

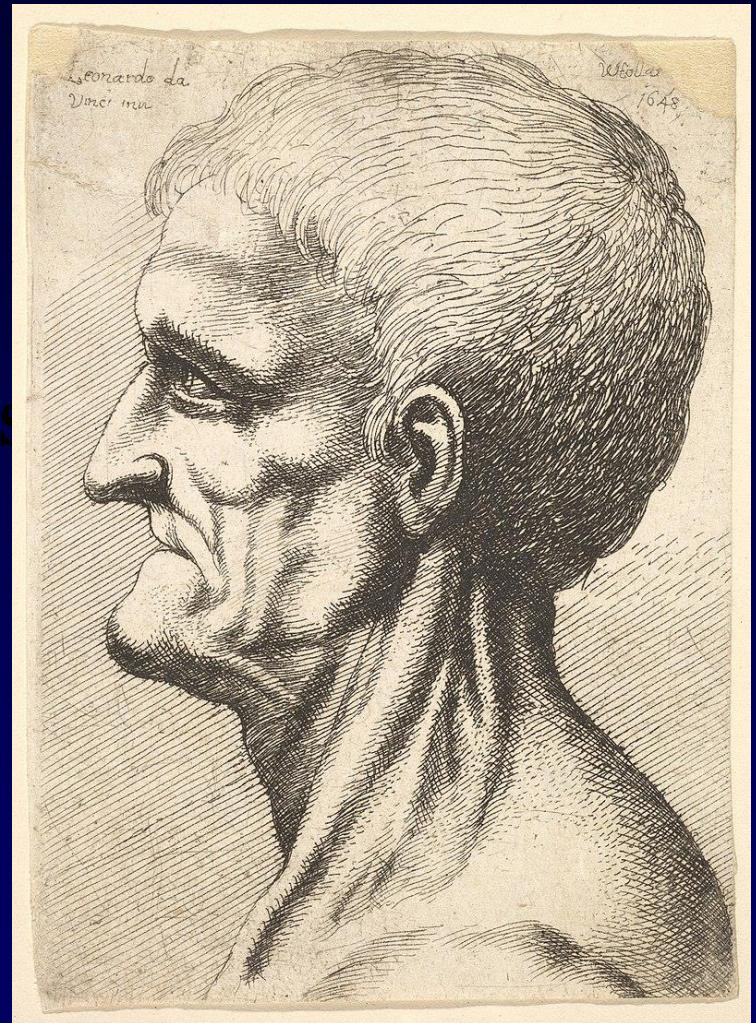
The anatomical and functional reconstruction of the face and mandible

dr. Gábor Gerber



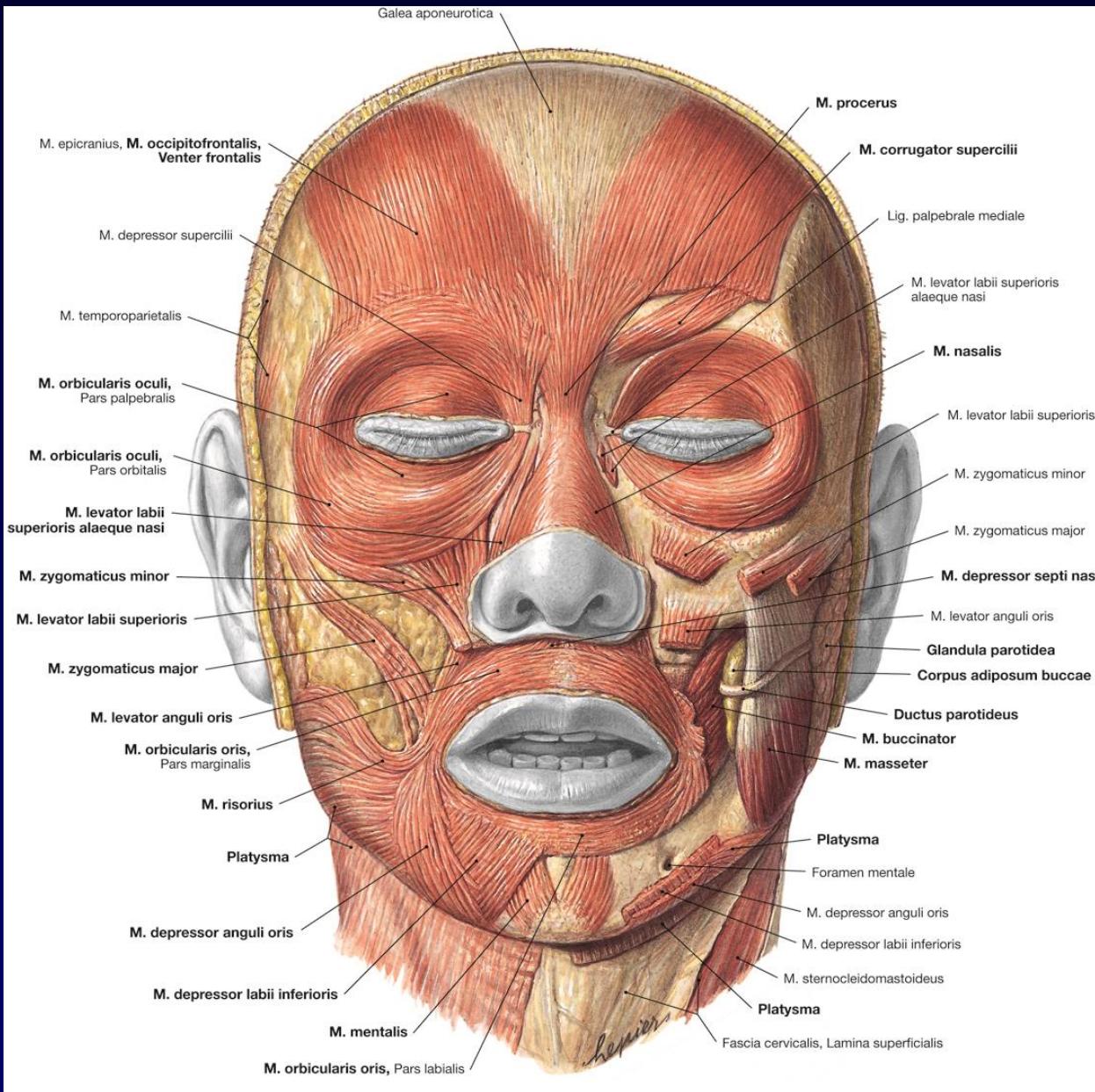
Three Peasants in Conversation] Dürer

Conversa-

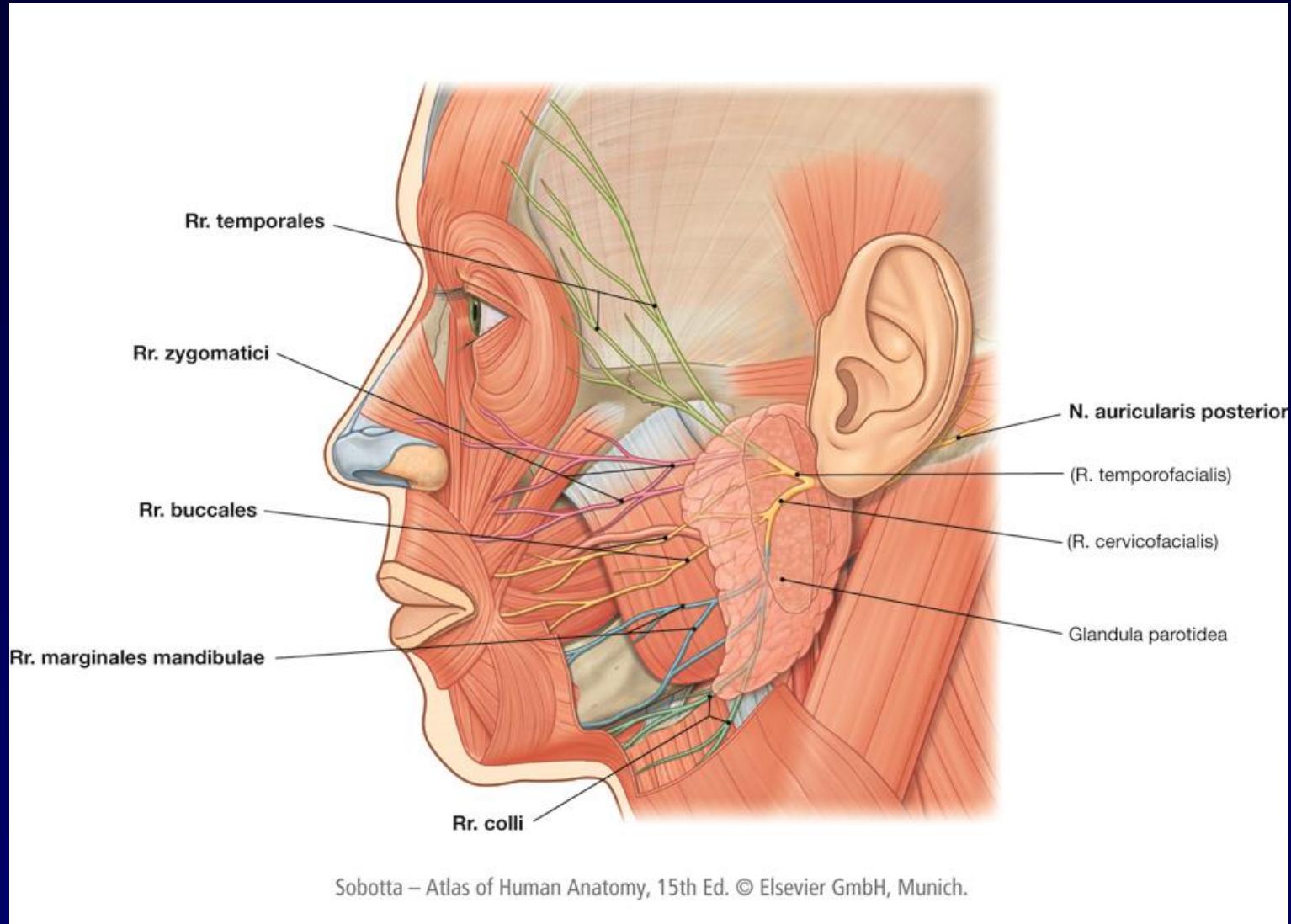


A toothless man drawn by Leonardo da Vinci

Muscles of facial expression



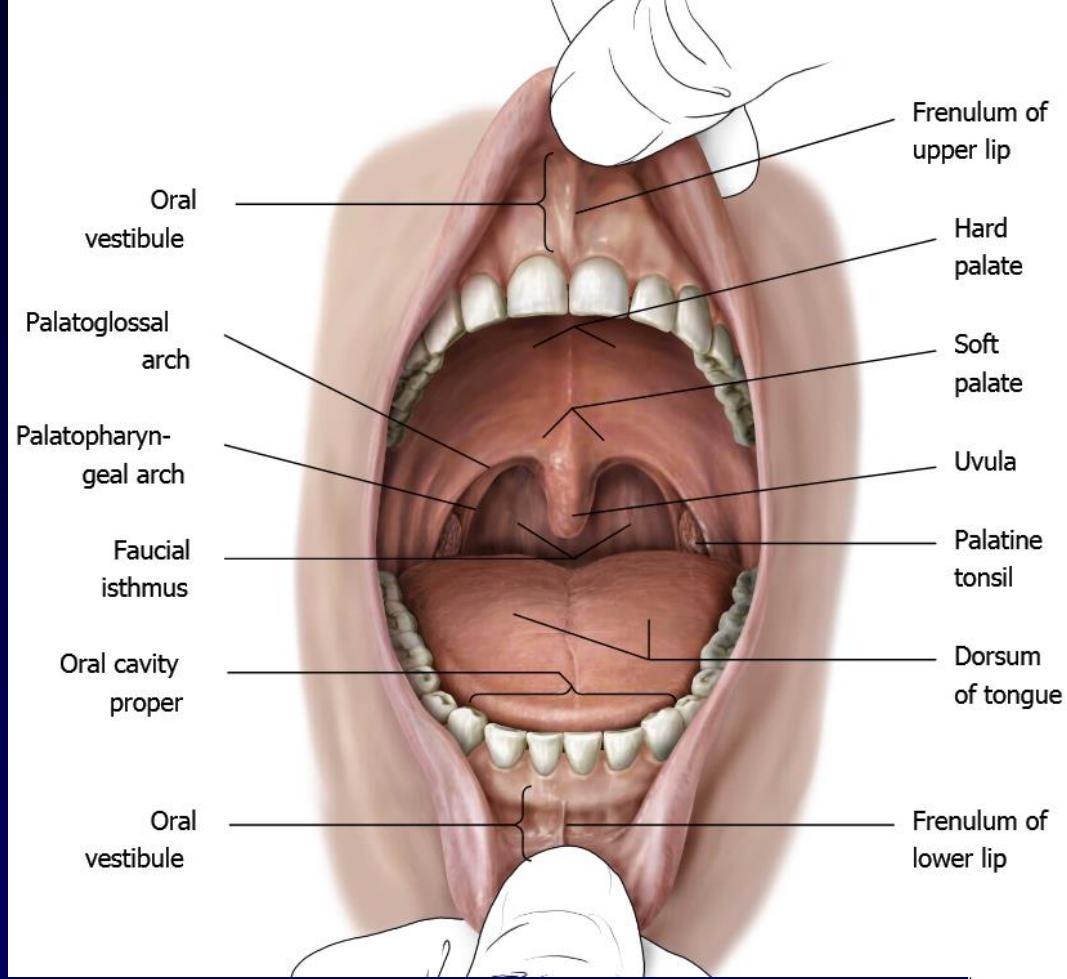
Muscles of facial expression innervation: facial nerve (VII)



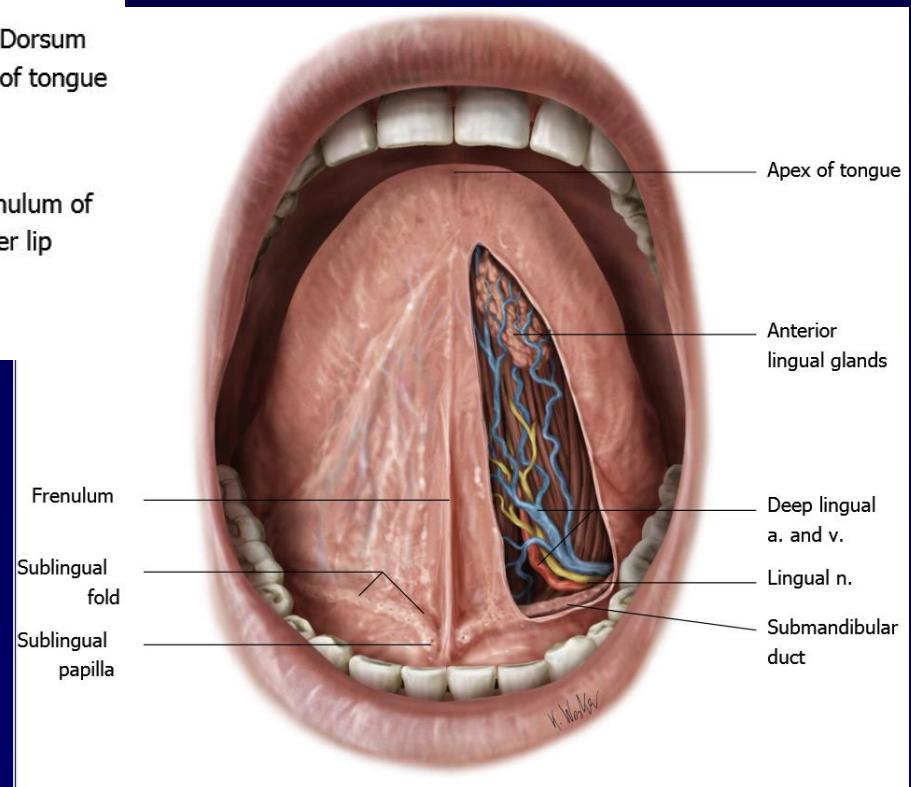
facial nerve paralysis

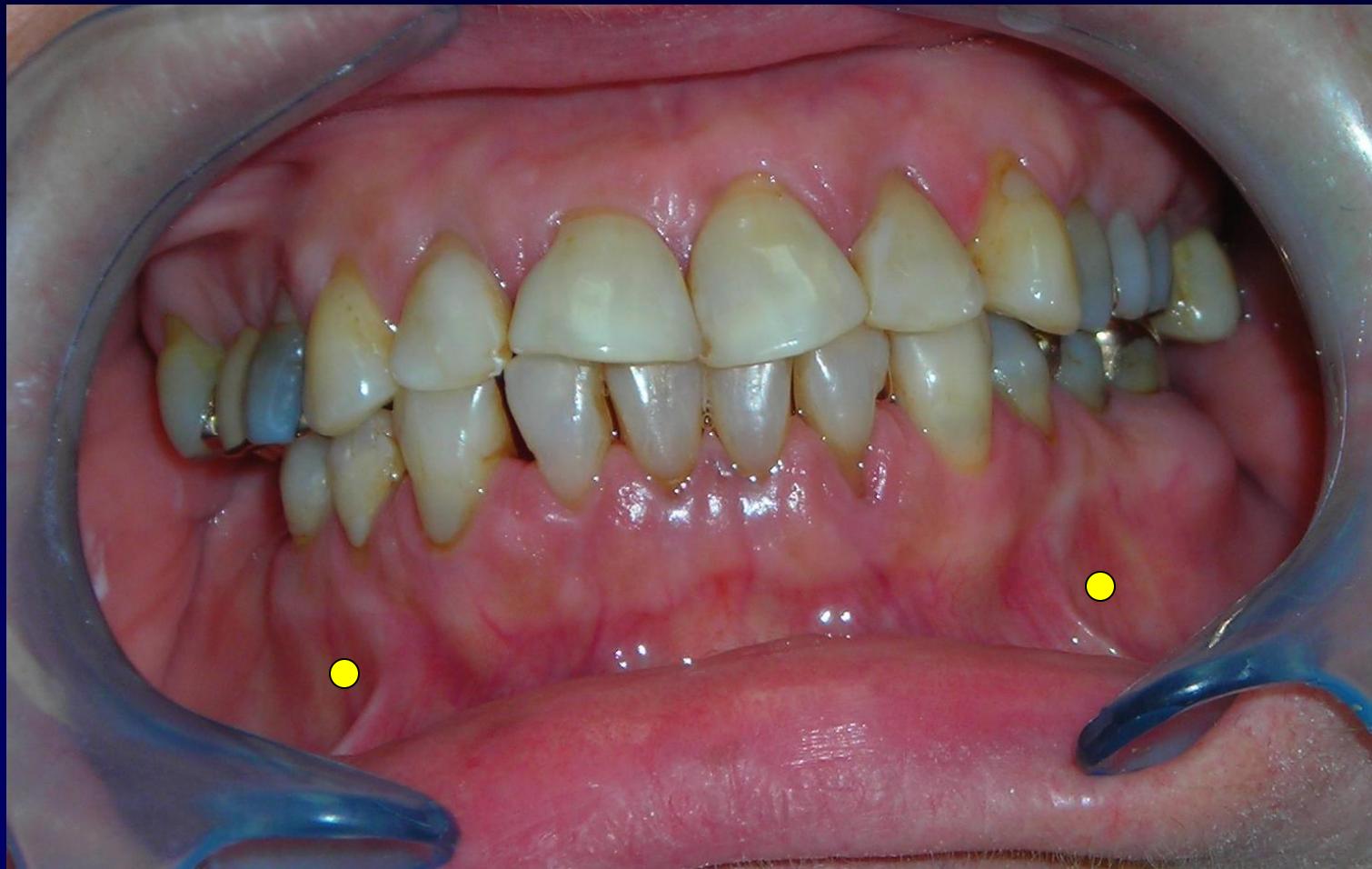
Bell's palsy





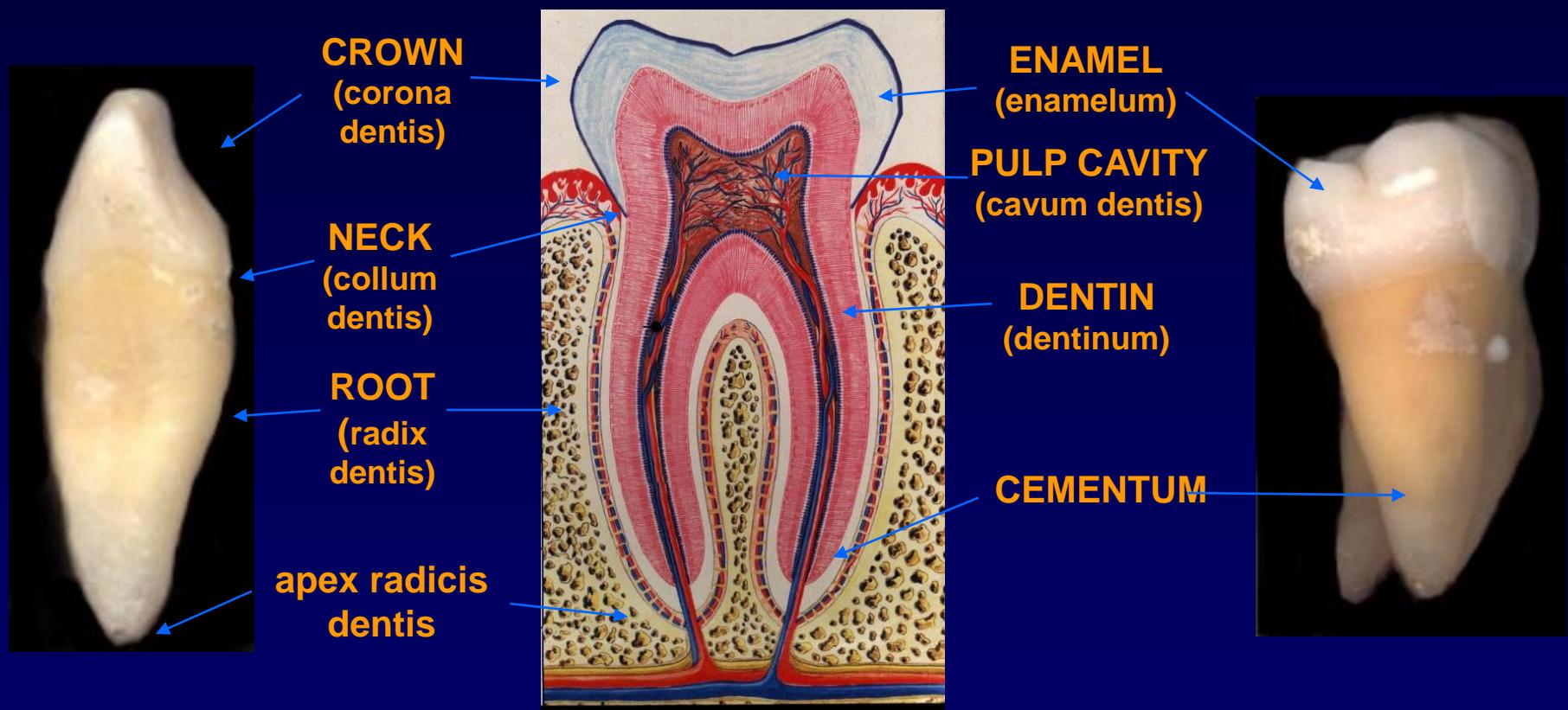
Oral Cavity Vestibule and oral cavity proper



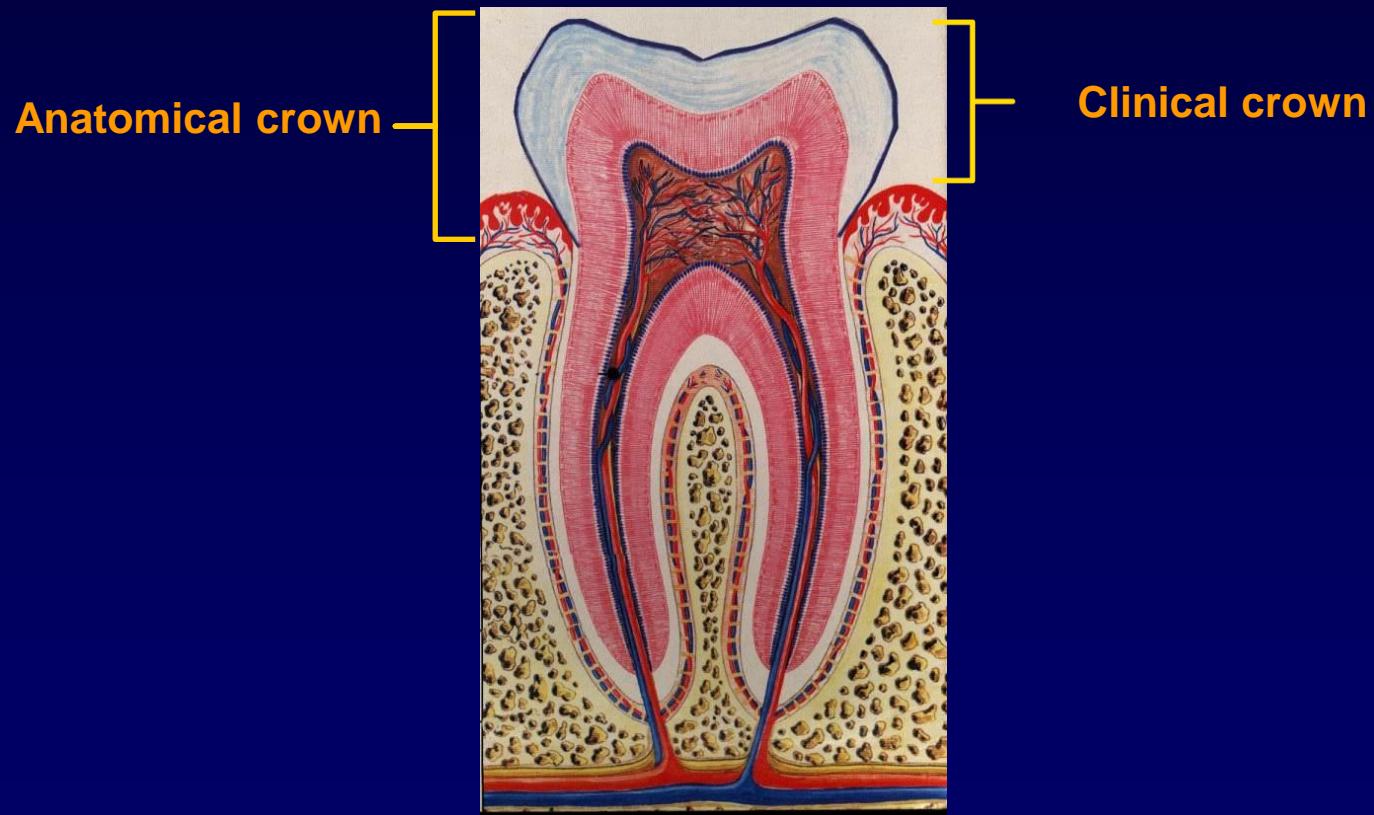




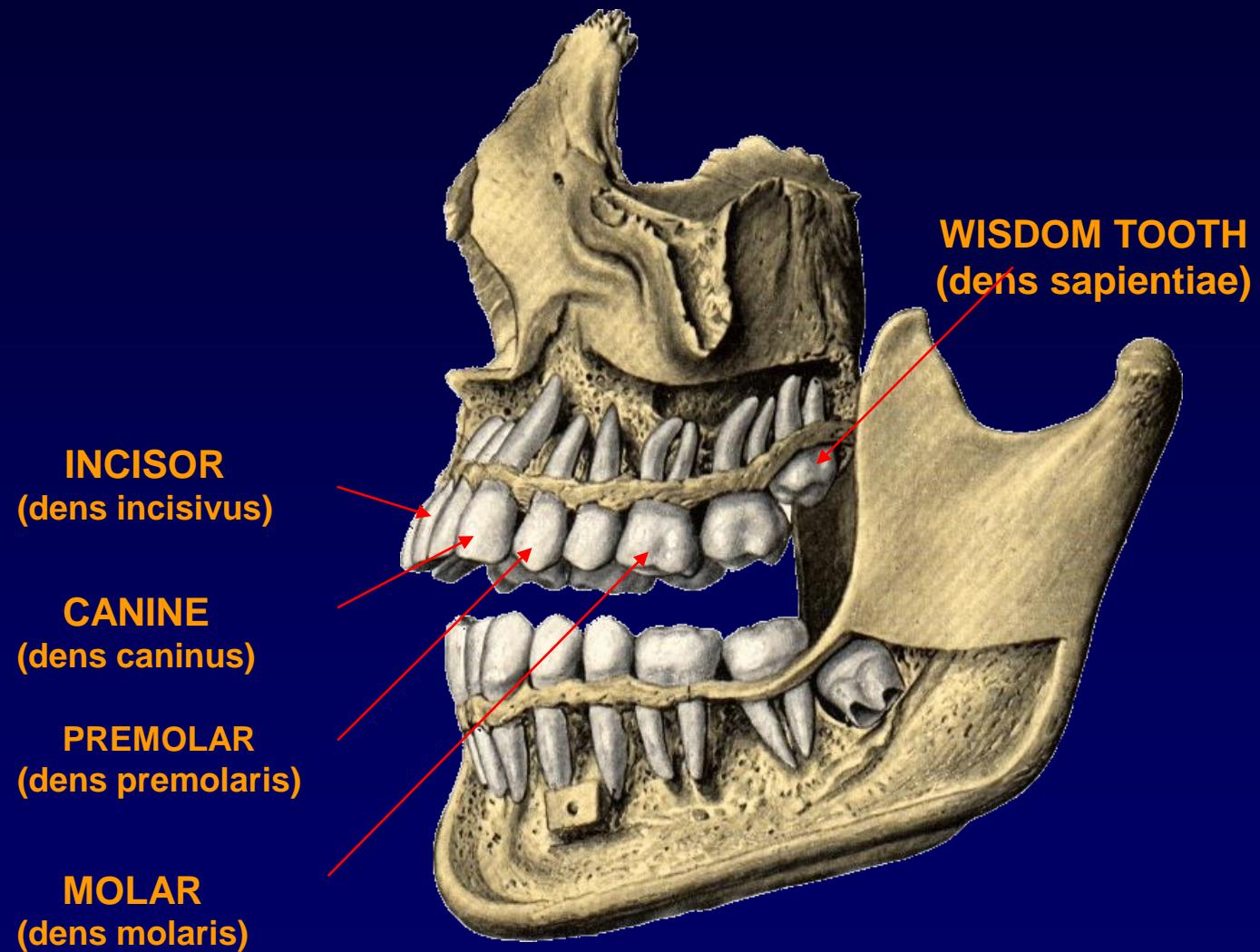
PARTS



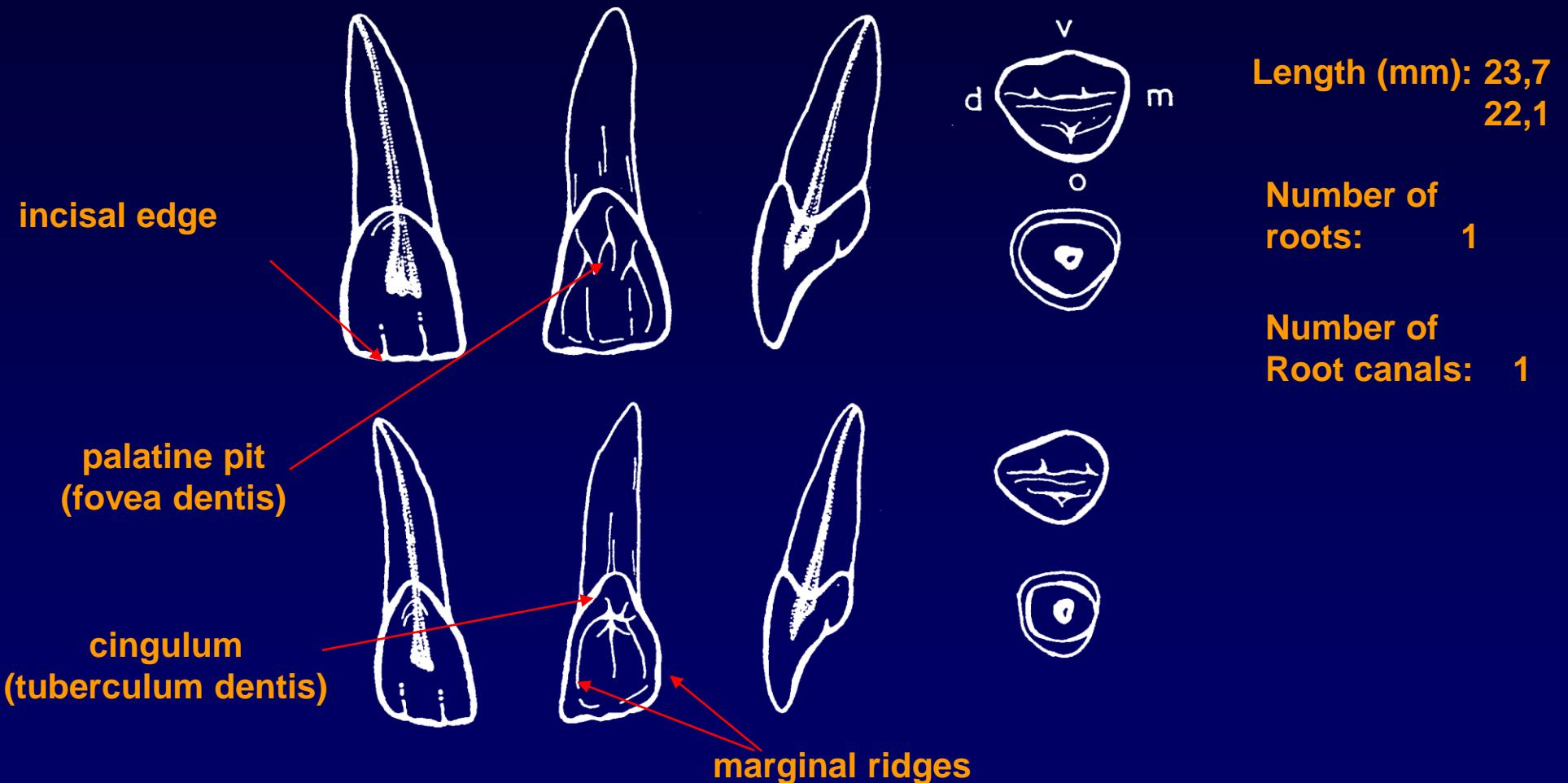
PARTS



Tooth types

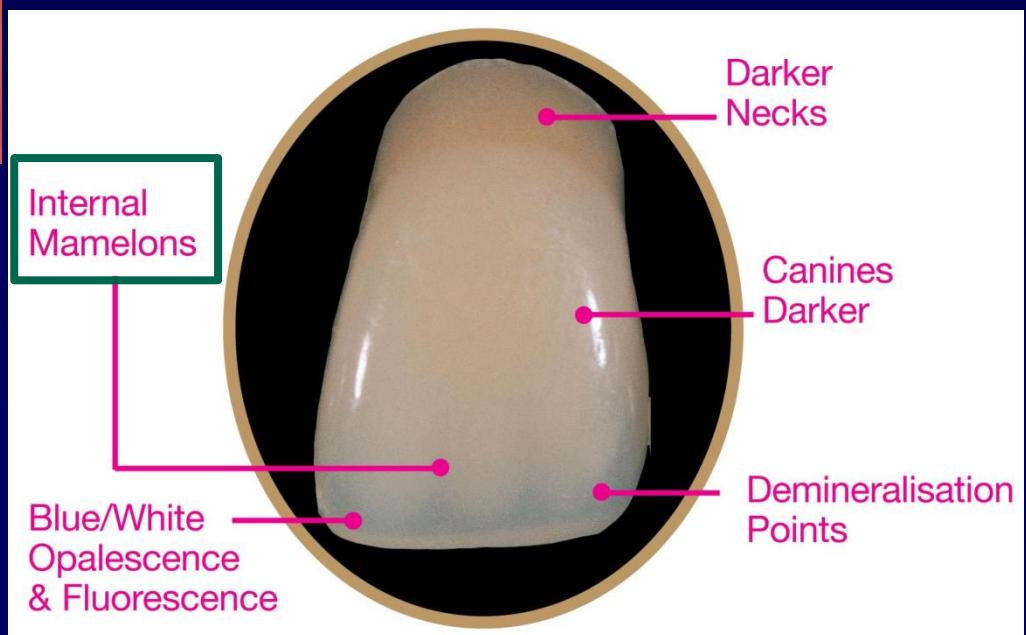


UPPER INCISORS (DENTES INCISIVI SUPERIORES)

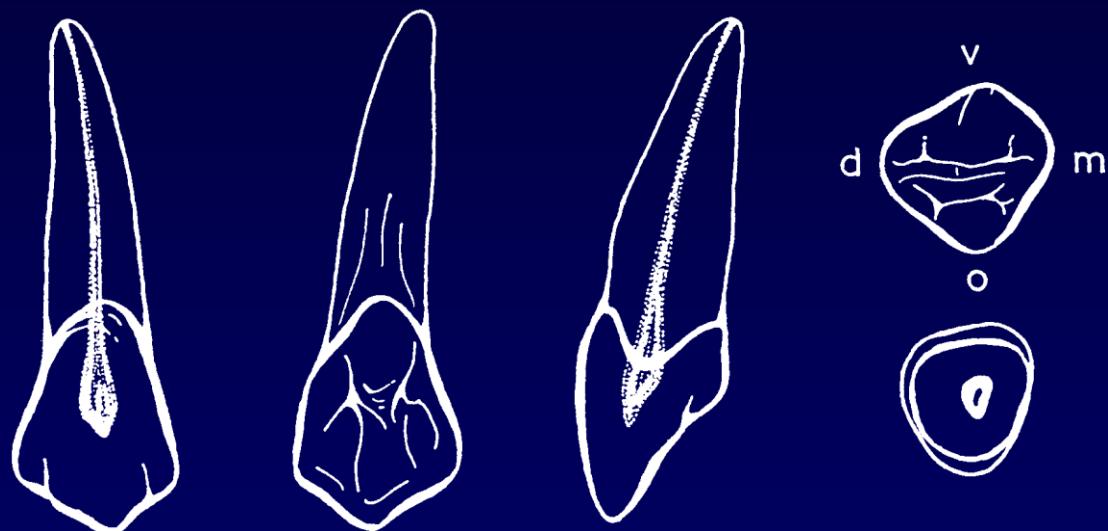


Mamelons (tubercles)

(in clinical dentistry color shades)



DENS CANINUS SUPERIOR

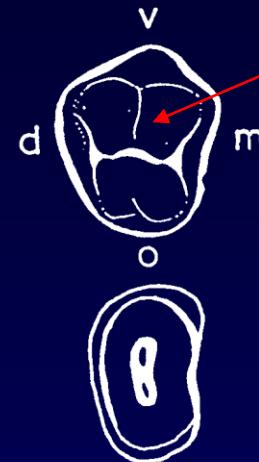
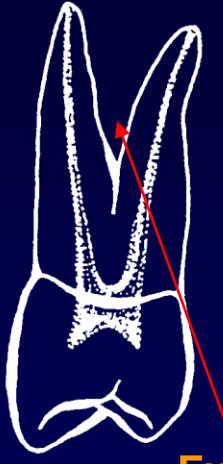
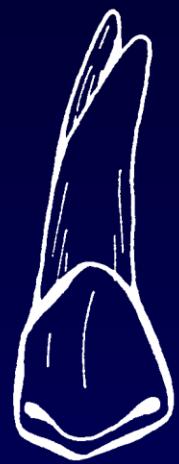


Length (mm): 27,3

Number of
roots: 1

Number of
Root canals: 1

DENTES PREMOLARES SUPERIORES

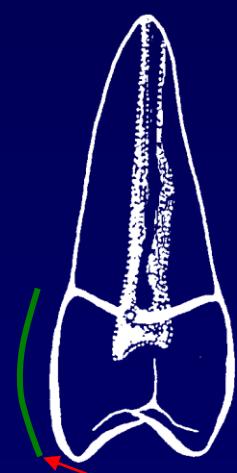
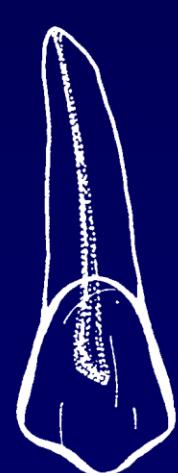


facies occlusalis

Length (mm): 22,3

Number of roots: 2

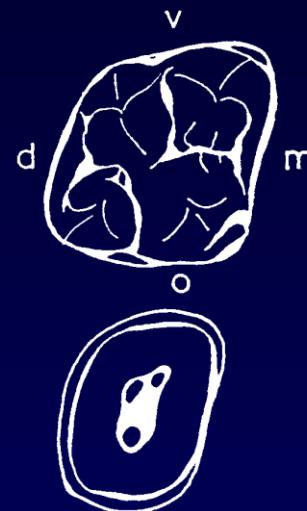
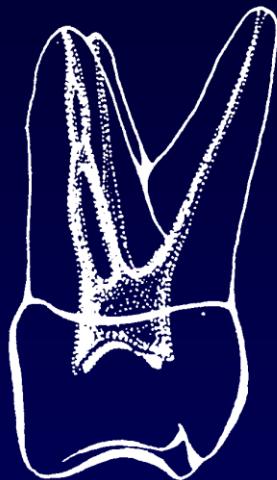
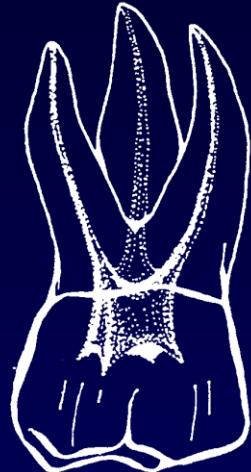
Number of Root canals: 2 (90%)



Number of roots: 1-2

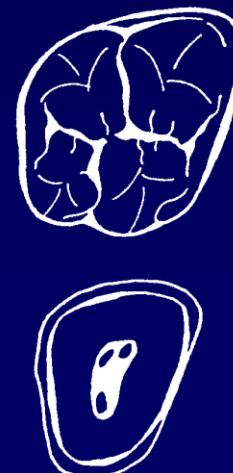
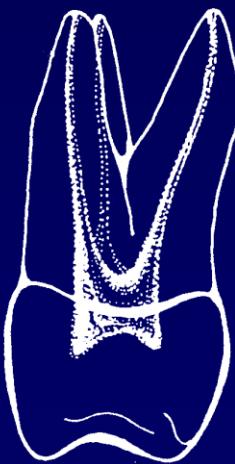
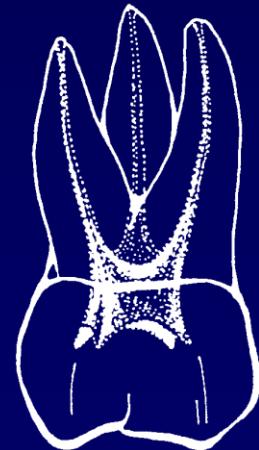
Number of Root canals: 2 (58%)

DENTES MOLARES SUPERIORES

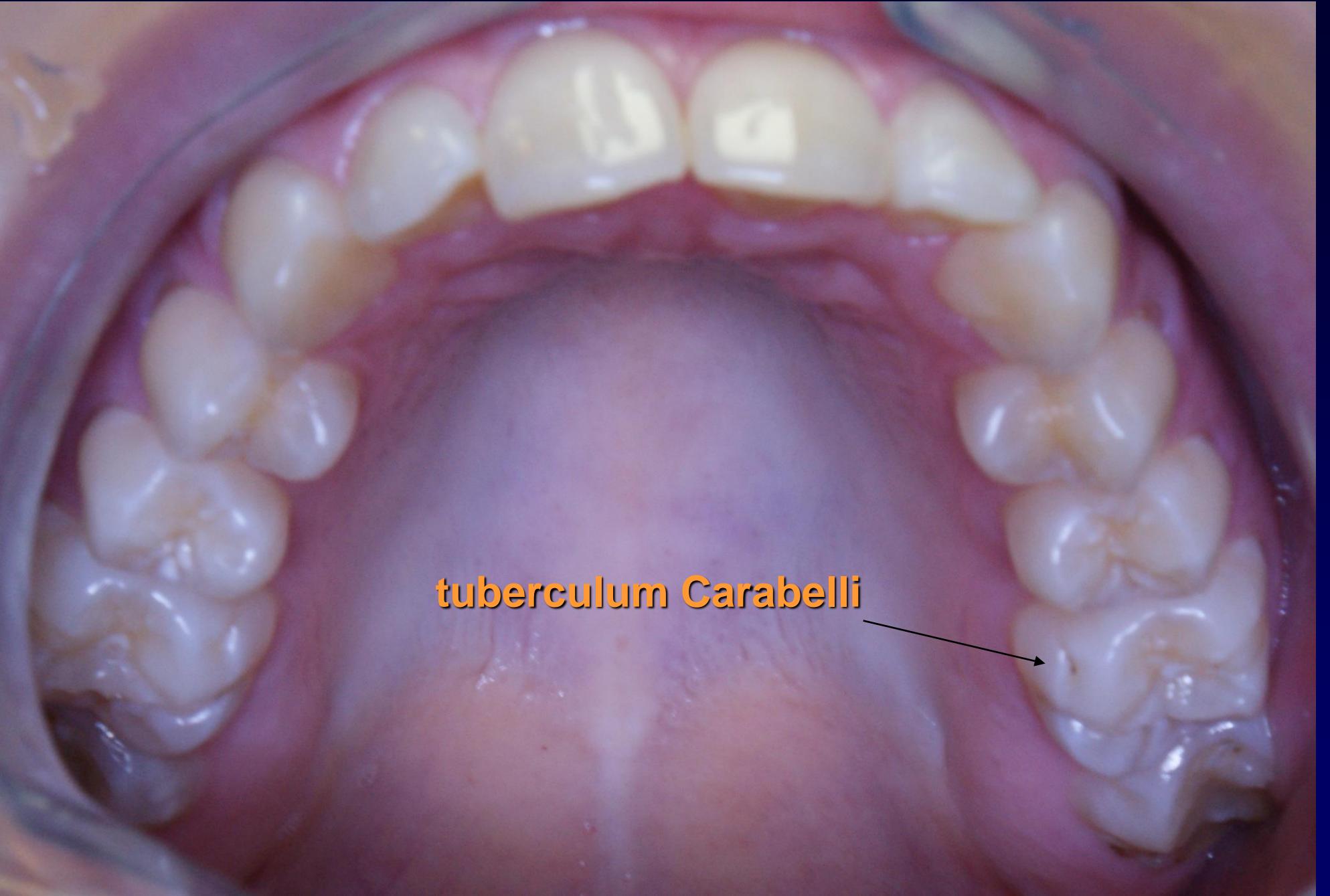


Length (mm): 22,3
22,2

Number of
roots: 3



Number of
Root canals: 3-4
(mesiobuccal may have
2 canals)



tuberculum Carabelli



DENTES INCISIVI INFERIORES



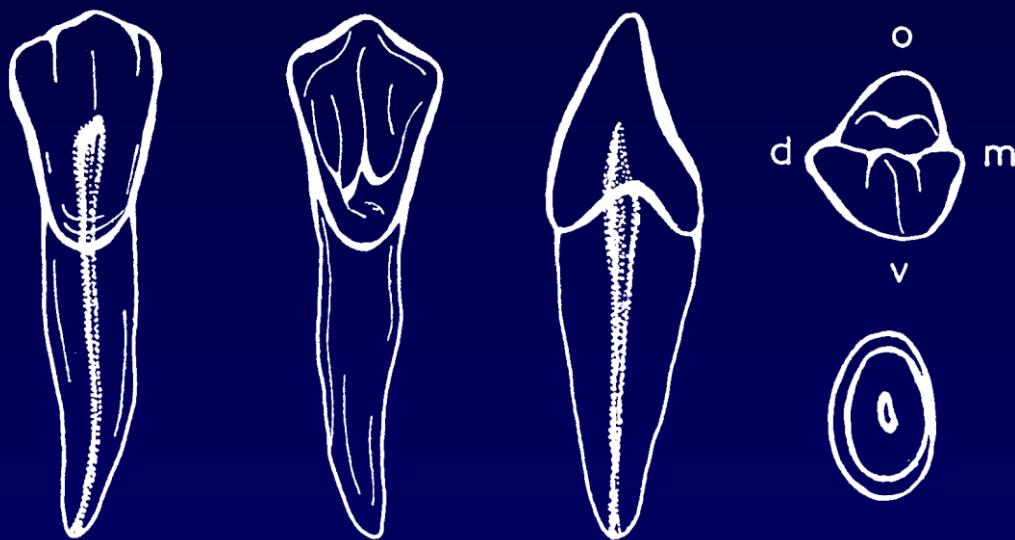
Length (mm): 21,8
23,3

Number of
roots: 1



Number of
Root canals: 1

DENS CANINUS INFERIOR

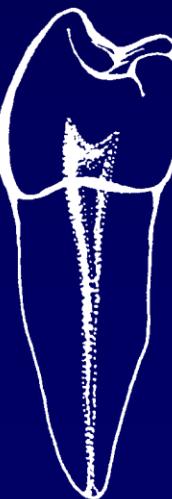


Length (mm): 26,0

Number of
roots: 1

Number of
Root canals: 1

DENTES PREMOLARES INFERIORES

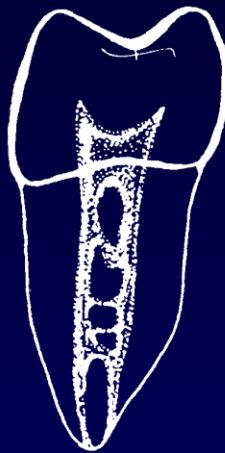


Length (mm): 22,9
22,3

**Number of
roots:** 1

**Number of
Root canals:** 1

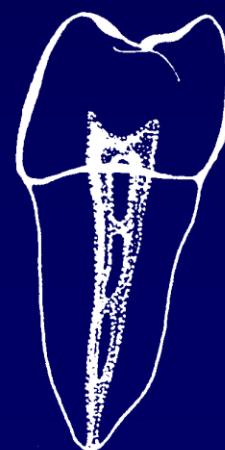
DENTES MOLARES INFERIORES



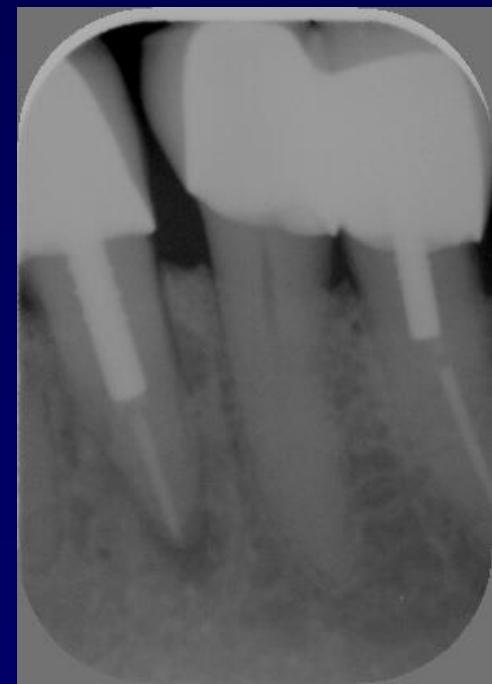
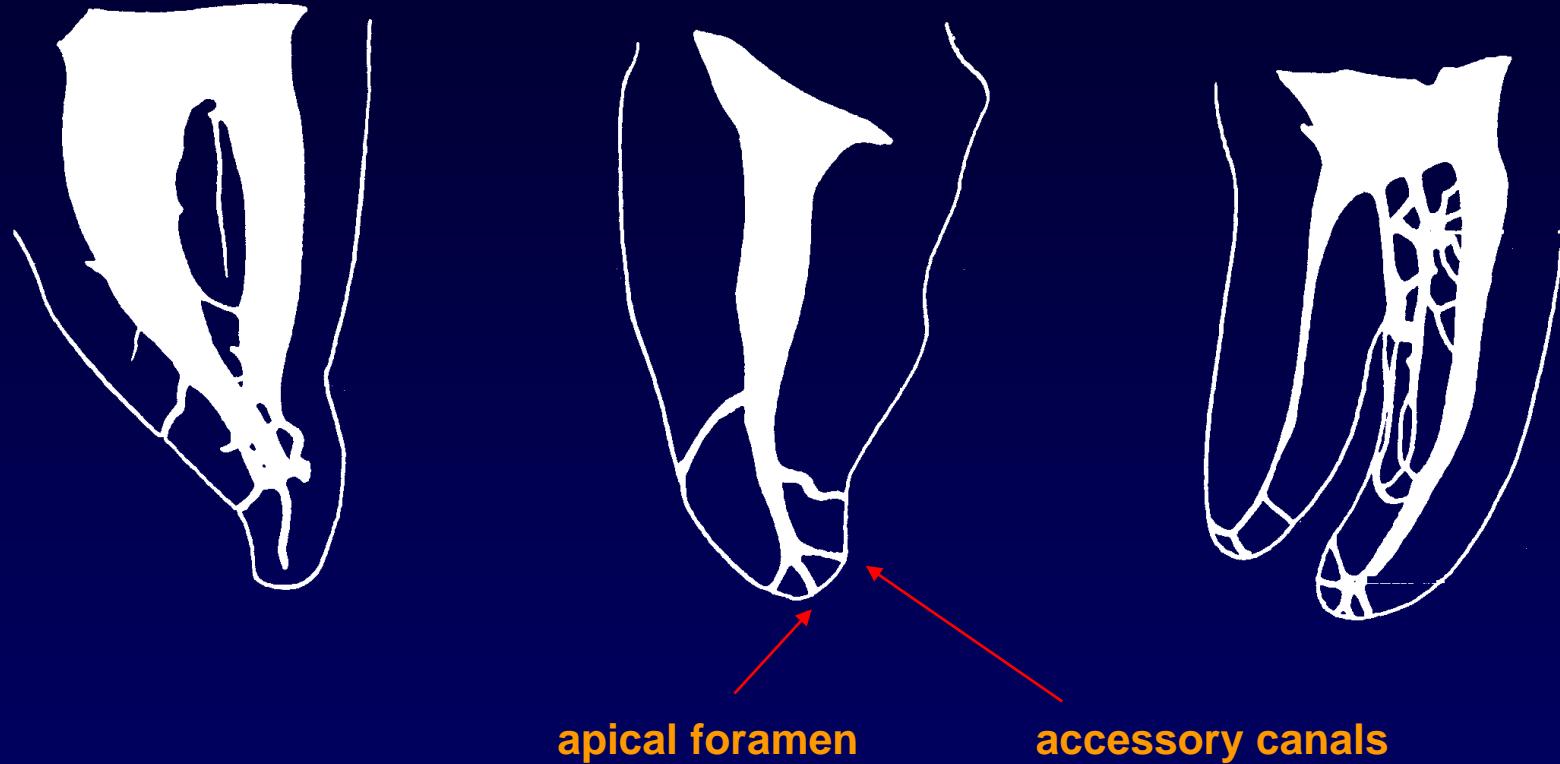
Length (mm): 22,0
21,7

Number of
roots: 2

Number of
Root canals: 3-4



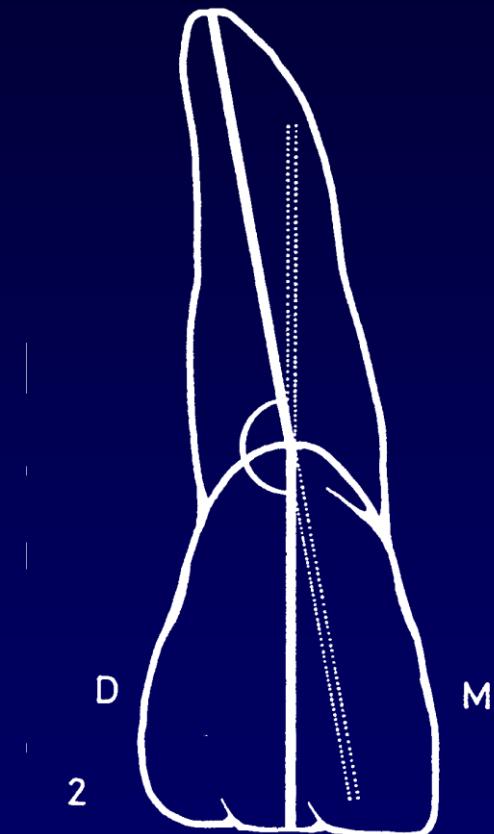
Variation of root canals



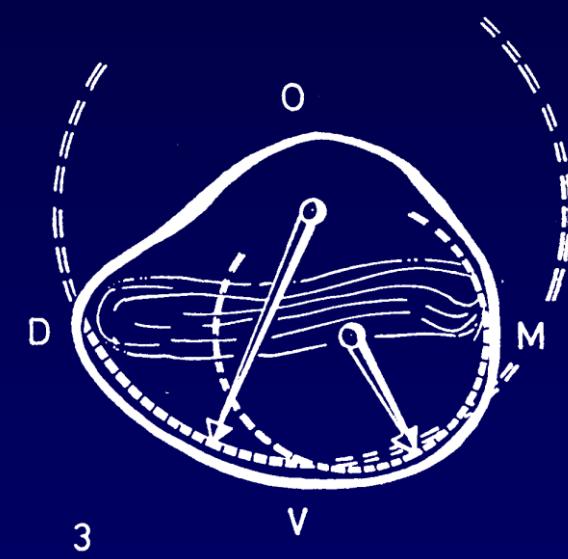
Mühlreiter's symbols



Angular



Root



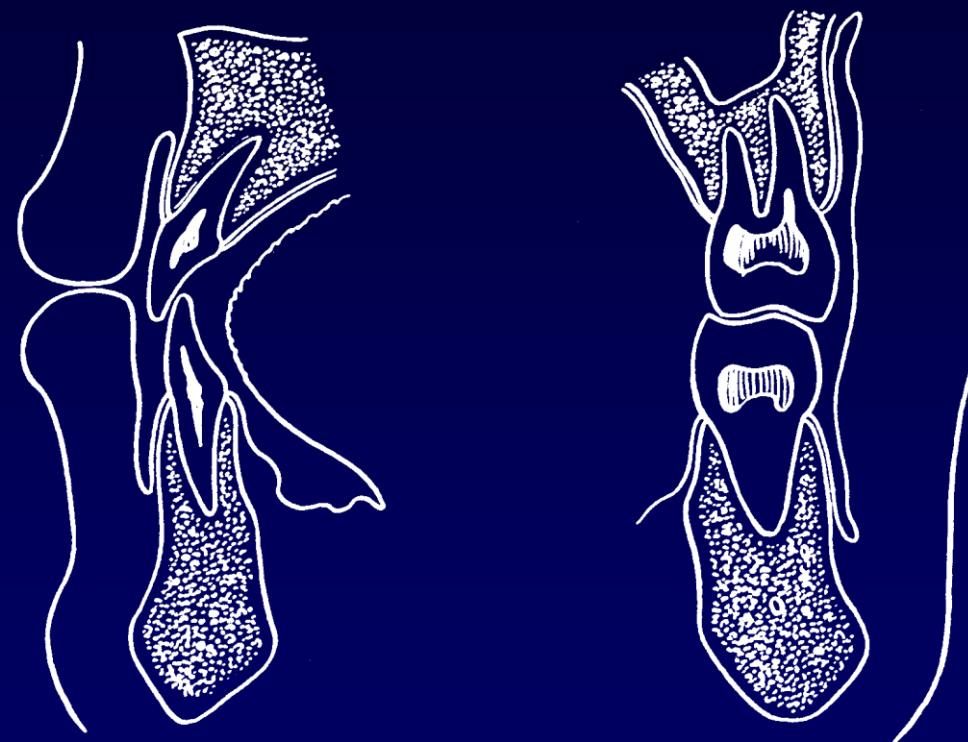
Circumferential

Correction of tooth 12 aplasia

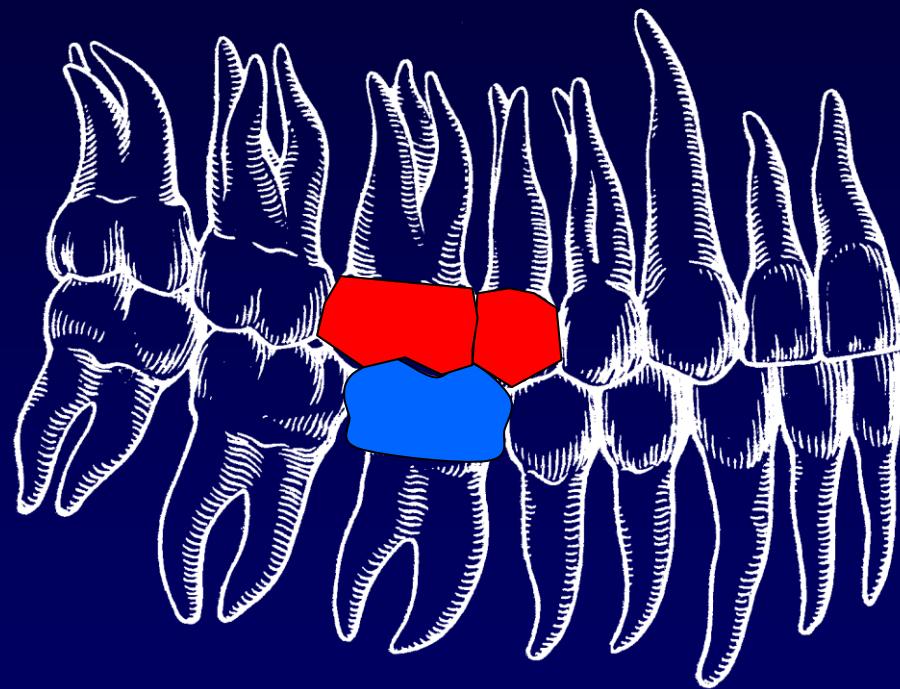




OCCLUSION



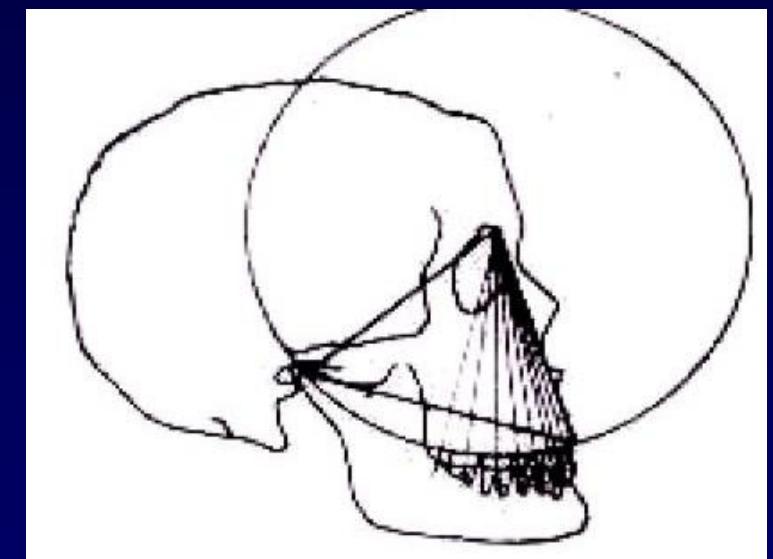
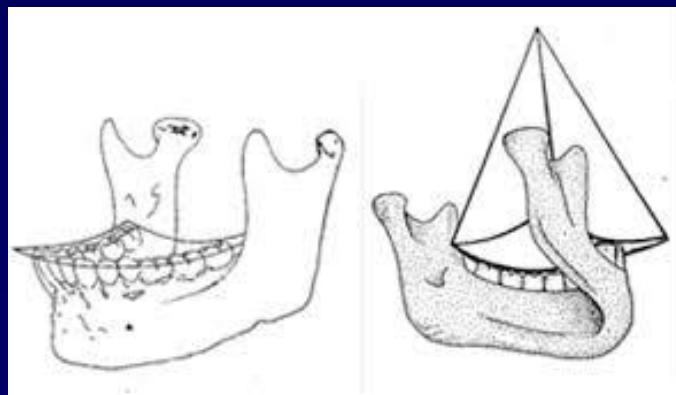
OCCLUSAL UNIT



MONSON – CURVE (Wilson + Spee) curve of occlusion



centre in the region of the glabella



10.16 cm radius

OCCLUSAL SURFACE



46



47



28



28

VARIATIONS



shades of teeth



CARIES



Intraoral radiography





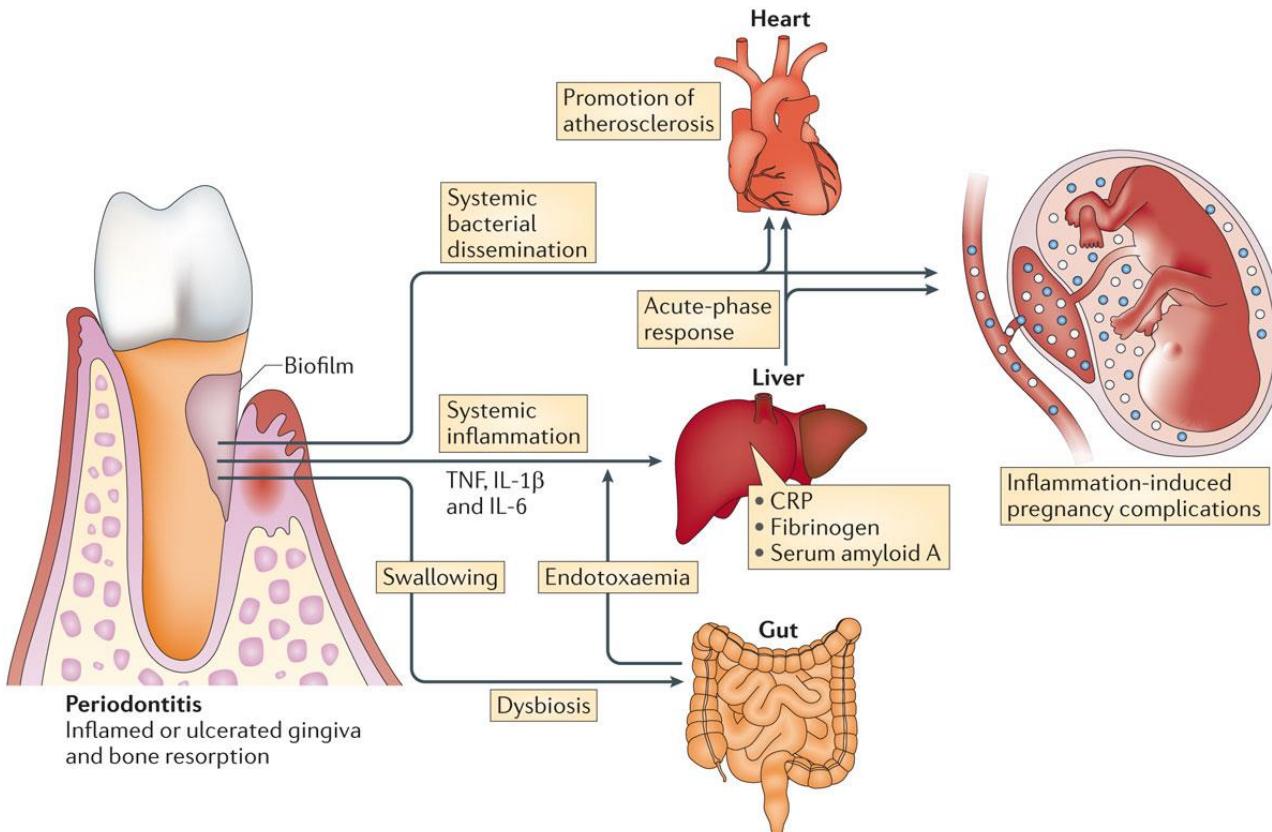
lamina dura (compacta)



PARODONTIUM



Periodontitis: from microbial immune subversion to systemic inflammation



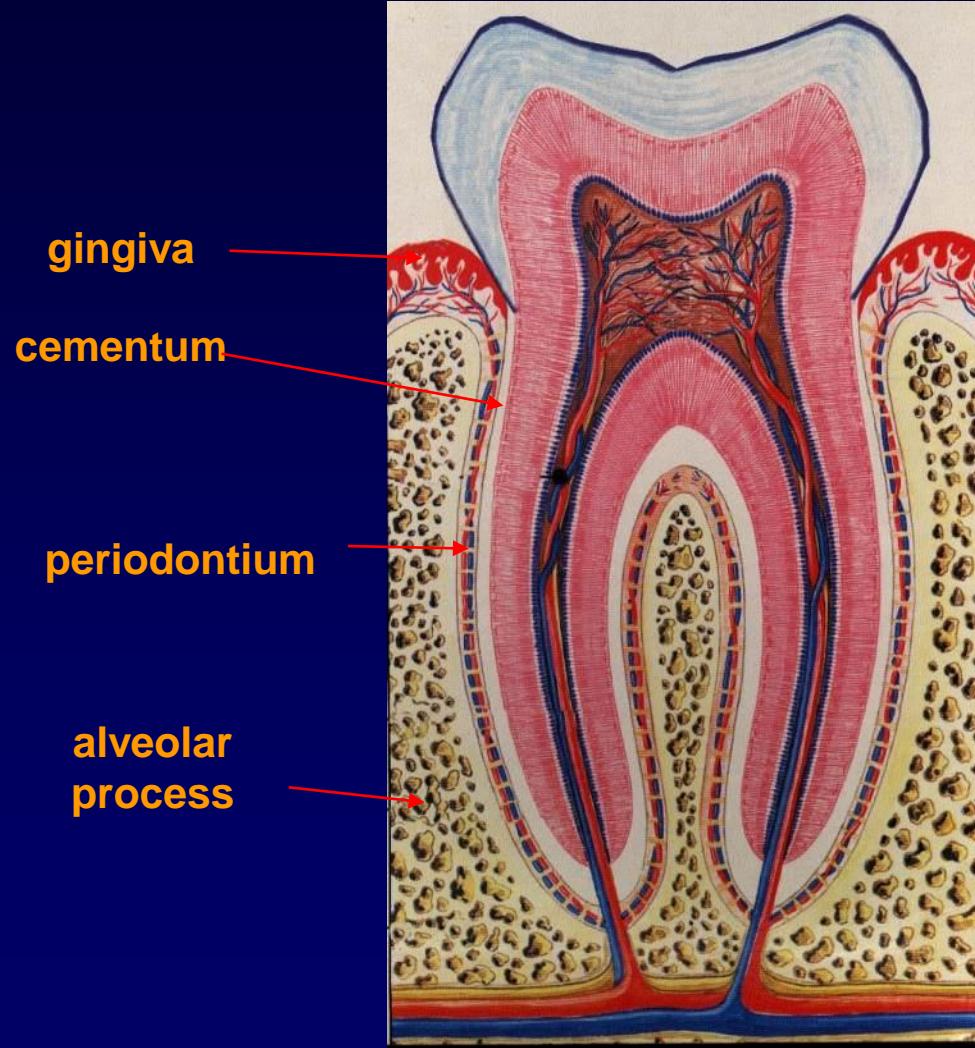
Nature Reviews | Immunology

Periodontitis: from microbial immune subversion to systemic inflammation

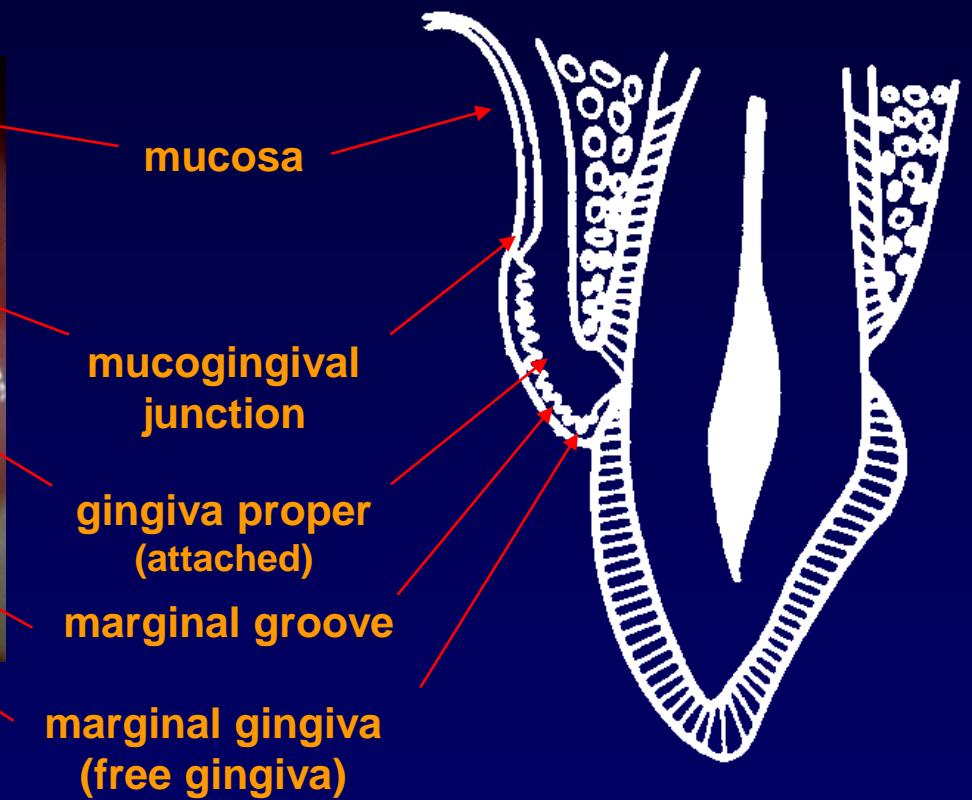
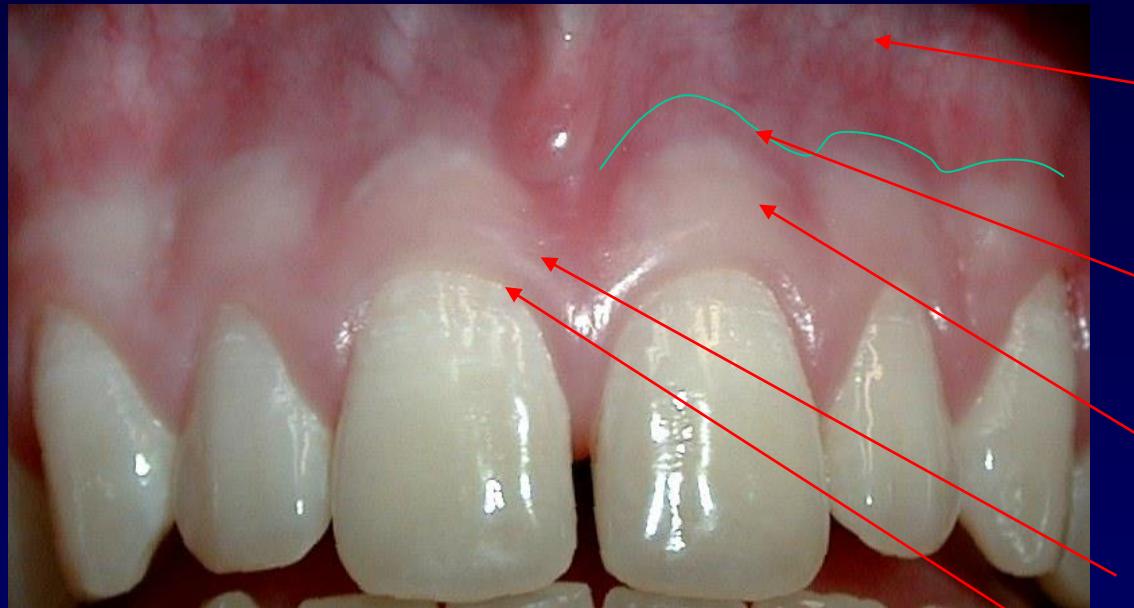
[George Hajishengallis](#)

Nature Reviews Immunology 15, 30–44 (2015) doi:10.1038/nri3785

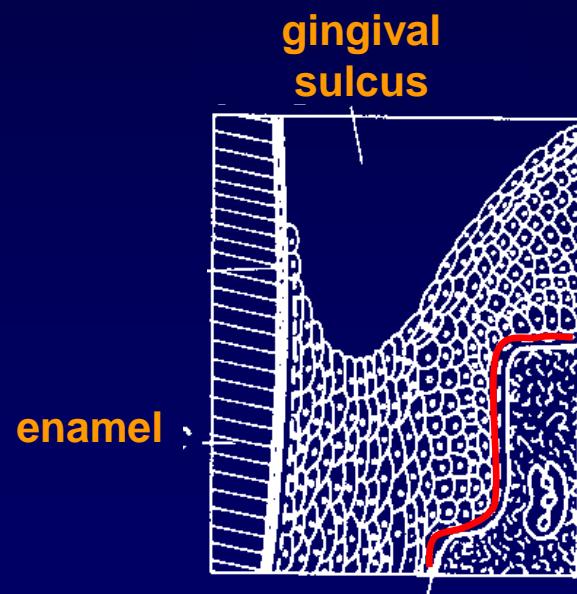
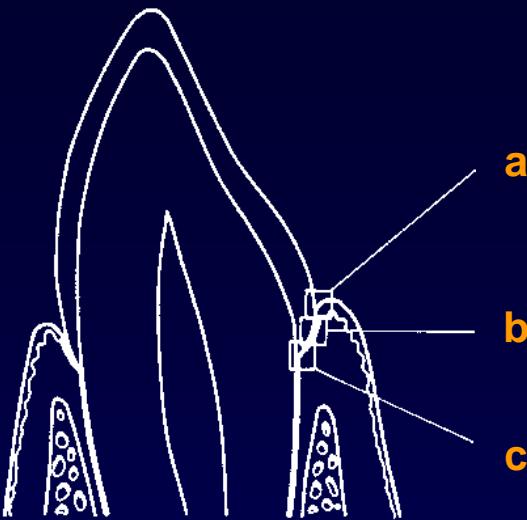
PARTS OF PERIODONTIUM (PARODONTIUM)



GINGIVA

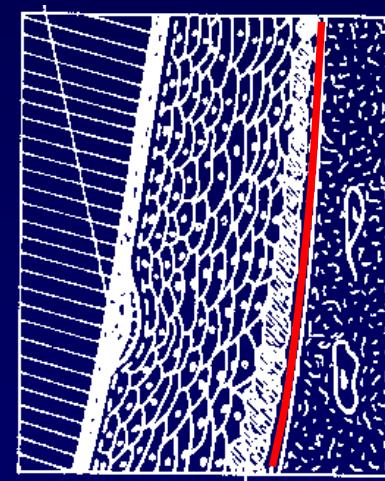


JUNCTION EPITHEL



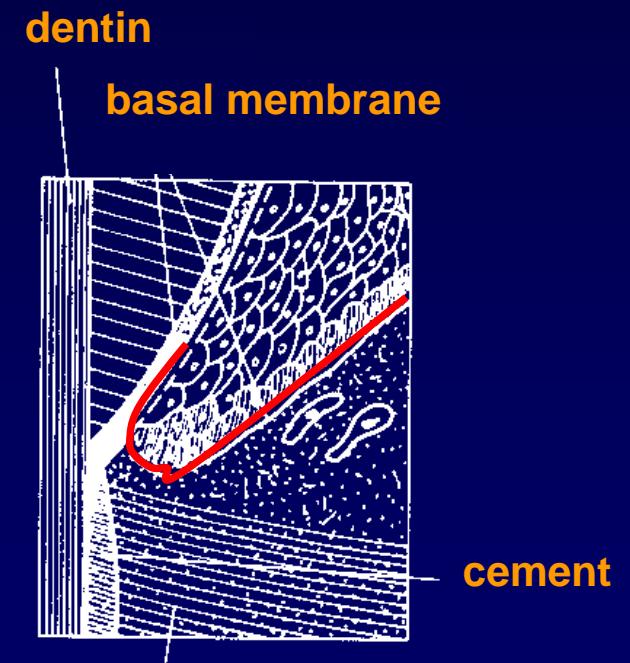
basal membrane

a



Basal layer

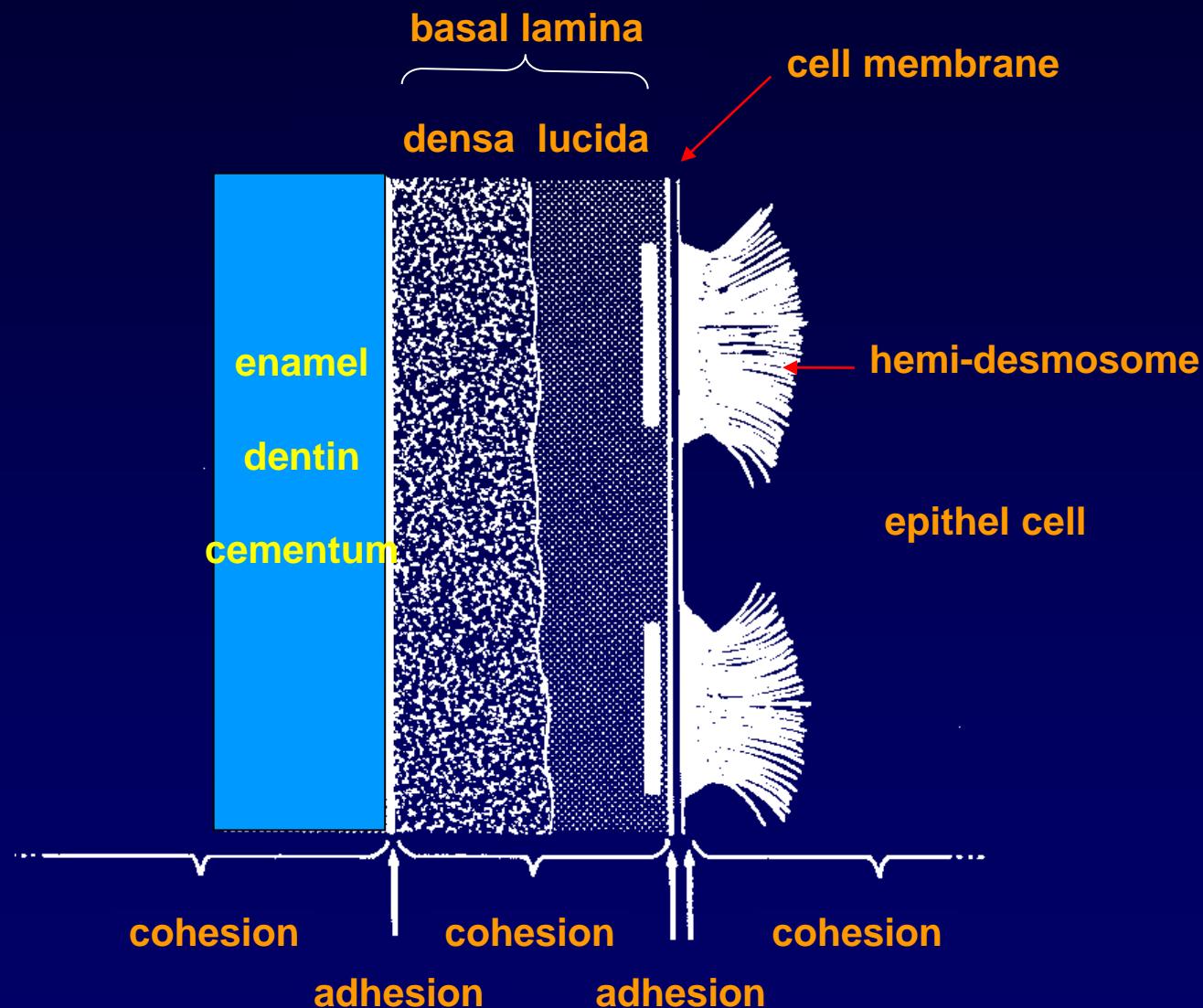
b



dentogingival fibers

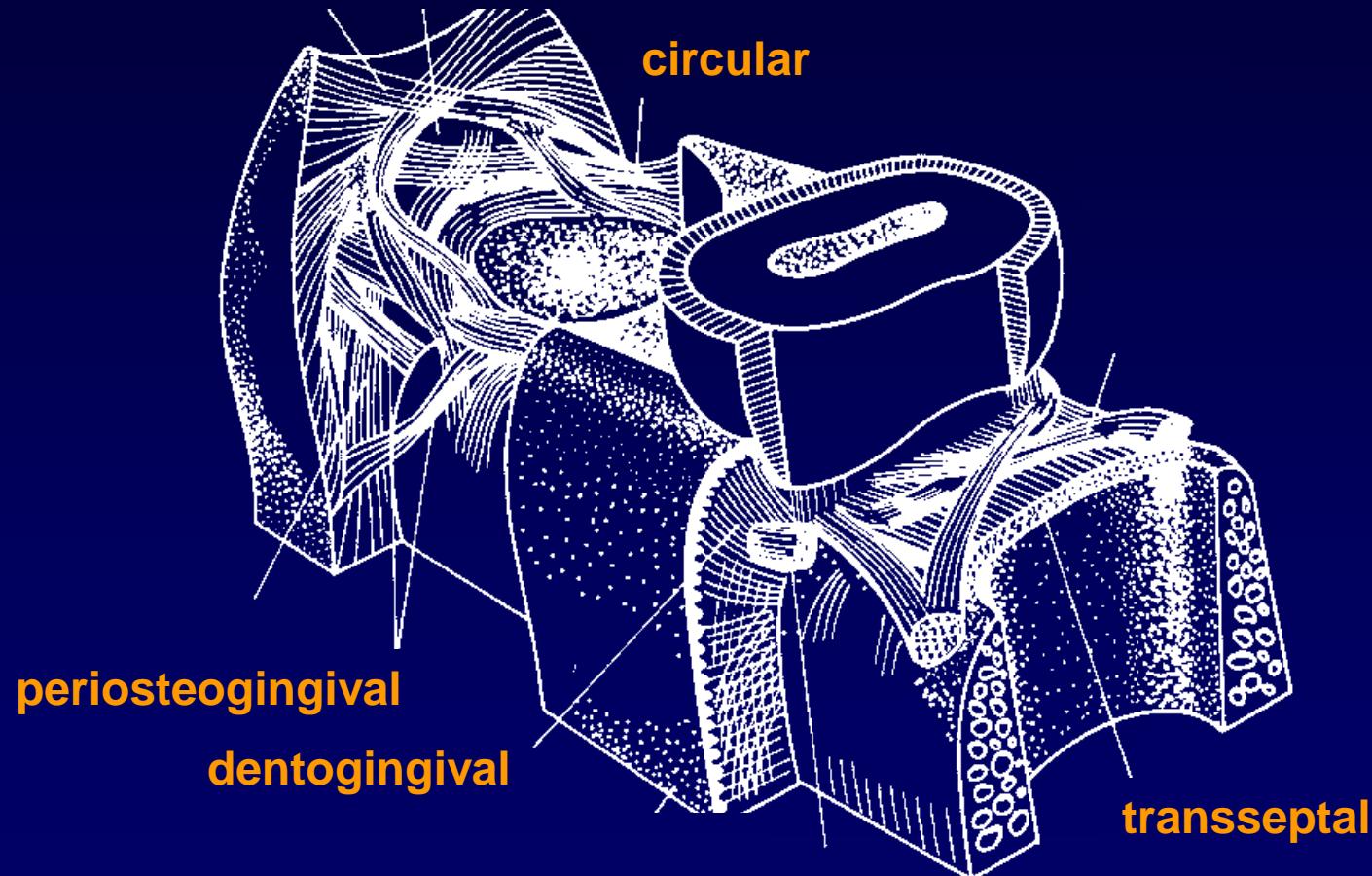
c

GINGIVAL ATTACHMENT



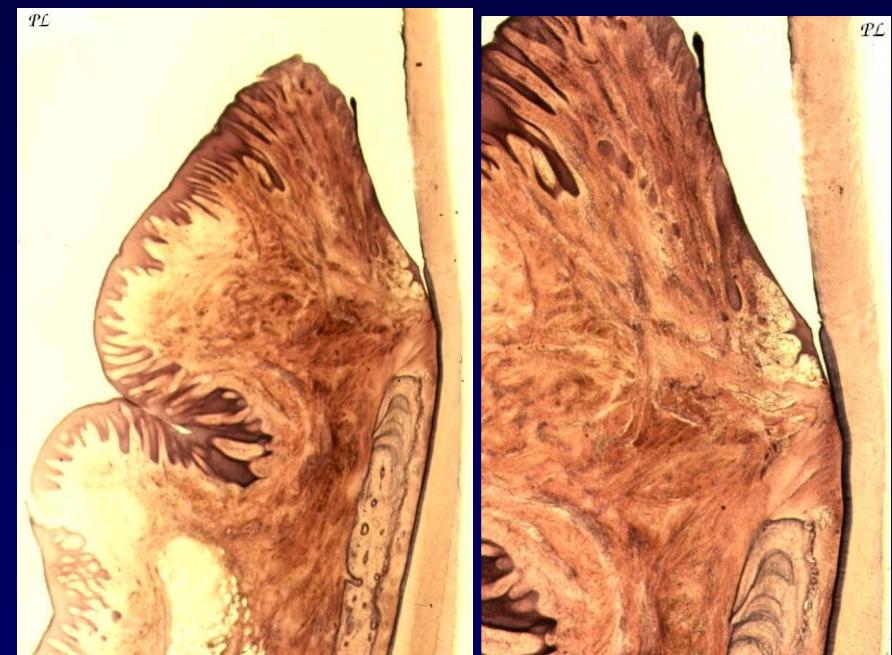
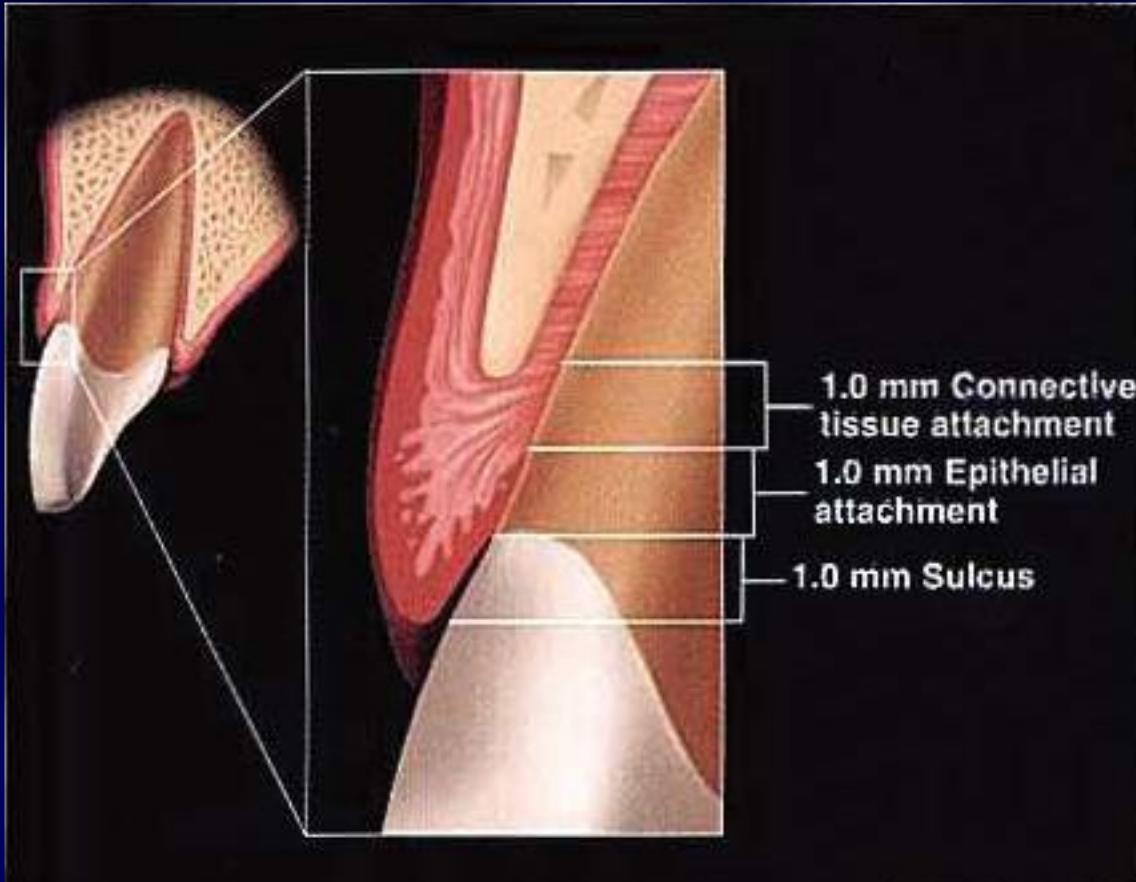
GINGIVAL FIBERS

Interpapillary (supporting the COL area)



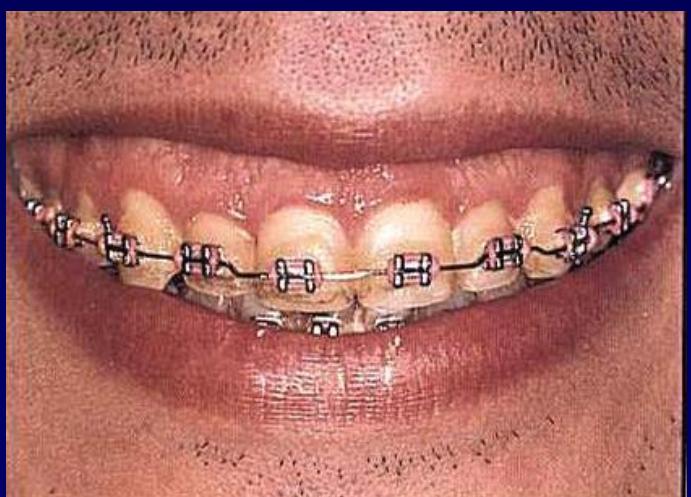
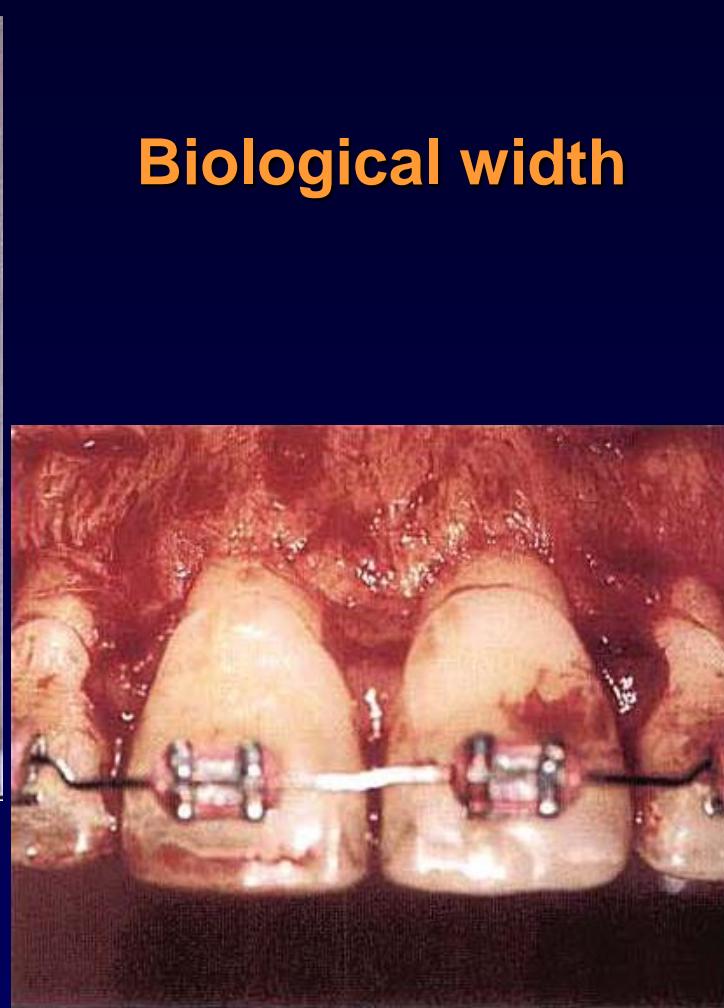


Biological width



Patonay Lajos

Biological width



J. William Robbins, DDS, MA

Pract Periodont Aesthet Dent 1999;11(2):265-272.

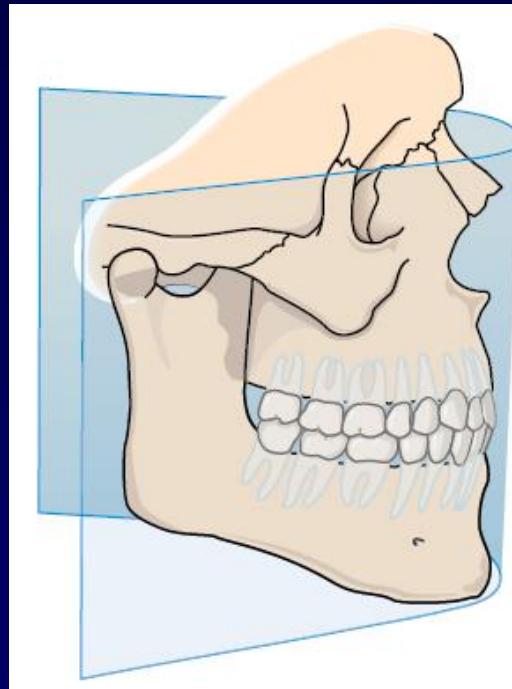
PARODONTIUM DAMAGE

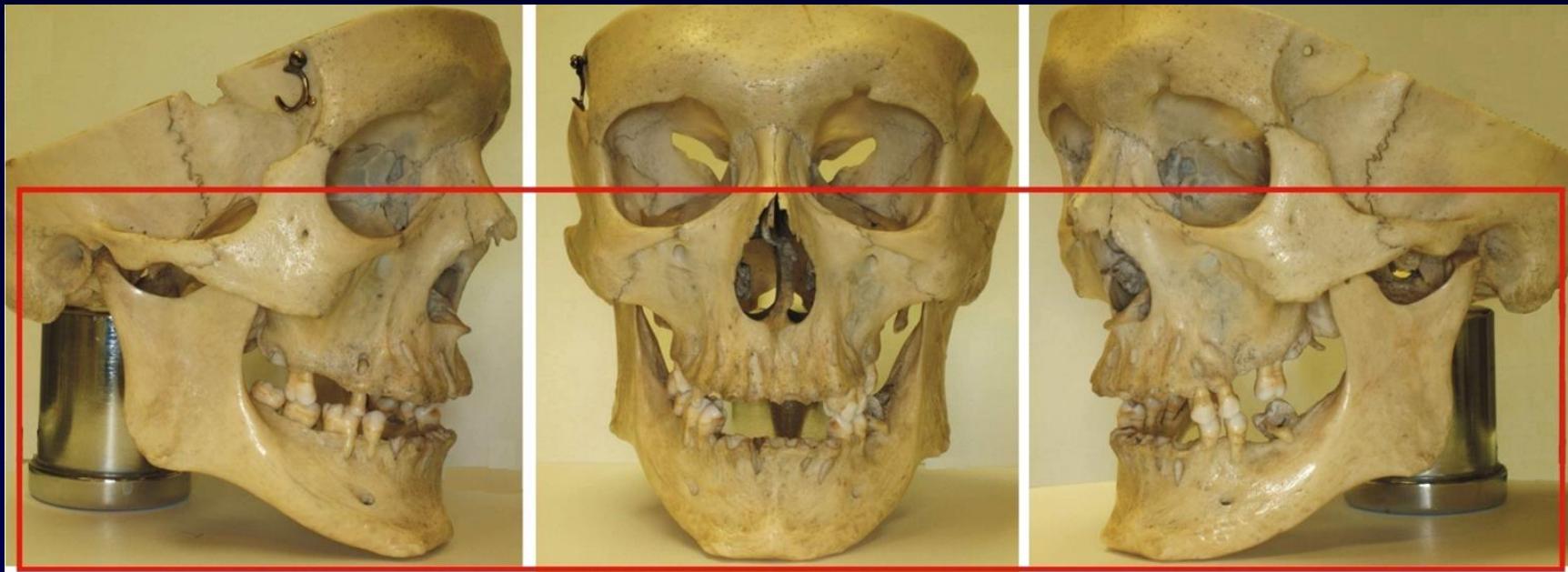


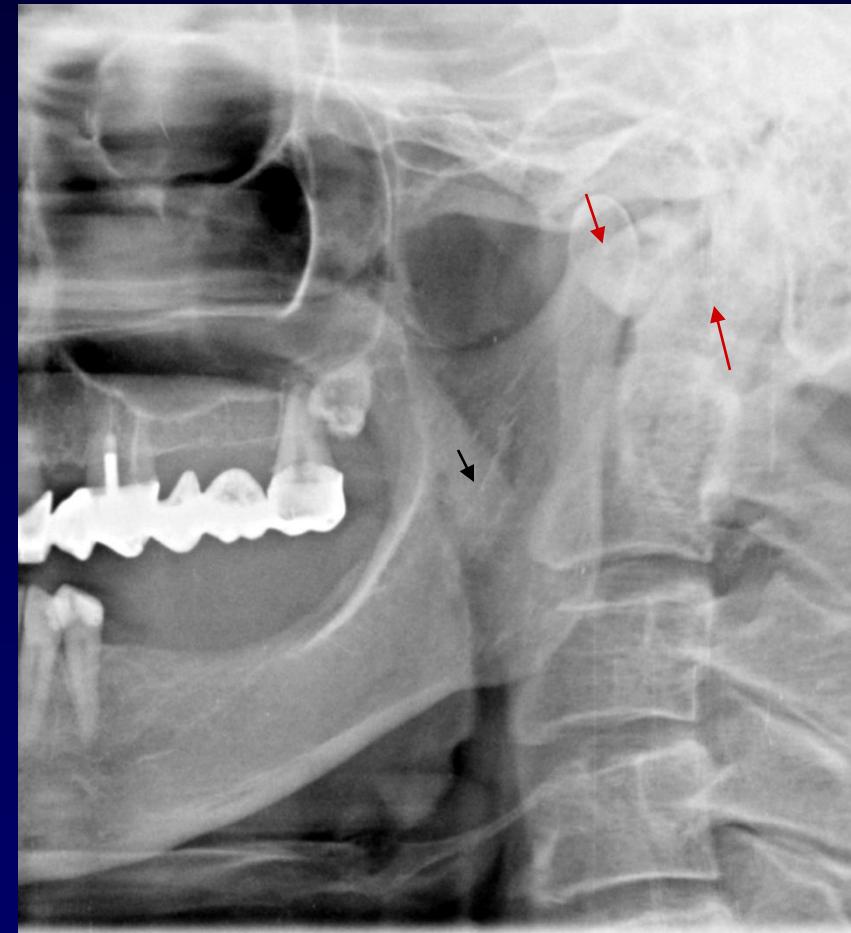
Exposed root surface



Orthopantomograph (panoramic radiograph)







carotid arterial plaques



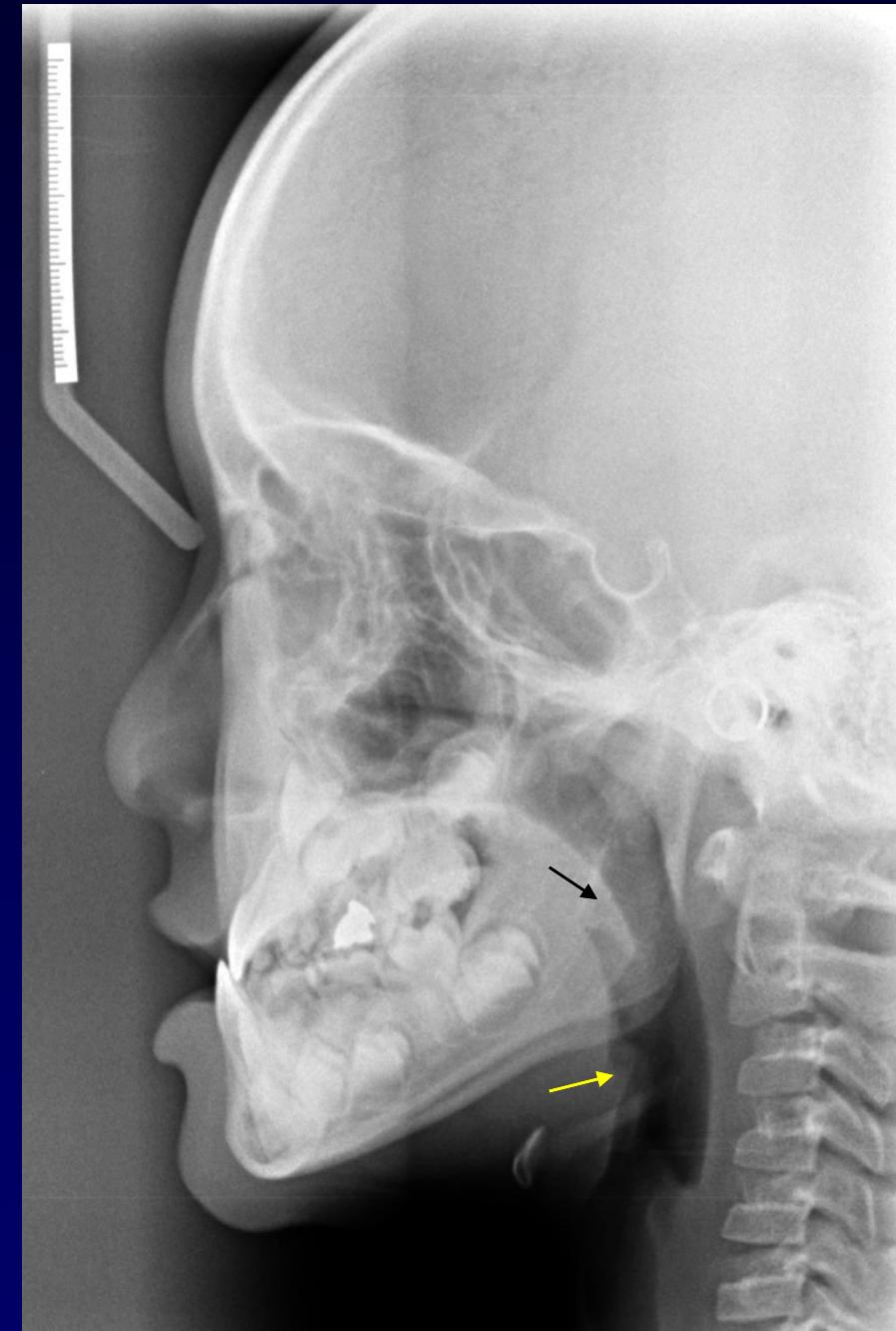
ARTHUR H. FRIEDLANDER, D.D.S.;
LISA ALTMAN, M.D.

J Am Dent Assoc 2001;132:1130-1136

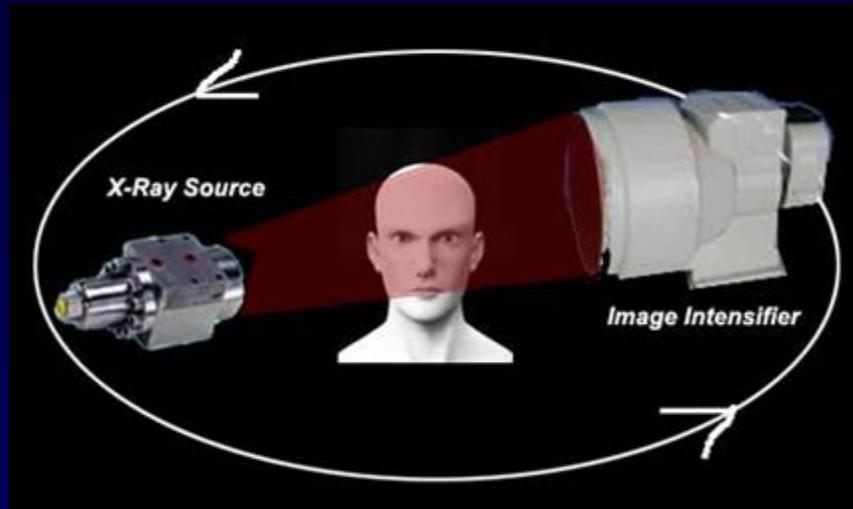


cephalometric x-ray

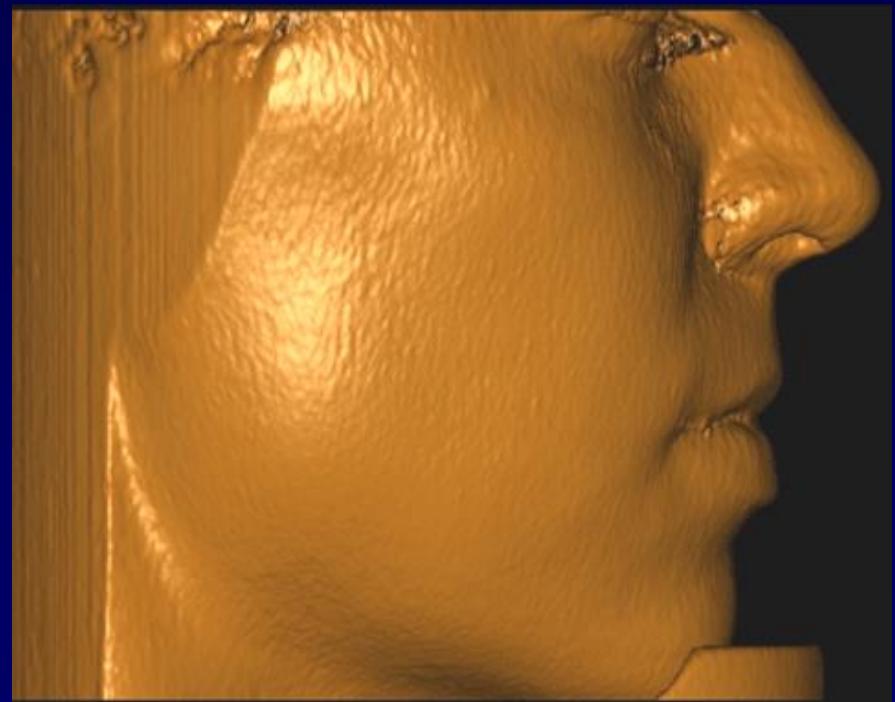
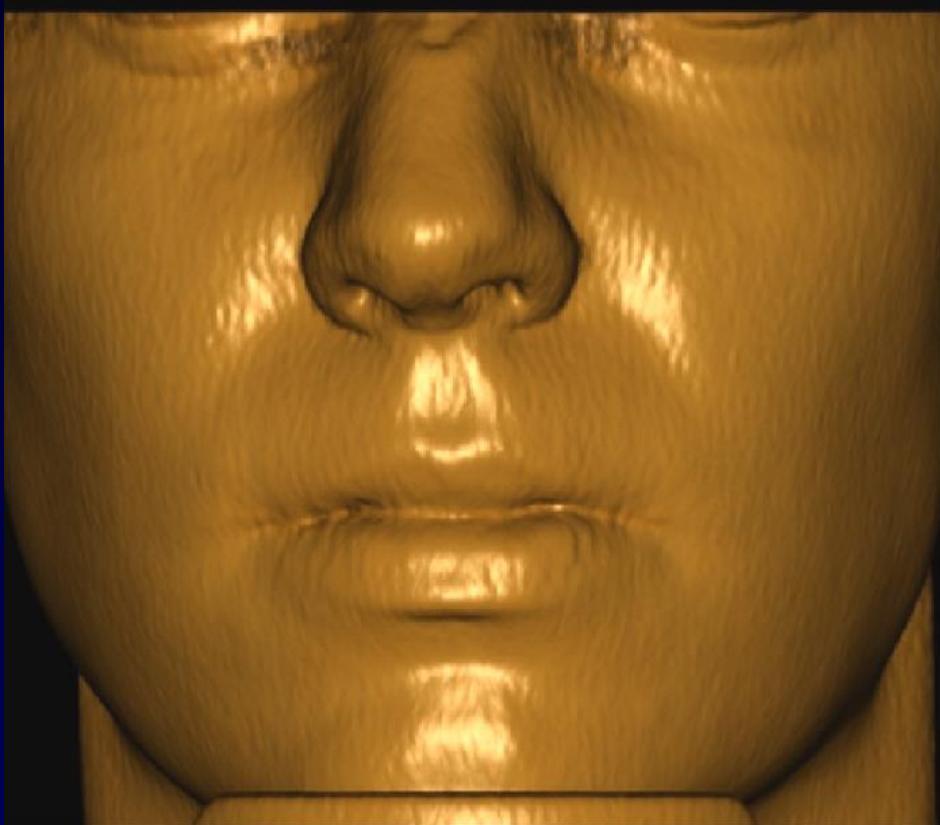


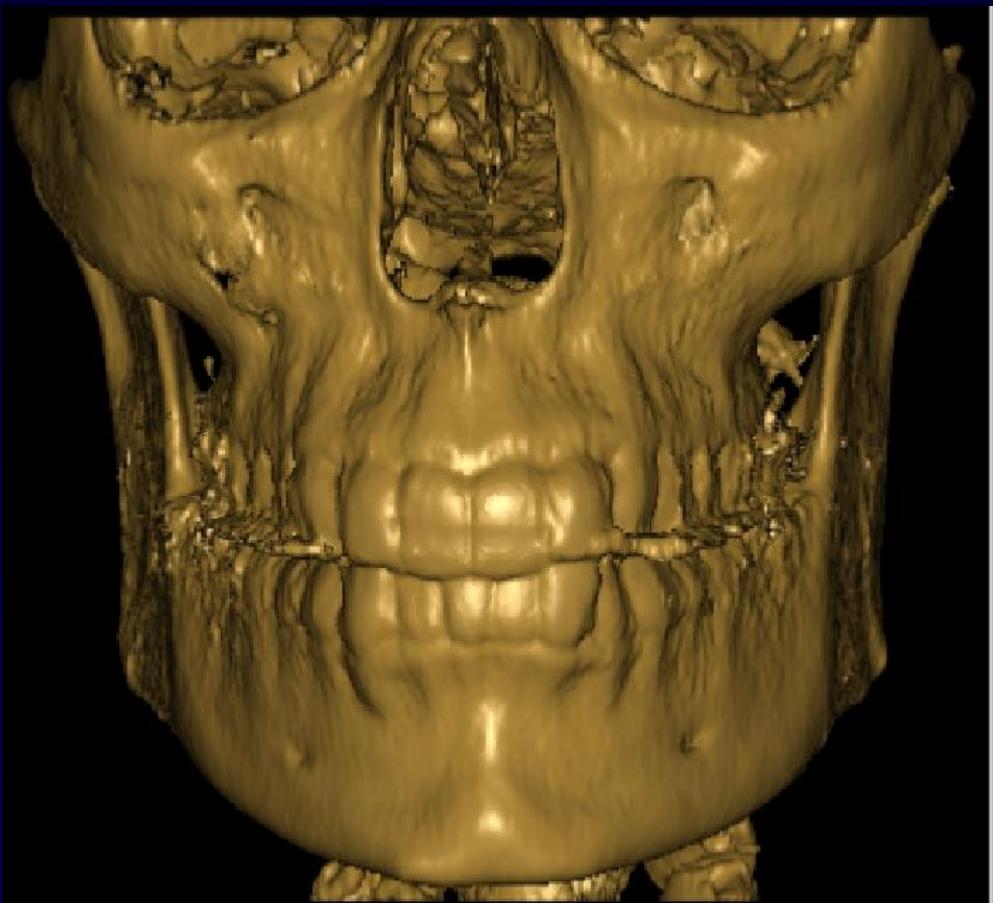


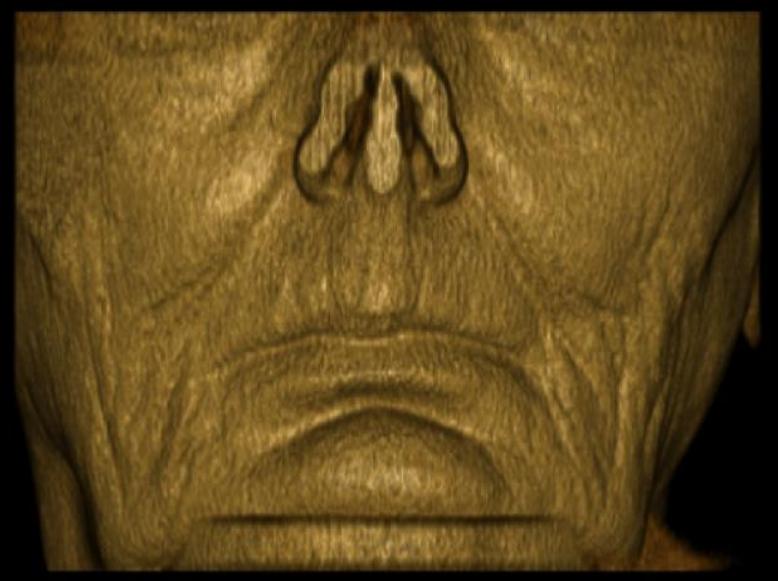
Cone Beam CT



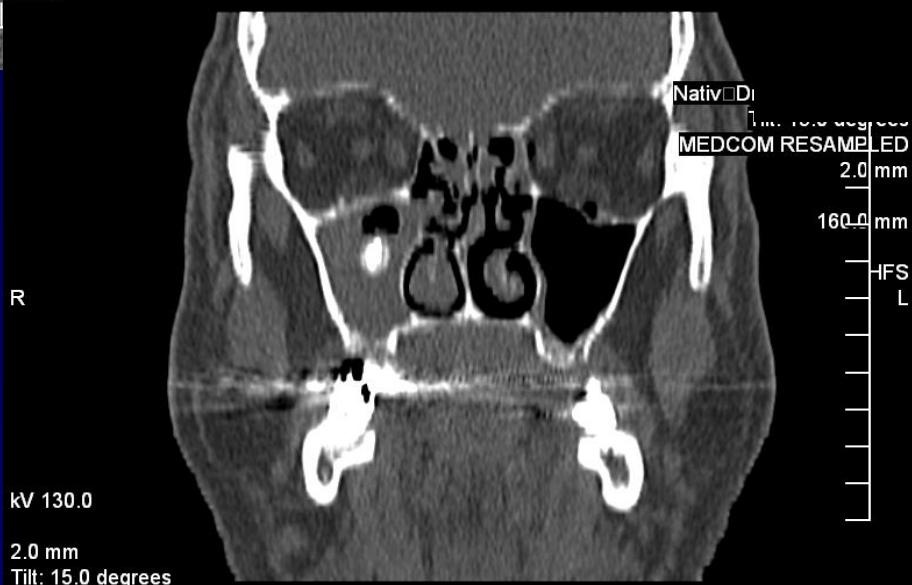
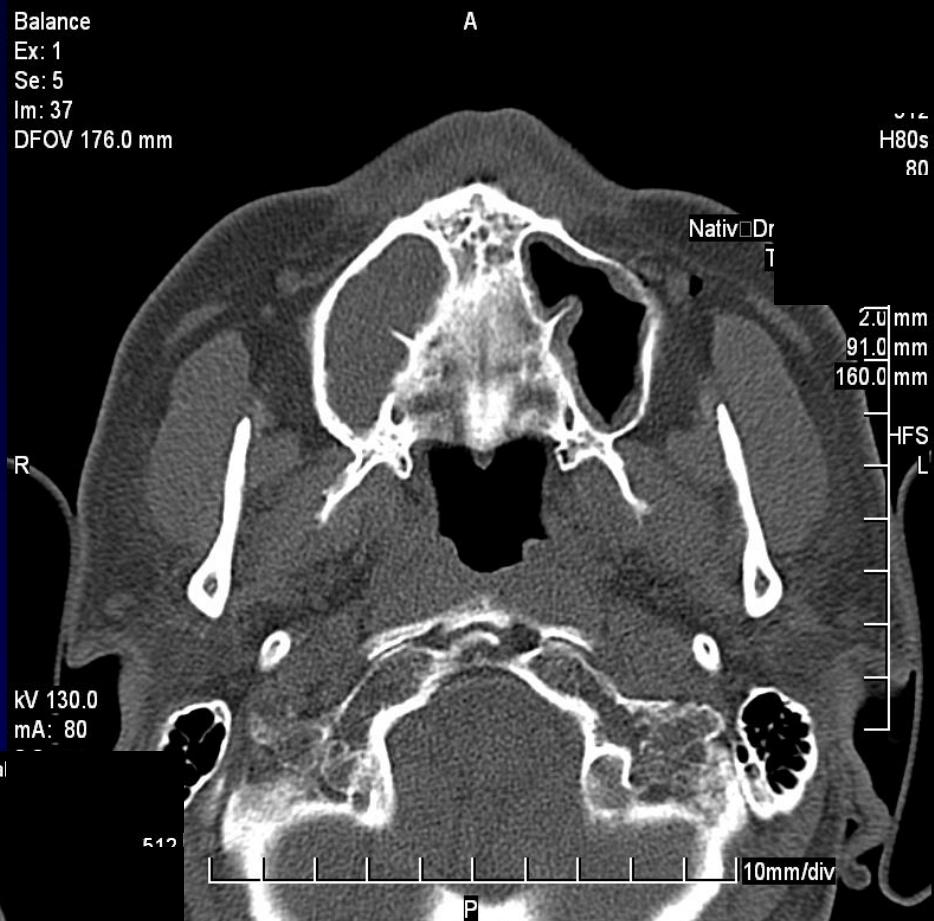
CONE BEAM CT



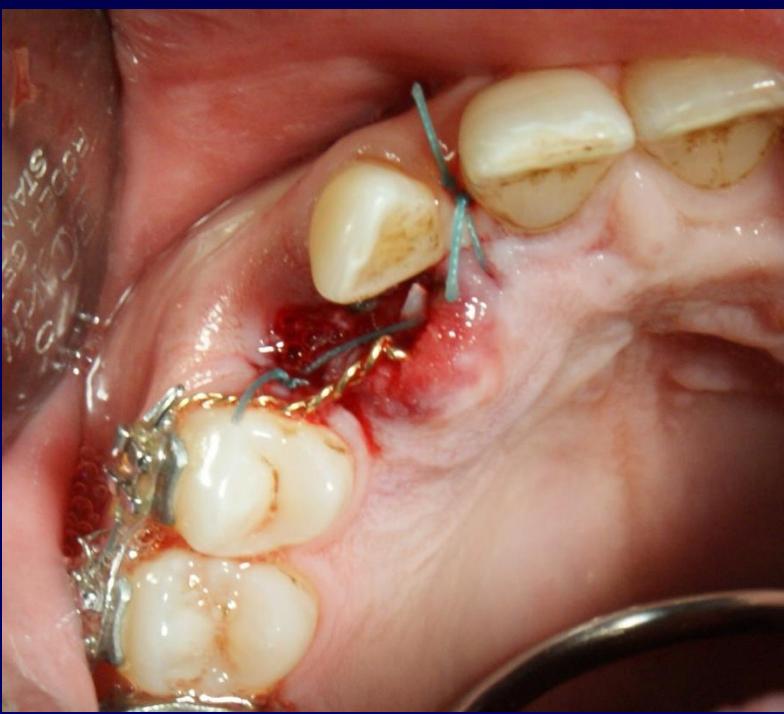
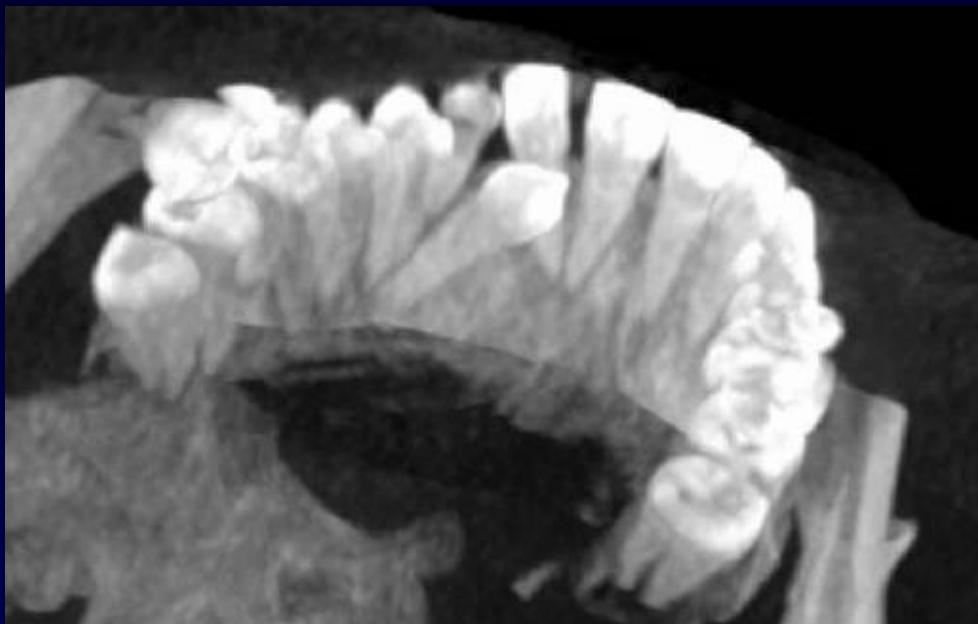




Balance
Ex: 1
Se: 5
Im: 52
DFOV 176.0 mm



CT









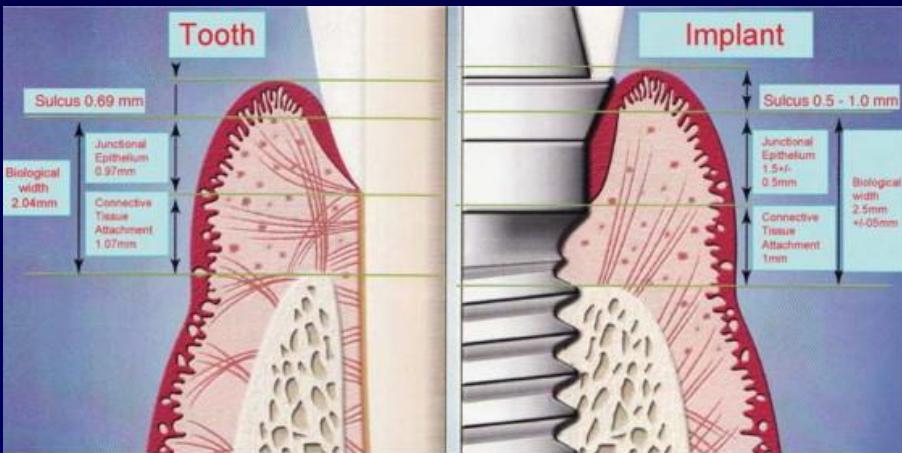
Bolk's theory of terminal reduction





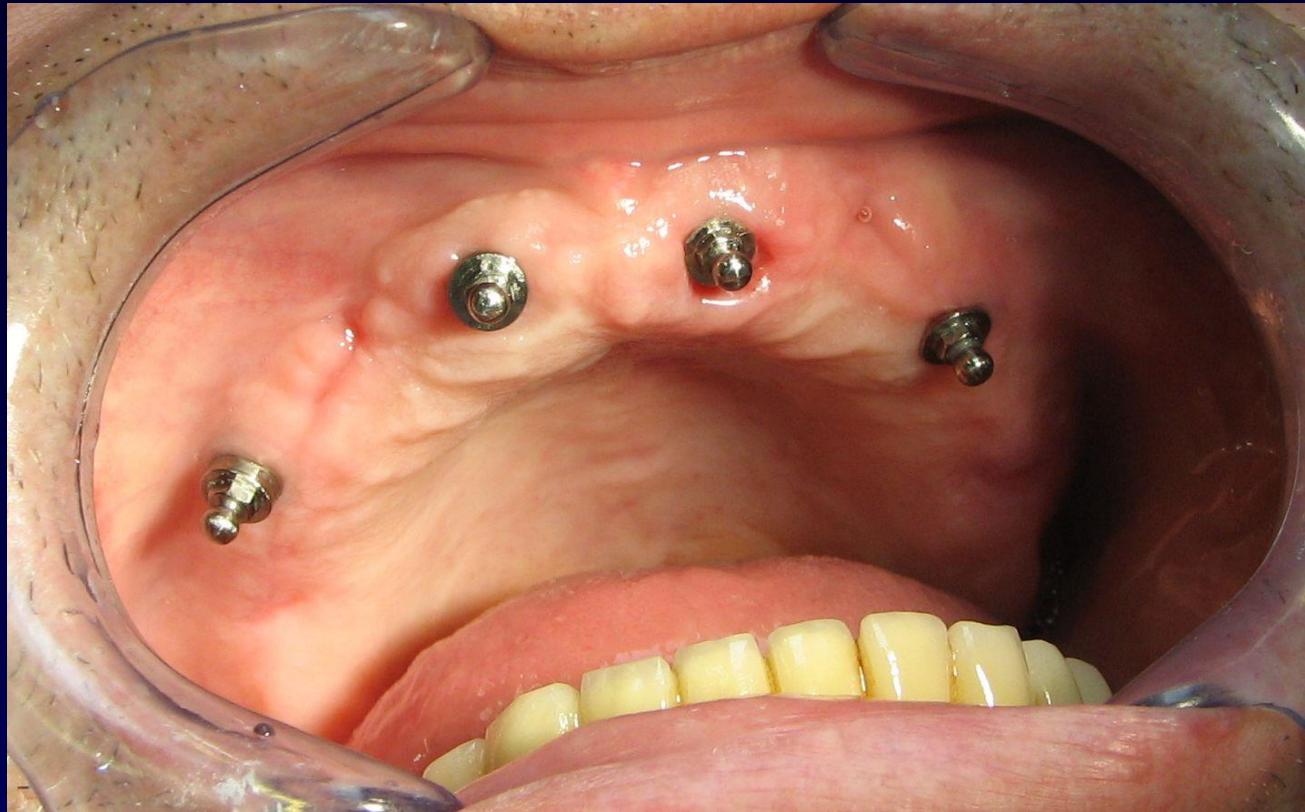


Comparison of periodontal and peri-implant tissues

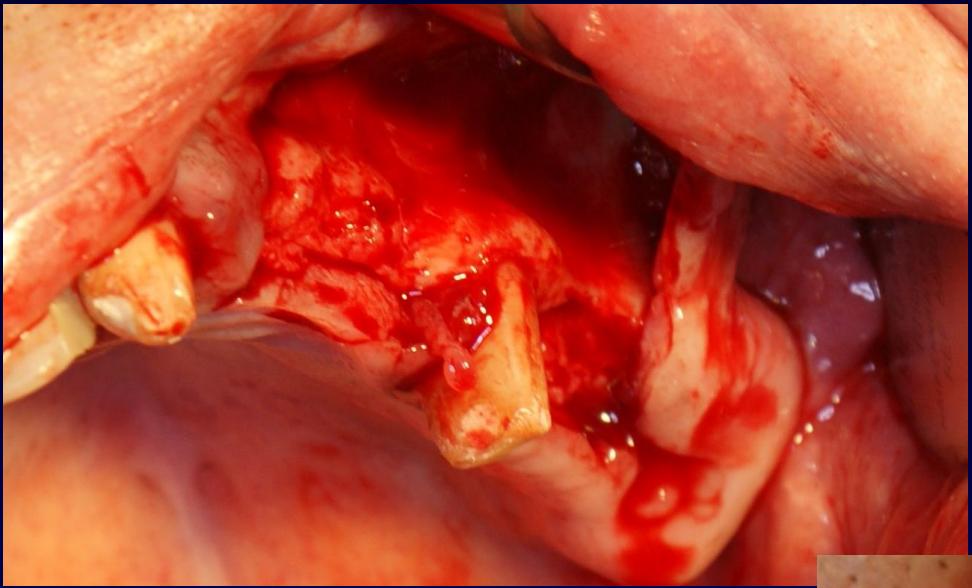


PERIDENTAL TISSUE	PERI-IMPLANT TISSUE
Free gingival margin with buccal keratinized epithelium	Free gingival margin with buccal keratinized epithelium
Gingival sulcus apically limited by the junctional epithelium	Gingival sulcus apically limited by the junctional epithelium
Keratinized epithelium at the base of gingival sulcus	No keratinized epithelium at the base of gingival sulcus
Junctional epithelium adherent, less permeable, high regenerative capacity	Junctional epithelium poorly adherent, more permeable, low regenerative capacity
Cementum	No cementum
Gingival fibers inserting perpendicularly in the cementum	Gingival fibers running parallel to the implant collar
Biological width of at least 2.04 millimeters	Biological width of $2.5 \text{ mm} \pm 0.5 \text{ mm}$
Periodontal ligament	No periodontal ligament
No direct contact between tooth and bone	Direct contact of implant to bone

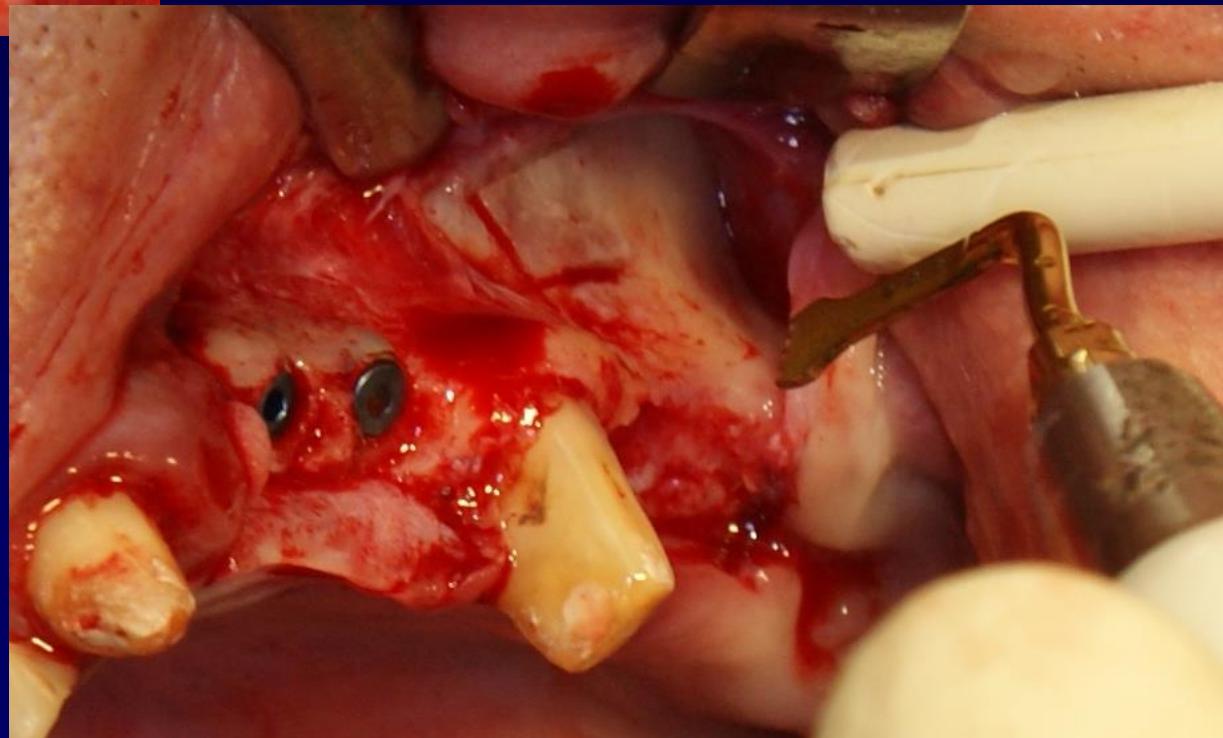
Gingival Retraction Techniques for Implants Versus Teeth
 • Vincent Bennani, Donald Schwass and Nicholas Chandler BDS,
 • JADA, 2008-10-01, Volume 139, Issue 10, Pages 1354-1363,

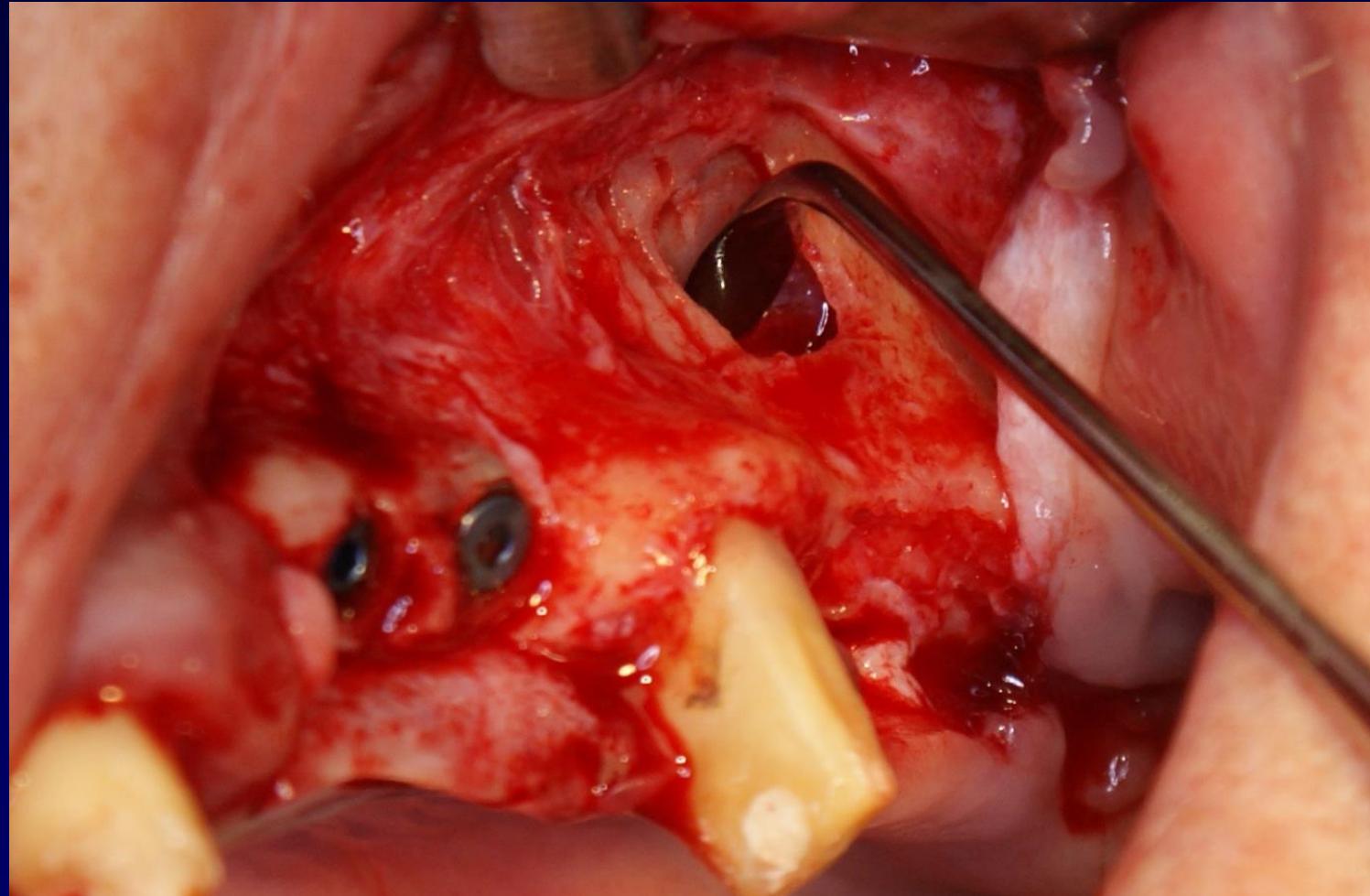


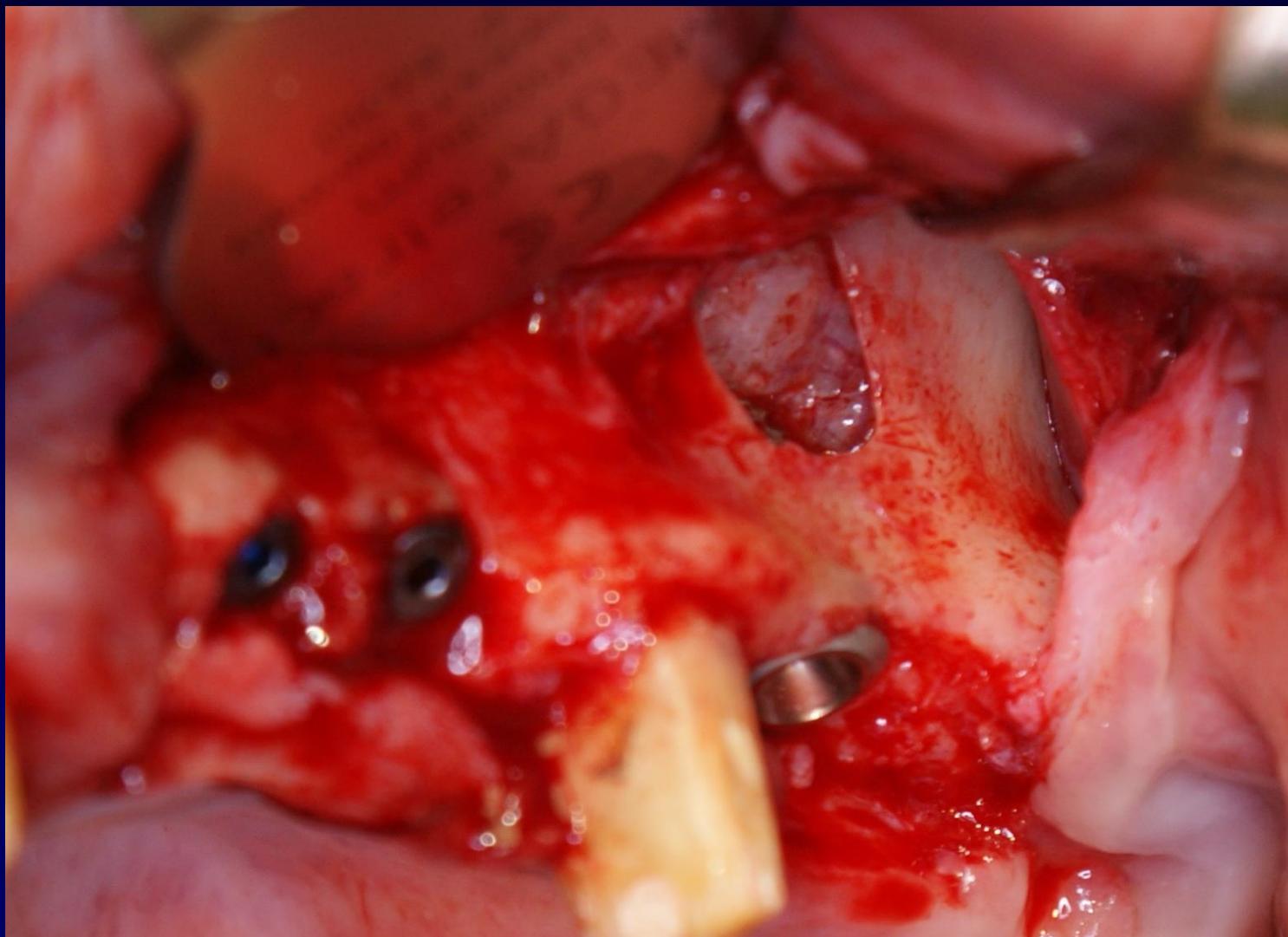


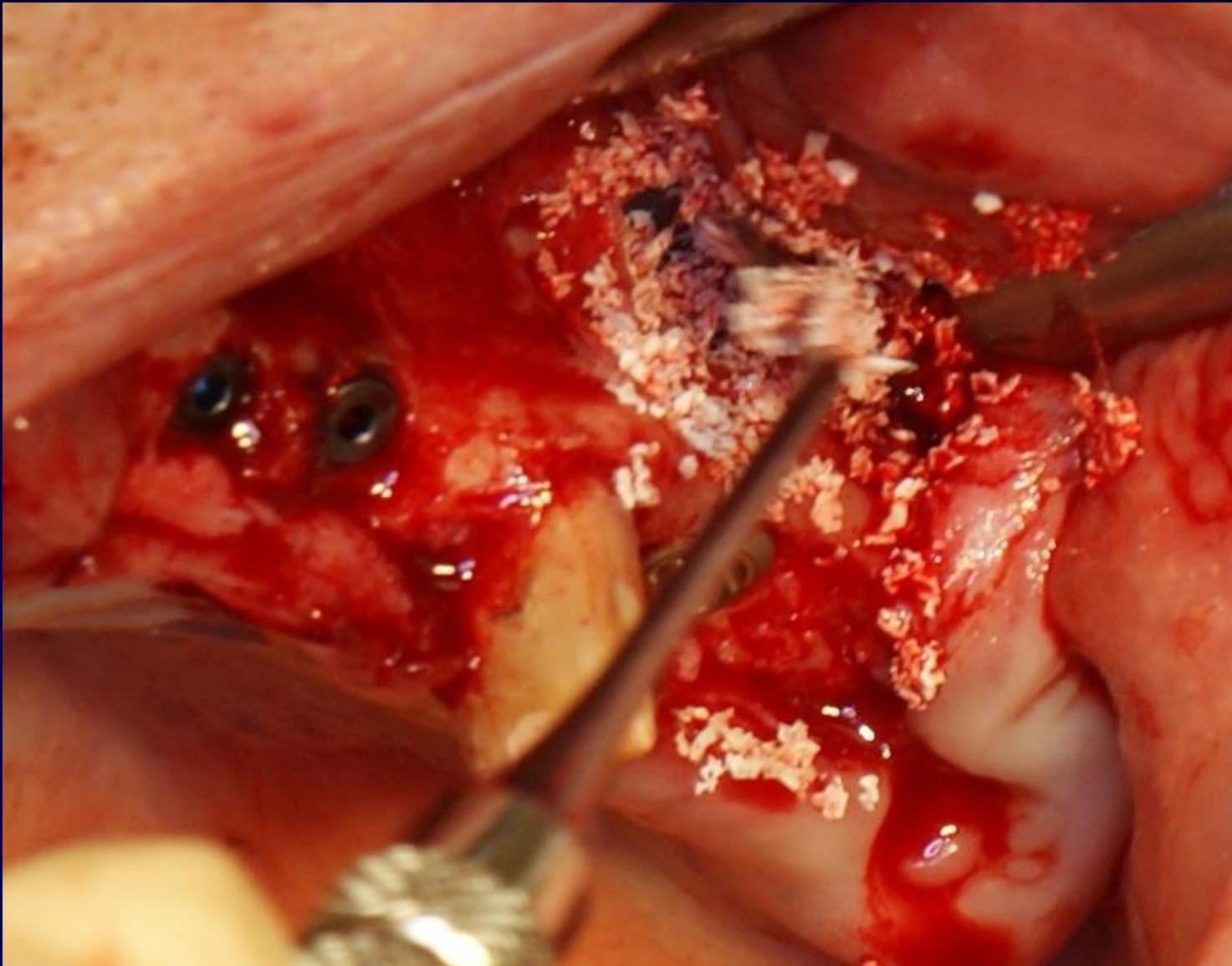


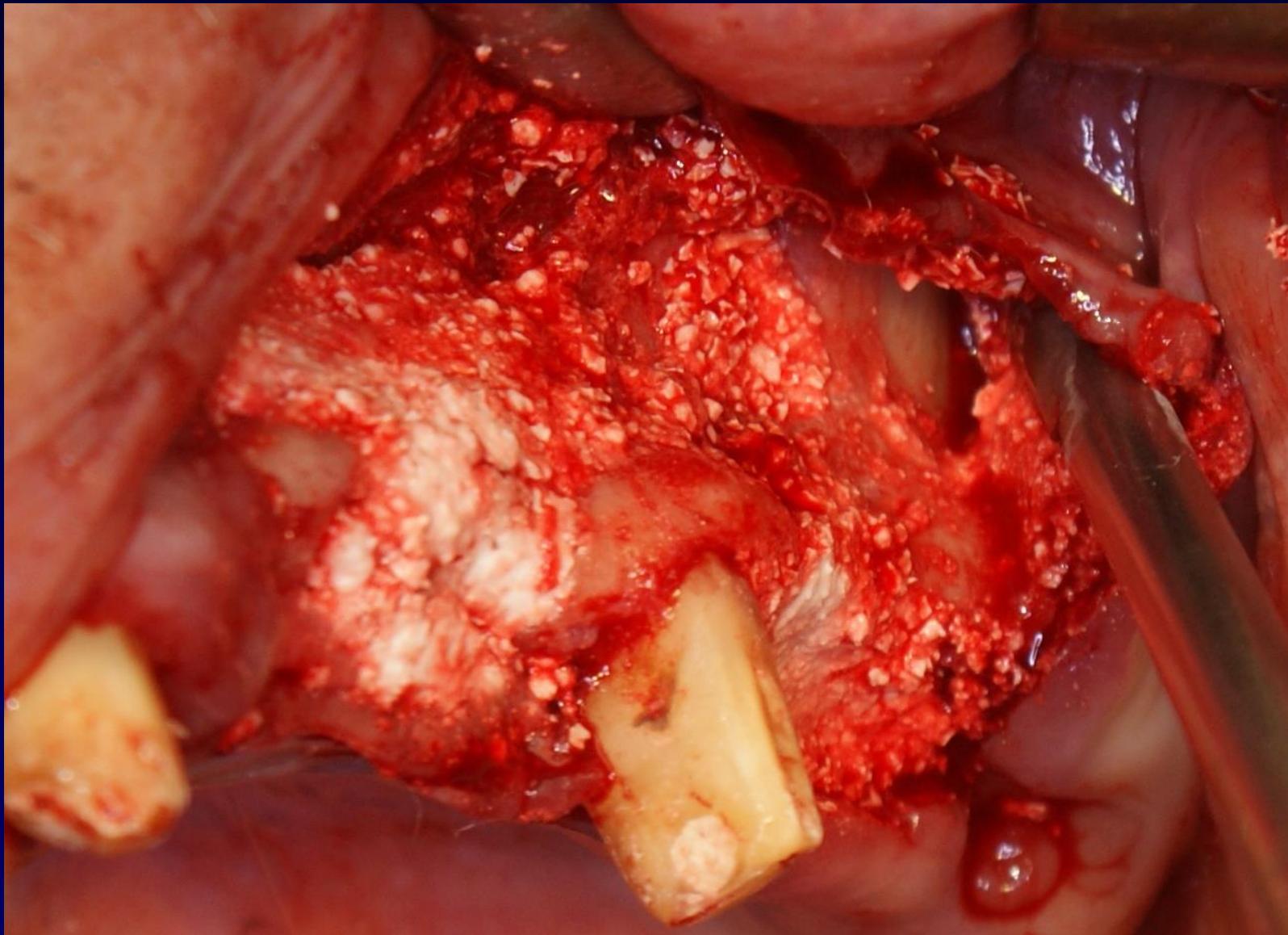
Sinus lift

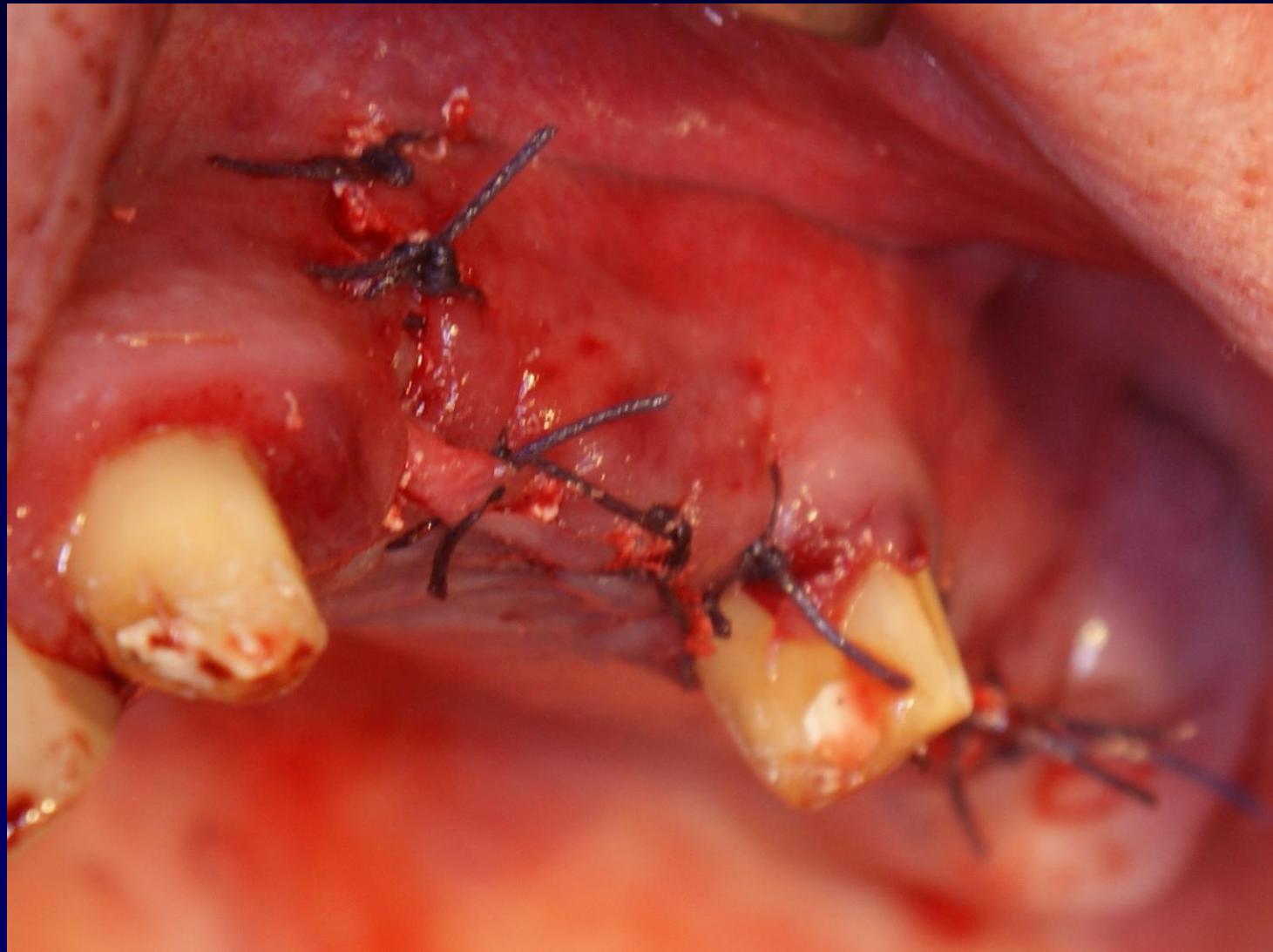


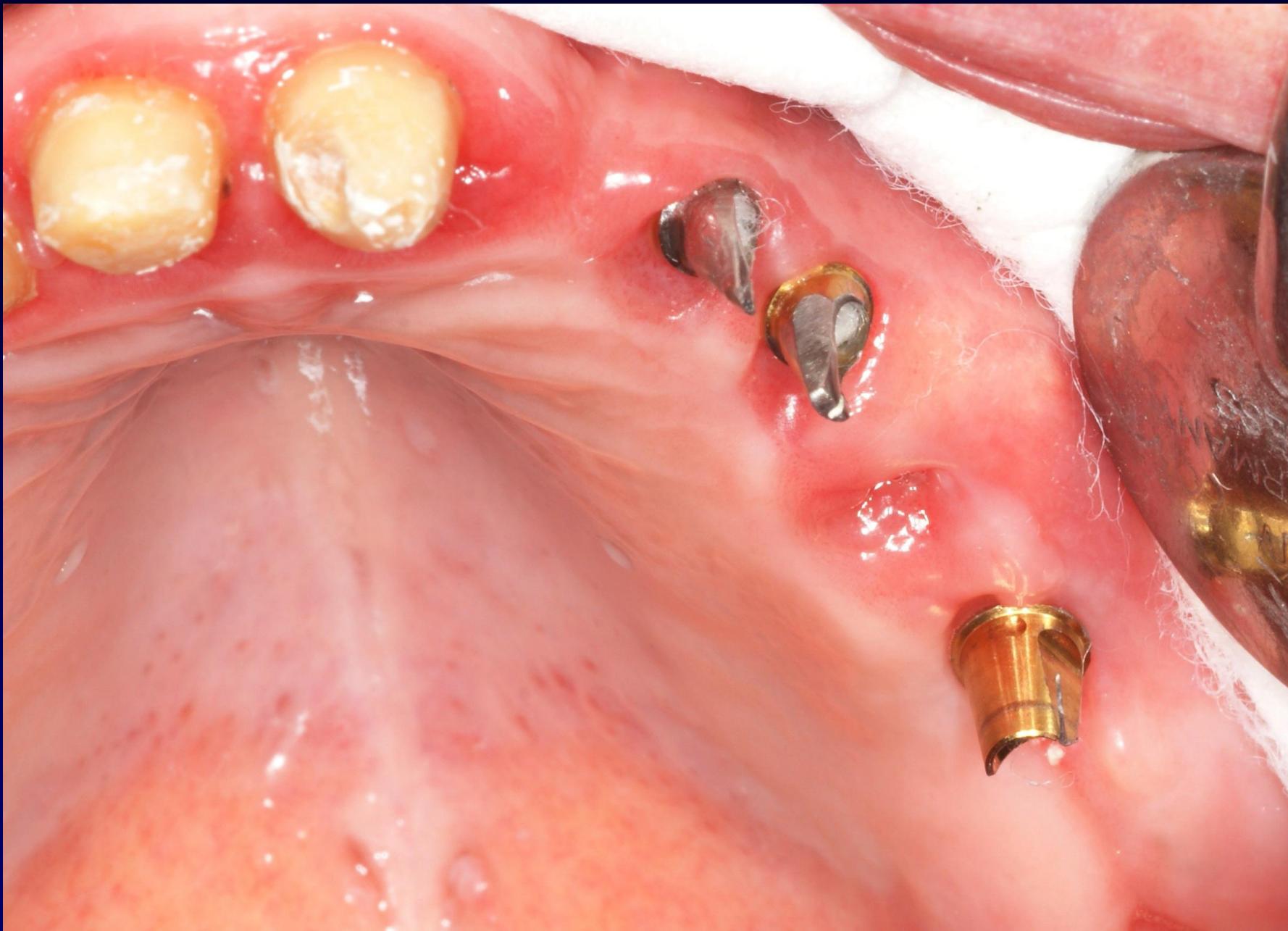




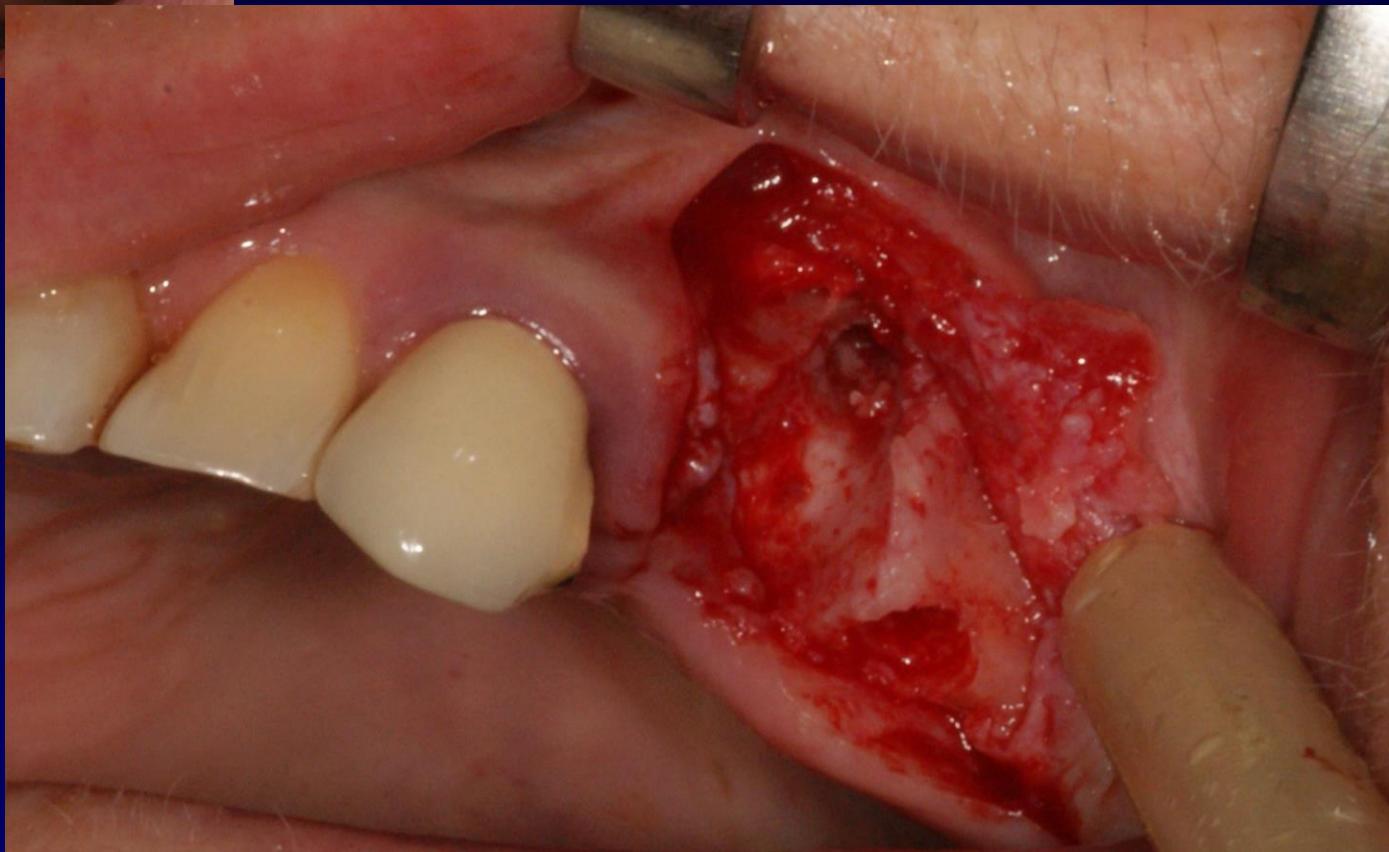


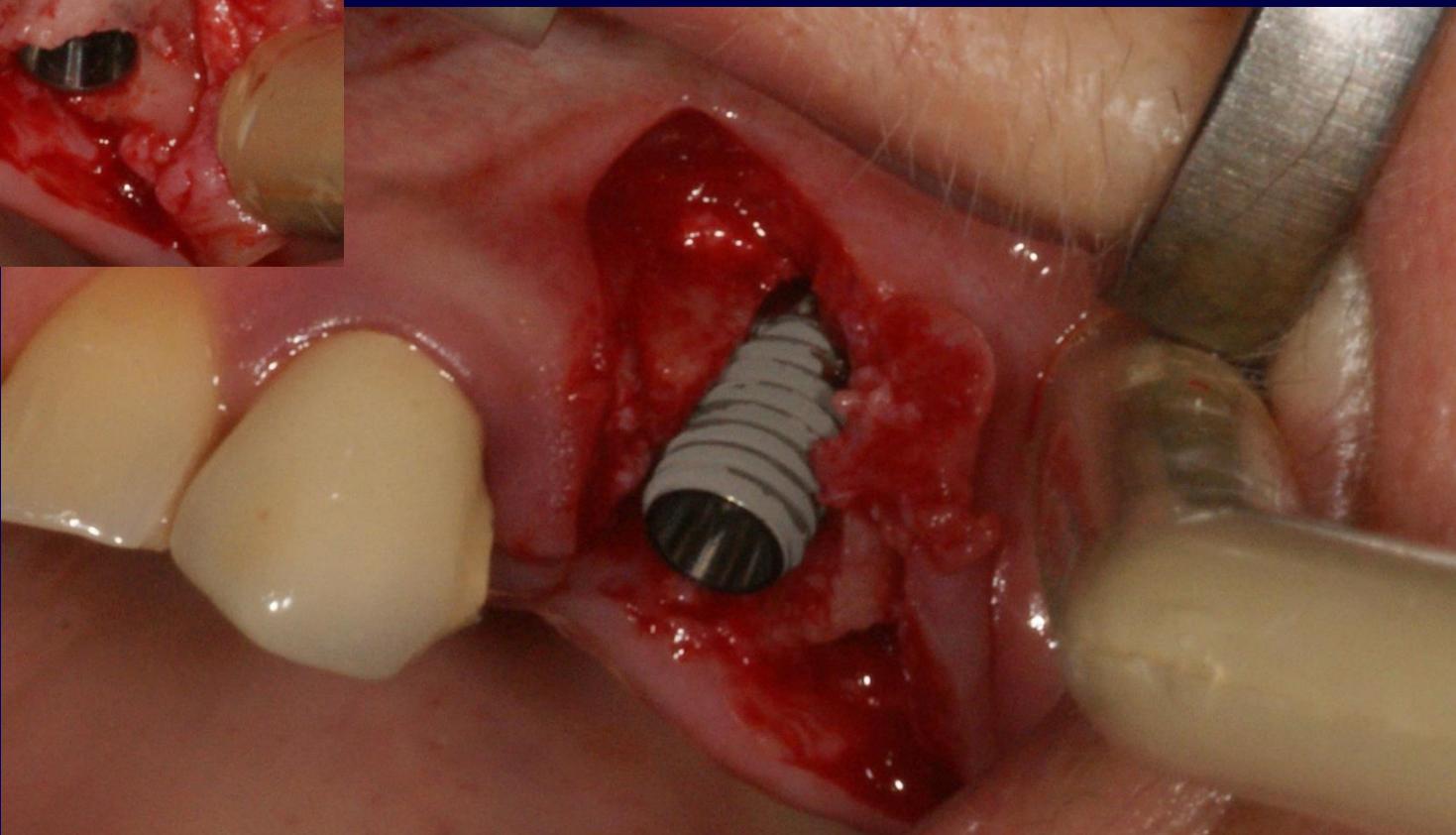
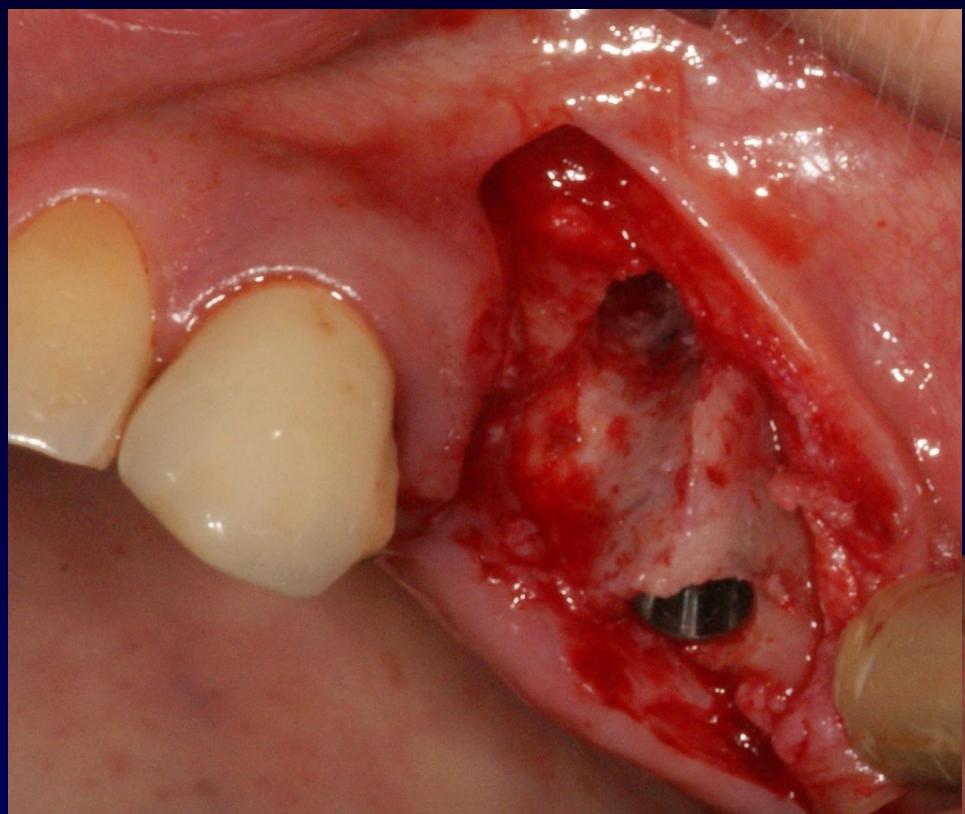


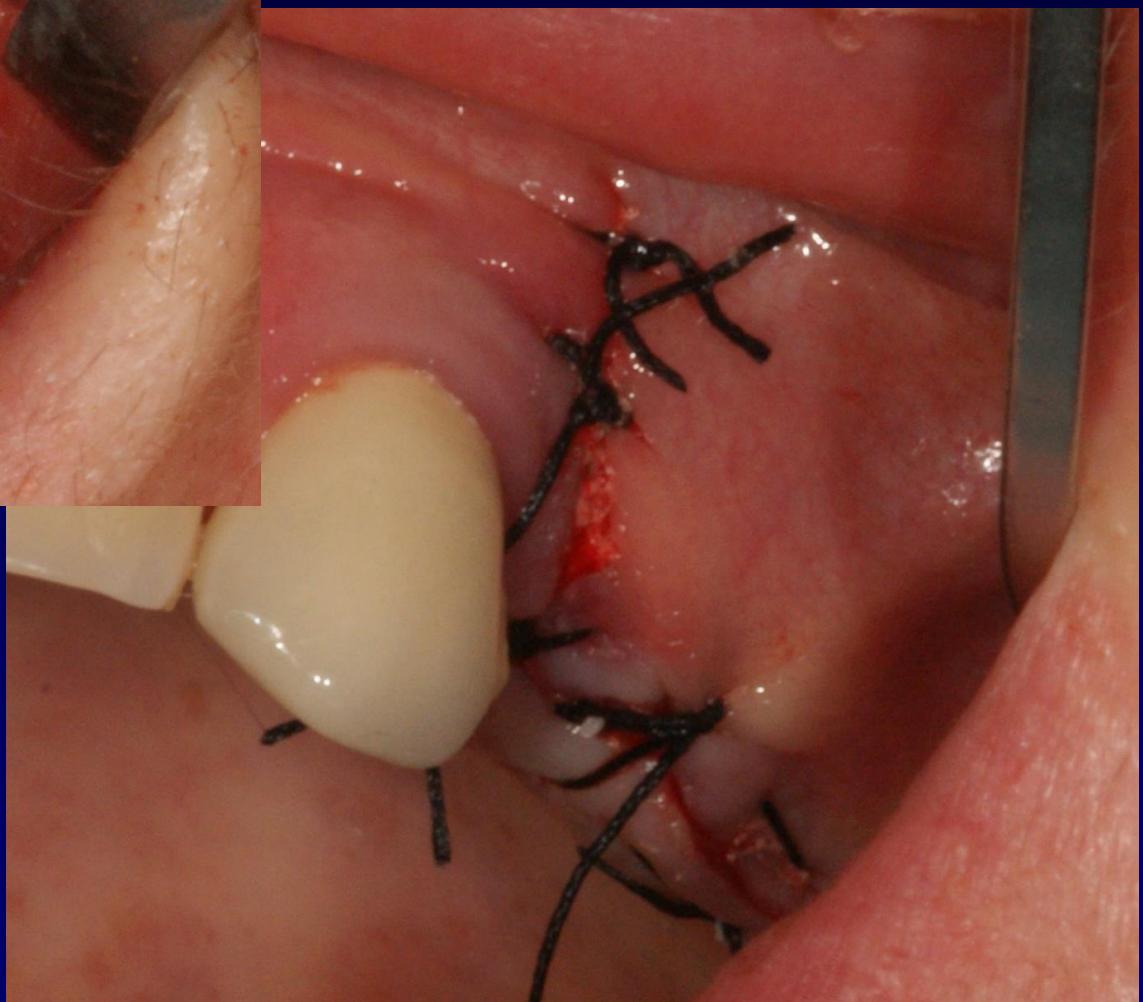
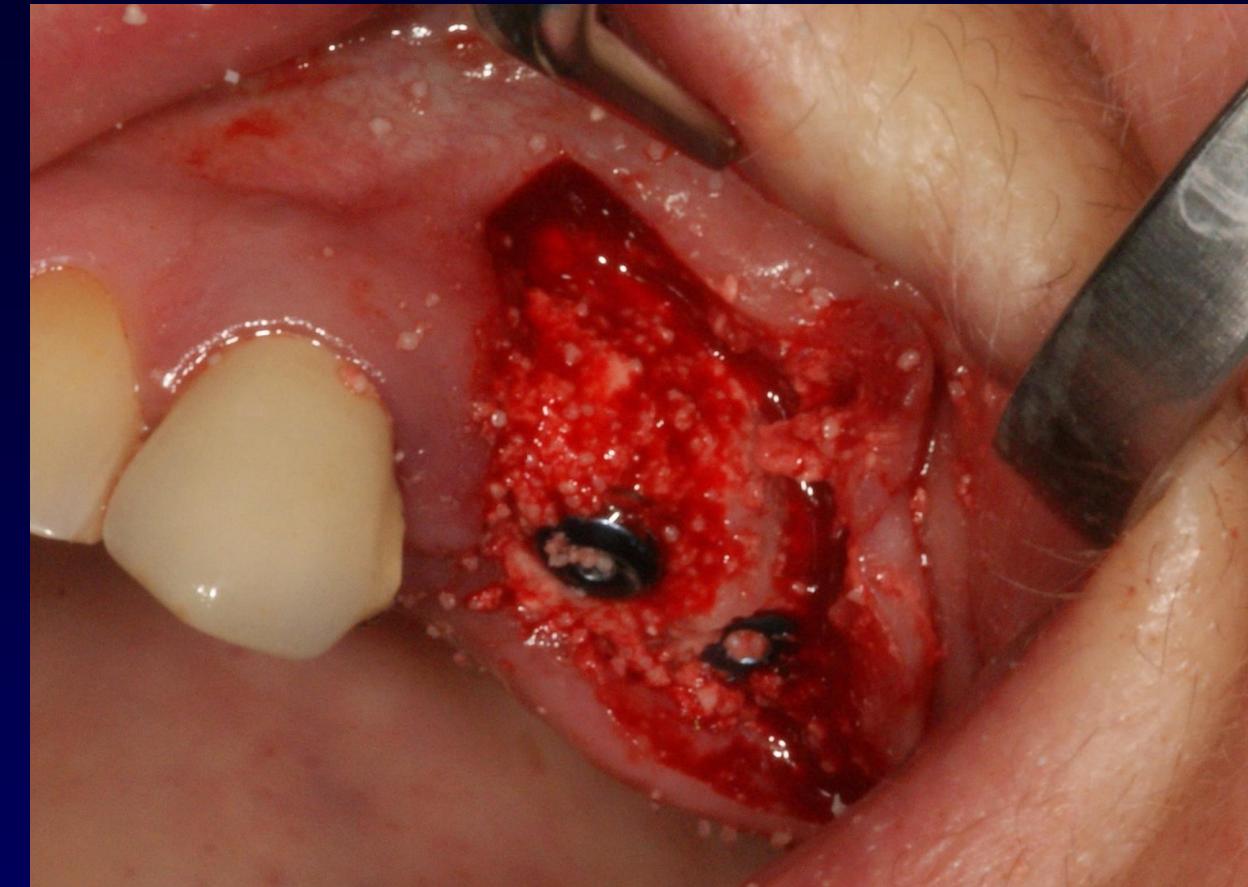


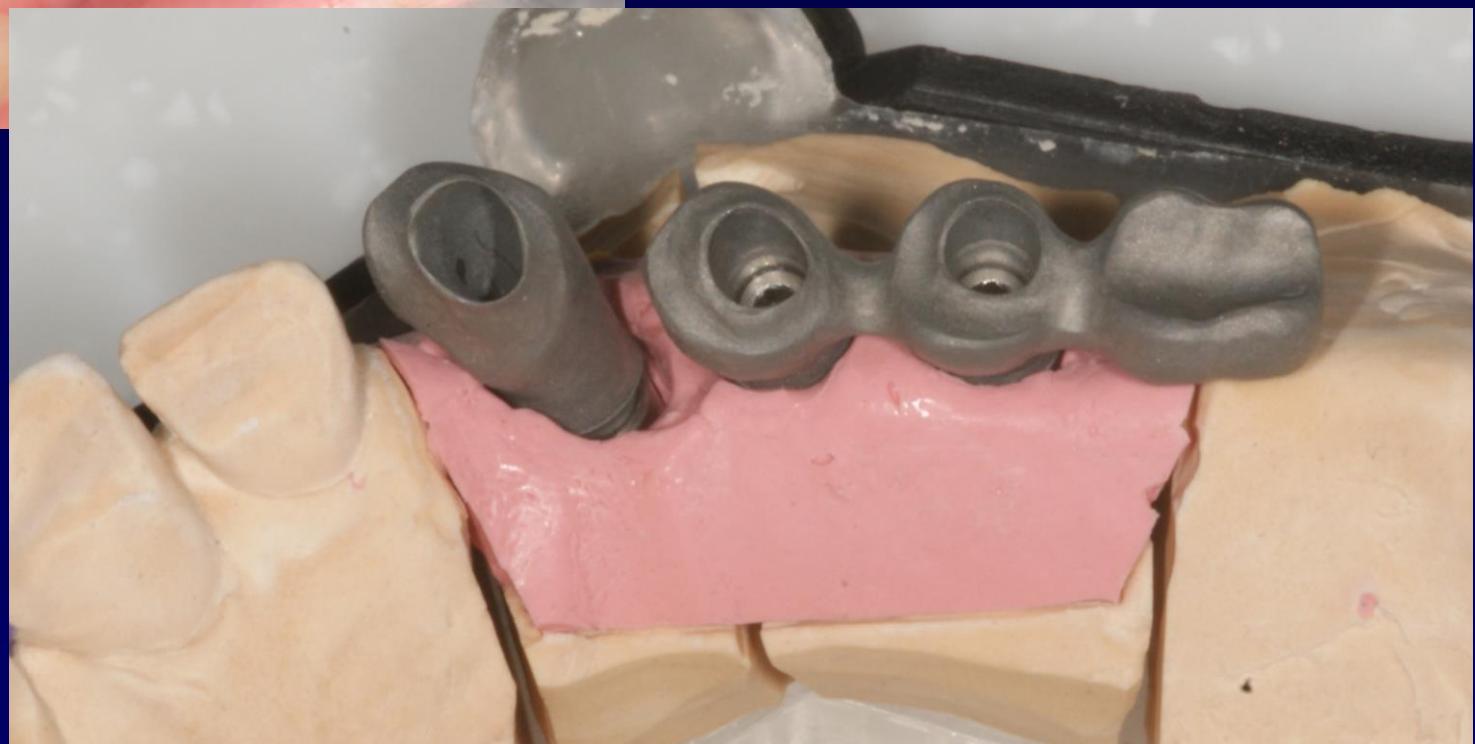














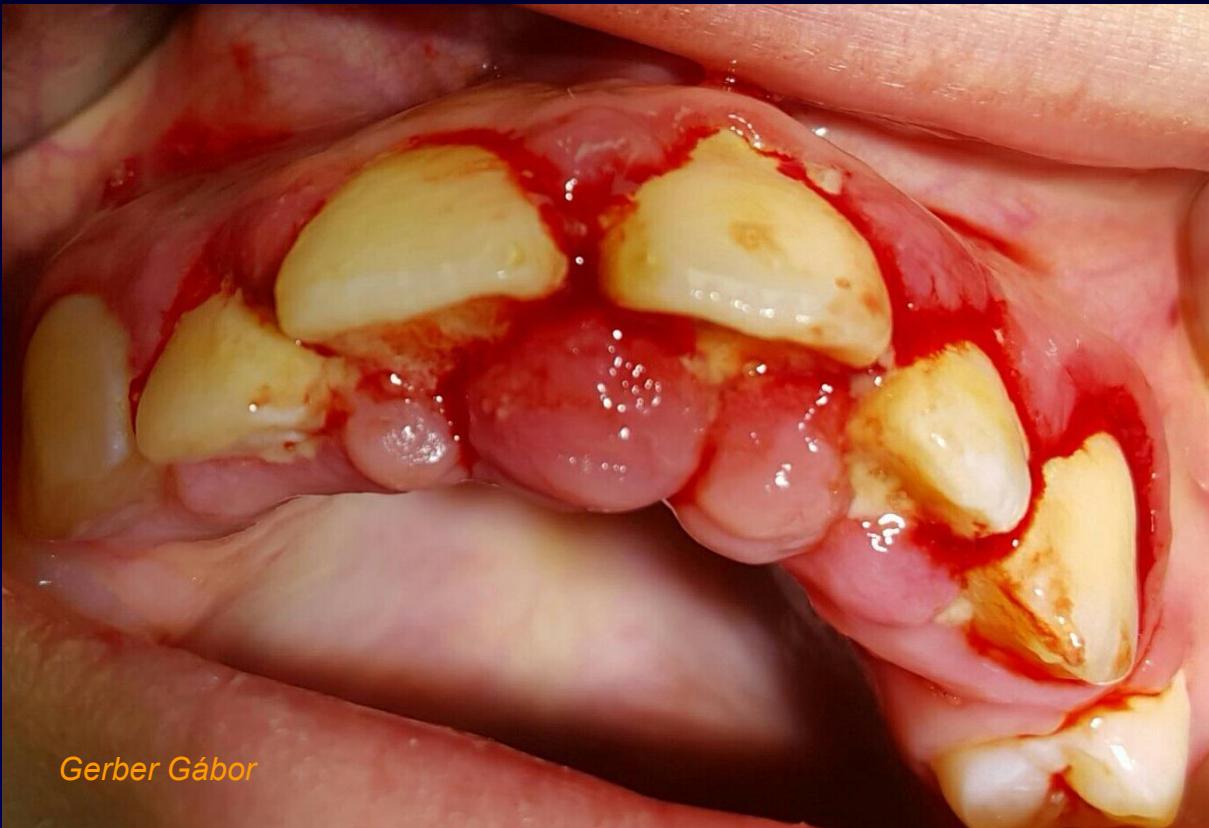


Parodontitis

Gerber Gábor



Gerber Gábor





Gerber Gábor



Gerber Gábor

2 hét fogmosás

Laser gingivectomy





Gerber Gábor

1 hónap



Gerber Gábor

4 hónap



Gerber Gábor



Gerber Gábor



Gerber Gábor



Gerber Gábor



Gerber Gábor