

PROSTHETIC RESTORATION OF A RARE CASE OF DENTINOGENESIS IMPERFECTA - CASE REPORT-

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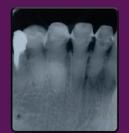
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INTRODUCTION

Dentinogenesis imperfecta is a hereditary disease that affects both the primary and permanent dentition. Early diagnosis and treatment can prevent the loss of teeth, the loss of vertical dimension of occlusion, and also avoid the appearance of special problems such as aesthetic and functional aspects, with psychological consequences on patients. Three types of dentinogenesis imperfecta are described in the literature. Type I is considered when dentinogenesis imperfecta joins with the osteogenesis imperfecta, type II do not presents this association, while in the case of type III the pulp chamber of the teeth are larger than usual.



The most difficult situation for the prosthetic reconstruction is the one without any root canals, like the patient presented in our case.







CASE REPORT





This poster presents a clinical case of a young female patient with dentinogenesis imperfecta. The patient came to the dental office seeking for full oral rehabilitation. After the clinical and radiological examination, the diagnosis was dentinogenesis imperfecta type II. She was already missing teeth on both arches, with major overerruptions and changes of DVO and intermaxillary relations. Radiological examination showed the absence of the root canals which increases the difficulties of the treatment. The patient was fully rehabilitated using fixed metal-ceramic restorations (crowns and bridges).







The treatment of dentinogenesis imperfecta represents a challenge for the dentist, the purpose of the treatment being the aesthetically and functional rehabilitation of the patient.





CONCLUSIONS

In order to prevent the emergence of further complications it is recommended that the treatment of dentinogenesis imperfecta start as earlier as possible, at the same time being indicated a close collaboration between the clinicians: orthodontist, therapist and prosthetician. The esthetic and functional results are more and more difficult to obtain if the treatment begins in later stages. Correspondence address: Ruxandra Margarit Faculty of Dental Medicine Restorative Odontotherapy Dept. Calea Plevnei 19 010221 Bucharest ROMANIA

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