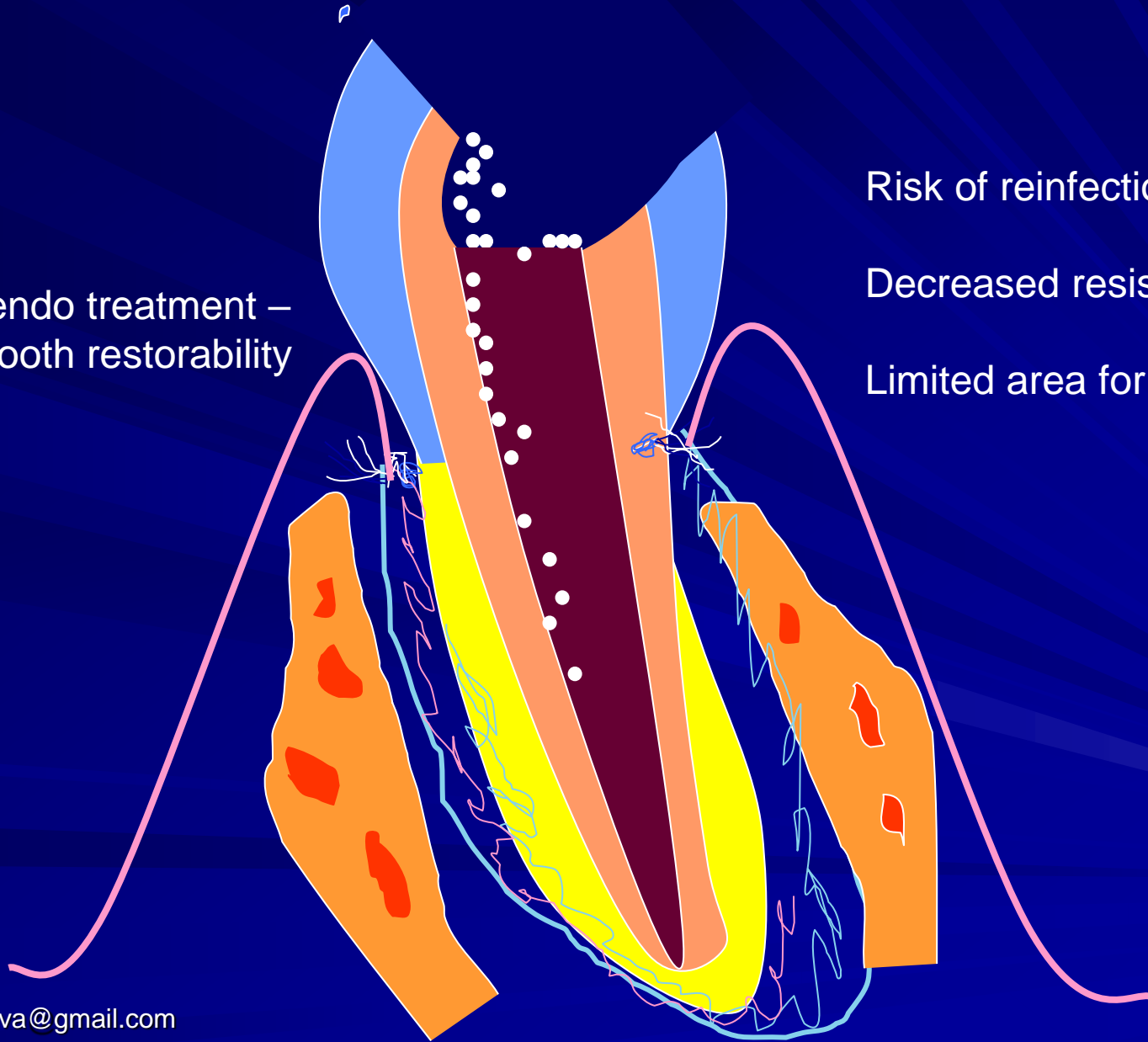


# Tooth crown reconstruction

■ Postendo

# Endodontically treated tooth

Consider endo treatment –  
Consider tooth restorability

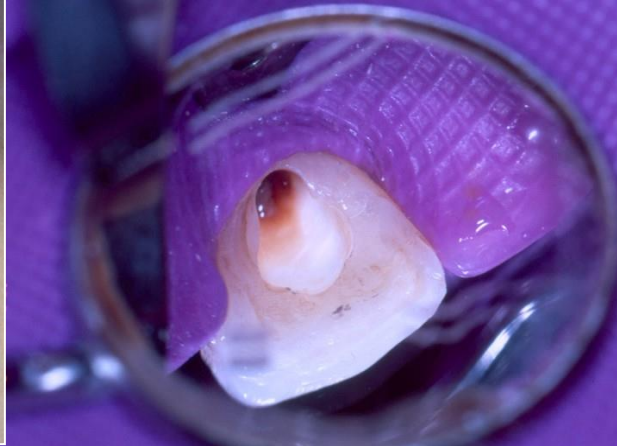


Risk of reinfection

Decreased resistance

Limited area for retention

# Aim of postendodontic treatment



- Prevent reinfection
- Longevity of crown reconstruction

# Contemporary trends



**Adhesive materials**

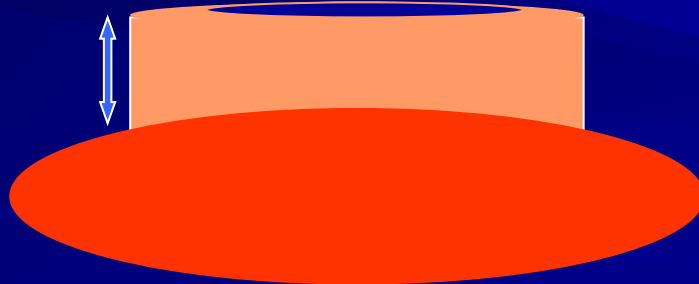


**Less indication of root canal posts**

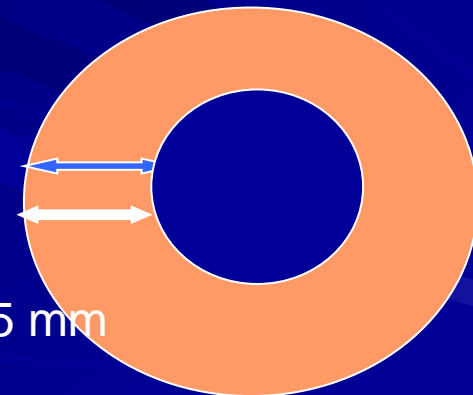


## Indication – loss of the crown – minimal requirements

2 mm



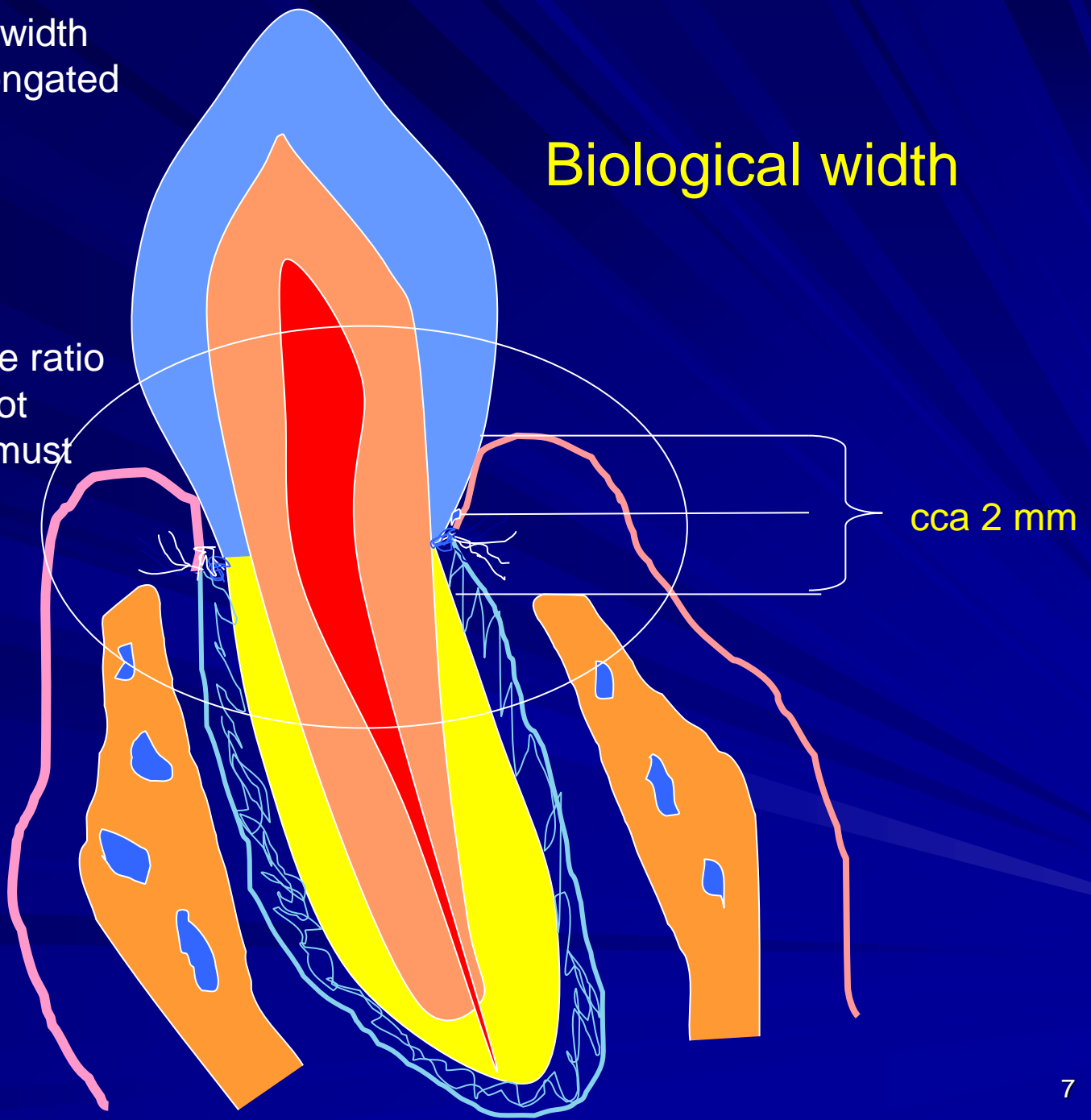
1 -1,5 mm



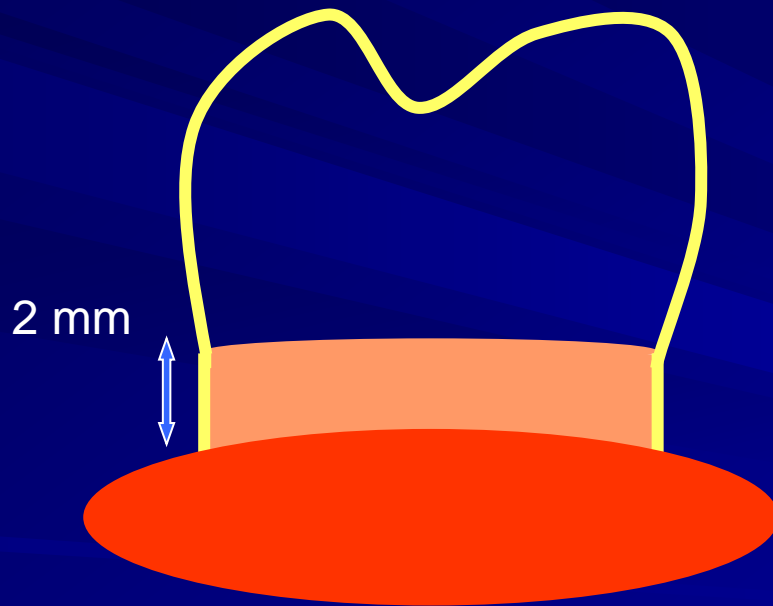
Within the biological width  
can be the crown elongated  
using gingivectomy.

If it is necessary  
to achieve more  
– the ostectomy can  
be performed. But the ratio  
clinical crown /the root  
after this procedure must  
remain at least 1:1

# Biological width



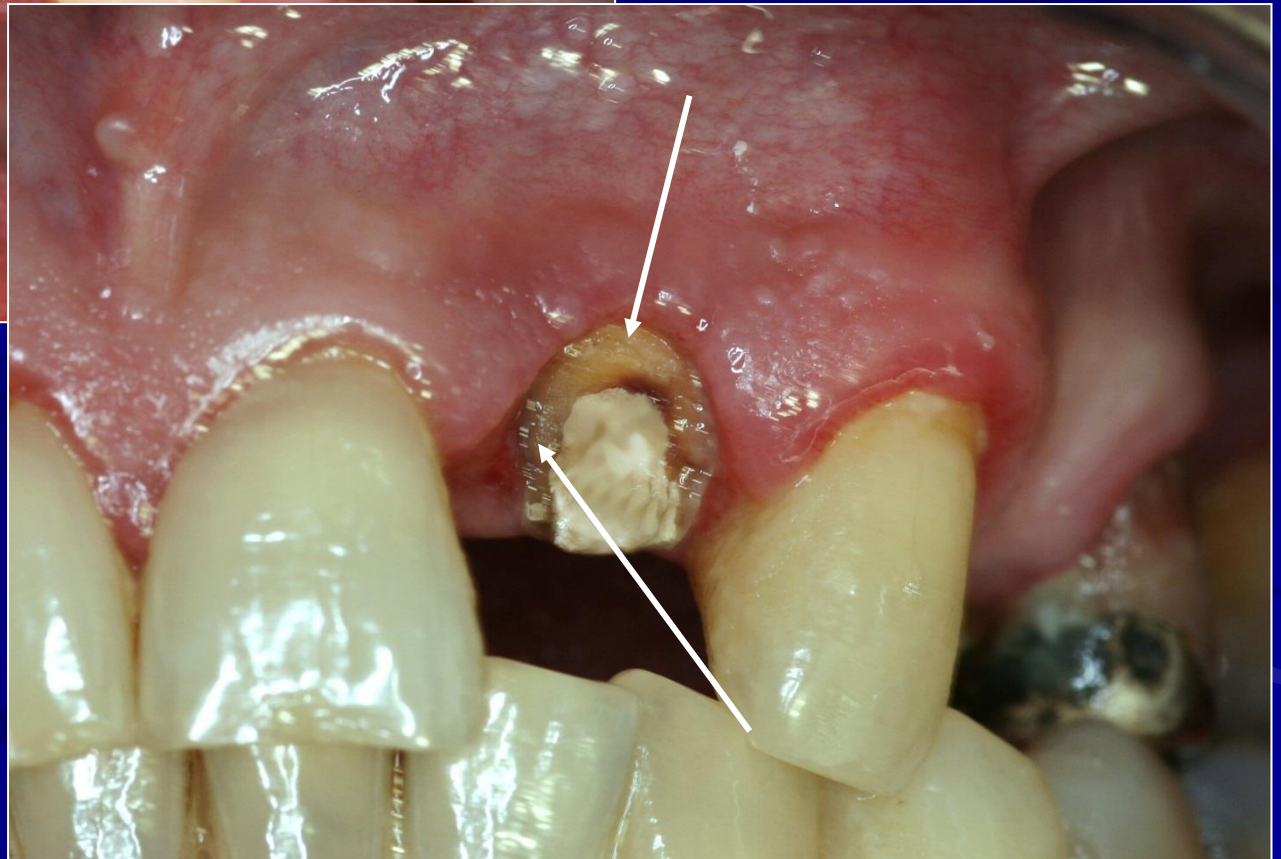
# Ferrule effect



Retention

Transfer of  
masticatory forces

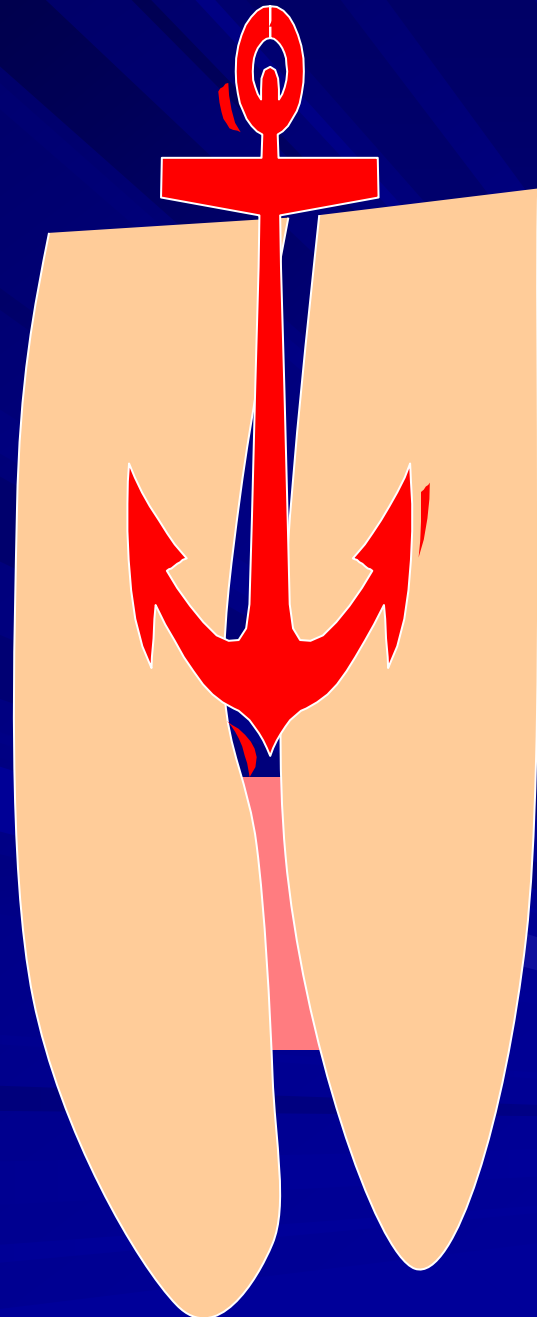
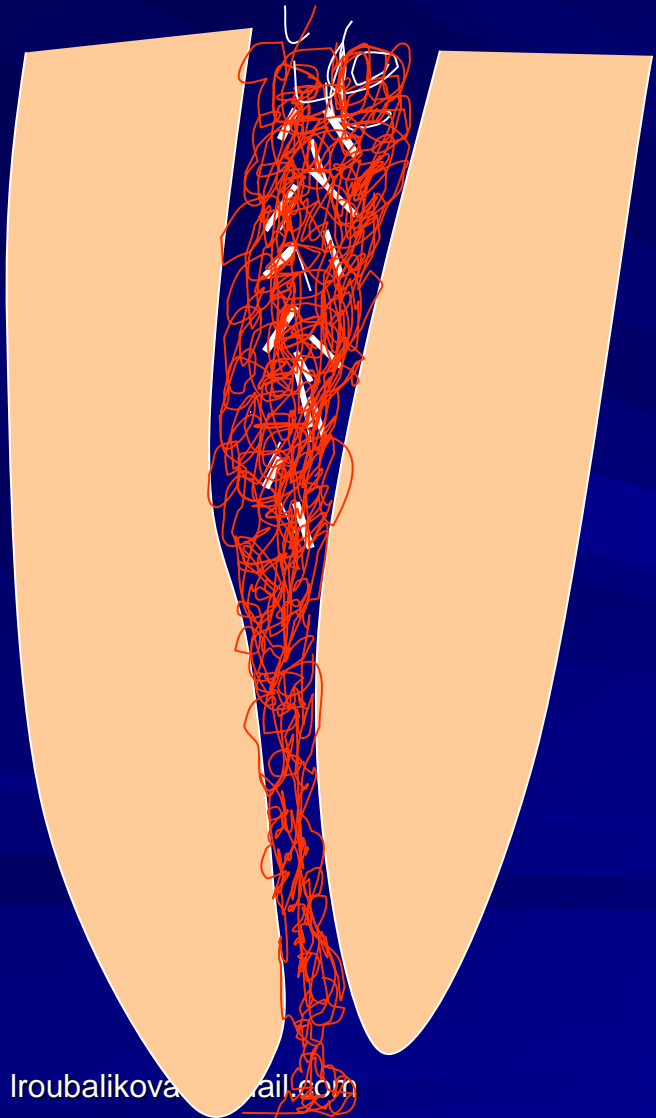


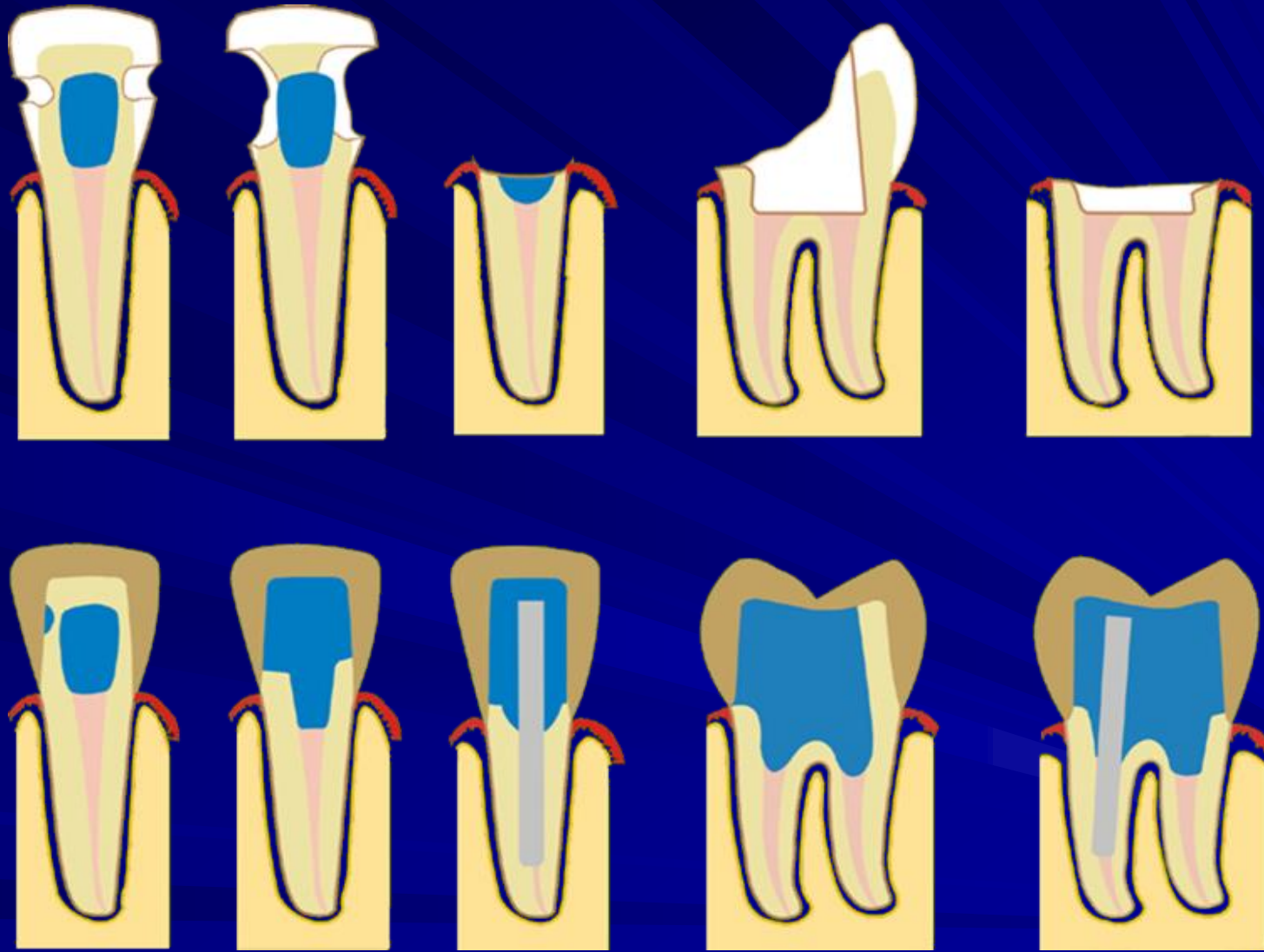


# When post

## Depends

- How much hard dental tissues is lost





In frontal area:

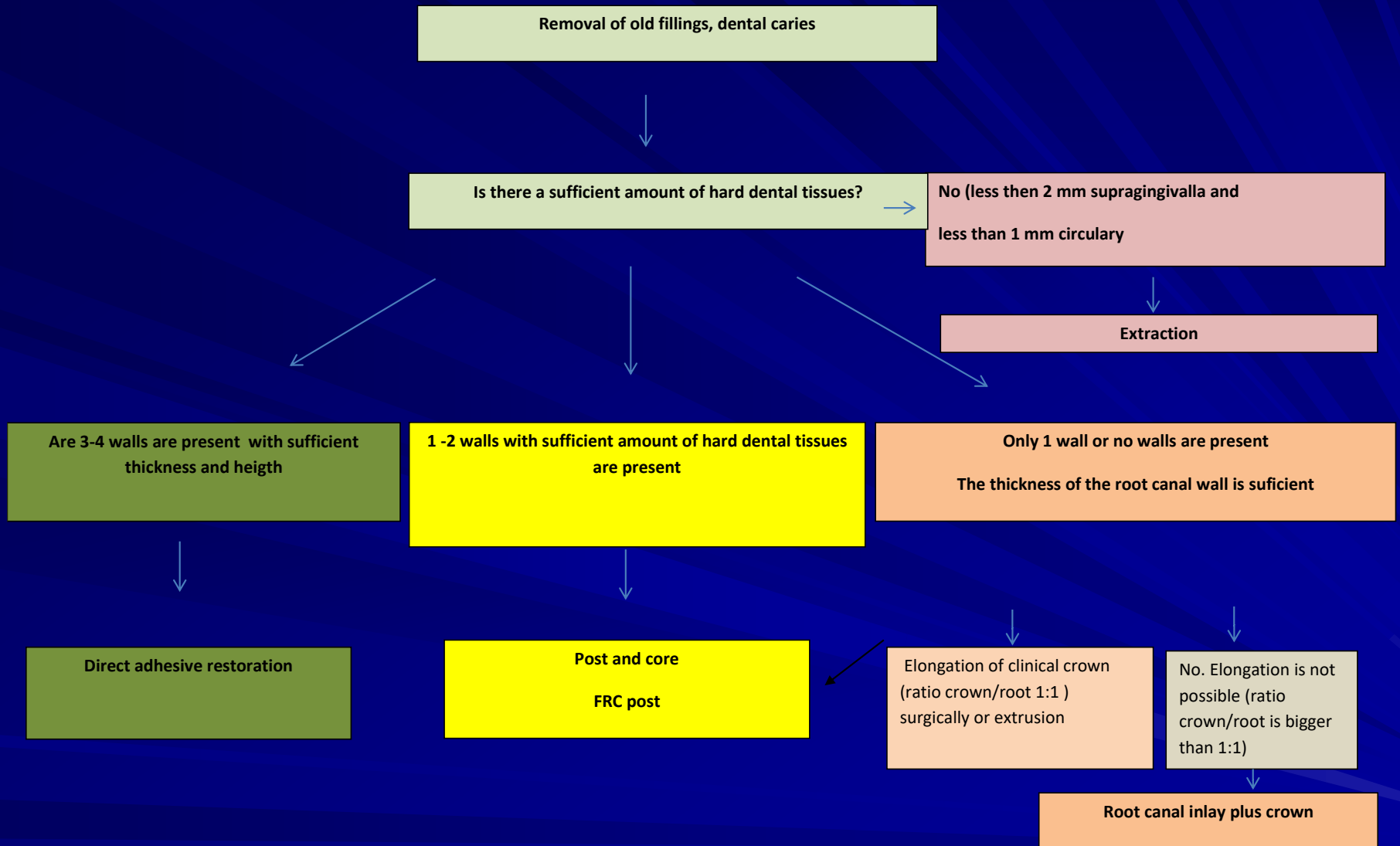
- when two marginal ridges are lost plus access cavity
- When only one marginal ridge is lost plus access cavity plus heavy loading (e.g deep bite)

In posterior area – when both proximal ridges are completely lost

# Frontal area

- Bigger loading with transversal forces
- Smaller area for retention





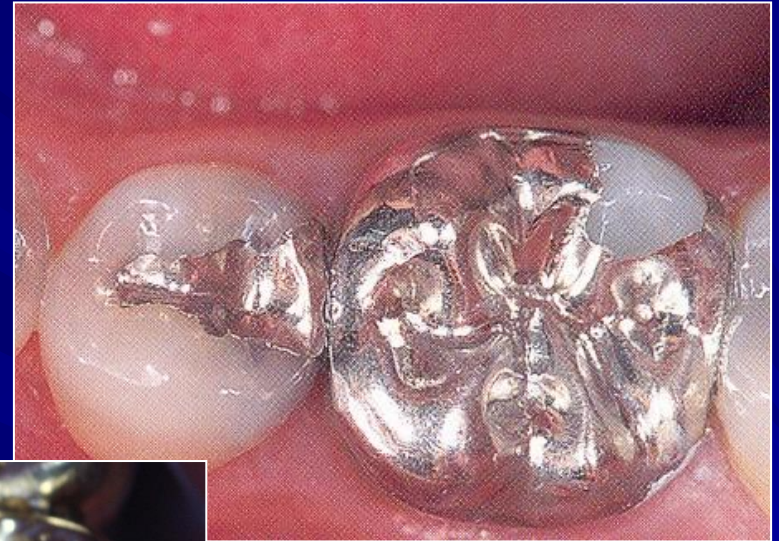
# Posterior area

- Loading more in axial direction (less amount of transversal loading)
- Overlay is considered without any post in most cases





# Techniques without posts



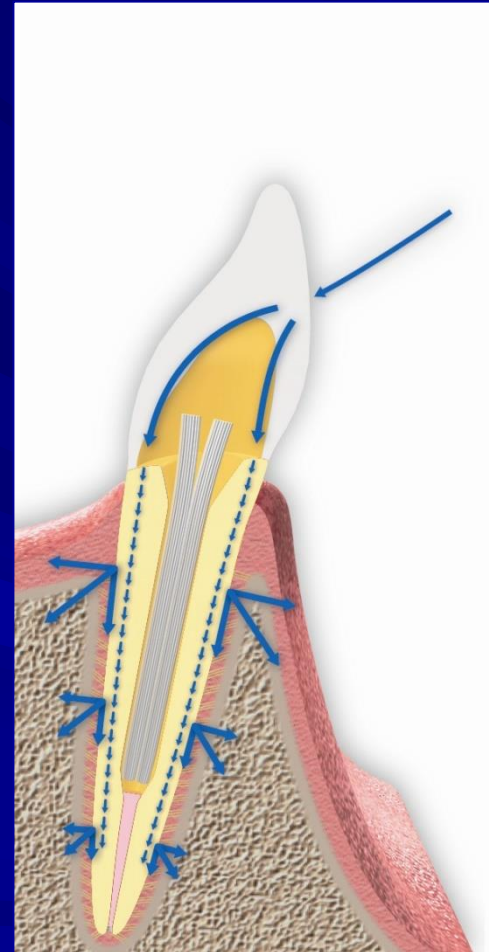
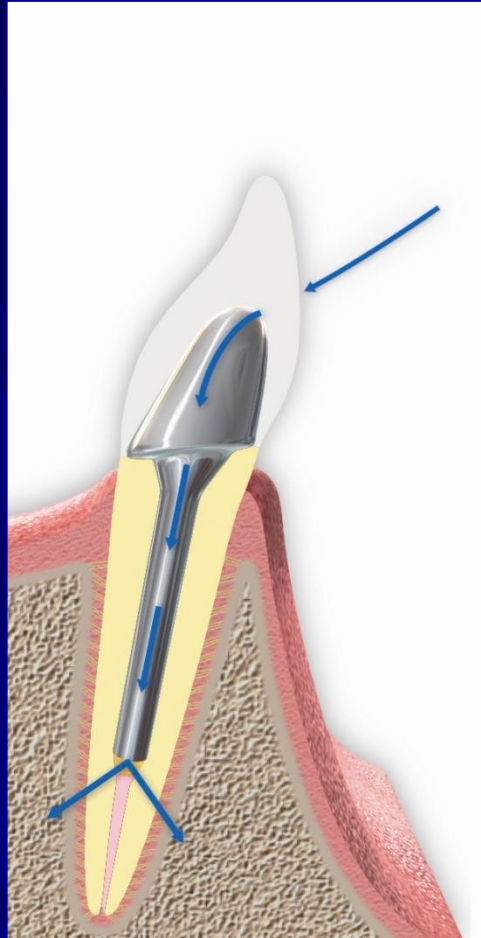
Amalgam overaly  
Metal overlay

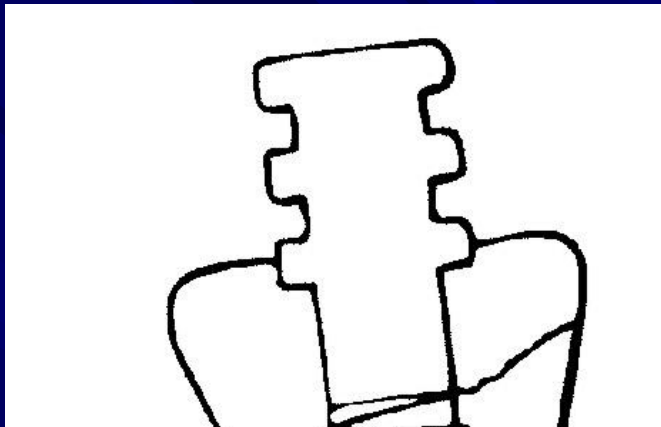


Composit or ceramic overaly  
- Endodontic crown



# Metal versus FRC post





# Available posts



Kov



Vláknový uhlík



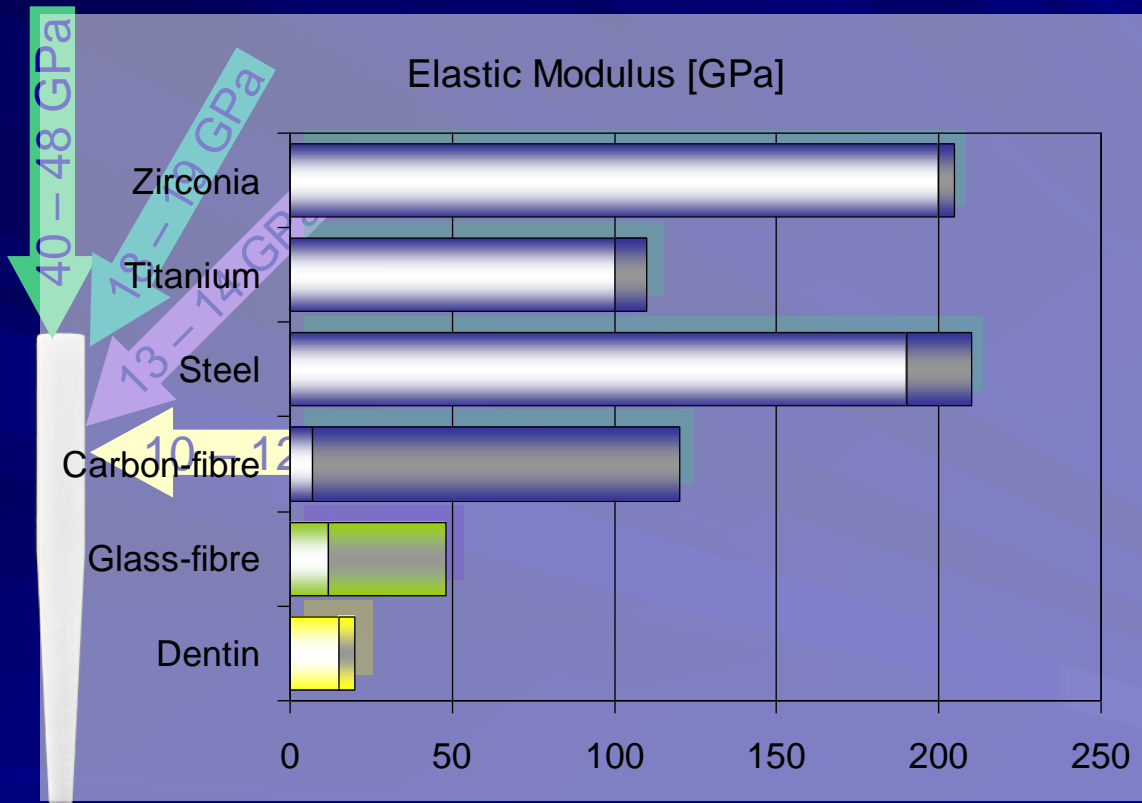
FRC



Zirkon

# Benefits of FRC posts

- Elastic modulus similar to dentin
- Good seal – adhesive technology
- Aesthetics
- One visit less (dental lab no need)



Source: Materials Science and Engineering, 4th Edition, Callister



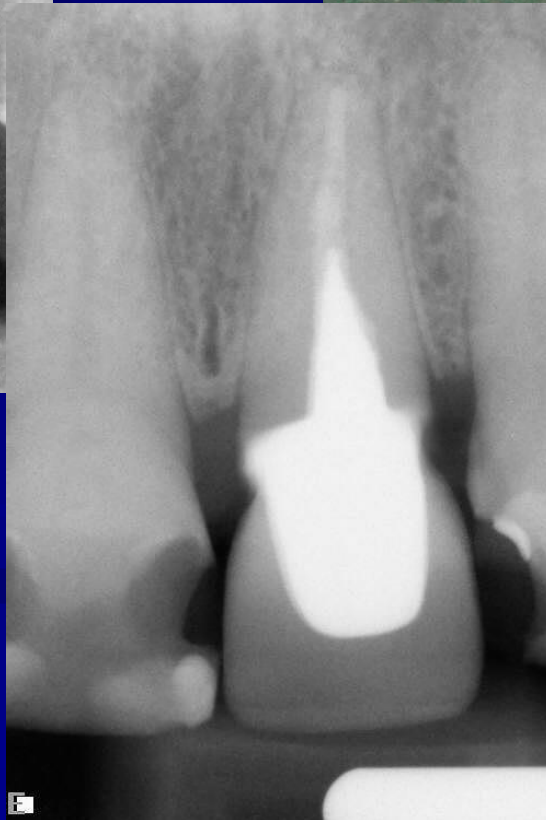
# Supragingival tissues

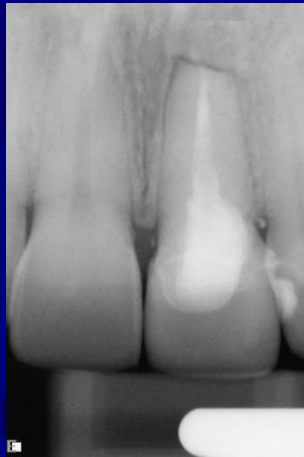
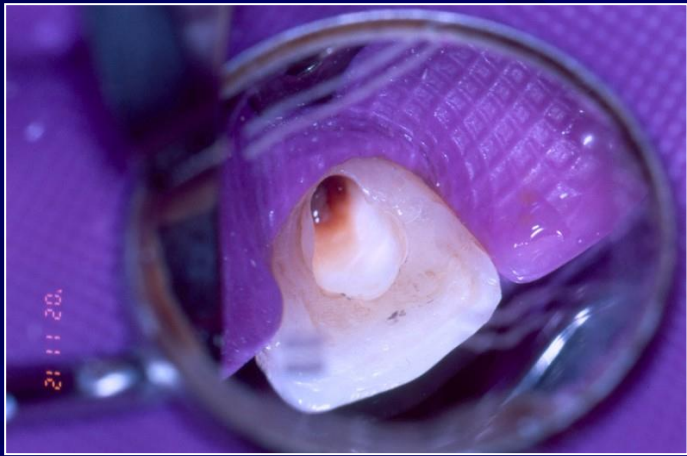
*Ferrule*  
*Good adhesion*



# Risks – only when technology is not properly followed

- Decementation
- Fracture of the post
- Fraktura of the root
- Gap







Core made of composite material

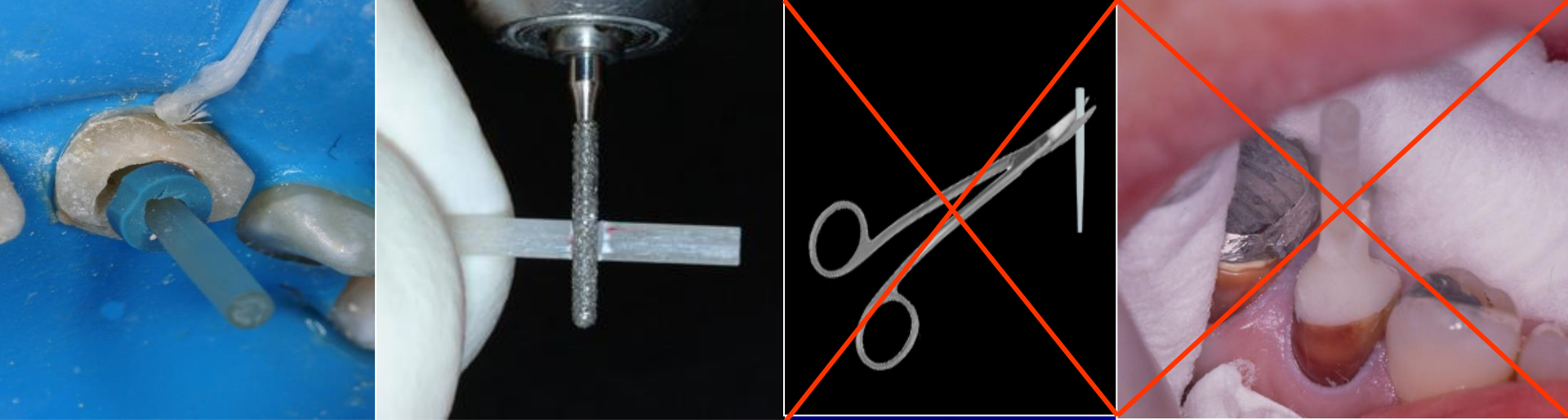
# Step by step procedure



# Check root canal filling



# Preparation



Try the post

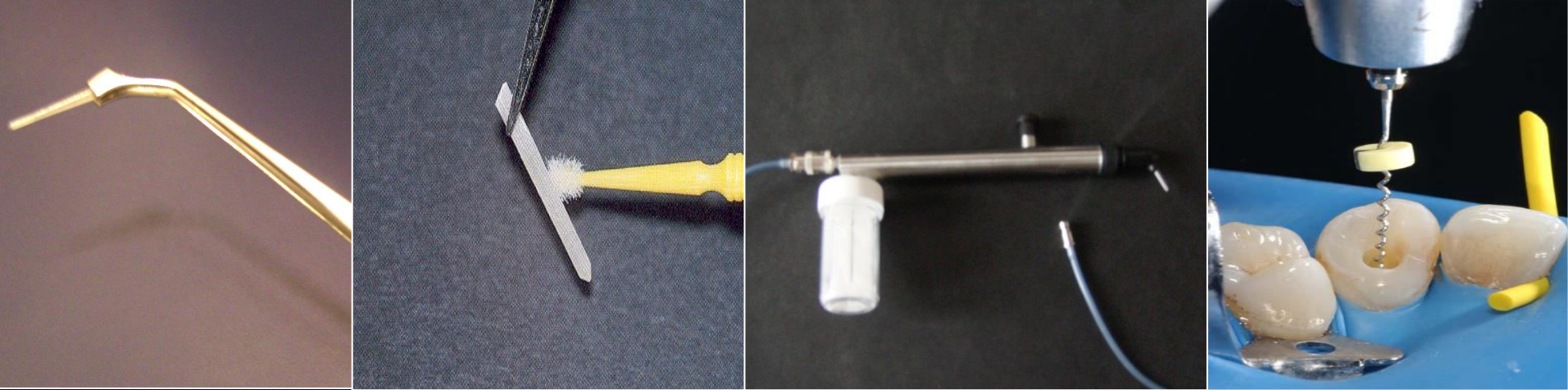
4 mm of root canal filling is left



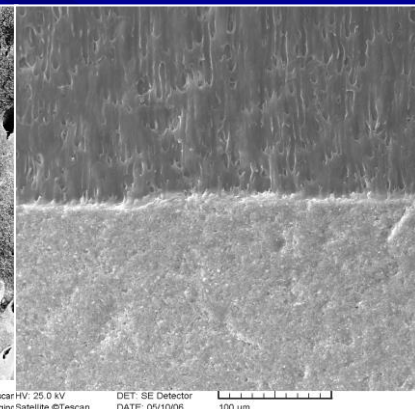
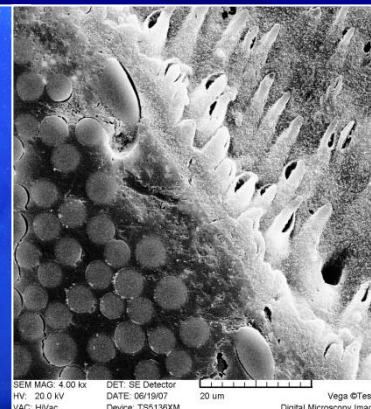


# Adhesive procedure





# Cementation using a dual or chemically curing composite cement



SEM MAG: 4.00 kx DET: SE Detector HV: 20.0 kV DATE: 06/19/07 VAC: HVac 20 um Vega ©Tescan HV: 25.0 kV DET: SE Detector DATE: 05/10/06 Digital Microscopy Imaging Satellite ©Tescan 100 um



# Cements





## **Core**

**Special material**

**Filling composite material**

**Post and core material – one material**

- for post cementation and core**

