FRACTURE RESISTANCE OF TEETH TREATED ENDODONTICALLY AND RESTORED WITH LIGHT-CURED COMPOSITE WITH AND WITHOUT CUSP COVERAGE

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Introduction: The golden standard in restoring teeth after endodontic treatment is the dental crown. Once in dental practice were introduced adhesive techniques of filling, these are more often used as post – endodontic treatment. Dental fractures are very often found in this particular group of teeth, which is why we decided to analyze if cusp coverage restores strength lost during endodontic treatment.

Material and methods: Using PubMed, Google Scholar and HINARI databases, we selected 42 articles which have as keywords "cusp coverage" and "fracture resistance". The selected materials were analyzed by the working group, which according to their discussions, knowledge and clinical experience has taken an attitude towards this subject. To demonstrate the technique of making cusp coverage we presented a few clinical cases we still monitor.

Results: The endodontic treatment increases the risk of tooth fracture. Factors predisposing to fracture are the endodontic access cavity, presence of marginal ridge, cusps thickness, cusp deflection and lack of pulp chamber roof. Hood explained using a mathematical formula the mechanism of cusp deflection that proves the importance of cusp coverage. This was confirmed by clinical and experimental studies.

Conclusion: Endodontically treated teeth and restored with cusp coverage may be more resistant to fractures than those filled whit composites conventionally.

Keywords: prevention, tooth fracture, cusp coverage.

AESTHETIC VS. DENTAL HARMONY IN AMPLITUDE DISCOLORED RESTORATION

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Introduction: Most common reasons for failure in discolored dental restorations are on how to improve aesthetics and restorations functionality diagnostic. Efficient communication of dental harmony and dental aesthetics, dental-facial relationships, the characteristics of color, the functional-occlusal harmony are part of therapeutic planning taking into account the specific properties of materials and the different ways they can be used, the practitioner chooses the appropriate system with technician and patient for the situation. Fine adjustments allow a specific character which involves the verification of functional aspects, aesthetic appearance of the desired restoration.

Aims and objectives: This paper proposes an approach on harmony and aesthetic dental in amplitude discolored restorations with an optimal system that allows adjustment and progressive verification of restoration for being able to count on the success of the final result.

The objectives consist in differentiating between the directions for the protocol of occlusal rebalancing, functional and the harmonizing a whole physiognomic appearance offering the dental aesthetic desired by dental team with the patient.