

Re: was this the most conservative Cerec restoration?

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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!

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 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 me 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').

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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 reall