

Introduction: Currently the WHO states that some 50 million people suffer traumas due to traffic accidents being a global problem of public health. These injuries cause considerable economic losses, as a result of the costs of treatment, rehabilitation and loss of productivity due to some subsequent disability. Over the last few years, many cases of fractures in the lower jaw have been detected, mainly due to motorcycle and bicycle accidents. Case description: An 18-year-old male patient attended the hospital after a motorcycle accident with a fracture of the mandibular body and one of the mandibular angle. A panoramic radiograph is done to observe the bone fractures and see how to approach the case. In lower jaw fractures clinically the most frequent is alteration of sensitivity due to compromise of the inferior alveolar nerve, presence of hematomas in the oral floor and / or floor of the mouth and alteration in the mandibular dynamics. A fractured jaw can cause malocclusion, pain, edema, jaw and tooth movements, deformations, asymmetries and difficulties opening and closing the mouth. Conclusions: Currently, fractures of the lower jaw due to traffic accidents are very frequent, often due to the lack of prevention by the users of the different transport methods. Concluding that the main cause is motorcycle accidents, the most affected age group was in the range of 20-40 years (69%) and the most prevalent gender was male (90%). Radiology to guide diagnosis and treatment are panoramic radiography and computed tomography.

*Título Nº 134 Cierre De Diastemas, Opción De Tratamiento Con Resinas.*

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El tratamiento para el cierre de diastemas fundamentalmente está enfocado a otorgar estética y salud periodontal. Los diastemas pueden ser resueltos con prótesis y ortodoncia, sin embargo, estas opciones generalmente requieren de preparaciones del tejido sano, incluyen procedimientos de laboratorio y aumentan el tiempo clínico. La utilización de resinas compuestas constituye una opción estética y funcional para estos casos en los que se requiere de mínima intervención sobre el tejido sano o de ninguna. El propósito de este trabajo es describir el caso de cierre de diastemas en maxilar superior utilizando resinas compuestas híbridas. Paciente masculino de 21 años de edad acude a la consulta para mejorar su sonrisa y cerrar los espacios que existían entre dientes, fue así que se propuso realizarle un cierre con resinas compuestas híbridas. Se realizó la resolución de los diastemas con la técnica incremental con resinas, previa confección de modelos y matriz de llave de silicona hasta lograr el cierre de los mismos, y el punto de contacto cuidando la salud periodontal. Se planificó el tratamiento, se realizaron leves desgastes en las superficies de las piezas a tratar, se procedió a realizar la técnica adhesiva y la colocación de incrementos de resina hasta lograr el resultado deseado. Mejoró la estética y se logró la total satisfacción de la paciente. Se logró el cierre de los diastemas y el restablecimiento del punto de contacto sin forzar la papila interdental.

Closure of Diastemas, Resin Treatment Option

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The treatment for the closure of diastemas is fundamentally focused on granting aesthetics and periodontal health. Diastemas can be solved with prostheses and orthodontics, however, these options generally require healthy tissue preparations, include laboratory procedures and increase clinical time. The use of composite resins is an aesthetic and functional option for these cases in which minimal intervention is required on healthy tissue or none at all. The purpose of this paper is to describe the case of closure of diastemas in the maxilla using hybrid composite resins. A 21-year-old male patient came to the consultation to improve his smile and close the spaces that existed between his teeth, so it was proposed to perform a closure with hybrid composite resins. The resolution of the diastemas with the incremental technique with resins was carried out, previous confection of models and matrix of silicone key until achieving the closure of the same, and the point of contact taking care of the periodontal health. The treatment was planned, slight wear was made on the surfaces of the pieces to be treated, the adhesive technique was applied and the resin increments were placed until the desired result was achieved. The aesthetics improved and the patient's total satisfaction was achieved. The closure of the diastemas and the reestablishment of the point of contact were achieved without forcing the interdental papilla.