

Re: was this the most conservative Cerec restoration?

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- *From:* Mark & Steven Bornfeld <bornfeldmung@xxxxxxxxxxxxxxxxx>
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Patrick Coghlan wrote:

I had a crack in the lingual wall of the lower first molar between the two cusps, extending about 2/3 of the way down (woke up with a sharp pain one night after grinding my teeth).

My dentist suggested a crown, but also said he could do a "cheapie" with amalgam.

After checking in this newsgroup I decided that a gold onlay would be best, covering the cracked side as well as the entire top of the tooth. After checking with the receptionist to see if he did onlays, I booked an appointment and got the onlay.

I couldn't be happier with it. It helps buttress the tooth against further cracking and it's tough as nails. I like it so much that I've decided to put one on the left first molar when it's time to replace the amalgam filling. Bring on the cherry pits!

NO! NOT THE CHERRY PITS!!!

Steve

You *probably* could have done the same.

brian wrote:

The anterior lingual cusp of one of my molars (the one just in front of my lower left wisdom tooth) recently broke off (It already had a fairly large occlusal amalgam filling). My dentist examined it, took an X-ray, tested for nerve vitality and told me he'd be putting in a Cerec inlay.

In the days leading up to that appointment, however, I began to wonder if an inlay was the best resoration for me, as I'm in my 50's, have had to have one cracked molar treated already, and was worried about what might happen if another cusp on this tooth fractured – whether this

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time it might fracture right down to the root, necessitating extraction.

I had read on this newsgroup how some dentists prefer 'full cusp coverage' to prevent further cracking, so when I next saw my dentist, I reminded him of my age, told him of my concern, and asked him if an onlay might not be a better treatment. He replied that my remaining cusps were nice and 'chunky' and so would probably not fracture, and said that covering the cusps would mean removing more healthy tooth material, which he didn't like doing (I was glad to hear him say that, BTW, because I always like a dentist to be 'minimally invasive").

Anyway, he said that the treatment would largely depend on what he found when he removed the filling, so I just waited to see what he'd do. When he'd removed the filling he said "there's a crack in the lingual wall...so a crown it is. It looks as though your prediction's come true".

The crown looks to be well done, but I'm a bit concerned about whether or not a crown was really necessary, since he'd originally contemplated an inlay, and the most I'd wanted was an onlay – just something to protect the cusps.

Obviously, I can't do anything about this now, but I'd appreciate some advice in case I'm ever in a similar situation again. Was I wise to go along with the crown?

I know there's a school of thought here that says the 'lower cervical third' of a molar should be left intact if possible, and that Cerec is often preferred because it enables you to do that more often. My crown reaches to about 1 millimetre above the gumline, so I assume (as a layman) that this means the lower cervical third has been removed. But if the dentist had to do this to remove the crack, is this the best treatment? Or would it have been better to leave more tooth, even if it meant leaving some of the crack, and rely on the Cerec restoration to hold the tooth together?

I've a couple of other queries for any Cerec experts out there:

First, I noticed that my dentist didn't take any Cerec pics of the tooth before grinding it down – instead, he ground it down, put some sort of rubber-like solution on it, got me to bite down on it and took pics of the result – I presume this was so that the computer would compute the crown on the basis of occlusion rather than copy the original. When I asked why he was doing this, he said it was because the original tooth was incomplete. But as far as I could see, almost all the occlusal surface was still there. He showed me the computer image of the occlusal surface of the crown, and actually remarked on how strange it looked, and added "...but that's what the machine's decided". So I'm wondering: would pics of the original tooth have been better? Because the occlusal surface of my crown is *nothing like* that

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of the original tooth.

My other query is about the size of the crown: it's definitely wider than the original molar. All my molars gradually slope inwards almost as soon as they leave the gum, but this crown bulges outwards before doing so. It brushes my cheek the way my other molars don't. So I'm wondering: is this a mistake, or does the Cerec machine automatically add a bit more thickness, for strength? And if its size irritates my cheek, would it be safe to have a small amount ground off it?

Any advice would be most welcome.

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Mark & Steven Bornfeld DDS
<http://www.dentaltwins.com>
Brooklyn, NY
718-258-5001
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