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Pediatrics II

**University of Jordan**

**Faculty of Dentistry**

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**Gingival health:**-Studies have failed to show any increase in supragingival plaque accumulation associated with SSCs, except in instances where crown with defective margins have been placed( ex: when you trim the margins without smoothening it) or excess cement has been retained.

**Special considerations:**-Where a primary molar has no adjacent tooth either mesially or distally, It’s still important to carry out approximal reduction to avoid producing an excessive marginal overhang.  
This is particularly important on the distal surface of second primary molars (E) where such overhangs can impede the eruption of the first permanent molar(6). 🡪 (so you should do distal preparation even though there is no adjacent tooth to give space for the 6 to erupt without impaction, although teeth usually that get impacted against the E’s have the tendency to do so; they have mesial eruption, But we don’t want to make it worse so we carry out the distal preparations).  
  
-when multiple crowns are to be placed in the same quadrant(ex: E & D , the space here is a challenge), the adjacent proximal surfaces of the teeth should be reduced more than usual to facilitate placement of the crowns   
(or the mesial surface of the E and the distal surface of the D crowns can be flattened using pliers to make them smaller and less space between the crowns so they can fit easier),(and It’s easier to place and cement the adjacent crowns together, you can control things more).  
  
-Frequently, reduction in the mesio-distal dimension of the crown will be necessary, especially where mesial drift (often due to long term proximal caries) has resulted in loss of arch length. 🡪(do more preparation and flatten the mesial surface of SSC)  
  
-Moderate reduction in mesio-distal dimension can be achieved by flattening of the mesial and distal contact areas of the crown with Adam’s pattern pliers.

-Where mesial drift has occurred in the lower arch it may be possible to use a SSC form for the contralateral upper tooth (e.g. ULE crown form for LRE, they have similar gingival contour) as these SSC forms have a shorter mesiodistal dimension.

**Child and parental acceptance:**-At the beginning parents and child don’t like the SSCs (especially on the upper and lower Ds, because they are closer to the mouth opening), but after a while they accept it and they don’t see it anymore.  
-Only around 5% of parents objected about appearance.  
(Try to convince the child to accept it, you can tell the girls that this is a crown for the princesses, and tell the boys that this is an army helmet).

**Esthetics:**

-Stainless steel crowns may be aesthetically improved by placement of composite resin in a buccal window cut into the labial face of the crown post-fitting. 🡪(After cementing the crown and having a good seal, you can remove the labial part and etch the tooth structure and place composite facings, this is one way to increase esthetics of SSC)

- “Preveneered stainless steel crowns”( Prefabricated SSC with esthetic facings ), they require more preparations due to their greater bulk, and you can’t crimp them because the facings may be susceptible to fracture.

-There’s also “Zirconia crowns” for the anteriors mainly but also can be used for primary molars, they are highly aesthetic , technique sensitive and require a full crown preparation with a finish line (most of the time they are placed under GA) and they need a special cement for cementation and they are expensive. 🡪 they are gaining popularity especially in America.   
(They also can cause attrition for the lower permanent centrals, because lower centrals erupt before the exfoliation of the upper A’s).