

## a rapid aesthetic crown procedure for primary anterior teeth

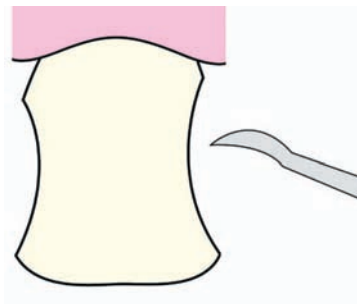
by Drs Judy Fenton and Robyn Thomson

**Problem:** The parent of a young child who had 'bedtime-bottle' decay wants a quick and simple aesthetic improvement of the affected primary upper anterior teeth. The child has limited co-operation in the dental chair.

**Solution:** To restore the affected teeth with *Fuji IX* (GC Corp) crowns. From experience, the material seems to be sufficiently strong for primary anterior teeth and opaque enough to mask out most darkened areas underneath. It bonds to tooth structure and releases fluoride. Because GIC is so well tolerated by the gingival tissues around primary teeth, final finishing can be spread over one or more visits.

### Technique

1



Excavate softened caries. Alternatively arrest the caries to a point where the affected dentine is hard and cannot be scratched with a probe.

In the case shown the caries was first arrested using the technique described on page 112. The result was that the dentine was quite firm and needed no excavation.



Appearance of primary upper anterior teeth with arrested caries. The upper centrals had been root filled with a resorbable paste and the lesions arrested using the technique shown on page 112. With the root-filled teeth retention was obtained at the entrance to the root canals.



Appearance of a celluloid crown form (*3M Pediatric Strip Crown Form* [3M Espe]). Holes have been placed in the mesio-incisal and disto-incisal corners to prevent air entrapment when the GIC is injected. The gingival area has been contoured.

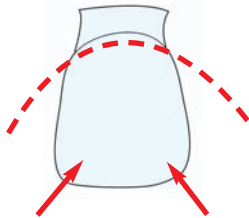


Regular setting *Fuji IX* (GC Corp) is used to fill the crown form. (Some operators may prefer the fast-setting version).

## crown procedure... (cont)

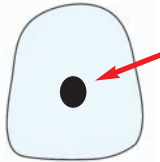
### Technique (cont)

2



With the end of a sharp #6 probe place holes in mesio-incisal and disto-incisal corners of the crown form to prevent air entrapment when the GIC is injected. Then contour the gingival area.

3



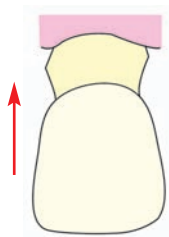
Place a mark on the lingual surface to help with orientation when the crown form is placed.

4

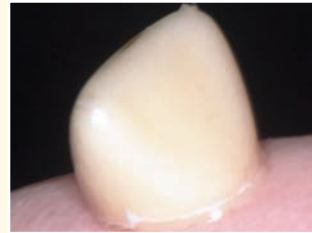


Fill crown form with *Fuji IX*.

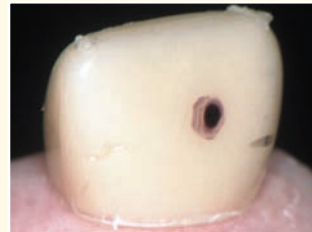
5



Place filled crown form over tooth and allow the GIC to set. Ideally dismiss the patient with the crown form still in place. Ensure that any exposed GIC has been sealed with *Fuji Varnish* (GC Corp). This will allow the GIC to mature without moisture contamination. Remove the crown form at the next visit and carry out any trimming required.



The crown form is filled and prepared for placement.



A mark on the lingual surface facilitates orientation of the crown form.



Appearance of upper anterior teeth following trimming of the GIC crowns.

6



Young children invariably do not like the sound of a high-speed handpiece or the vibration from a slower-speed one. Therefore it is best to carry out any trimming required with the appropriate finishing discs as they are usually well tolerated. One suitable brand is *Super-Snaps* (Shofu). >

## Technique (cont)

7



### Caries arrestment - technique used

1. The parent co-operated by stopping the bed-time bottle habit.
2. The parent started cleaning the affected areas using a child-strength fluoride toothpaste on the brush and, afterwards, applying a milk-derivative product *Topacal-C5* (NSI).
3. A 2% sodium fluoride solution was applied at 3-monthly intervals in the dental surgery.

At the end of this treatment the lesions had become hard and could not be scratched with a probe.

### about the authors.....

Drs Fenton and Thomson are private practitioners working in a practice restricted to the treatment of children.

The practice utilises many atraumatic techniques specifically developed for younger patients.

### Root fillings - materials used

The primary upper central incisor teeth were root filled using a mixture consisting of 90% *Kri 1 paste* (Pharmachemie)\* and 10% *Ledermix paste* (Lederle). The technique was described in the December 2003 issue of *Dental Outlook*.

\* Distributed by Halas Dental.

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