



Figure 5: Evaluation of diagnostic provisionals after gingivectomy .



Figure 6: Finished All Ceramic Zirconia restorations. A: left lateral and right lateral view



Figure 7: Definitive restorations were luted. A: left lateral and right lateral view

DISCUSSION:

Tooth wear is a multi-factorial condition. Cause of tooth wear must be identified before treatment planning^[12-15]. In this case patient had a parafunctional habit of bruxism which led to a severely worn dentition. Occlusal wear will eventually lead to loss of anterior guidance and posterior interference which further aggravates the condition. Facial appearance, changes in phonetics, increased interocclusal space was assessed carefully to determine loss in Occlusal Vertical Dimension. VDO was increased in this case using occlusal overlay splint. Patient was monitored adequately and did not experience any discomfort at his restored VDO. All ceramic Zirconia crowns were used for definitive restoration. Zirconia crowns have good strength and better esthetics. Zirconia crowns are metal free and thus have the ability to mimic natural tooth color and translucency. Selection of restoration material plays an important role in determining the strength and esthetics of the prosthesis. Mutually protective occlusal scheme was followed in which posterior teeth support the bite force and anterior teeth protect the posteriors during excursive movements

^[16]. A protective splint was also fabricated for the patient to prevent any damage.

CONCLUSION:

Management of severely worn dentition requires a precise protocol. Excess increase of VDO will worsen the condition. Tolerance of the patient to newly restored VDO is the chief priority in treatment. Full mouth rehabilitation restores the function, esthetics and health of the dentition. In this case, successful full mouth rehabilitation with all ceramic zirconia crowns was accomplished. Patient was comfortable and satisfied in terms of function and esthetics.

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