

**ida**<sup>®</sup>

Indian Dental Association



# Cyberabad

## NEWSLETTER

29-01-2023 | Sunday



**EDITOR IN CHIEF : Dr. Siva Nagini Yalavarthi**  
**CO EDITOR : Dr. Yasaswini.T**

# HIGHLIGHTS

- ⇒ **PRESIDENT WORD**
- ⇒ **EDITOR WORD**
- ⇒ **CASE REPORT 1**
- ⇒ **CASE REPORT 2**
- ⇒ **CASE REPORT 3**
- ⇒ **DENTAL CROSSWORD**
- ⇒ **DENTAL PHOTOGRAPHY**
- ⇒ **DENTAL ART**
- ⇒ **UPCOMING EVENTS**



## President's Message

Dear members,



Hereby, as the President, I heartily welcome you all this new year with warm wishes to the new things ahead. I am honored to address this esteemed gathering by saying.... This year, we will focus on promoting the work of our fraternity in Cyberabad area and raise awareness about dental health through social media by sharing informative content.

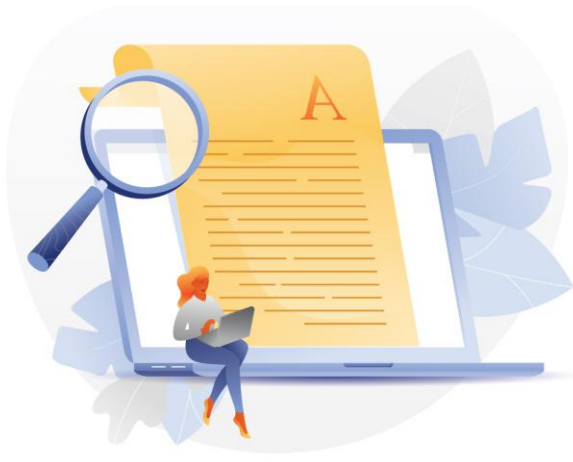
Our goal is to educate the public about the importance of oral health and the role of dentists in maintaining it properly. In addition, I want to remind you that the Continuous Dental Education (CDE) programs are a vital part of our association's mission. I encourage all of you to take good advantage of the opportunity from these programs and provide us feedback to improve them. Your input is valuable and essential to make sure that our CDE programs meet your needs and provide you with the information and skills you need to stay updated in the field of dentistry.

I am also excited to announce the introduction of a fresh concept of newsletter this year, which will be a significant platform for our members to share their knowledge and expertise with their peers. This will be a great way for us to get inspired by the work of our colleagues and stay connected to learn from each other. I am looking forward to work with all of you to advance our profession & growth of our association.

**PRESIDENT**

**Dr. Padmaja Pithani**

President, IDA Cyberabad Branch.



## Editor's Column

I am glad to be a part of the IDA (Indian Dental Association) as an Editor in chief for the newsletter of the year (2023). One of the objectives of this newsletter is to encourage publications from different streams of research besides collecting interesting and exceptional case reports that help to enrich further discourse on Dentistry.



Readers can particularly notice progress made in this direction. I take this wonderful opportunity to thank the authors / clinicians for sending their research and diligently worked cases to be published. All these articles in the journal will be able to strengthen the links between Dentistry and other streams within Science, Technology and Society.

**Dr. Siva Nagini Yelavarthi**  
Editor In Chief





## Occlusal overlays as a modern treatment concept for the reconstruction of severely worn occlusal surfaces:

The caries experience is declining sharply. The number of teeth still present at an advanced age has also increased significantly in recent decades. This shows a clear trend towards long-term tooth preservation – possibly with fixed dental prostheses – which is further supported by the possibility to place implants to increase the number of abutments. But there is increasing evidence of risks associated with dental hard-tissue damage because of erosion/biocorrosion, attrition, and abrasion. The defect morphology of these wear-related lesions is different from that of caries lesions; occlusal surfaces are more often affected in the posterior region. Against this background, restorative treatment concepts have become significantly more differentiated in recent decades.

Tooth is treated endodontically and an occlusal lab composite (Bredent) overlay was fabricated and bonded over the tooth

### Discussion :

In order to preserve more healthy hard tissue in the past there was significant rise in preparation techniques like using secure adhesive connection to enamel and silicate ceramic restorative materials



Image 1: Tooth prep for an overlay



Image 2: Polishing the prep before bonding with pumice

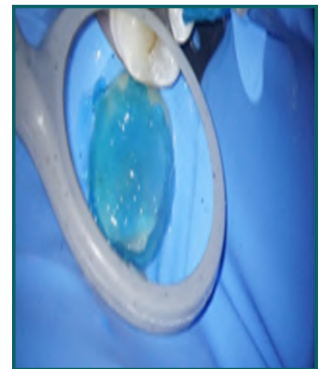


Image 3: Etching the tooth surface with 37 % phosphoric acid

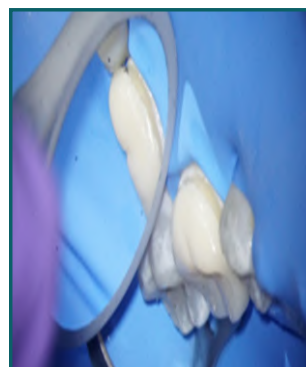


Image 4: Dry fit check of overlay.. margin verification



Despite all the euphoria of benefits like beneficial low risk of damaging the pulp, better hard-tissue protection, easier impression-taking, a better view of the site during preparation and adhesive fixation and less interference with the marginal gingiva, we have risks to be noted that these methods are highly technique-dependent in terms of preparation (primarily in enamel), adhesive delivery, and final adjustments to the static and dynamic occlusion. Adherence to defined guidelines during the various clinical and technical treatment phases is a key factor for achieving long-term clinical success

**Conclusion :** We have many alternatives to the traditional, usually much more invasive, treatment methods. In recent decades,. Occlusal onlays made of high strength glass-ceramics represent an interesting contemporary form of restoration for reconstructing the occlusion in patients with pronounced deficiencies of the dental hard tissue. Combined with a supragingival preparation margin, these onlays offer numerous advantages

- ★ Reduced loss of dental hard tissue
- ★ Increased availability of enamel
- ★ Unobstructed view of the site during preparation
- ★ Simpler conventional and digital impressions
- ★ Less or no traumatic interference with the marginal gingiva
- ★ Well-controlled adhesive cementation. A prerequisite for success, however, is meticulous adherence to the procedure is needed.



Image 5: Application of universal bonding agent on the tooth surface



Image 6: bonding of the overlay with resin



Image 7: Removing the flash of resin with LM arte eccesso



Image 8 : After bonding the overlay

## REFERENCES:

- ◆ Van'tSpijker A, Rodriguez JM, Kreulen CM, Bronkhorst EM, Bartlett DW, Creugers NH. Prevalence of tooth wear in adults. *Int J Prosthodont.* 2009 Jan 1;22(1):35-42.
- ◆ Jaeggi T, Lussi A. Prevalence, incidence and distribution of erosion. *Dental erosion.* 2006;20:44-65.



Dr. Jitender Reddy MDS .  
Restorative dentist and Micro - Endodontist,  
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## Replacement of Congenitally Missing Lateral Incisor with Implant after regaining space with Aligners

A multi-disciplinary case where a congenitally missing maxillary lateral incisor (with loss of space) was replaced with an Implant after closing spaces in adjacent teeth with V-Clear Aligners, thus creating enough space for the Implant and Crown in lateral incisor position.

A 20 year old female patient had walked-in to our clinic with the complaint of spacing in upper anterior teeth and hence poor esthetics. She had consulted other dentists earlier but did not get a treatment plan which was favorable to her. She did not want any extractions, crowns/bridges or orthodontic therapy with major shift in midline with an asymmetrical teeth arrangement. Replacement of Congenitally Missing Lateral Incisor with Implant after regaining space with Aligners, a treatment plan was suggested to the patient of a reasonable one according to us .

We would close all the spaces in the upper anterior teeth and open up the lost space in #22 to facilitate an implant and crown. This way we could maintain the symmetry of teeth with minimal shift in midline and no extractions or crowns/bridges would be needed. Also, we would achieve this with Aligners instead of conventional orthodontic braces. The treatment time would be approximately 9-12 months. The patient was happy with this plan and was ready to undergo treatment.



Pre - Operative Pictures (spaces seen between 13&12, 12&11, 23&24, 22 missing)



Post-Aligner Therapy (spaces between 13&12, 12&11, 23&24 closed to create space for implant in 22)





V-Clear Aligners were suggested. A complete intraoral scan was done and OPG + Lateral Cephalogram were taken. Treatment was planned as suggested above. V-Clear Aligner therapy went on for 6 months after which the desired space for #22 was achieved. An implant was placed in this area and healing abutment was placed. Crown was planned after 3 months during which period the V-Clear Aligners' Retainer was in place to prevent any kind of relapse. After 3 months, crown was placed on the implant. The patient was highly satisfied with the final outcome.



Implant placed in 22 area



Transfer Abutment



Zirconia Crown

Multidisciplinary Case by :

Dr. Rajasekhar Nutalapati  
Periodontist & Implantologist

In association with  
V Clear Aligners Pvt. Ltd.

## References:

- ◆ Mampieri G, Giancotti A. Invisalign technique in the treatment of adults with pre-restorative concerns. *Progress in orthodontics*. 2013 Dec;14(1):1-9.
- ◆ Tuna SH, Keyf F, Pekkan G. The single-tooth implant treatment of congenitally missing maxillary lateral incisors using angled abutments: a clinical report. *Dental Research Journal*. 2009;6(2):93.
- ◆ Watted N. *Esthetics Congenitally Missing Lateral Incisors: Single-Tooth Implants*.





## Full-Mouth Rehabilitation with Implants and Multi-Unit Abutments



Pre - Operative



Pre - Operative Intraoral



Healing Abutments over Multiunit Abutments



Immediate temporaries relined with Silicone



Multiunit level upper & lower closed tray impression technique



Titanium Abutments for final prosthesis



Cementation of layered Zirconia



Post - Operative

**Dr. Y. D. Vijayasimha Raju**  
Prosthodontist & Implantologist

**Dr. Kishore Koya**  
Dental Surgeon

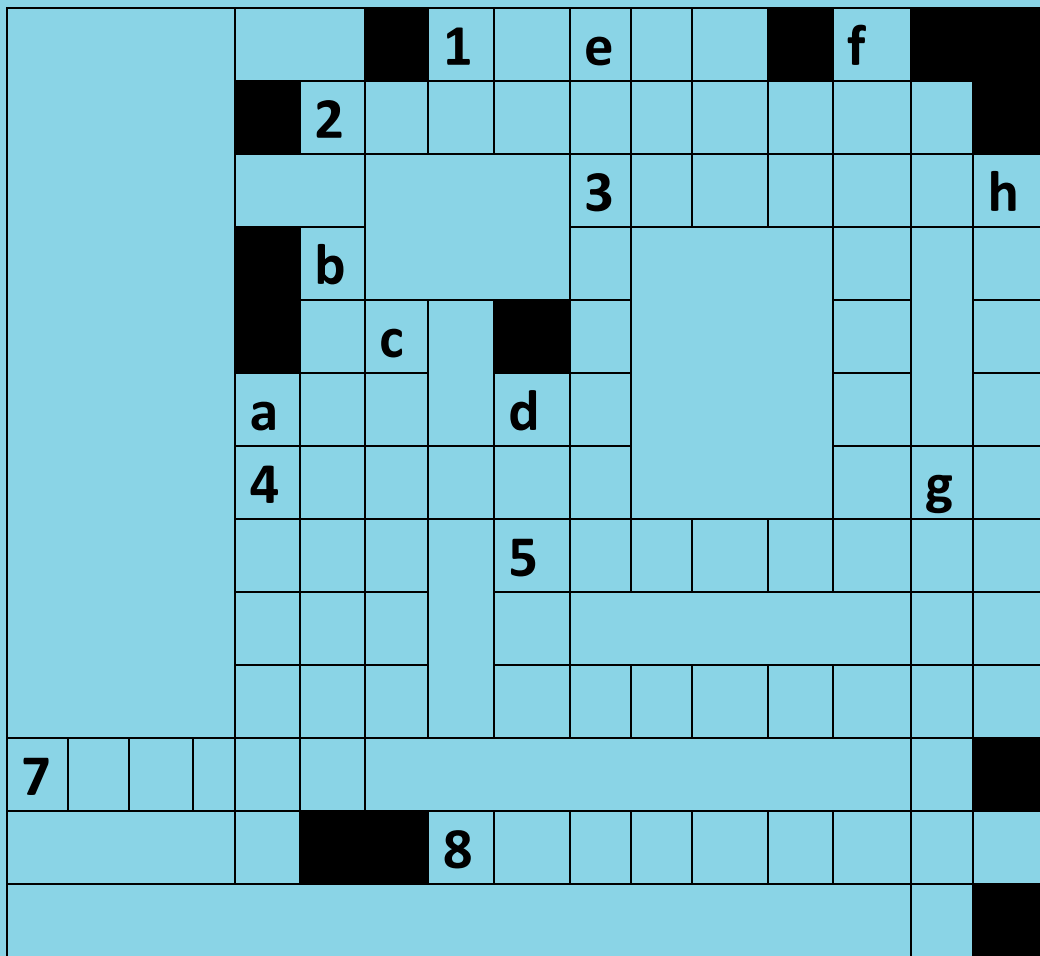
"Age is just a number" justified with this case.

An 85 year old lady presented with severe chronic generalized periodontitis and wished to have teeth replacement for esthetics as well as for appropriate function. Full Mouth Rehabilitation done with Implants.

### References:

- ◆ Ashurko I, Trofimov A, Tarasenko S, Mekhtieva S. Full-mouth screw-retained implant-supported rehabilitation with multiunit abutments using virtual guided surgery and digital prosthetics protocol. *Case Reports in Dentistry*. 2020 Sep 9;2020.
- ◆ Rajgiri Shweta U, DayalanMalathi. "Full-mouth Rehabilitation with Implant-supported Fixed Prosthesis", *International Journal of Oral Implantology and Clinical Research*, 2016,7(3):73-80.





## ACROSS

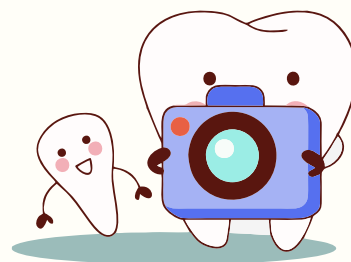
1. Breach in the epithelium
2. Hinge name of only movable cranial joint
3. Device to correct placement of teeth
4. Key element to check stability of implant
5. Strongest muscle of the human body
6. Mulberry molar manifested disease
7. Eye tooth of the body
8. Supplementary cusp of maxillary 1<sup>st</sup> molar

## DOWN

- a) Eagle's cusp
- b) Addictive tobacco alkaloid
- c) Voice box
- d) Parotitis caused by paramyxo virus
- e) Rule of slob technique
- f) Mandibular 3<sup>rd</sup> molar classification
- g) Deficient in sessile tissue
- h) Oral fissure synonym



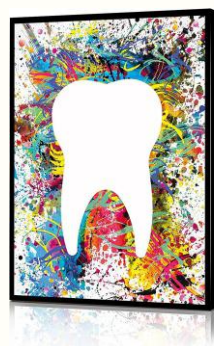
## DENTAL PHOTOGRAPHY



- Dr. Rajasekhar Nutalapati  
Periodontist & Implantologist

*" Take care of your teeth!  
They are not repeated by the nature  
but recreated by your dentist "*

## DENTAL ART



- Dr. G. Likitha Chowdary  
BDS

## UPCOMING EVENTS:





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**4-5 FEBRUARY 2023**

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