The Dentoscope

Volume 15 | Issue 2 Article 9

12-1935

The Forum

"THE FORUM"

THIS section is continued for the benefit of our readers who are in active practice of the profession. They are invited and urged to submit, as occasion arises, questions of a practical nature, which will be discussed in this column, from time to time.

Dr. B. T. R.

Q. What is a practical way of treating broken incisal tips in upper permanent incisors of children?

A. Fractured tips are classified according to the degree of the break:

First degree—the tip is broken with only a thin layer of dentine left overlaying the pulp to protect it against thermal shock;

Second degree—the tip is broken with only a thin layer of dentine overlying the pulp, with a very near exposure;

Third degree—the pulpal horns are exposed by the fracture.

The majority of first degree fractures are so slight that simply smoothing the rough edges will be sufficient. The difficult cases to handle are the second and third degree fractures.

A simple method of treating second degree fractures is to select a celluloid crown form, fill it with a creamy mix of a light colored cement and press it to place. This will need watching and replacing, but will tide the case over until the child is old enough for a permanent restoration, which is usually from 14 to 16 years of age. The handling of third degree fractures is quite technical and involves a complicated procedure. Those interested are referred to a treatise on the subject in "Practical Pedodontia," by Floyde E. Hogeboom.

Dr. R. A. F.

Q. Please give a treatment for hypoplastic molars.

A. For molars extensively affected by hypoplasia, perhaps the most practical treatment is to prepare the tooth and place a metal crown.

For the ordinary hypoplastic molar one may properly resort to metallic fillings. Remove the hypoplastic structure and fill. The condition of the tooth will determine whether one large filling or several small fillings will answer the purpose. In all cases one should attempt to restore anatomical form and occlusion to assure proper function.

Dr. A. B.

Q. Are full, or complete, working models of the mouth necessary in the construction of bridges replacing only one tooth?

A. Yes. Complete duplications of the teeth from central incisor to third molar are essential to the proper, and complete restoration of even a single tooth. The mouth is considered as a unit, and any tooth, especially in the posterior region, is subject to lateral and protrusive movements of the mandible. Teeth on the opposite side are guides in aligning and carving anatomical features on the supply tooth. A more accurate balancing of the occlusion is obtained also by the use of full upper and lower occluded models.

Dr. S. T. B.

Q. When is it best to make selection of shades?

A. Shades for jacket crowns, or any porcelain supply, should be attempted in good day-light (not direct sunlight), and, preferably, with the artificial lights off. Remove the pinafore, which is usually a white towel, as it reflects light from another angle.

Dr. J. B. S.

Q. What is your opinion of the "apicoectomy" as a means of saving a tooth? What is the relative percentage of success?

A. The apicoectomy was quite popular some time ago, but due to a large number of failures, its popularity was lost. Recently, with the advancement of physical and x-ray diagnosis, and with the improvement of surgical principles and technique, the once discarded operation has again come into its own.

The apicoectomy, if properly performed, is a very practical and satisfactory means of saving a tooth which otherwise would have to be removed due to an extensive periapical involvement. This operation can best be appreciated in the case of an individual who does not have a break in the anterior segment of the arch.

One who does not believe in retaining pulpless teeth would, of course, discourage this operation; but almost every general practitioner does a certain amount of pulp removals and has had cases which, due to a putrescent condition of long standing, have failed to respond favorably. Such cases, if there are no contra-indications might well receive this treatment.

Failure in the operation may be due to improper technique or to improper choice of the case. At this time we will not discuss technique but will comment a little about the choice of cases. This is in reality the most important factor. An x-ray examination should be made first. This is to determine the extent of periapical involvement, the shape and direction of the roots of the tooth, and the character of

the investing structures of the gingival third of the tooth. No case should be attempted which does not have good gingival support, since during the operation we remove the greater part of the apical third of the root, and rely for support upon the middle and gingival thirds. The ideal case is one in which there is no gingivitis, and where the septum is high and convex. The physical condition of the patient should also be ascertained. If the patient is suffering from diabetes, lues, tuberculosis, or any disease which interferes with general metabolism, the case is an unfavorable one.

Concerning the relative percentage of success, the writer has no accurate statistics, but will say that a check on cases which have come under his observation and care for the past nine years shows that in all cases the patients are realizing no discomfort as a result of the operation.

Dr. J. D. C.

Q. An impression is taken with relief over the hard palate and a cast is poured of artificial stone. This relief should be sufficient, and no additional relief was placed on the cast. The completed denture rocks when seated in the mouth. Can you account for the rocking?

A. The cast in setting arched up in the center, causing the denture to copy a warped cast. Relief over the hard areas would have prevented this.

Dr. G. C. W.

Q. An impression is taken under compression of the soft tissues and the denture, constructed from this impression, drops when placed in the mouth—why?

A. The tissues were overcompressed and the flanges over extended causing a rebound when the denture is seated.

Information, Inspiration, and Recreation at the Meeting of the National Dental Association, Cincinnati, August 4, 5, 6 and 7.