THE 10th NATIONAL CONGRESS & THE 3rd INTERNATIONAL SCIENTIFIC MEETING (TINI III) OF THE INDONESIAN CONSERVATIVE DENTISTRY ASSOCIATION

Theme:
Revolutionizing Endorestoration in Global Community

Proceeding

November 27-29, 2014
Shangri-La Hotel
Surabaya

Secretariat:
DEPARTMENT OF CONSERVATIVE DENTISTRY
FACULTY OF DENTISTRY Airlangga University
JL. Mayjend Prof DR Moestopo 47 Surabaya 60132
Phone: +6231 5030255 ext. 117
E-mail: konservasiunair@yahoo.com
PROSIDING
TEMU ILMIAH NASIONAL
IKORGI III (TINI III)

Surabaya, 27 – 29 Nopember 2014

EDITOR:
Prof. Dr. Latief Mooduto, drg., SpKG(K), MS
Prof. Dr. Adiorko Soetojo, drg., SpKG(K), MS
M. Rulianto, drg., SpKG(K), MS
Ari Subiyanto, drg., SpKG(K), M. Kes
Karlinia Samadi, drg., SpKG(K), MS
Ketut Suardita, drg., SpKG, Ph.D
Dr. Ira Widjiastattu, drg., SpKG(K), M. Kes
Cecilia G.J. Lunardhi, drg., Sp.KG(K), MS
Febriastuti Cahyani, drg., SpKG
Eric Priyo Prasetyo, drg., SpKG

Diterbitkan oleh:
IKATAN KONSERVASI GIGI
INDONESIA
## CONTENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of the Effect of Extruded Calcium Hydroxide-based Endodontic Sealer on Periapical Tissue: A Case Report</td>
<td>1-6</td>
</tr>
<tr>
<td>Cheny Diana, Bernard O. Iskandar, and Wiena Widyastuti</td>
<td></td>
</tr>
<tr>
<td>Root canal treatment of c-shaped canal on second mandibular molar case report</td>
<td></td>
</tr>
<tr>
<td>Sarah Kurniawan, Herry Sofiandi Halim and Elline</td>
<td>7-12</td>
</tr>
<tr>
<td>Composite resin restoration in class iv cavity using crown former</td>
<td></td>
</tr>
<tr>
<td>Sunnia Pratiwi, Herry Sofiady Halim and Anastasia Elsa Prahasti</td>
<td>13-17</td>
</tr>
<tr>
<td>Endodontic treatment using reciprocating file (case report)</td>
<td></td>
</tr>
<tr>
<td>Esther Esti Pangesti, Juanita A. Gunawan and Meini F. Amin</td>
<td>18-23</td>
</tr>
<tr>
<td>Esthetic rehabilitation of a post-traumatic tooth through a comprehensive approach: a clinical case</td>
<td></td>
</tr>
<tr>
<td>Maria Yovita Lisanti, Juanita A. Gunawan and Anastasia Elsa Prahasti</td>
<td>24-30</td>
</tr>
<tr>
<td>Esthetic rehabilitation in endodontic failure case of maxillary left lateral tooth (case report)</td>
<td></td>
</tr>
<tr>
<td>Ingrid Natasha, Yanti L. Siswadi and Eko Fibryanto</td>
<td>31-37</td>
</tr>
<tr>
<td>Root canal treatment of right mandibular first premolar with anomaly type iv spine</td>
<td></td>
</tr>
<tr>
<td>Hendriyanto Wijaya, Sri Subekti Winanto and Meiny Foda Amin</td>
<td>38-41</td>
</tr>
<tr>
<td>Djamal</td>
<td></td>
</tr>
<tr>
<td>Clinical Management of Broken Files in 1/3 Apical Root Canal with Dental Operating Microscope: 3 Case Reports</td>
<td></td>
</tr>
<tr>
<td>Arif Abdul Gani, Sri Subekti Winanto, Ade Prijanti, and Bernard O. Iskandar</td>
<td>42-52</td>
</tr>
<tr>
<td>Nonsurgical endodontic retreatment of a maxillary first molar with metal onlay restoration: a case report</td>
<td></td>
</tr>
<tr>
<td>Lisa Pramitha Setiawan, Tien Suwartini, and Eko Fibryanto</td>
<td>53-58</td>
</tr>
<tr>
<td>Mineral trioxide aggregate effect to periapical lesion healing as an apical closure material at immature tooth: Case report</td>
<td></td>
</tr>
<tr>
<td>Meryna, Bernard O. Iskandar, and Elline</td>
<td>59-64</td>
</tr>
<tr>
<td>Richmond crown on four anterior teeth with 1/3 cervical fractures</td>
<td></td>
</tr>
<tr>
<td>Nurhayaty Natsir, and Vero H Sanusi</td>
<td>65-68</td>
</tr>
<tr>
<td>Endodontic treatment of internal root resorption using mta in incisor mandibular: a case report</td>
<td></td>
</tr>
<tr>
<td>Jurni Jeki Nugroho, and Nurul Wadudah AS</td>
<td>69-73</td>
</tr>
<tr>
<td>Obturation of an internal resorption root canal maxillary left central incisor</td>
<td></td>
</tr>
<tr>
<td>Hasinda, and Nurhayaty Natsir</td>
<td>74-78</td>
</tr>
<tr>
<td>Esthetic Rehabilitation of Post-Traumatic Anterior Maxillary Teeth With Fiber Reinforced Posts: A Case Report</td>
<td></td>
</tr>
<tr>
<td>Eryy Djuhais, and Jurni Jeki Nugroho</td>
<td>79-83</td>
</tr>
<tr>
<td>Treatment of internal resorption with mta: a case report</td>
<td></td>
</tr>
<tr>
<td>Wahyuniwati, and Aries Chandra Trilaksana</td>
<td>84-88</td>
</tr>
<tr>
<td>Indirect veneer of first premolar mandibular with enamel hypoplasia: a case report</td>
<td></td>
</tr>
<tr>
<td>Kurniawaty, and Jurni Jeki Nugroho</td>
<td>89-92</td>
</tr>
<tr>
<td>Direct veneer in maxillary incisor with enamel hypoplasia: a case report</td>
<td></td>
</tr>
<tr>
<td>Hermiati Daharuddin, and Aries Chandra Trilaksana</td>
<td>93-98</td>
</tr>
</tbody>
</table>
18. Root-end filing Technique with BioAggregate
   Yusri, and Christine A. Rovani .................................................. 99-104

19. Single Visit Endodontic in the Management of Symptomatic Irreversible
   Pulpitis and Pulp Necrosis with Apical Periodontitis: Report of Two Cases
   Cut Nurzila and Trimurni Abidin .................................................. 105-109

20. The selection of final restoration for endodontically treated right mandibular
   first molar with mesial drifting of the second molar: a case report
   Teddy, and Trimurni Abidin .................................................. 110-114

21. Pathogenesis of periapical lesion and discoloration caused by Traumatic
   injury: case report
   Member Reni Purba, and Trimurni Abidin .................................. 115-119

22. Management Of Mandibular Insicor With External Inflammatory
   Resorption And 2nd Degree Of Mobility Due To Traumatic Occlusion Used
   As Overdenture Abutments: A Case Report
   Martha Hasianna Purba and Trimurni Abidin .................................. 120-124

23. Root Canal Treatment with Limitation of Radiographic Procedure: Two Case
   Reports
   Widi Prasetia and Trimurni Abidin .................................................. 125-128

24. Endodontic treatment on mandibular first molar with radix entomolaris: a
   case report
   Kurniawan, and Endang Suprastiwi .................................................. 129-133

25. Management Of Vertical Crack On Mandibular Molar (Case Report)
   Hirania Soraya and Nilakesuma Djauharie ..................................... 134-137

26. Crown lengthening for dowel crown restoration on maxillary premolar tooth
   with subgingival fracture
   Jennifer Fortiana and Dini Asrianti ........................................... 138-142

27. Management Of Flare-Up On The Mandibular Right Second Premolars
   (Case Report)
   Nova Elvira and Kamizar .................................................. 142-146

28. Direct composite laminate veneer on maxillary anterior teeth due to
   discoloration post endodontic treatment and secondary caries: a case report
   Inez Hanida and Nilakesuma Djauharie Setyopurnomo ................. 147-151

29. Type lii Weine Configuration On Endodontically Treated Maxillary Second
    Premolar
   Putie Ambun Suri and Kamizar .................................................. 152-156

30. Treatment Of Palatal Cusp Fracture On Maxillary Second Premolar (Case
    Report)
   Sylva Dinie Alinda and Gatot Sutrisno ...................................... 157-162

31. The endodontic management of maxillary first molar with curved root canal
    (case report)
   Medwin Setia and Munyat Usman ........................................... 163-166

32. Diastema closure by proximal build-up technique (case report)
   Dimas Mahardika Generosa and Gatot Sutrisno ......................... 167-170

33. Root Canal Treatment of Mandibular Right First Molar with Endo-Perio
    Lesion (Case Report)
   Mazhar alamsyah and Endang Suprastiwi ................................ 171-175

34. Management Of Root Canal Treatment And Restoration Of Anomaly Left
    Maxillary Central Incisor By Using Cold Flowable Filling System And Fiber
    Reinforced Direct Composite
   Desy Maulia and Taofik Hidayat ............................................. 176-181

35. Indirect composite onlay using fiber reinforcement technique on second
molar mandibula

Fadli Azhari and Grace Virginia Gumuruh ** .................................................. 182-188


Danica Anastasia and Irmaleny ................................................................. 189-192

37. Make Over The Teeth, Make Over The Performance By Componeer Irmaleny ................................................................. 193-196

38. The Treatment Perforation Bifurcation Using Mineral Trioxide Aggregate (MTA) In The Lower Left Molar Tooth Case Report

Sulistianingsih and Milly Armilia ............................................................... 197-201

39. Treatment Of Crown Fracture Of Maxillary Right Central Incisor With One Visit Endodontik And Direct Composite Restoration: A Case Report

Triana Agustanti and Milly Armilia ........................................................... 202-206

40. Management Of Curved Canal With Reciprocal Technique In Lower Right Third Molar

Christy Maria Hermawan and Rahmi Alma Farah Adang ........................................... 207-211

41. Periapical curettage of overfilling of the root canal: A case report

Margareta Rinastiti, Wignyo Hadriyanto and Diatri Nari Ratih ................................... 212-217

42. Hemisection for treatment of endo-perio lesion: a case report

Mutia Anindita, Adioro Soetjo and Ketut Suardita ............................................... 218-221

43. Complex Aesthetic Treatment For Fracture and Dental Trauma Anterior with Open Apex central incisor on Maxillary : a case report

Nurul Puspita Sari, Kartina Samadi and Devi Eka Yuniarti ...................................... 222-226

44. Endodontic Surgical Treatment of Posterior Teeth with Bifurcation Perforated: a case report

Buyung Maglenda, Kartina Samadi and Devi Eka Yuniarti ...................................... 227-230

45. Non surgical endodontic treatment and internal bleaching on maxillary right central incisor with periapical lesion

Irfan Dwiandhono, Agus Subiawahyudi and Mandojo Rukmo .................................... 231-235

46. Management of Maxillary Left Incisor with Large Periapical Lesion and Tooth Discoloration: a case report

Shintya D Halim, Moh.Rulianto and Febriastuti Cahyani ......................................... 236-239

47. Indirect porcelain veneer restoration for central diastema closure

Hendra Christian Rusady, Tamara Yuanita and M. Mudjiono .................................. 240-245


Sophian Abdurahman, Moh.Rulianto and Tamara Yuanita ...................................... 246-249

49. Aesthetic improvement of discolored anterior maxillary teeth:

A case report

Mochamad Farid Diantara, Ruslan Effendy and Laksmiari Setyowati .......................... 250-254

50. Complex aesthetic treatment as a correction for maxillary protrusion and central diastema closure

Putri Galuh Prawitasari, Ari Subiyanto and Setyabudi ............................................. 255-260

51. Apexification in maxillary left incisor with mineral trioxide aggregate (MTA)

Ahmad Riza Faruqi, Nanik Zubaidah and Febriastuti Cahyani .................................. 261-265

52. Single Visit Endodontic Treatment Using Reciprocal System with Thermoplastic Obturation Technic: a case report

Srimelvina Riesky Murnidewi, Nirawati Pribadi and Achmad Sudirman ..................... 266-270

53. Management of Peg Shaped Maxillary Lateral Incisor during orthodontic treatment by esthetic approach: a case report
Camelia Ariyadayata, Adioro Soetojo and Dian Agustin Wahjunghurum .............................................. 271-275

54. Splint-crown for post hemisection tooth
Bagoes W. Prabadi, Cecilia J. Lunardhi and Setyabudi ......................... 276-279

55. Modulasi endogenous stem cells, STRO-1, CD44, CD105, CD146 pada jaringan ligamen periodontalgigi tikes wistar pasca trauma avulsion dengan paparan aloe vera
Yuli Nugraeni, Edi Widjajanto and Wibi Riawan ........................................ 280-285

56. Root Apex Resection In Patient With periapical lesion and traumatic history (Case Report)
Joshua Sutedjo, Sri Kunarti and Febriastuti Cahyani ................................. 286-289

57. Internal bleaching of discolored tooth with calcific metamorphosis abnormality
Rendhy Popyandra, Latief Mooduto and Eric Priyo Prasetyo ................. 290-292

58. Management of traumatic immature teeth in maxillary incisor by aesthetic approach
Yusuf Bagus Pamungkas, Dian Agustin Wahjunghurum and Laksmiari Setyowati ................................................................. 293-297

59. Internal Bleaching Treatment For The Patient With Traumatic History a Case Report
Irwan Lazuardi, Ira Wedjaastuti and Eric Priyo Prasetyo ......................... 298-302

60. Root canal retreatment challenge of abscess periapical in maxillary central incisors by aesthetic approach
Aditya Syahputra, Dian Agustin Wahjunghurum and Ira Wedjaastuti ...... 301-307

61. Endodontic re-treatment on right maxillary incisive central tooth using reciproc system
Oktari Paramita, Mandojo Rukmo and Edhie Arief Prasetyo .................... 308-311

62. Aesthetic Odontoplasty With A Nanohybrid Composite
Laksmiari Setyowati ................................................................................ 312-317

63. Componeer as a direct veneer restoration on maxillary anterior teeth
Hanny Ilanka, Tien Suwartini and Wiena Widyastuti ............................... 318-322

64. Treatment Of Toothwear
Nevi Yanti and Trirumun Abidin ................................................................. 323-331

65. The Difference In Root Canal Surface Smoothness At The Apical Third Between Instruments With Continuous Rotation And Reciprocating Movement
Wahyuni Suci Dwiasihdy, Munyatki Usman and Endang Suprastwii ...... 332-338

66. MTA application in internal resorption case management case report
Diana Soesilo and Fani Pangabdian .......................................................... 339-342

67. Retreatment on inadequate root canal filling of lower left premolar using NiTi file rotary instrument
Fairuza Afada, Ketut Suardita and Cecilia Gerda Juliani Lunardhi ........ 343-347

68. Internal bleaching treatment in geriatric patient: review and case report
Fani Pangabdian and Diana Soesilo ......................................................... 348-352

69. Cytotoxicity Test of Diadema Setosum Shell Extract Againts Fibroblast Culture Cell
Novi Virina Irawati, Aprilia and Meinar Nur Ashrin ............................... 353-356

70. The Inhibition of Rhizophora mucronata Bark Extract Against The Growth of Enterococcus faecalis Bacteria
Muhammad Baraja, Twi Agnita Cevanti and Kristanti Parisihni .............. 357-362

71. Repair Of Furcation Perforation With Mineral Trioxide Aggregate (MTA)
Rista Eka Aprilianti Sugiono and Ratna Meidyawati ............................... 363-367
72. Root canal retreatment of maxillary first molar (case report)
   **Sonny** and **Ratna Meidyawati** ................................................................. 368-372

73. Consideration In Choosing Provisional Restoration In Endodontically Treated Maxillary Incisor With Periapical Lesion: A Case Report
   **Susi** and **Trimurni Abidin** ........................................................................ 373-377

74. Endodontic Retreatment Of Left Mandibular First Molar Using Retreatment Files: A Case Report
   **Novelin Y. Ompusunggu** and **Trimurni Abidin** ...................................... 378-381

75. Proper Selection of Local Anesthetic in Case of “Hot” Tooth
   **Tri Widiarni** and **Trimurni Abidin** ............................................................. 382-386

76. Resin bonding agents as inductor DAMP response in dentin pulp complex
   **Widya Saraswati** ............................................................................................ 387-389
Esthetic Rehabilitation of Post-Traumatic Anterior Maxillary Teeth With Fiber Reinforced Posts: A Case Report

Erny Djuhais¹, Juni Jekti Nugroho ²
Resident of Dental Conservation, Specialist Dentistry Educational Program, Dentistry Hasanuddin University, Makassar¹
Department of Conservative Dentistry, Dentistry Hasanuddin University, Makassar²

Abstract

Introduction: Maxillary incisors are most commonly involved in dental trauma and dental crowns are frequently damaged because of their exposed position in the dental arch. When, there is an extensive loss of coronal tooth structure, a tooth colored metal-free post may be required for retention of crown to restore the dental morphology. The advantages of using reinforced fiber to construct intracanal post include crown reinforcement, translucency, and relative ease of manipulation. Case: A 34 years old female involved in a motorcycle accident that causing crown fracture to her four maxillary incisors [tooth 11, 12, 21, and 22]. Four days after the accident, she presented to Conservative Department RSGM Halimah Dg. Sikati with chief complaint of crown fractures and unpleasant esthetic on four maxillary incisors. Case Management: Endodontic treatment was performed on the four maxillary incisors, and restored with porcelain crowns using fiber post as retention. Conclusion: Multiple crown fractures present a challenge. During follow up appointments, clinical and radiograph examination revealed the efficacy of the treatment in retaining the fractured teeth. Patients was happy and feeling confident.

Keywords: Crown fractures, fiber-post, esthetic rehabilitation.

Koresponden: Erny Djuhais, Resident of Dental Conservation, Specialist Dentistry Educational Program, Dentistry Hasanuddin University, Jl. Perintis Kemerdekaan km. 10, Makassar, Indonesia, Mobile: 085395609191; e-Mail: ernyduhais@gmail.com

INTRODUCTION

Maxillary incisors are most commonly involved in dental trauma and dental crowns are frequently damaged because of their exposed position in the dental arch. Esthetics take a front seat and are of utmost importance when anterior teeth are involved. Excessive losses of dental hard tissues pose difficulties for the esthetic outcome of subsequent prosthetic restorations. In such instances, an interdisciplinary approach is necessary to evaluate, diagnose, and resolve esthetic problems using a combination of endodontic, periodontics, and prosthetic treatments.¹,²

The restoration of endodontically treated teeth with root canal post is usually indicated when crown retention is required. In recent years, various types of fiber reinforcement have come into widespread use as an alternative to cast or prefabricated metal post. The advantages of using reinforced fiber to construction intracanal post include translucency, and relative ease of manipulation. The lower flexural modulus of fiber-reinforced post measures closer to that of dentin and can decrease the incidence of root fracture.¹

This paper presents post-traumatic rehabilitation of a 34 years old female who involved in a motorcycle accident that causing crown fracture to her four maxillary incisors that were restored with fibre-reinforced post and ceramic crown.

CASE

A 34 years old female involved in a motorcycle accident that causing crown fracture to her four maxillary incisors [tooth 11, 12, 21, and 22]. Four days after the accident, she presented to Conservative Department RSGM Halimah Dg. Sikati with chief complaint of crown fractures and unpleasant esthetic on four maxillary incisors.
Clinical examination revealed a fracture line at the cervical third of the upper left central incisor that extended subgingivally in the palatal aspect [Fig 1]. The tooth 21 and 12 was tender on percussion with a mobile coronal fragment. The other anterior teeth was fractured on the middle third.

Radiographic observation revealed a fracture line at the cervical third of the tooth 21 and 12. A diagnosis of complicated crown fracture was made [Fig 2]. Single visit root canal treatment and esthetic rehabilitation with fiber post and a ceramic crown was planned to all four teeth.

CASE MANAGEMENT

One-visit endodontic treatment was done a week before the post placement to all of the fractured anterior maxillary incisors [11, 12, 21 and 22]. Under local anesthesia, the fracture segment of tooth 12 and 21 was removed without damage [Fig 3]. Pulp chamber was cleaned by removing pulp tissues. Pulp tissues from the root canal was extirpated. Working length was determined radiographically. Cleaning and shaping of the root canal was done followed by root canal obturation [using ProTaper files] with crown down pressure technique [Fig 4]. Post space was prepared.

With a suitable sized drill, a post space was prepared by carefully removing an obturating material from the two third of the canal, leaving 5 mm apical gutta percha [Fig 5]. A minimum 1 mm collar on sound tooth structure is required. A prefabricated fiber post [Kleer Pentron, Orange, CA, USA] of proper diameter was selected, tried into the canal and cut at the required length with a diamond disc. The working field was isolated. The canal was rinsed thoroughly and dried with paper point. The canal walls and remaining tooth were coated with Primer for 1 min, which combines single step disinfecting, etching, priming and bonding with the help of micro brush.
The canal was carefully dried with paper point followed by gentle stream of air to evaporate the volatiles. Primer also applied to clean surface of the post for 30 sec and lightly dried. A self-etched cement [Breeze, Pentron, Orange, CA, USA] was applied over the surface of the post in a thin layer. The post was carefully seated into the canals using light pressure [Fig 6]. The cement was light cured for 20 sec. Excess cement expressed out of the canals was used as a base for core buildup. Built-it FR [Pentron, Orange, CA, USA] was used as a core material. After setting, minimal preparation was carried out to finish the margins and impression was taken to fabricate the all ceramic crown using putty and light body exaflex with double impression technique. Color IE 230 from Chromascopue shades guide [Ivoclar Vivadent, US] was chosen. A temporary restoration was given [Fig. 7]. The patient was recalled after 5 days and the crowns were cemented. Maintenance instructions were given to the patient.

![Figure 6. Radiograph of posts insertion to the root canals of upper right and left incisors.](image)

![Figure 7. Shade selection [left]. Temporary crown try-in [right].](image)

DISCUSSION

Modern dentistry aims at conservation of remaining tooth structure and restoring it back to its normal function and esthetics. This procedure become more complex when the involved teeth have previously undergone trauma, extensive fractures, endodontic-access preparation, canal instrumentation and other idiopathic causes. The problems result in loss of tooth structure and consequent reduction in tooth resistance to masticatory forces.\textsuperscript{1,3,10,15}

Undoubtedly, fractures is one undesirable incident to both patients and dentists alike. Fracture of anterior tooth demands immediate treatment and esthetic rehabilitation to overcome the psychological trauma. Various treatment approaches have been indicated for fractured teeth such as fragment removal followed by restoration, fragment re-attachment, crown lengthening, forced surgical extrusion, vital root submergence, extraction followed by surgical implants or fixed partial denture. The treatment option chosen depends on site of fracture, size of fracture, periodontal status, pulpal involvement, maturity of root formation, occlusion and invasion of biological width.\textsuperscript{4,5,15}

For this case, the use of a fiber post was a good choice with the patient's past history of trauma to the anterior teeth. To avoid disastrous consequences of root fracture and tooth loss, the fiber-reinforced post offer an excellent alternative to metal or ceramic posts that can cause root fracture.\textsuperscript{18}

Anterior teeth with extensive loss of coronal tooth structure usually need a post because the pulp chamber and single canal are generally not adequate to retain a core. In addition, anterior teeth are subject to lateral forces during function.\textsuperscript{7}

Most fiber posts contain either carbon fiber or quartz fiber. They have a modulus of elasticity similar to dentin which allow them to flex with the root when under stress. This is believed to distribute the stresses more evenly throughout the tooth than metal posts, making the root less susceptible to fracture. Some studies have shown that fiber posts strengthen the root when used with a resin luting cement, and several short-term clinical studies have reported high success rates. Because of the post’s high degree of light translucency, the esthetic were similar to enamel, allowing to blend in with both composite resin core and the ceramic crown. Also, the true root taper design of the post ensured the conservation of sound radicular and coronal...
structure. When considering restoring endodontically treated teeth, fiber post should be part of a clinician’s armamentarium.\textsuperscript{4,5,7}

The primary concern about fiber posts is whether they allow movement of the core during function or parafunction. If a post has the same modulus elasticity as the root, but is much thinner in diameter, it will flex more under a load. This may cause leakage under the crown and buildup. Studies are currently underway to address this question and may lead to some reengineering of the current fiber posts. Any initial strengthening of the root by fiber posts is probably lost with time and function.\textsuperscript{7,9,10}

In recent years, single-appointment endodontics has gained increased acceptance. Recent studies have shown little or no difference in the quality of treatment or success rates between single- and multiple-visit root canal treatment. The correlation of postoperative pain with different variables, including the number of visits needed to complete root canal treatment, operative procedures, pulp vitality, and dental anatomy, has been the objective of numerous studies. Several studies have investigated the frequency of radiographic healing in teeth with preoperative periapical pathology and have compared single- and multiple-visit approaches, employing interappointment medications. Other studies recommended that endodontic treatment of non-vital teeth with infected root canals should be completed in one session, without any intracanal microbicidal dressing.\textsuperscript{11,12,13,14,15}

CONCLUSION

The treatment described in the case report is simple and effective, also represents a promising alternative for rehabilitation of grossly destructed or fractured teeth. Therefore, restoration of teeth after endodontic treatment is becoming an integral part of restorative dentistry. Patient cooperation and understanding of the limitations of the treatment is of utmost importance for good prognosis. During follow up appointments, clinical and radiograph examination revealed the efficacy of the treatment in retaining the fractured teeth. Patients was happy and feeling confident.

REFERENCES


5. Gaikwad AA. Reinforcing esthetic with fiber post. IJDC 2011; 3(2): 89-90;


