

# PEDIATRIC DENTISTRY: RESTORATIONS

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## Visits to your office

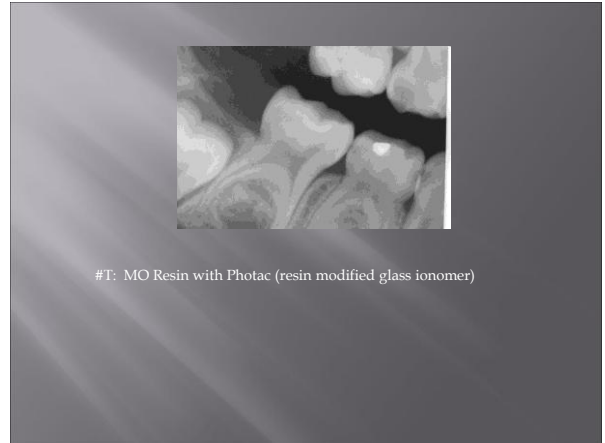
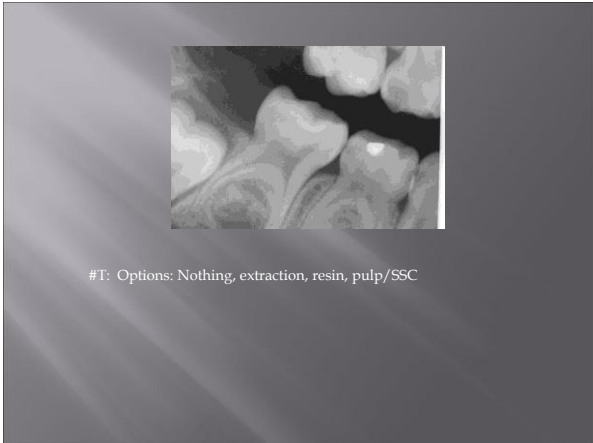
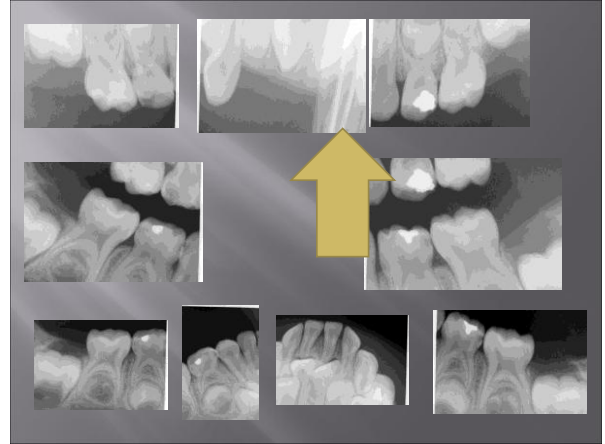
- ▣ AAPD ADA recommend visits by initial evaluation by age 1
- ▣ Take bitewings when interproximals space are CLOSED, and when you feel resistance in between teeth when flossing
- ▣ Do **NOT wait** until “well behaved”
- ▣ AAP recommends dental referral by age 1 if: child has special needs, mom has high caries, child has caries/ demineralization/ staining; child is late order offspring, family low SES



## Primary Teeth Considerations

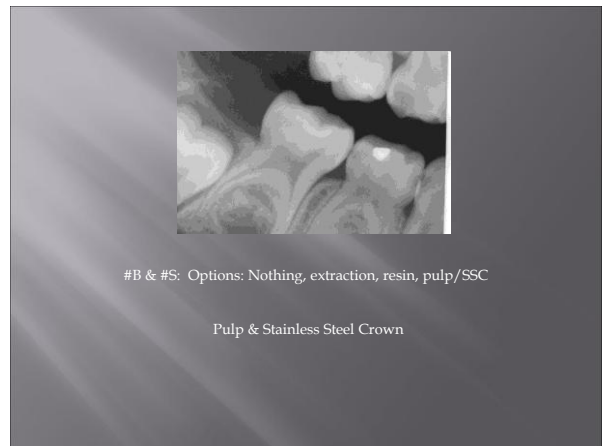


- rapid progression of caries (lower mineral content)
- Enamel & dentin thinner
- Pulp relatively larger
- Flat contacts make clinical diagnosis more difficult
- 2<sup>nd</sup> molars more suscept than 1<sup>st</sup> molars
- **Caries seq\***: mand molars
  - max molars
  - max anteriors



Interproximal Resin with Photac (resin modified glass ionomer)

1. Prepare tooth, establish gingival clearance
2. Photac- titurate 8 secs; cavity conditioner (acid etch may be a little strong) ; place into preparation, keep tip out of prep, excess material will stick to tip. treat it like flowable resin
3. SEAL COMPOSITE



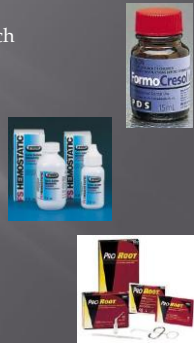
## Preparation and Placement

- Occlusal reduction
  - 169L or football in high speed
  - 1.0-1.5 mm or until out of occlusion with adequate room to fit crown
- Proximal reduction
  - Taper fissure bur or thin tapered diamond
  - Bur held parallel to long axis of tooth
  - Break contact gingivally, buccolingually- pass explorer through
  - Vertical walls with slight convergence in occlusal direction
  - Gingival proximal wall finish line should have a feather edge finish line
  - Take care to avoid adjacent tooth
  - Ledges formed by deep caries should be removed
  - Back to back SSC- reduce more than usual



## Treatment Approaches for the Pulpotomy of Primary Teeth

- **Devitalization:** uses a 1:5 diluted formocresol (Buckley's) technique, which results in partial devitalization with persistent chronic inflammation. Empirical success.
- **Preservation:** ferric sulfate maintains the vitality and normal histologic appearance of the entire radicular pulp.
- **Regeneration:** transforming growth factor (TGF) in the form of bone morphogenetic proteins, freeze-dried bone, and MTA.
- **Cotton Pellet** - physiological hemostatis



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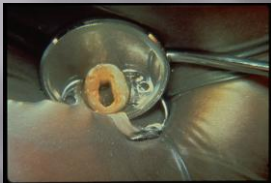
## Access Opening



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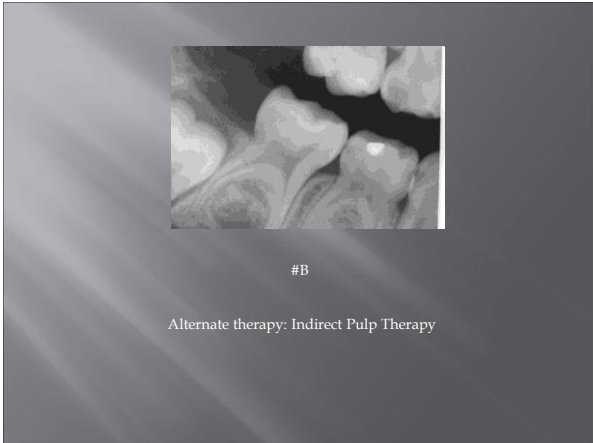
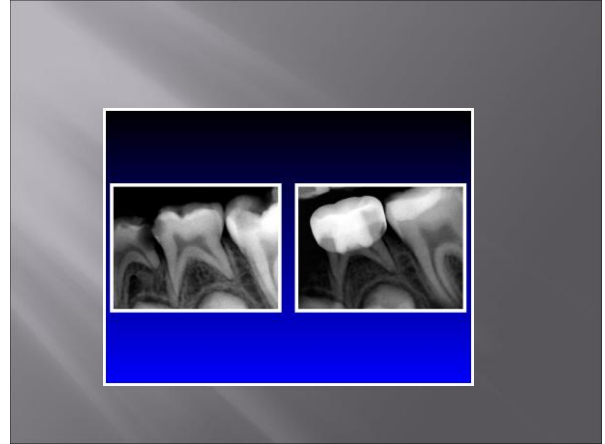
## Check for fixation

- Active bleeding should NOT be present
- Fill the chamber with Z.O.E., Vitapex/Diapex, IRM, MTA
- Place a permanent restoration (SSC or Resin)



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Success rates of formocresol pulpotomy and indirect pulp therapy in the treatment of deep dentinal caries in primary teeth.  
 Farooq NS, Coll JA, Kuwabara A, Shelton P.  
 Pediatr Dent. 2000 Jul-Aug;22(4):278-86.

- ❑ 133 Primary Molars
- ❑ Compared Success rates of IPT VS FORMOCREOSOL
- ❑ Overall IPT success was 93% (51/55) versus 74% (58/78) for FP.

**BEWARE**

- ❑ Always inform parents that you will perform IPT
- ❑ Let them know you will leave caries to avoid pulp therapy
- ❑ Previous resident almost lost state license



#R: Tx Options: do nothing , extraction, Class III, strip/fluoride varnish, or Strip Crown

#R: Strip Crown

### STRIP CROWNS

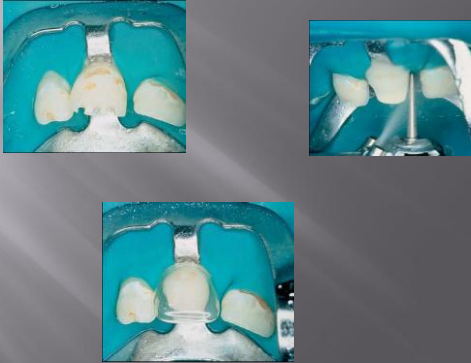


BEFORE

Rye Pediatric Dentistry

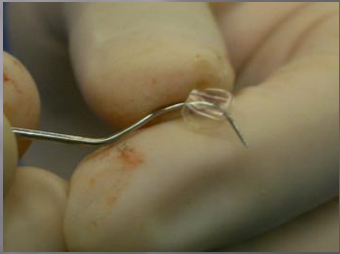
### Anterior Strip Crowns

□ D2335- Anterior -Resin 4 surfaces

### Crown form preparation

Punch holes in incisal to allow for material to flow out, and not create bubbles!



### STRIP CROWNS



## STRIP CROWNS




Function > Esthetics  
Discuss with parents

*The clinical and radiographic success of bonded resin composite strip crowns for primary incisors.*  
**Kupietzky A, Waggoner WF, Galea J.**  
*Pediatr Dent. 2003 Nov-Dec;25(6):577-81.*

- ▣ 112 restorations in 40 children
- ▣ Eval: 18 mos
- ▣ None totally lost
- ▣ 12% lost some material; thus 88% retention rate
- ▣ 91% demonstrated healthy pulps.
- ▣ 8% had some pulpal changes but did not require immediate attention.
- ▣ Only 1 tooth showed radiographic evidence of pulpal necrosis.

## Which quadrant first???




Tx Plan:  
#1. L- DO Resin; K-occl, check mesial of K



Tx Plan:  
#2. T- MO Resin; S- PSSC, M Strip Crown



Tx Plan:  
#3. A MO Resin; B- PSSC  
Monitor # I & J= Rx Prevident

## Questions...

- ▣ What age should a child first see a dentist?
- ▣ When should you first take radiographs?

Till next  
time....