

Case: Tooth fracture repair with Anterior Composite Buildup



Figure 1: Upper Right 1 fracture

A 30 years old male patient came complaining of broken down upper central incisor due to trauma 3 weeks ago. Patient was not happy with the aesthetics of his teeth.

There were no other complaints of pain or discomfort. However the tooth was sensitive due to exposed dentinal tubules.

On examination there was visible loss of enamel and dentine with no soft tissue injuries and no visible sign of pulp exposure. Tooth was not tender to percussion. On pulp vitality test pulp was vital. If the tooth was tender to percussion I would check for possible luxation or root fracture injury. There was no mobility.

If the tooth fragment was available and patient was coming on the same day of injury it could be bonded to the tooth. Unfortunately the patient came after 3 weeks and the tooth fragment was lost.

Therefore I went ahead with the provisional treatment plan by lining the exposed dentine with glass ionomer cement followed by etching the tooth with 37% phosphoric acid for 30 sec and rinse and dry the tooth, finally application of bonding agent and buildup with composite.

The patient recovered well with satisfaction of his aesthetic dental appearance.



Figure 2: Application of Composite and Curing



Figure 3: Aesthetically pleasing end result