



Fig.1. Extra oral sinus opening



Fig. 2. Intra oral view



Fig. 3. IOPA of 35



Fig.4. OPG



Fig. 5



Fig. 6



Fig. 7



Fig. 8

Fig.5- 8. Fabrication of the Appliance

final adjustments. The bridge was assessed for the gingival extension and soft tissue blanching. The occlusal and eccentric movements were adjusted. The bridge was cemented with Fuji I Glass ionomer luting cement [Fig. 9].

Discussion:

The loss of tooth will invariably lead to severe mutilation of the developing dentition unless an appliance is constructed to maintain the relationship of the remaining teeth and to guide the eruption of the developing teeth.

The space can be maintained, this may be accomplished in one of the several ways.¹

- Cast overlay band and loop.
- Band and loop space maintainer with occlusal bar and rest.
- Conventional fixed bridge work
- Etched casting, resin-bonded posterior bridge.
- Single unit implant prosthesis.

The fixed interim space maintainer presented over here stands out as an appropriate treatment modality in case of loss of a permanent tooth in a young adolescent patient. Success of bonded prosthesis is variable, design-dependent and requires the abutment teeth to have adequate structure and sound enamel for etching and bonding.²

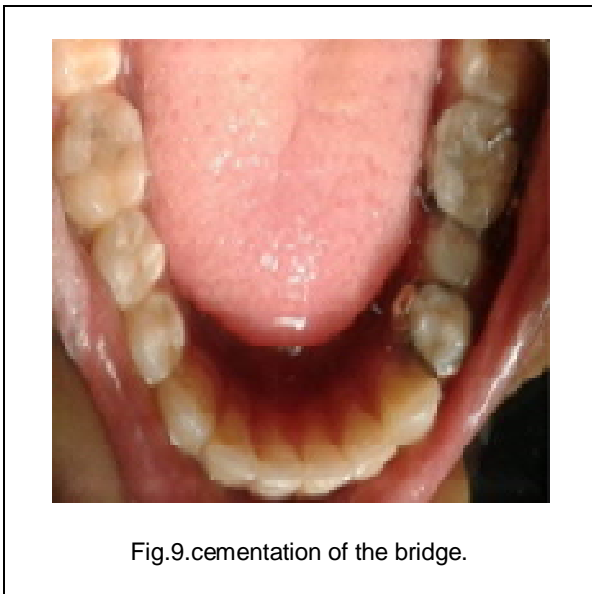


Fig.9.cementation of the bridge.

Advantages

Functional, Good patient compliance, Readily acceptable, Maintains the mesiodistal dimensions of the lost tooth, Prevents supra eruption of opposing teeth and It does not restrict normal growth and development. These are among the ideal requirements for a space maintainer³.

CONCLUSION

Space maintenance forms an integral part of preventive orthodontics. After the loss of a tooth, space maintainers maintain function and preserve arch length, and eliminate any potential psychological damage a patient could face as a result of the loss of teeth. Fixed interim space maintainer presented in this article provides conservative and cost-effective approach which can restore correct, harmonious, and non-destructive occlusal relationship.

References :

1. McDonald Re, Avery DR. Dentistry for the child and adolescent. Missouri Elsevier 2004.
2. Berckally T, Smales R. A Retrospective clinical evaluation of resin bonded bridges inserted at Adelaide Dental Hospital. Aust Dent J 1993; 38:85-96. <http://dx.doi.org/10.1111/j.1834-7819.1993.tb05468.x>
3. Graber TM. Orthodontics:Principles and Practice. Philadelphia W.B.: Saunders and Co; 1992;640-1.
4. Rajashekhara BS, Keyur JM, Bhavna D, Poonacha KS. Management of early loss of first permanent molar. J Indian Soc Pedod Prev Dent 2012; 30: 349-<http://dx.doi.org/10.4103/0970-4388.108942>

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