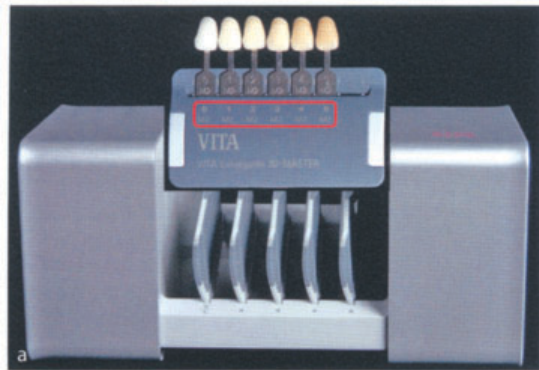
VITA

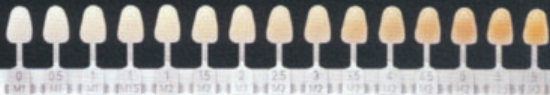
VITA











1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
0 0.5 1 1 1 1.5 2 2.5 3 3.5 4 4.5 5 5 5
M1 M1 M1 M1.5 M2 M2 M2 M2 M2 M2 M2 M2 M2 M2.5 M3

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VITA SYSTEMS, INC.

VITA

VITA



Shade Wand

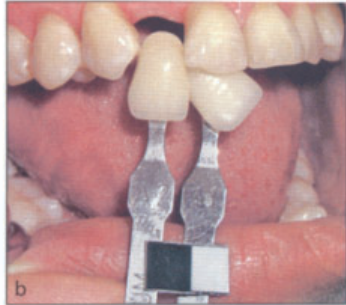
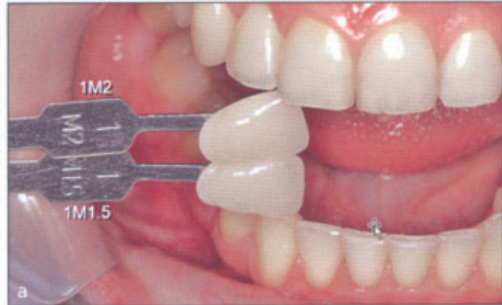
Demetron
Shade
Light

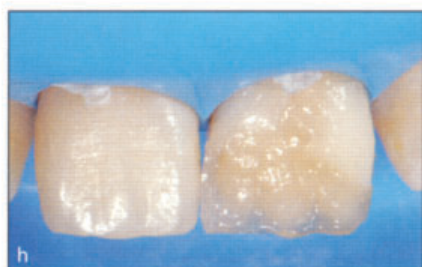
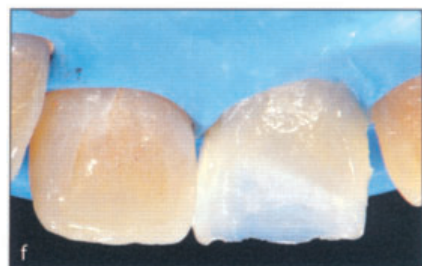
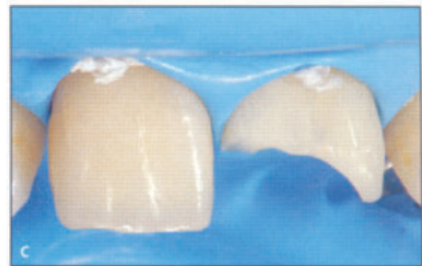
Rite-lite

Trueshade

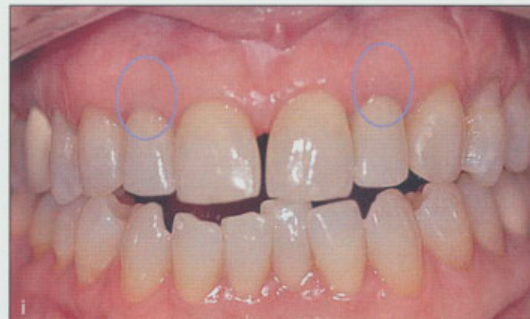
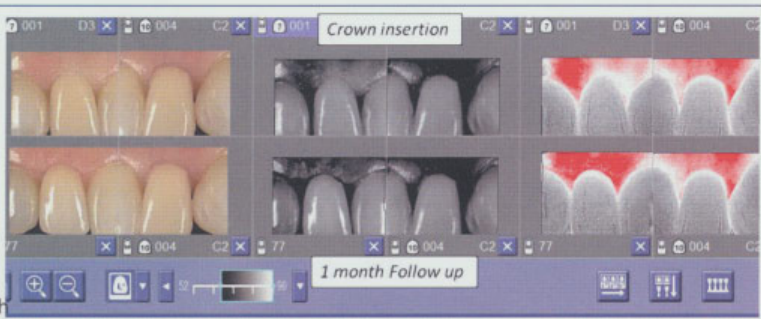
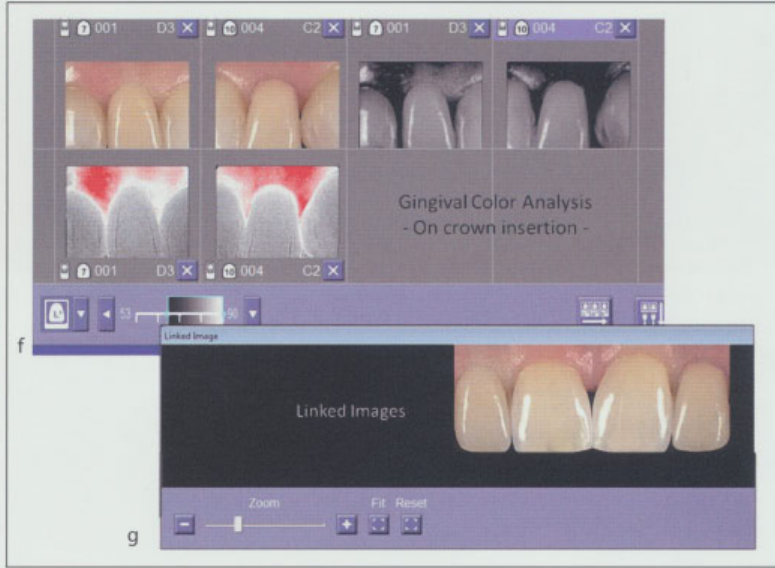
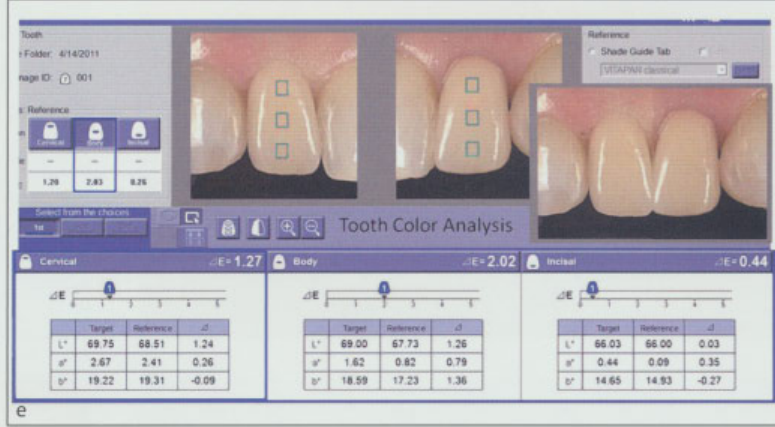
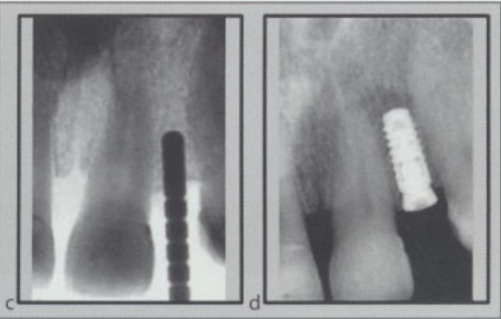
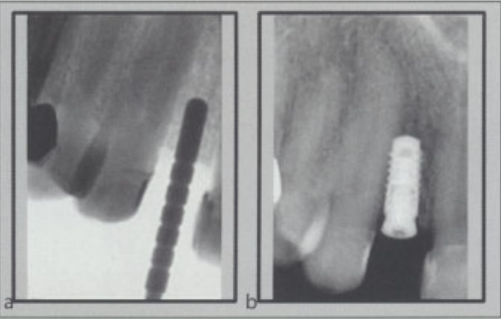






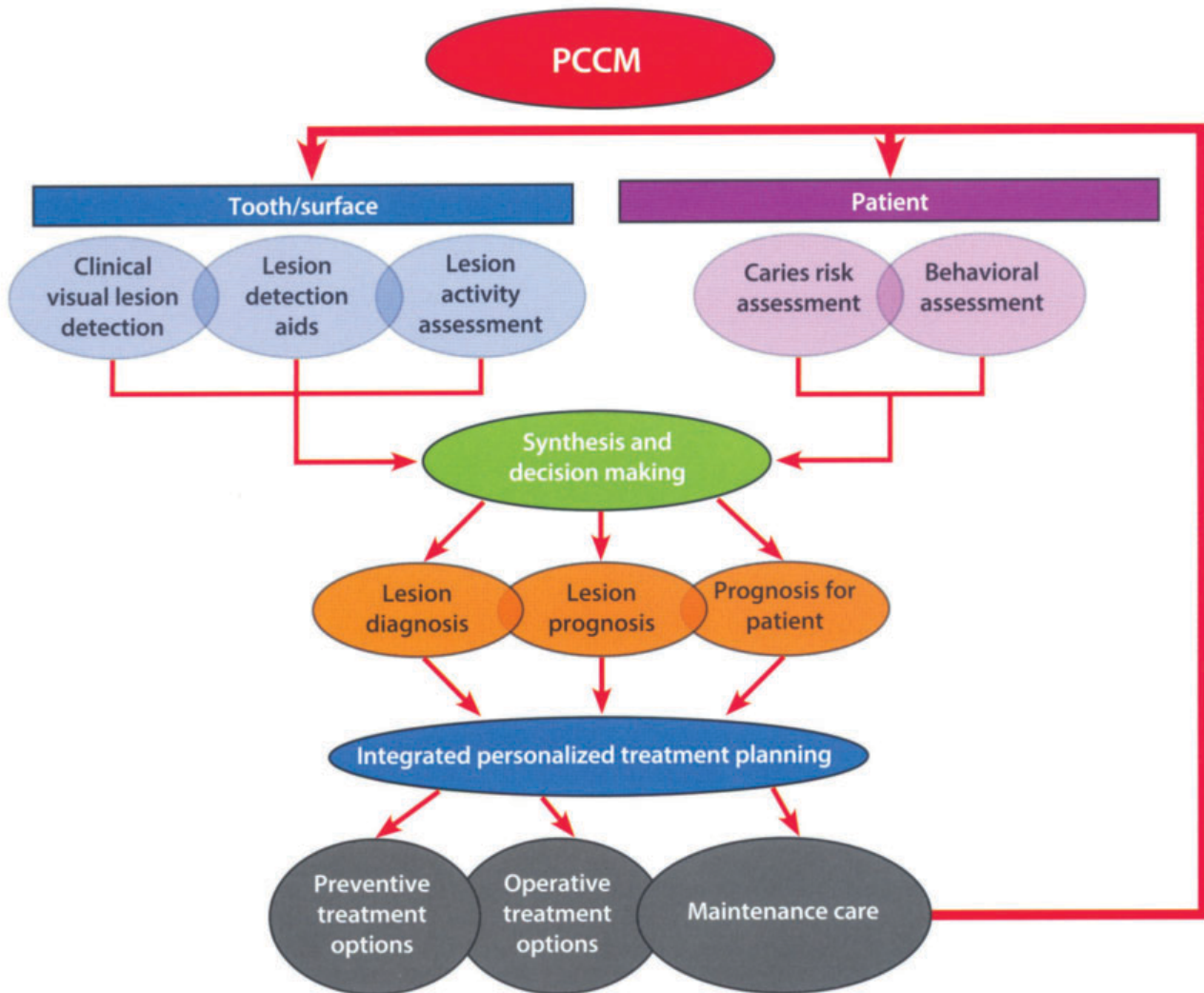


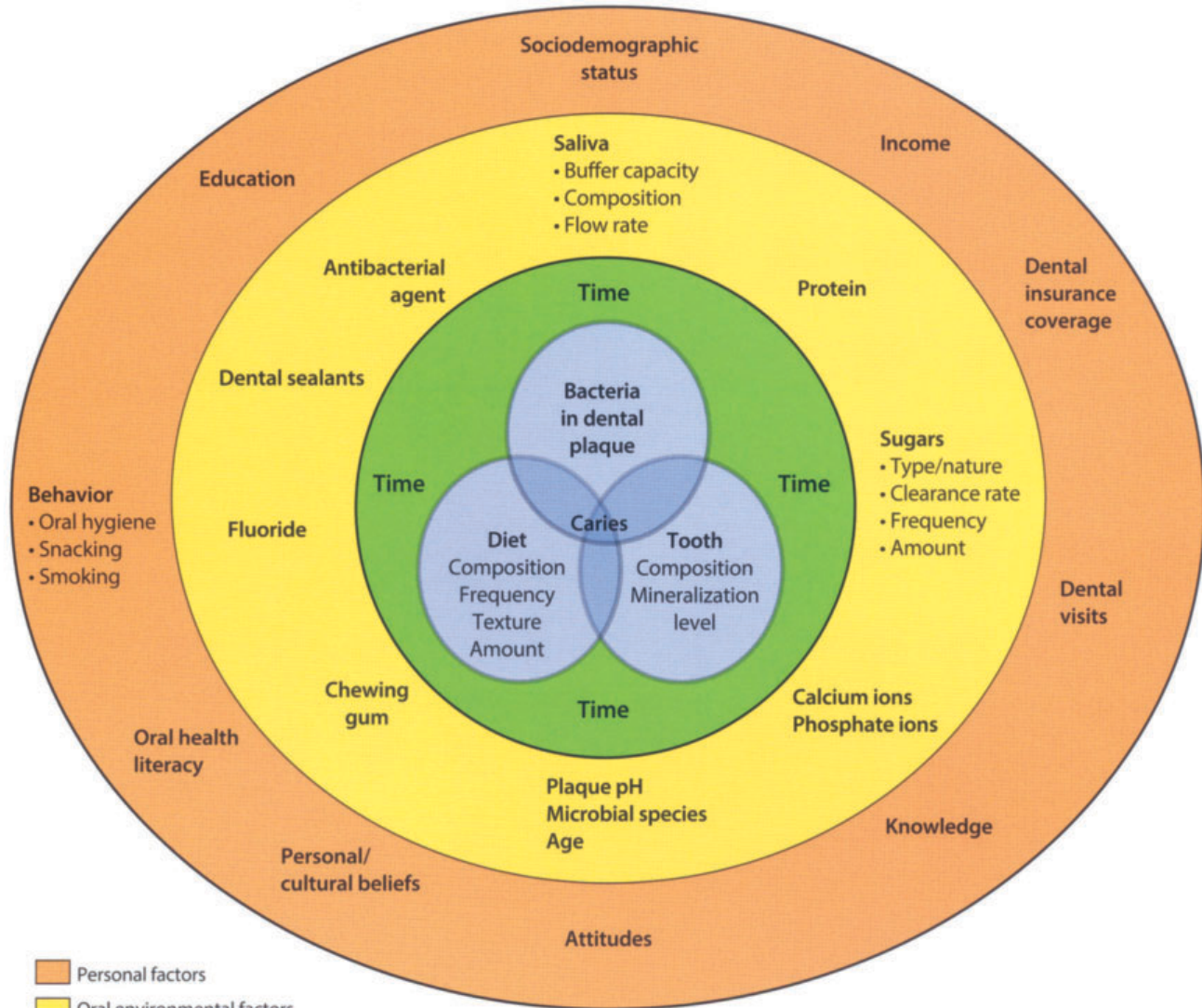




Capture 5

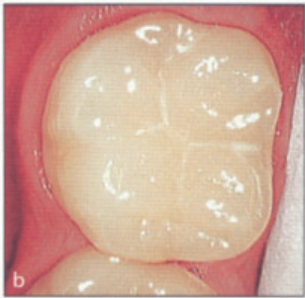


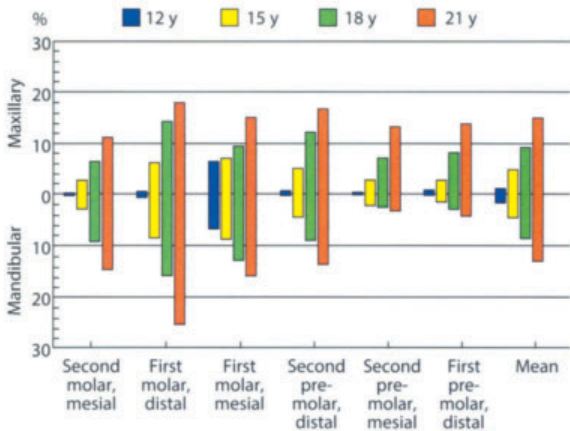


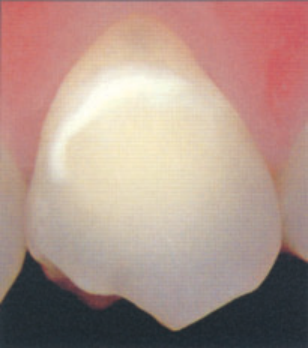


- Personal factors
- Oral environmental factors
- Time
- Primary factors for caries development



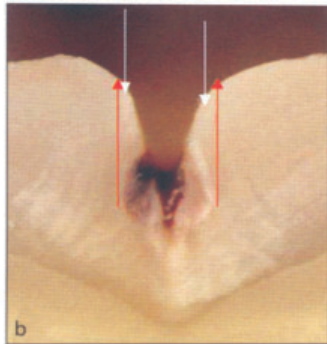


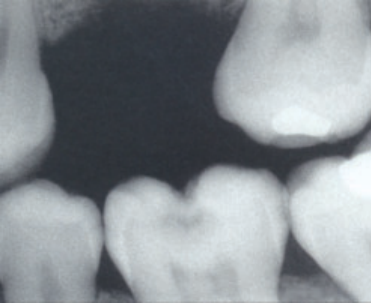


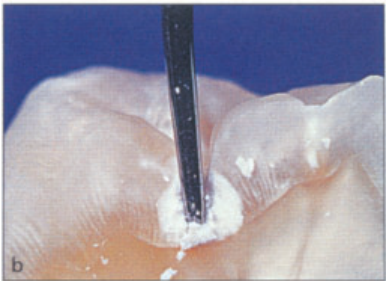


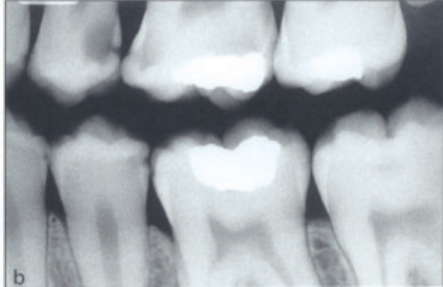
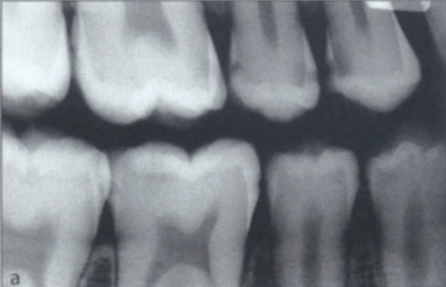


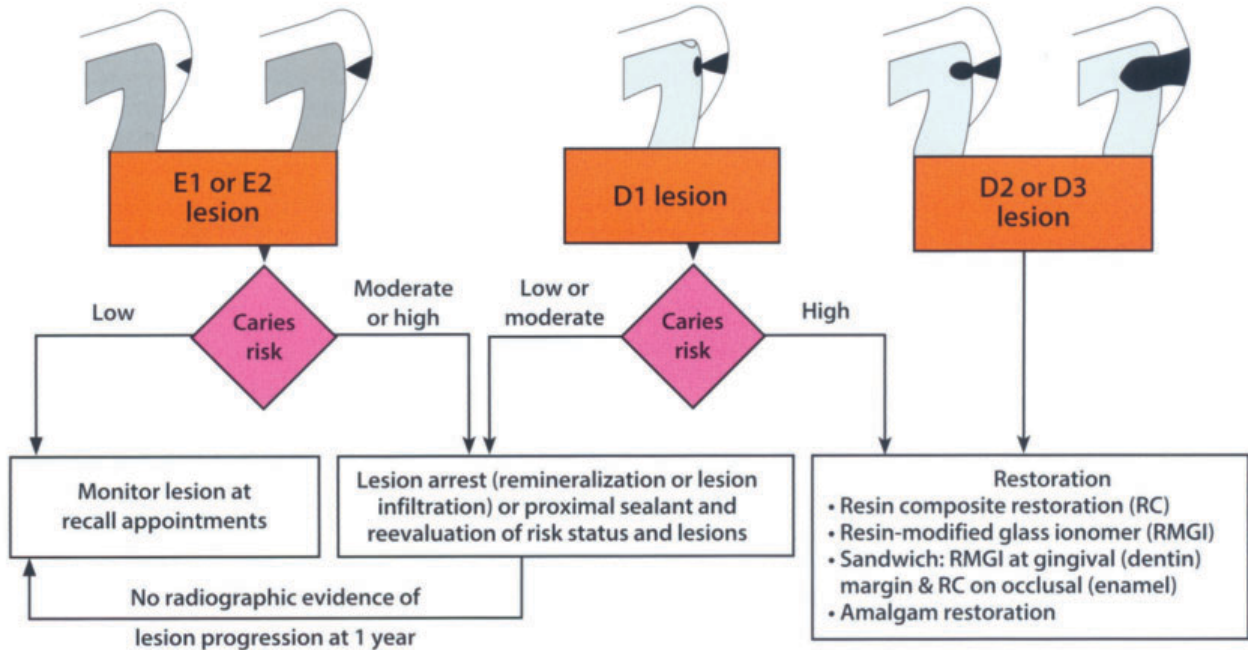


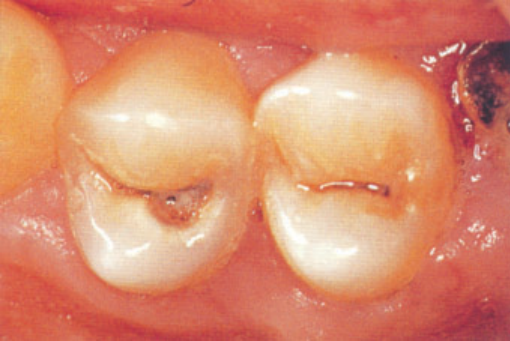
























CARIES RISK ASSESSMENT FORM

Patient Name: _____ Age: _____ Patient #: _____ Initial Assessment Date: _____ Reevaluation date: _____

How often do you brush? _____ Floss? _____
 Type of toothpaste used: _____
 Do you brush your teeth before bedtime? Yes / No
 Do your gums bleed when you brush? Yes / No
 Do you use a mouthrinse? Yes / No Type: _____
 Does your mouth feel dry? Yes / No
 What relieves your dry mouth? _____

Do you use breath mints? Yes / No Type: _____
 Do you chew gum? Yes / No Type: _____
 Do you drink milk or eat cheese every day? Yes / No
 How many snacks do you eat per day? _____
 Type of snacks: _____
 How many beverages do you drink per day? _____
 Type of beverage: _____

When was your last dental visit? _____

Have you had a filling in the past 3 years? Yes / No

Do you use tobacco? Yes / No

If No, have you ever used tobacco in the past? Yes / No

 INTERVIEW PATIENT FOR INFORMATION ABOVE DASHED LINE:
 DENTIST COMPLETES INFORMATION BELOW DASHED LINE:

Medications affecting oral disease risk: _____

CARIES RISK FACTORS (Check where applicable)	Initial Evaluation	
	YES	NO
1. Medical & Social History		
Autoimmune disease (eg, Sjögren, RA)		
Hyposalivary medications		
Radiation therapy		
Physical disability		
Eating disorder/GERD		
Diabetes		
Tobacco/alcohol		
Recreational drugs		
2. Predisposing Oral Conditions		
Plaque		
Malocclusion/crowding		
Appliances		
3. Caries		
Cavitated lesions		
Radiographic lesions		
White spots/initial caries lesions		
Recent restorations (past 3 yrs.)		
4. Dietary		
Sugary snacks		
Sugary drinks/soda		
5. Protective Factors		
Fluoridated water		
Fluoride toothpaste/mouthrinse		
Xylitol gum/mints		
6. Saliva		
Salivary flow		
Salivary pH		
Buffering capacity		
Interpret findings and determine overall risk (see guidelines Table 5-9)	OVERALL CARIES RISK STATUS	
	Low	Moderate
		High

PREVENTIVE TREATMENT PLAN (Check if recommended)	
Oral Hygiene Instruction & Plaque Control	
<input type="checkbox"/> Brush twice a day with a fluoride toothpaste	
<input type="checkbox"/> Floss daily	
<input type="checkbox"/> Prophylaxis	
<input type="checkbox"/> Gross debridement	
<input type="checkbox"/> Scaling & root planing	
Diet	
<input type="checkbox"/> Dietary assessment	
<input type="checkbox"/> Dietary & oral health counseling	
Saliva	
<input type="checkbox"/> Unstimulated flow rate	
<input type="checkbox"/> Stimulated flow rate	
<input type="checkbox"/> Saliva retest	
<input type="checkbox"/> Salivary flow stimulation counseling	
<input type="checkbox"/> Salivary products	
<input type="checkbox"/> Rx medications	
Fluoride	
<input type="checkbox"/> Professional application (APF, neutral NaF)	
<input type="checkbox"/> OTC (ACT/Fluoriguard, Oral B 0.05% NaF)	
<input type="checkbox"/> Rx (Prevident 1.1% NaF, Gel-Kam 0.4% SnF ₂)	
<input type="checkbox"/> 1 (at night) <input type="checkbox"/> 2 (morning and night)	
<input type="checkbox"/> Remineralization: Tooth #: _____ Surfaces: _____	
<input type="checkbox"/> Topical fluoride varnish	
<input type="checkbox"/> Rx fluoride supplement (NaF tablets)	
Other	
<input type="checkbox"/> Sealants: Tooth #: _____	
<input type="checkbox"/> Xylitol gum (After meals for 10 minutes)	
Tobacco	
<input type="checkbox"/> Cessation counseling	
<input type="checkbox"/> Cessation program referral	
Caries Risk Reevaluation	Due Date
<input type="checkbox"/> 3 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 12 mo.	

Caries balance

Pathologic factors

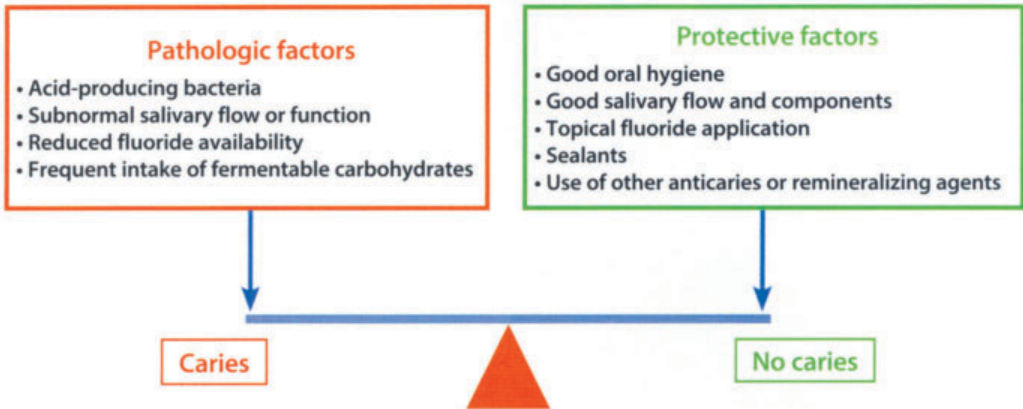
- Acid-producing bacteria
- Subnormal salivary flow or function
- Reduced fluoride availability
- Frequent intake of fermentable carbohydrates

Protective factors

- Good oral hygiene
- Good salivary flow and components
- Topical fluoride application
- Sealants
- Use of other anticaries or remineralizing agents

Caries

No caries



No caries lesion or arrested caries lesion in fissure with caries-susceptible morphology

ICDAS score 1 or 2

Suspected but no distinct evidence of caries lesion at base of fissure

ICDAS score 1 or 2

Obvious cavitation or radiographically evident carious dentin at base of fissure

ICDAS scores 3, 4, 5, 6

Caries risk

Low

Moderate or high

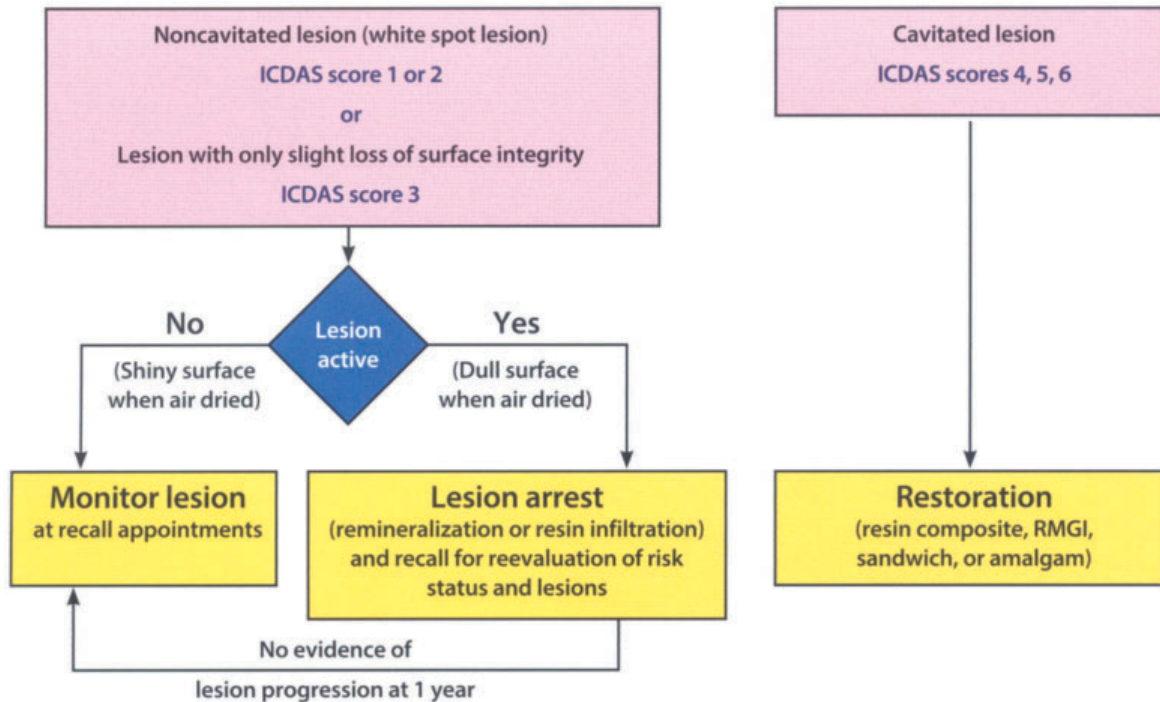
No treatment

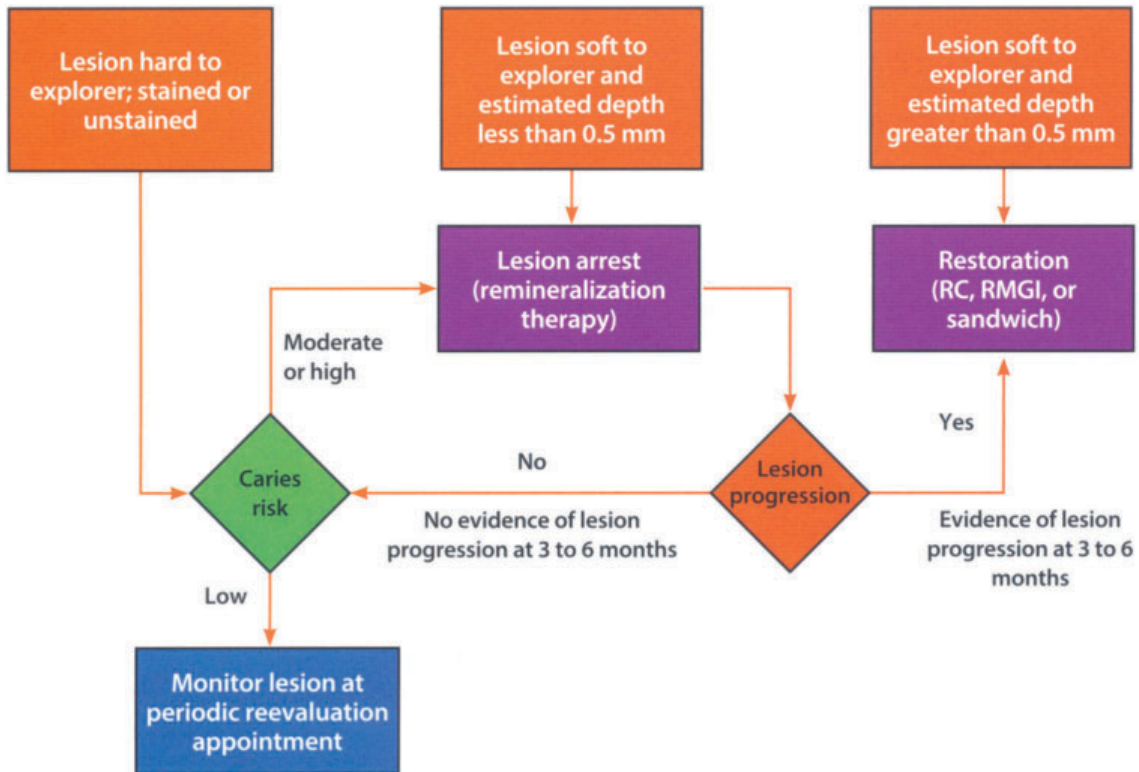
Sealant

(with cleaning or slight enamel preparation in external 0.5 mm of fissure to provide sound enamel for bond)

Restoration

- Preventive resin restoration
- Preventive amalgam restoration





Assess quality of oral hygiene procedures

Adequate

- Fluoride toothpaste
- Daily brushings: 2
- No plaque visible
- No bleeding on probing

Additional determination of risk factors

- Salivary flow
- Use of medicines
- High/frequent intake of sugars (eg, nursing bottle caries; multiple sugared drinks)

No other risk factors:
Additional fluoride supply and professionally applied temporary prevention

Additional risk factors:
Elimination or reduction of risk factors (if possible) and professionally applied temporary prevention

Not adequate

- No fluoride toothpaste
- Daily brushings: < 2
- Plaque visible
- Bleeding on probing

Patient could comply with adequate procedures

Reinforcement to improve oral hygiene (do not make it more complicated) and professionally applied temporary prevention

Patient unable to comply (eg, due to handicap)

Instruction on alternative oral hygiene methods and professionally applied temporary prevention

