



FIGURE 3



FIGURE 4A



FIGURE 4B

was previously treated endodontically, both were partially restored.

A 65-year-old female in good health was referred by her dentist to restore both upper laterals due to a history of constant de-bonding. The x-rays of June 1997 revealed an existing metal post loosely cemented (radiolucent space along side the post) in 12, and a large resin with recurrent caries in 22 (Fig. 1). In August 1997, an endodontist completed treatment of 22 (Fig. 2). Evident in the periapical x-ray of this tooth were caries at bone level, a crude angled post form and a resin restoration.

By September 1997 tooth 22 showed evidence of a developing periapical lesion, a metal post, a resin restoration and remaining caries (Fig. 3). At the time of the referral, July 1998, both 12 and 22 had been restored with posts and bonded resins and caries still remained in 22 (Fig. 4).

Restorative work began with the removal of the metal post in 12 with the aid of ultrasonics and



FIGURE 5

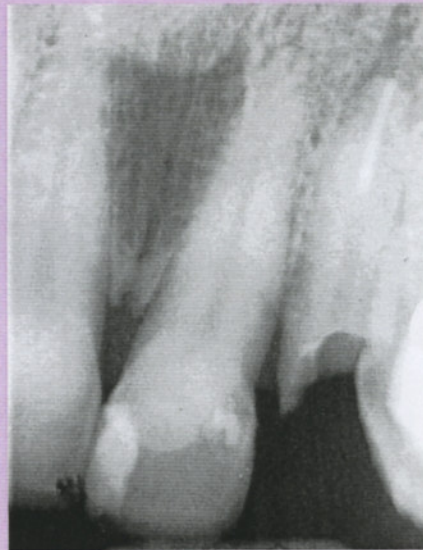


FIGURE 6

its replacement with a #1 Composipost, resin core and a PFM crown. Tooth 12 required crown lengthening in order to finish a margin beyond the caries and to create a 2mm ferrule. The metal post in 22 was left behind and a PFM crown was created.

Treatment Decision Rational

The decision to remove one post and to leave the other was based on information obtained from the referring dentist on the post type and cement used. The post in tooth 12 was cemented with zinc

phosphate and had de-bonded more than once. The post in tooth 22 was bonded into place with a resin cement and had never loosened. The restorative surgical exercise was completed on December of 1998. Tooth 12 was restored with a new post (#1 Composipost) a resin core and a crown lengthening procedure that provided a 2 mm ferrule. The final restoration was a PFM crown. Tooth 22 also was crown lengthened but the post was left in place. A PFM crown was created over a bonded resin core.