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was made for an endocrown as opposed to the conventional method of crown lengthening surgery followed by a cast-post-core and crown. Crown lengthening was contraindicated given the short roots and close proximity of the root furcation to the crestal bone. The endocrown was fabricated using monolithic zirconia and cemented with resin cement using the adhesive technique. There were no complications reported during the review appointments.

Discussion: Endocrown is a single monoblock restoration consisting of an intraradicular post, core and crown. It allows for the conservation of tooth structure and also a reduced clinical time. Retention of the crown is obtained via macroretention by engaging the internal wall of the pulp chamber and the crown preparation margins while microretention is achieved with the use of adhesive cements.

Conclusion: The patient was satisfied with the treatment outcome. At one-year follow-up, the endocrown is still functional and in good condition. Endocrowns may be considered as a feasible treatment option for the restoration of endodontically treated teeth with compromised tooth structure. However, stringent case selection is necessary.

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CRNC12: Maxilla Reconstruction with 12 Telescopic Fixed Dental Prosthesis

Shu-You Lin, Dai Yu Liou, Hsi-Kuei Lin
Prosthodontic Department, Taipei Medical University-Shuang-Ho Hospital, New Taipei City, Taiwan

Introduction: Patient came to the outpatient department with 16 to 26 provisional fixed dental prosthesis (FDP). Due to past unpleasant dental experience, patient denied traditional FDP and traditional RDP for rehabilitation. He mentioned the information about telescopic restoration which he found on the internet. After evaluation of the residual tooth structure and periodontal status of the existing abutment teeth, the idea of telescopic prosthesis was accepted.

Case description: A 52-year-old patient asked for full mouth rehabilitation. Clinical finding as follows: ①21 22 23 residual root ②Upper and lower partial edentulism ③Class II jaw relationship. After completion of the 12 unit telescopic FDP of the maxilla, he was satisfied with the chewing function and appearance. He could unwear the denture and clean the prosthesis which was very important for him, since he was concerned about further tooth decay or periodontal inflammation.

Discussion: After three months, he came back and told us that the prosthesis was broken because it fell down on the floor during cleaning. The clinical examination showed that the metal substructure could not be fitted in due to the distortion. Because he was reluctant to remove the inner crown, we faced the problem of fabricating a precise FDP that could be fitted into mouth. Eventually, we used provisional CAD/CAM PMMA to fabricate the 12 unit outer crown. Finally he was satisfied with the new prosthesis again including chewing function and esthetic.

Conclusion: This technique can help patient satisfied the second prosthesis although the material is provisional CAD/CAM PMMA.

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CRNC13: Healing Large Bone Defect with Concentrated Growth Factor in Window Sinus Lift: A Case Report

Sharon Lee Sher Ling
Private Dental Practitioner, Kuala Lumpur, Malaysia

Introduction: Large bone defects usually need large membrane to cover and months for bone maturation. Healing of large bone defect has improved by the use of Concentrated Growth Factor CGF liquid phase mixture with bone graft to increase cell proliferation, and CGF solid phase as membrane to speed up soft tissue healing and maturation therefore leaving inner bone to consolidate.

Case description: Male 55y/o without medical problem require a implant at #14, #25 and #26; CBCT show need of sinus lift on #25 #26 which requiring 9mm of augmentation. 5tube of blood was drawn for CGF; sinus lift was done by lateral window without perforation. One CGF membrane was tuck in to protect membrane layer. 0.5CC allograft mix with CGF liquid phase, bone become sticky and packed without pressure condensation. 2CGF membrane was covered on surface and suture. 2 weeks post-surgery review with excellent soft tissue closure. CBCT 6 months later show well consolidated bone graft with good cortical layer, implant was placed into mature grafted area, and restored with individual crown after 3 months.

Discussion: In large defect, bone grafts are more difficult to survive with varying degree of graft resorption, and tissue tension during closure. CGF contain high quantities of growth fator including TGFB1, VEGF, presence of multipotent...