A CASE REPORT OF EXTREME MAKE OVER - CONVERSION CROWN
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Abstract
Beautifully aligned front teeth are an asset to any body’s smile and confidence and any trauma to it is a nightmare and an unpleasant experience. This case report discusses a case of lost anterior teeth due to trauma and preexisting cross bite which adds complexity to the problem. Patient needed orthodontic correction and prosthodontic rehabilitation of anterior teeth. Time and cost factor seems to be hindrance to regular treatment planning and patient refused to undergo orthodontic correction which will take minimum of one year. Preoperative impressions were taken and mock wax up was done to make it to normal alignment and shape and treatment was done. Some deviation from regular treatment planning and patients demands requires exhaustive workups and treatment planning which leads to clinical success.

Key words: Alignment of teeth, Conversion crowns, Cross bite, Extreme make over.

Introduction
Beautiful smile and properly aligned anterior teeth is asset to anybody’s confidence level and happiness. Trauma to anterior teeth which is very common in children and adolescents creating traumatic dental injury (TDI). Evidence suggests that there is also an impact of treatment of dental trauma on the quality of life (QoL) of the individual. Recent studies of adolescents have indicated that treatment of permanent incisors with enamel-dentin fractures does not eliminate the impact of trauma on daily life. Anterior teeth malocclusion (AMT) also adds up to the esthetic problems and functional problems to the patient. This paper discusses about a case of traumatic dental injury and tooth loss and preexisting malocclusion.

Case report
A 25 year old male presented with complaints of bleeding gums and ill fitting fixed partial denture in anterior teeth. Patient gives a history of TDI and followed by avulsion of tooth no 11, 12 and has a treatment history of fixed partial denture 6 years ago. Patient was not satisfied with present fixed partial denture (FPD) and added to it was bleeding gums and discoloration of FPD. Clinical examination revealed FPD in relation to 13 and 21, missing 11, 12 and OPG revealed missing 11, 12 and secondary caries in 13, 21 and clinically FPD facing was with acrylic and was worn out and bleeding on probing and metal was seen in palatal side creating grayish discoloration and on palatal side a wrap around design for 13 was present which was caries prone. (Figure 1 a,b & c)

On removal of the FPD by cutting with trihawk bur, it revealed the presence of cross bite in 13, 21. (Figure 2a & b)

Patient was explained about cross bite and prosthodontic problems and the patient was not willing for prolonged regular orthodontic treatment and requested for new FPD. Considering the cross bite and caries prone areas and gingival health and emergence profile of the new FPD, the following treatment was planned and executed with patient consent.

1) Root canal treatment for 13,21
2) Crown lengthening for 13, crown preparation of 13, 21 (Figure 3 a & b)
3) Mock wax up trial and metal try in was done and metal ceramic bridge trial was given (Figure 3 c & d)
4) The finished FPD was cemented with type I GIC. The new FPD was giving full coverage restorations and margins were kept in self cleansable areas and the emergence profile was normal and the gingival health was restored. (Figure 4 a & b)

Case Report
The perception of alignment and symmetry are important while making of extreme makeover/conversion crowns and preoperative photographs and study models are extremely useful in analyzing the smile design and in producing illusions and emergence profile. The gingival architecture has to be given due importance and the design of FPD should be complimentary to gingival health.\textsuperscript{13–15}

Extreme make over or conversion crowns may be extremely useful in the management of malocclusion, supernumerary teeth where patient don’t want extraction, peg laterals, tooth to jaw size discrepancy i.e. Large jaw and small teeth in cases where crestal bone is deficient in anterior and not optimal for implant placements.

**Conclusion**

The concept of conversion crown/ Extreme make over is beneficial in clinically challenging cases where patients with TDI, AMT and patients not willing to undergo prolonged orthodontic treatment for correction. Even in patients where crestal bone is deficient and implant placement seems impossible and preexisting AMT  this concept works well. Proper understanding of the clinical situation and patient needs should result in acceptable clinical results and success.

**References**


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