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The Forum

FORUM

Question. In the case of a fixed bridge restoring one tooth, is it ever justifiable to use only one abutment and to place a rest against the structure of a natural tooth? If so, what type of rest should be used.? Please discuss fully.

Answer. The question is asked in a general way, that is, it does not refer to the anterior region or the posterior region of the mouth. In the first place cantilever bridges are never indicated in the posterior region of the mouth whether they have a rest or not. The only indication for a cantilever bridge is restoring a lateral incisor using the cuspid as the abutment tooth because of its superior strength. In no instance is it justifiable to use a rest against natural tooth structure, which, because of the great difficulty to clean under the rest, will cause decay in practically every case. Whenever the cantilever bridge is used the rest should be avoided unless it is to come in contact with a restoration of some type that is already in or on the tooth.

The ideal method is to construct an inlay of the type that is indicated and in which a slot of some sort is cut, and then a rest or lug made out of gold round wire or cast to fit the slot. The restoration then is not considered a cantilever bridge, but rather a three-tooth bridge because of that number of teeth involved.

Dr. F. L. T.

Question. As a general practitioner I very often experience trouble in removing upper bicuspids. I do not have an X-ray machine. Please discuss a technique recommended to guard against fracture of roots as is often done in this operation.

Answer. Without the aid of an X-ray examination many accidental fractures of upper bicuspid occur because the incorrect approach is made. There may be hypercementosis present, there may be two slender roots with a very dense buccal plate, or there may be two fused roots with a distal curvature and a marked constriction at the middle third. Such conditions predispose the tooth toward fracture. The incidence of fracture will be reduced greatly if the following steps are observed: First, by means of blunt dissection retract the soft tissues from the cervical third of the root. This will enable the operator to have adequate access and there will be no laceration of the soft tissue. The process opposite the buccal surface should be relieved of the dense cervical

rim by means of hand pressure chisels or by one or two blows with a mallet and a sharp chisel. This carries the fulcrum nearer the apex, facilitating removal. We now apply the forceps to the root, being careful to go beneath the soft tissue. Constant upward pressure and careful slow, bucco-lingual motion with more pressure toward the buccal, should accomplish removal. If the tooth cannot be delivered by this conservative method, open dissection or the flap operation should be resorted to.

Question. Should the general practitioner practice orthodontia?

Answer. The general practitioner should practice orthodontia only when he has had training in the fundamentals of this branch of dentistry. He should then be able to distinguish between the simpler cases which he may be able to treat and the more complicated cases which he should not attempt. The general practitioner is in a position to practice preventive orthodontia; by the early recognition and elimination of conditions leading to malocclusion, by proper care of the deciduous dentition and by the use of space maintainers.

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All the world's a stage and it is up to us whether the performance is comedy or tragedy.