Prosthetic III.

Fixed dentures

Fixed dentures

Restore the shape (and function)

Cemented on/in the prepared teeth

Can not be removed

Fixed dentures

Inlays /onlays Crowns Bridges

Inlay



Onlay





Overlay





Partial crown













Preparation

Reconstruction in oral cavity















Aesthetic inlays – composite materials, ceramics



Special procedure



Indirect method always

Root canal inlay



Cementation

Zinkoxid phosphate cement
Lentulo
Vaseline
Removal of access of the cement

Fixed bridge

Replacement one or more teeth





Crowns

Restore the shape of a damaged tooth

Most frequently

- Replace the lost part of a tooth (caries, fracture)
- Protect before damage
- Anchoring of a bridge

Indications

- 1. Badly broken down tooth (previously restored, secondary caries, loss of vitality)
- 2. Fracture (large)
- 3. Tooth wear- erosion (chemical)
 - attrition (mechanical)
 - abrasion (patological)
 - diseases of the hard dental tissues
- 4. Changes in position of teeth

Types of crowns

Full crowns

One material (metal alloy, resin, ceramics) *resin and ceramics - jacket crowns Facet crowns* Combination of materials Metal alloy –resin Metal alloy – ceramics

Partially / full covered





For the crown the tooth must be prepared

Basic rules for the crown preparation

Reduction of the hard dental tissues – space for the arteficial material (restore the form as well as the function – strong enough)

Conical form (5° - 7 ° optimal, max 15°), no undercuts!!!! No sharpe edges!!!

Basic rules for the crown preparation

Cervical border –must be clear. The location is:

- Supragingival
- Subgingival (0,5 mm)
- Gingival

Cervical border

Shoulderless – the tooth is simply tapered, Preparation bordes can be seen



Cervical border

Round shoulder (chamfer)



Cervical border

Rectangle shoulder



Full metal crown



Posterior teeth

Full metal crowns

Preparation is less invasive

Aesthetics is bad

The price is low

Full metal crown

Occlusal reduction: 1 mm, following the anatomical form
 Reduction vestubulary and orally – 0,5 mm (max 1 mm)
 Round shoulder



Preparation is shoulderless

Preparation border can be seen



Metall alloy - golden alloy, chromcobalt alloy





Metal allo

Facet made of resin or composit

Facet crown



Posterior teeth



Facette crown

Metal framework Made of golden alloy or chromcobalt alloy

Facete made of the resin, composite, (ceramics)



Metal framework with retention for the resin Facette of aesthetic materiál usually resin

Combined crown – facet crown

Metal construction + facet (made of acrylic or composit)
 Incisal or occlusal reduction 1,5 mm

- Vestibular reduction 1 1,5 mm
- Oral reduction 0,5 mm
- Round shoulder (vestib appr. 1 1,5 mm, oral 0,5 – 1 mm)

Metalceramic crown


Metalceramic



Posterior teeth Anterior teeth

High aesthetics Good mechanical properties

Metalceramic

Occlusal (incisal reduction) – 1,5

Vestibular and oral reduction and other 1,5 mm

Round shoulder



Metal framework is fully covered with ceramic material



Metalceramic crown

Jacket crown



Resin, ceramics



Jackette crown Made completely of aesthetic materiál Resin or ceramics

Jacket crown – ceramic, composit, acrylic

Occlusal (incisal reduction) – 2 mm

Vestibular and oral reduction and other 1,5 mm

Sharp rectangle shoulder

Full ceramic (jackette) crown























Cementation of the crown





Fixed bridge

Replacement one or more teeth







Abutments

Pontic

Various size:

3 members bridges, 4 members bridges, 5 members... tce

The member: abutment or pontic.

Bridges

Abutments



Full metal crown Facet crown Metalceramic crown

The axis must be parallel











Bridges

Pontic

Full metal Facet Metalceramic





Self cleaning bridge (sanitary bridge)

Contact pontic

Reduction - the area that is in contact with gingiva 1/3 of the occlusal size. Occlusal reduction depends og the magnitude from 10 - 30% reduction.









Preparation

- Preparation grooves
- Occlusal reduction
- Vestibular reduction
- Oral reduction
- Proximal reduction
- Finishing and polishing











Manufacturing procedure 1.st phase in dental ofice Taking impression – elastomers

Antagonal impression alginate

Occlusal impresion – bite registration (intermaxillary relationship)

Provisional treatment

Impression

Elastomeric materials
Dual viscosity technique
in one phase or in two







Registration of the intermaxillary relationship









Antagonal impression - alginate



Manufacturing procedure 1.st phase in dental lab
Plaster model– the dental arch is made of ultrahard gypsum, the base of a stone.

The model is divided after application of guide pins

The antagonal model of stone

Mounting to the articulator (simulator)

Manufacturing procedure
1.st phase in dental lab
The wax patern of the metal framework is manifactured

Casted (the method of lost wax)

Adapted on the model



Manufacturing procedure 2.nd phase in dental ofice The framework is tried out

The colour of veneering material is choosen





Manufacturing procedure 2.nd phase in dental lab

The veneering material is applied on the framework.





Manufacturing procedure 3.rd phase in dental ofice The denture is tried out

Cemented
 (zinkoxidphosphate cement, glasionomer or composite)













