

No significant differences were found, either for the tooth length or for the distance between the incisive papilla and foveola palatina between the dentulous and edentulous group ($p > 0.05$). Although both differences were not significant, t value was higher for the length of the upper central incisor ($t = 1.1$) than for the distance from the incisal papilla to foveola palatina ($t = 0.16$). The main reason for this fact is that the distance from the incisive papilla to foveola palatina does not change with age or teeth extraction, while the bigger length of artificial teeth, obtained in this study, can be attributed to elongation of the upper lip and reduced anterior face height in the edentulous patient.

The divider calculated by dividing the distance from the incisive papilla to foveola palatina by the length of the upper central incisor, for our edentulous population was 4.34 and the difference from the proposed one (4) was significant ($p < 0.05$). However, as the difference in the tooth length would only be 0.7 mm if we used the proposed divider 4, we can recommend the use of this factor as it does not cause discomfort and artificial teeth must be grinded and reduced while setting. This method could be helpful for students and practitioners, since it gives some real numerical values for teeth length.

Key words: incisive length, palatal length

TMD liječenje s kompozitnim inlayima izrađenim u ordinaciji

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U pojedinim slučajevima kod posteriornih zuba teško destruiranih karijesnim lezijama nije moguć adekvatan i potpuno estetski tretman. Kao alternativa nameću se kompozitni inlay, onlay i overlay, izrađeni neposredno u ordinaciji.

Takvi radovi mogu biti izrađeni u specijalnim parcijalnim artikulatorima (npr. Easy Croc, GIRRBAch Dental GmbH, Njemačka) što ih čini visokovrsnim funkcijskim nadomjeskom koji je moguće upotrijebiti i u tretmanu TMD-a. Otiske uzimamo posebnom bimaksilarnom žlicom i izravno izlijevamo u supertvrdoj sadri u artikulatoru. Uobičajeni kompozitni materijal modelira se u artikulatoru uzimajući u obzir okluzalnu morfologiju susjednih zuba i gnatološka načela izradbe okluzalne plohe.

Modeliran nadomjestak moguće je polimerizirati izvan usta jednokratnim osvjetljavanjem, što eliminira nastanak učinka kontrakcijskoga stresa zbog polimerizacije u ustima i povećava stupanj polimerizacije samoga materijala.

Gotov rad isprobamo i uskladimo u ustima te cementiramo kemijski i svjetlosno polimerizirajućim kompozitnim cementom. Takvi nadomjesci koje je moguće izraditi i u ordinaciji povećavaju strukturni integritet ekstenzivno oštećenih posteriornih zuba i predstavljaju adekvatan konačan tretman nekih oblika TMD-a.

TMD Therapy With Chair-Side Composite Inlays

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In some cases of heavily damaged posterior teeth, especially those on which endodontic treatment was performed, there is no possibility for full prosthodontic treatment. An alternative is chair side made composite inlay, onlay and overlay.

These fillings can be made in the special partial articulator (Easy Croc, GIRRBAch Dental GmbH, Germany) which makes them suitable for final treatment of temporomandibular dysfunctions. Impressions are taken by a special a bimaxillary tray which is then poured into stone type IV gypsum and at the same time mounted in an articulator. Standard composite resin is modelled according to similar occlusal morphology of neighbouring teeth and gnathological rules. Occlusion is then adjusted in the articulator and programmed to a chosen occlusal scheme. Complete work is finally polymerized outside the mouth which eliminates shrinking stress and increases polymerization ratio. After try in, such work finally cemented using composite dual luting cements and then polished. Such chair side made prosthodontic devices increases the structural integrity of heavily damaged posterior teeth and can provide adequate treatment for the TMD patient.