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# **SCIENCE AND SOCIETY: MODERN TRENDS IN A CHANGING WORLD**



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# COMPARATIVE EVALUATION OF THE RESULTS OF ORTHOPEDIC TREATMENT WITH SOLID CAST POSTS IN CASE OF TOTAL CROWN DEFECT OF THE TOOTH

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**Introduction.** Prosthetics with post teeth has significant drawbacks associated with the impossibility of subsequent prosthetics when there is a change in the clinical situation in the oral cavity or the need to replace the structure in case of color change or deformation [1].

According to the opinions of many researchers, this dental prosthesis design has several advantages over post teeth, as it can be applied to restore function, chewing, diction, psychological, and aesthetic rehabilitation of the patient in the orthopedic dentistry clinic, even with damaged surfaces of the anterior and lateral teeth [2].

Therefore, for the restoration of damaged tooth crowns (alongside post constructions), more preference is given to cast crowns, which consist of two separate parts - an artificial crown with a post and the covering crown [3].

**The aim** of our study was to conduct a complex examination that would allow the further use of solid cast crowns as a dental prosthesis element in the orthopedic dentistry clinic.

**Materials and Methods.** Under our observation were 96 patients aged 15 to 65 years, for whom 134 cast crowns were made. There were 83 constructions for the anterior group of upper jaw teeth, and 51 constructions for premolars and molars of the lower jaw.

The modeling of cast crowns was performed directly, using previously prepared posts made of organic glass and self-curing plastic. A prepared post made of organic glass, previously coated with "Acryloxide," was introduced into the expanded root canal.

The cult was modeled, and for convenience, a longer post was used to allow its removal from the root in the rubber-like phase and its final polymerization. Correction and fitting of the post cast crown in the root canal were carried out using abrasive instruments, refining the necessary conditions for the fabrication of the planned orthopedic construction in the patient's oral cavity. This method allows obtaining an accurate and non-deformed model of the cast crown, with the ability to repeatedly insert and remove it for correction and, if necessary, refine its fit to the root surface and canal walls by rebasing.

In the casting laboratory, the reproduction of the cast crown using "Acryloxide" plastic was replaced with a cobalt-chromium alloy and transferred to the clinical stage for fixation with phosphate cement.

**Results and discussion.** During the research, we examined both immediate and long-term outcomes of prosthetics within a term of up to 5 years. It was found that the proposed constructions met all clinical requirements, serving as reliable support for solid cast and metal-ceramic crowns, as well as bridge prostheses.

Complications were observed in 7 (7.3%) patients, including cementation failure in 3 (3.2%) clinical cases, root fracture due to the post in 1 (1.1%) case, and upper lateral incisor root fracture at the level of the post tip in 1 (1.1%) case. These complications, in our opinion, can be explained by insufficient post length and the

use of roots located below the gum line.

**Conclusions.** The positive results obtained in the main group of cases allow us to conclude that this construction is quite robust and allows for the fixation of modern solid cast and metal-ceramic dental prosthesis constructions. The method of modeling cast crowns with self-curing plastic "Acryloxide" and organic glass is suitable for wide application in daily practice in orthopedic dentistry clinics.

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