Carrellata di disegni dentali

Tutti i disegni hanno una didascalia.

Le animazioni sono segnalate con !

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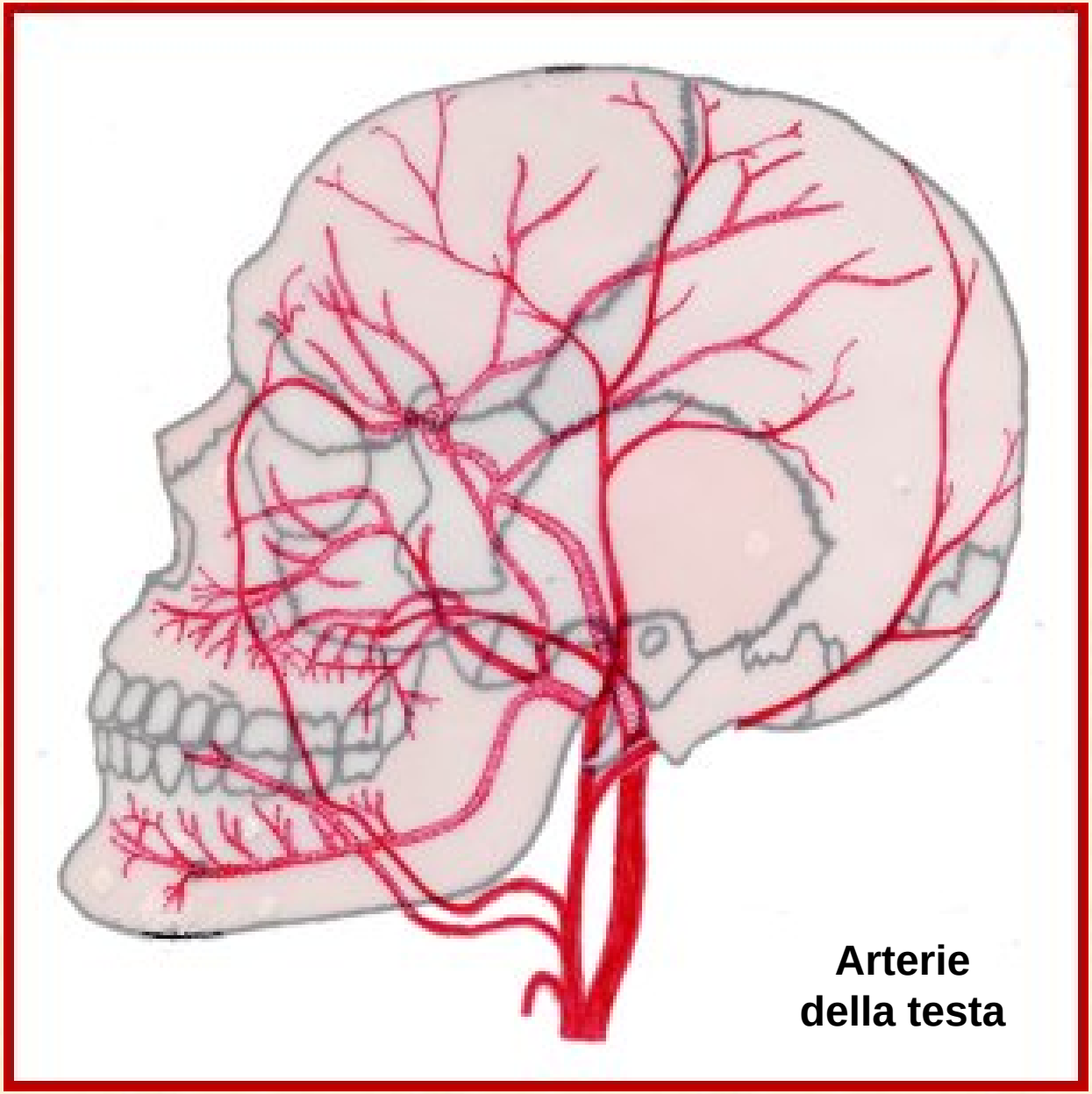
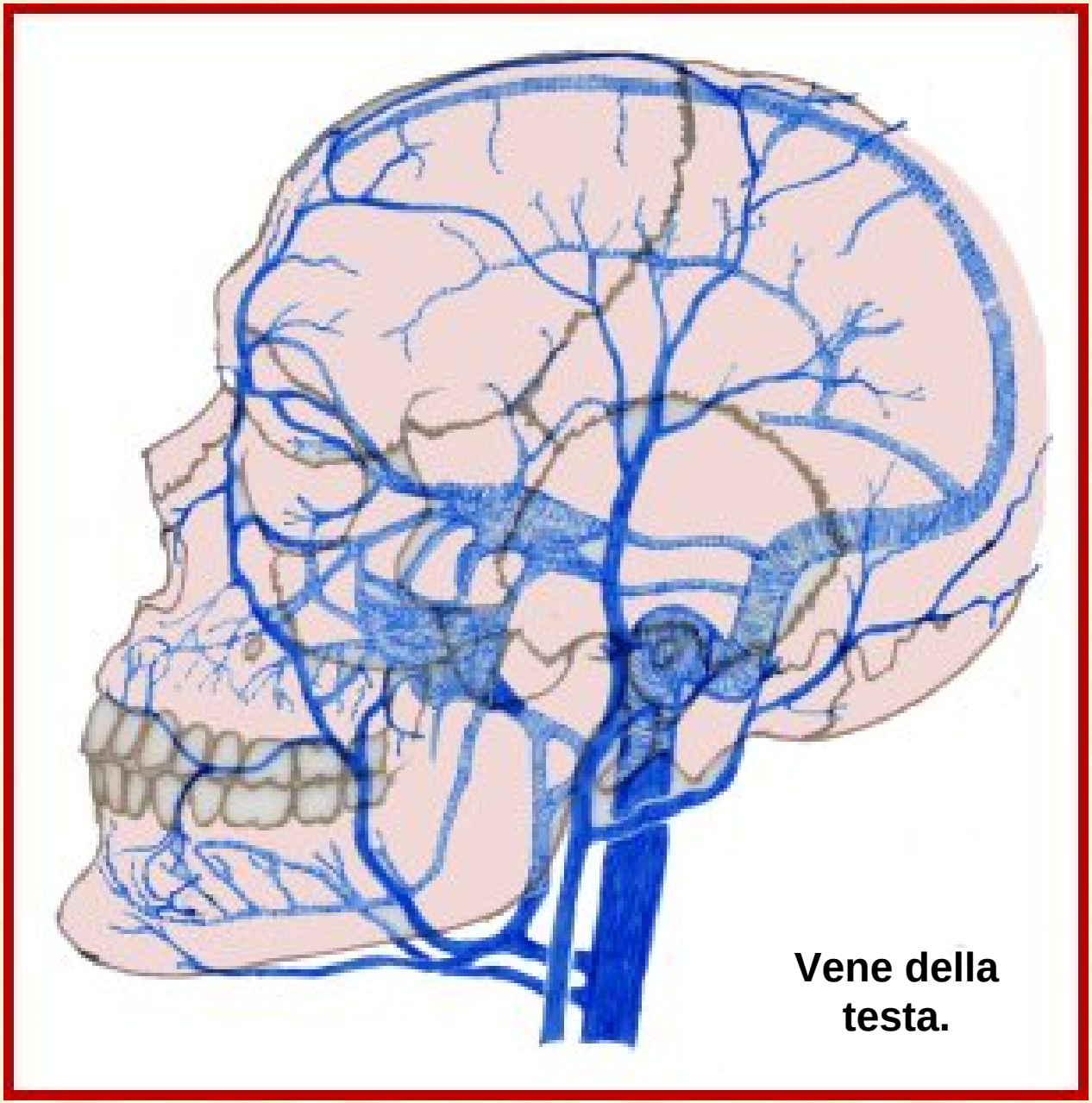
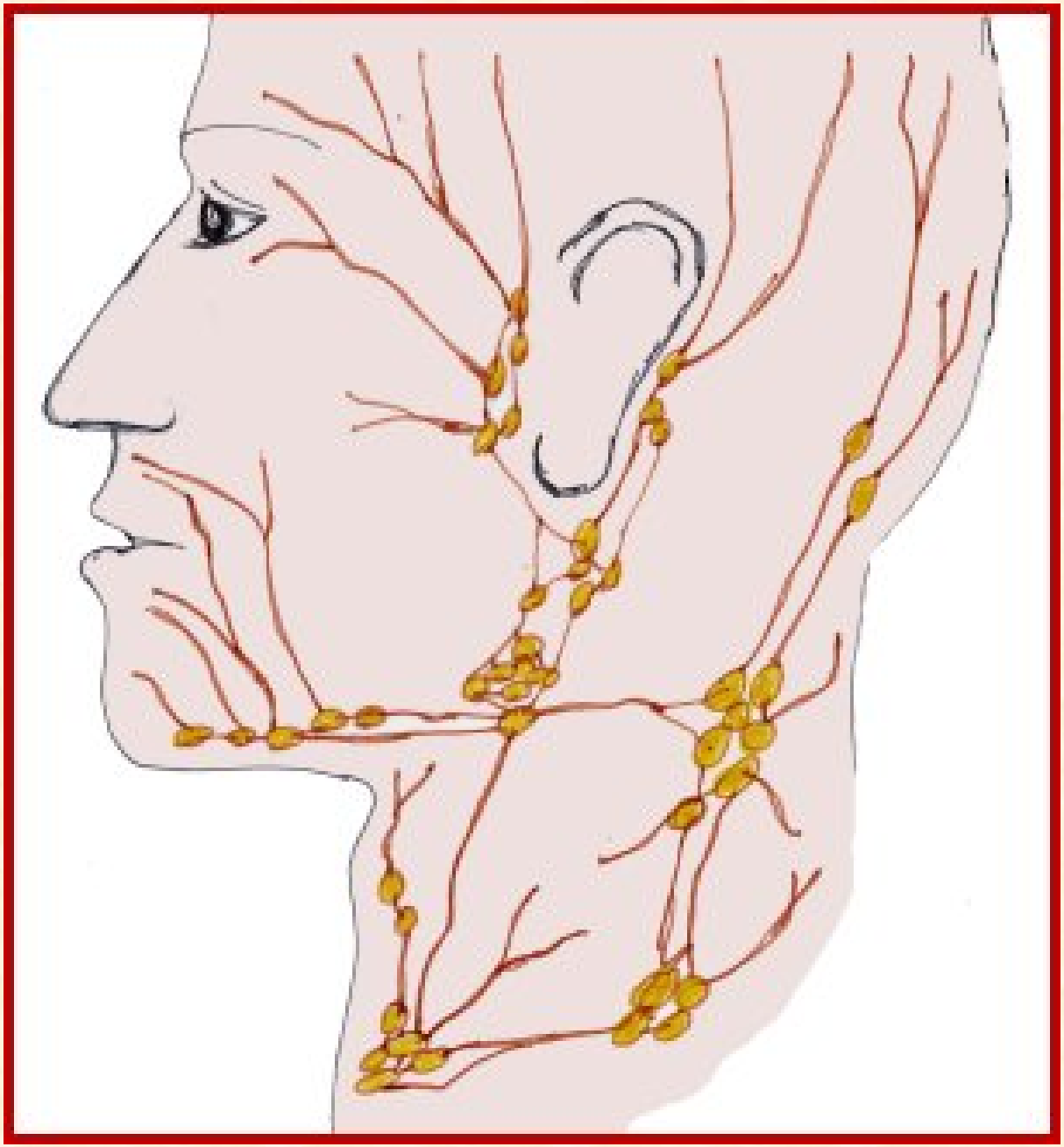


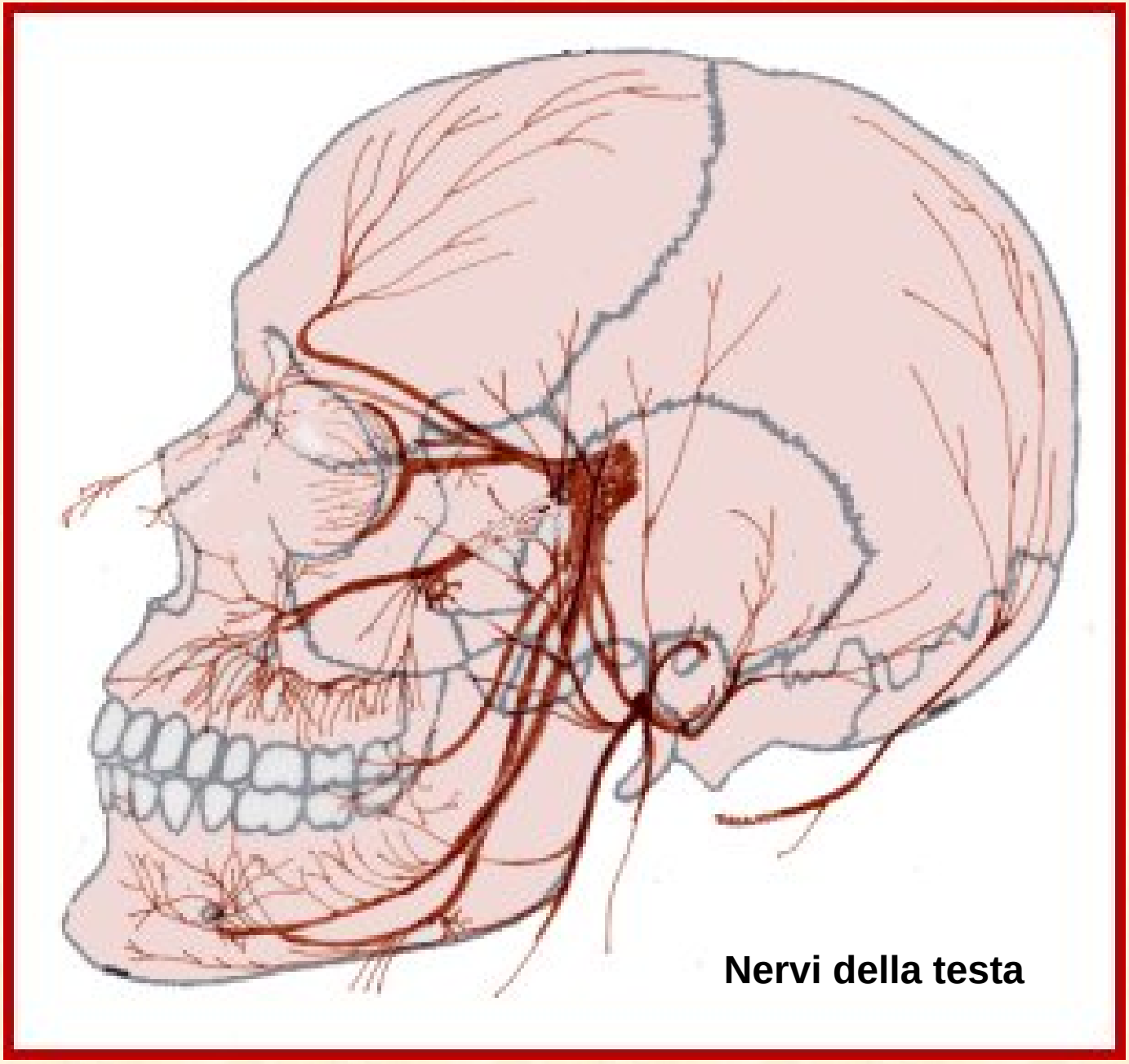
Arterie della testa



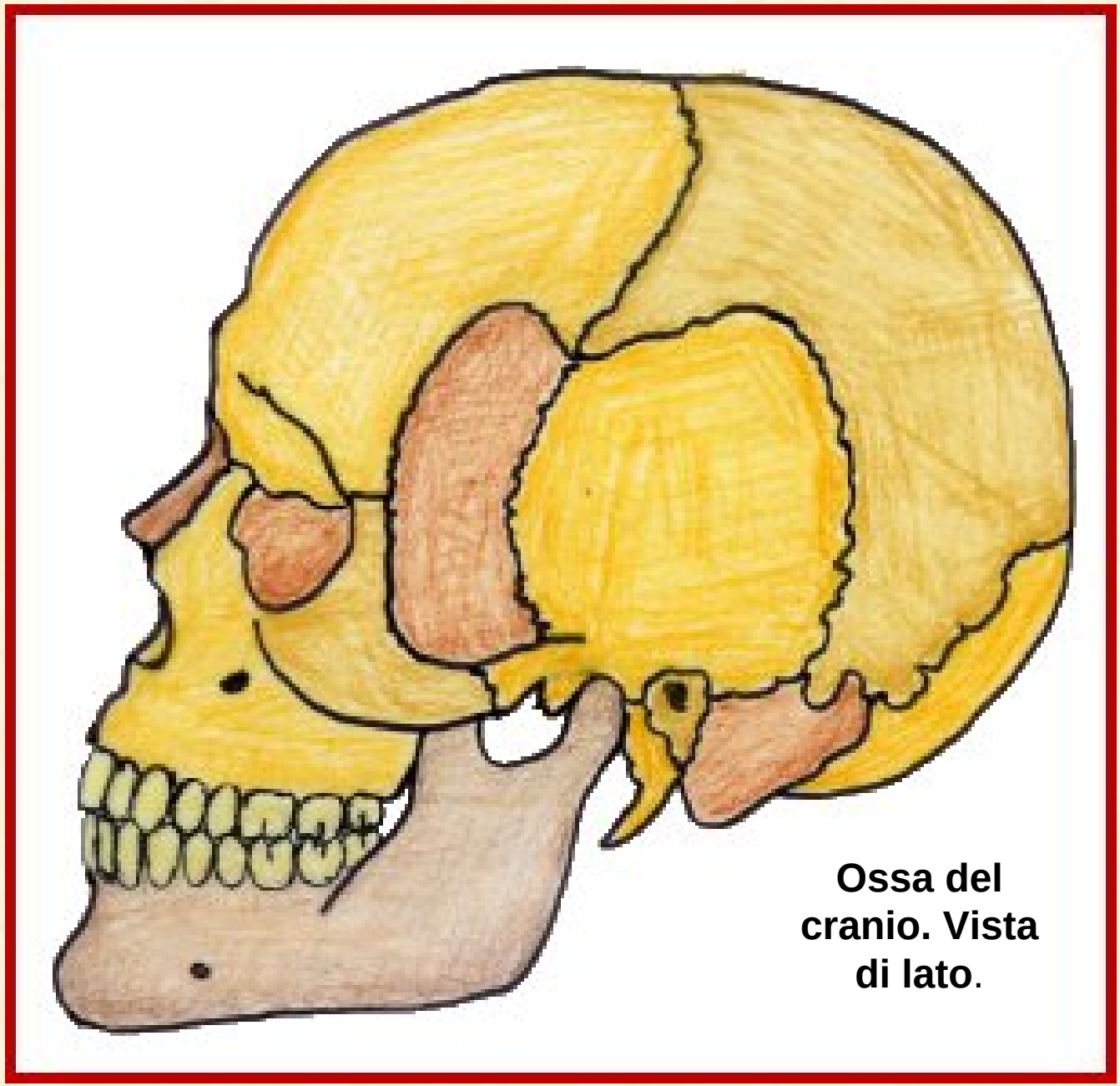
Vene della testa.



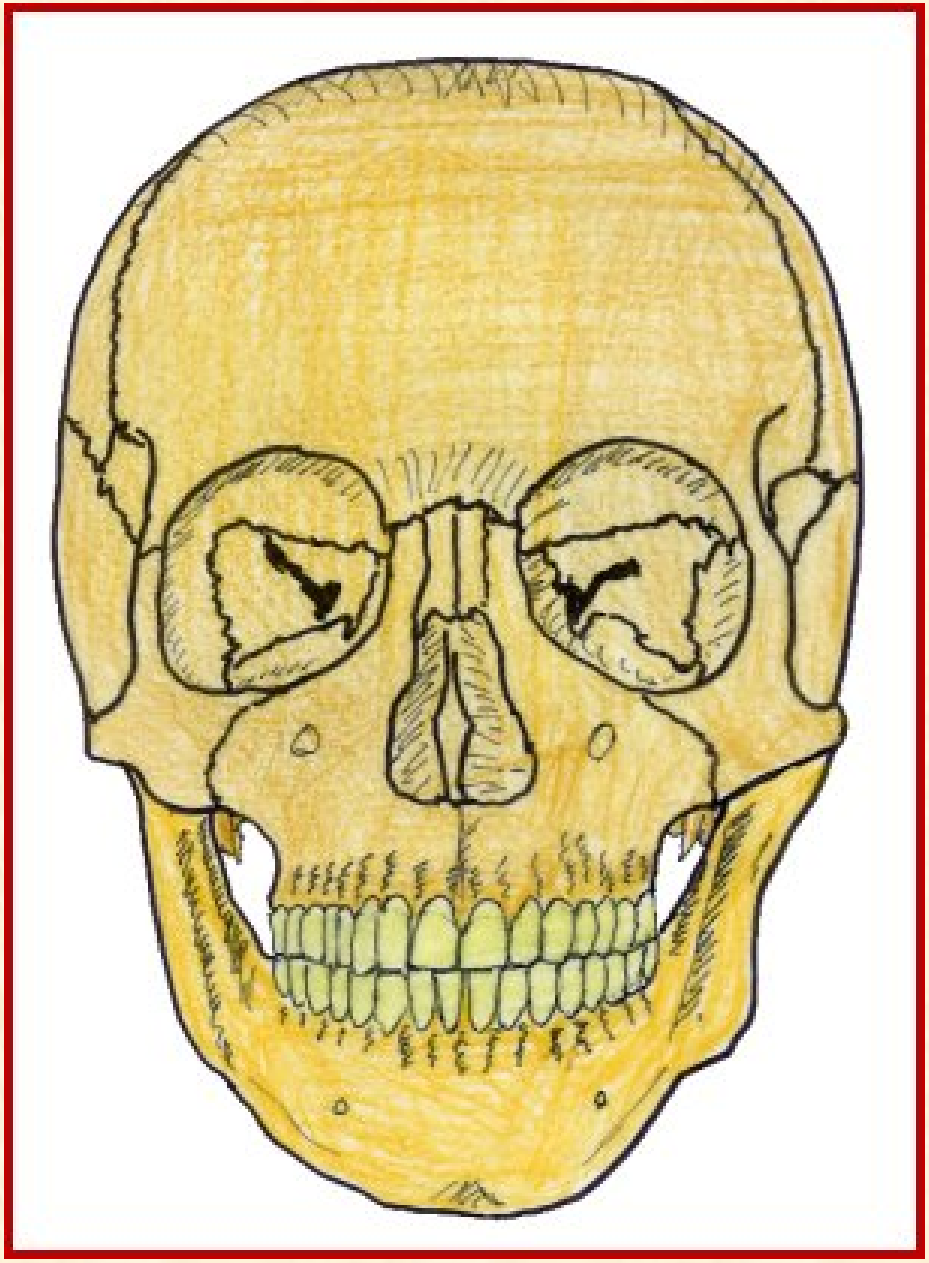
Vasi linfatici della testa e del collo



Nervi della testa



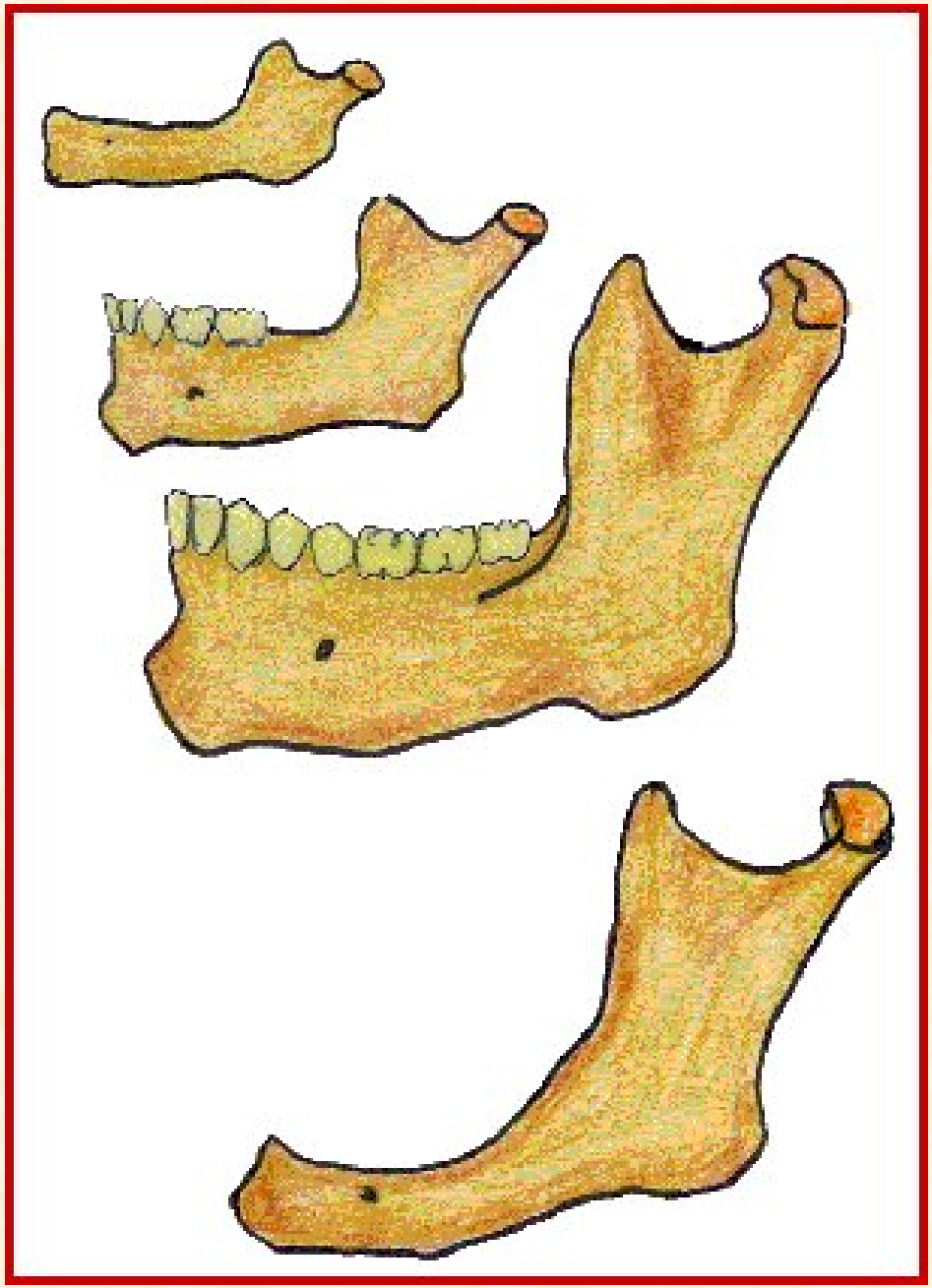
Ossa del cranio. Vista di lato.



Ossa del cranio.
Vista di fronte.

Mandibola alla nascita

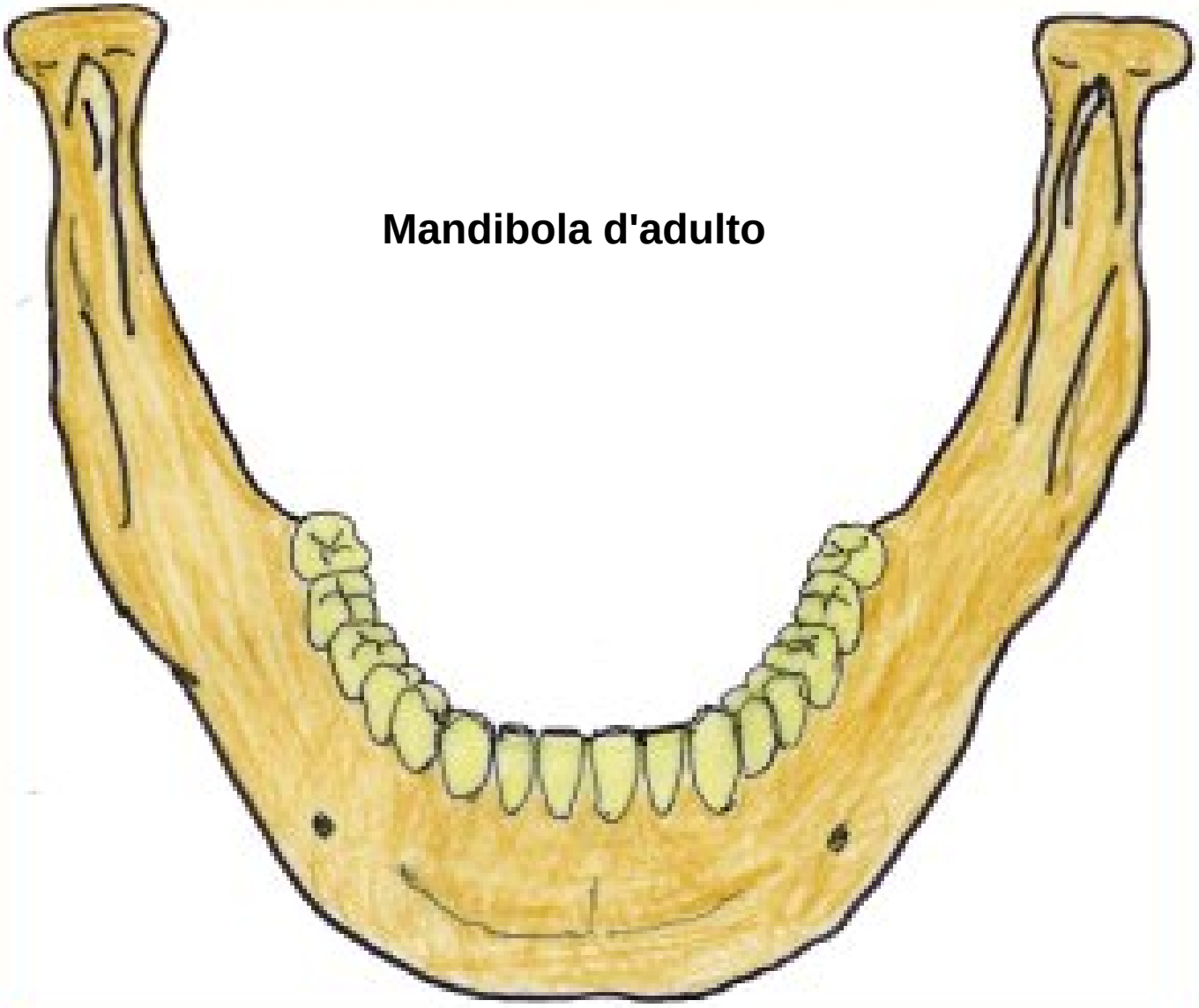
Mandibola a cinque anni

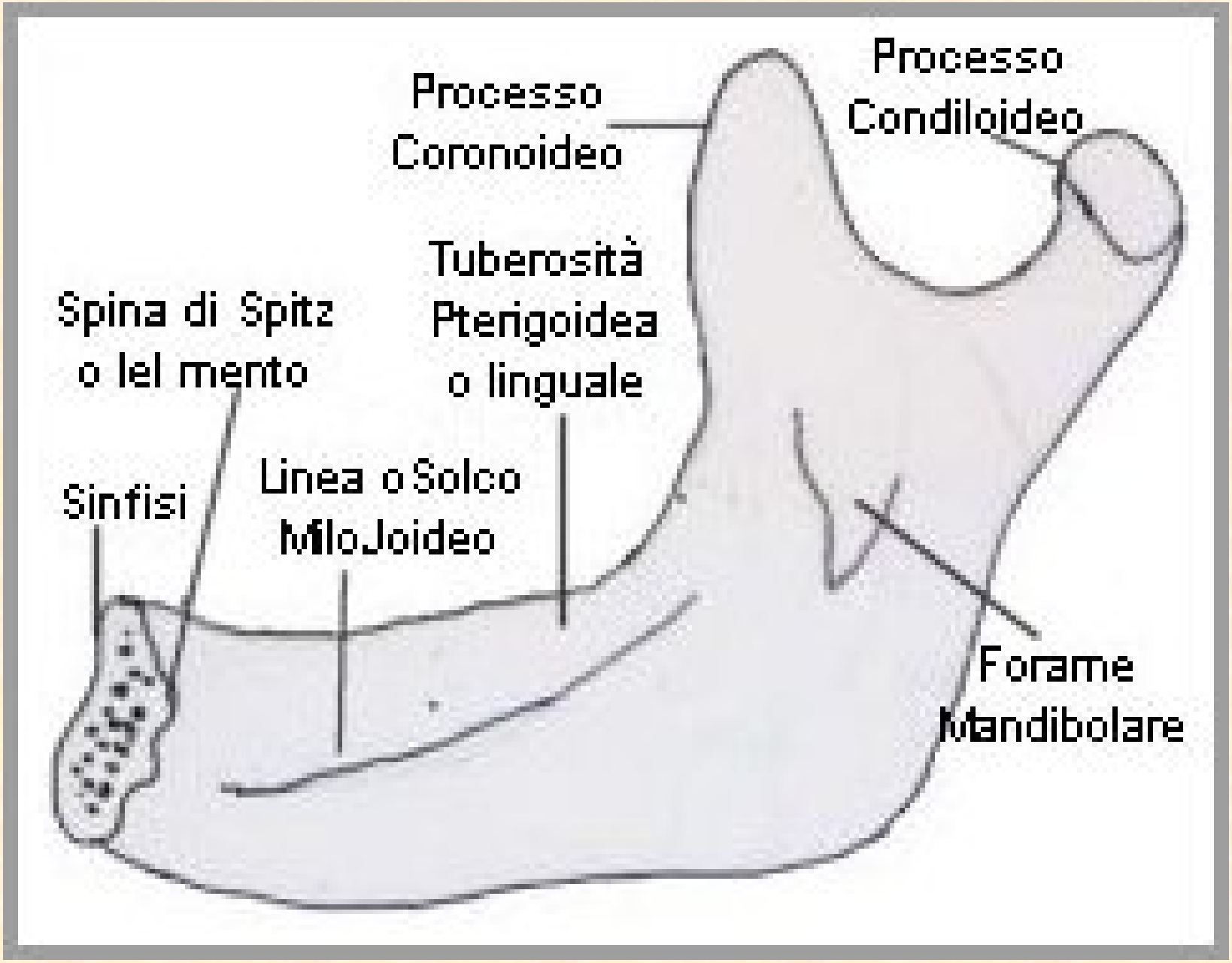


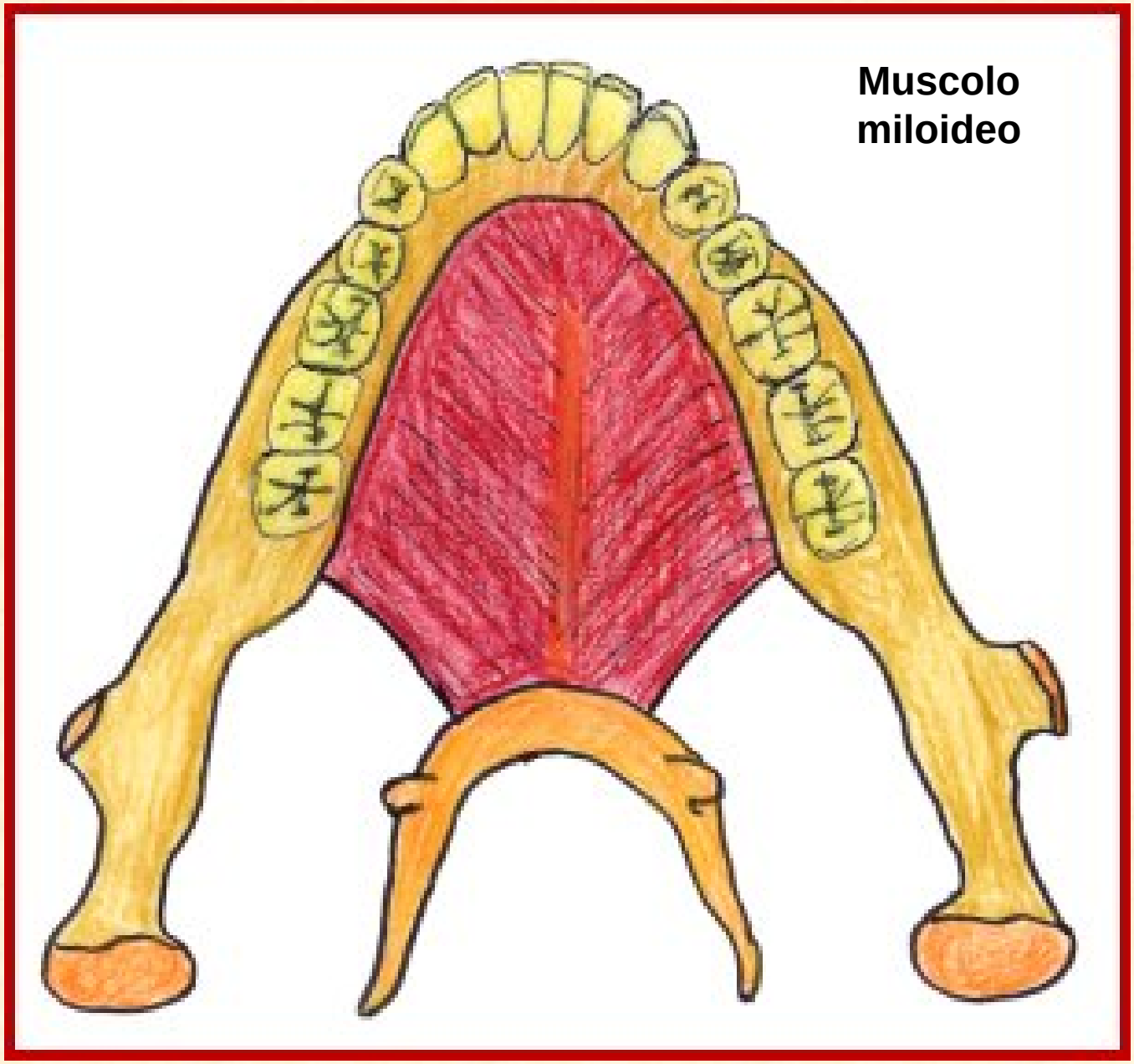
Mandibola completa d'adulto.

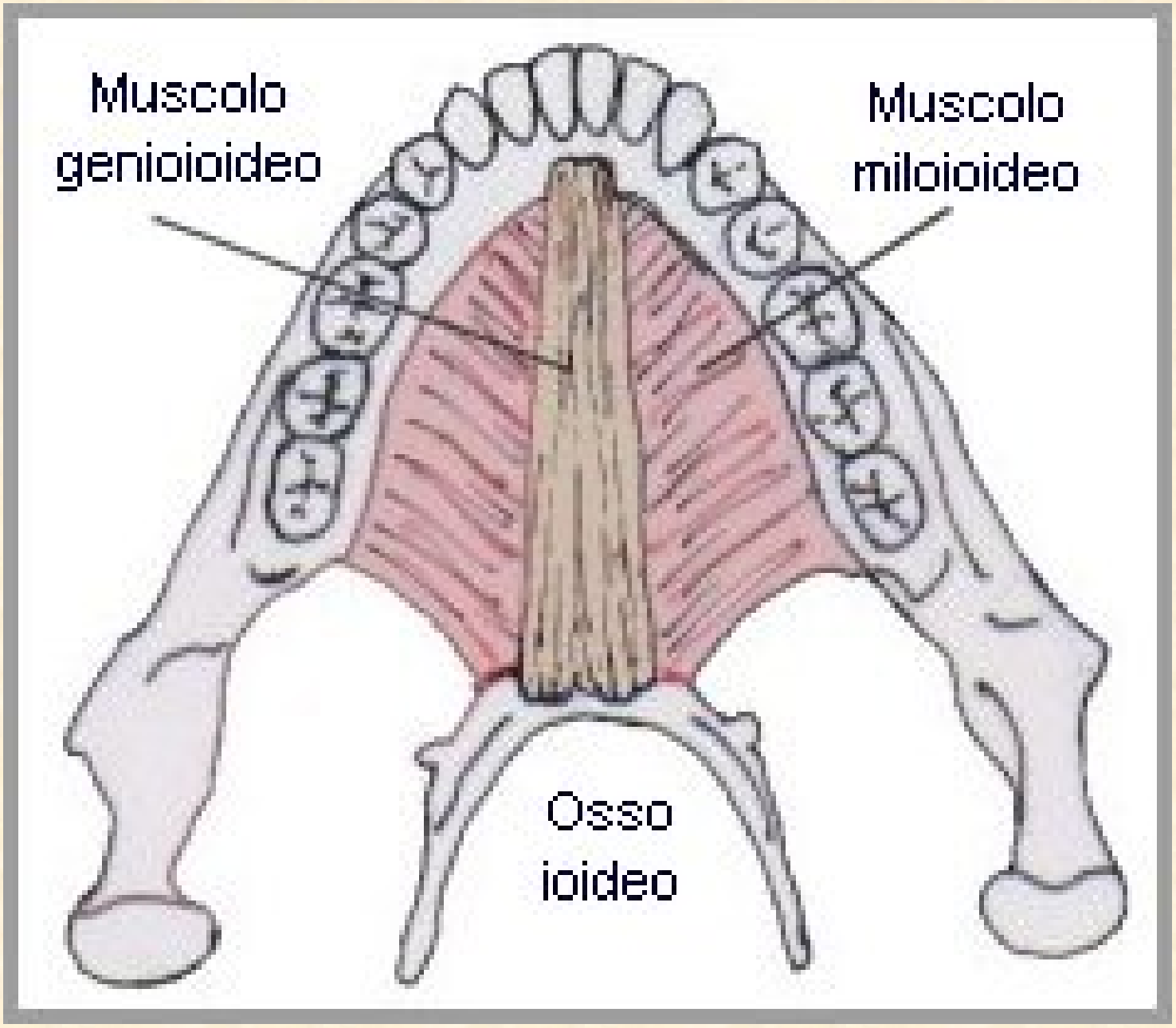
Mandibola senza denti.

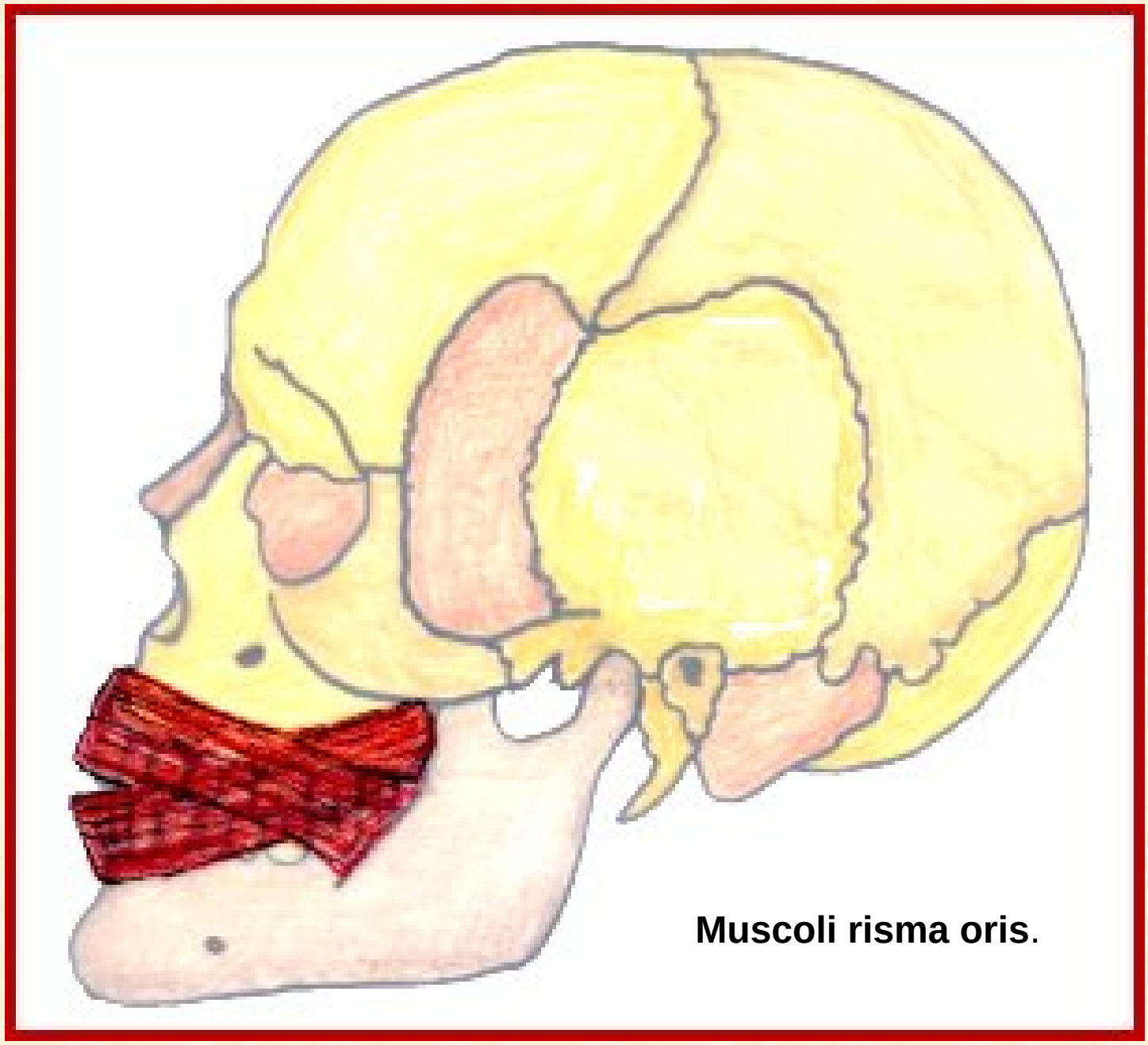
Mandibola d'adulto



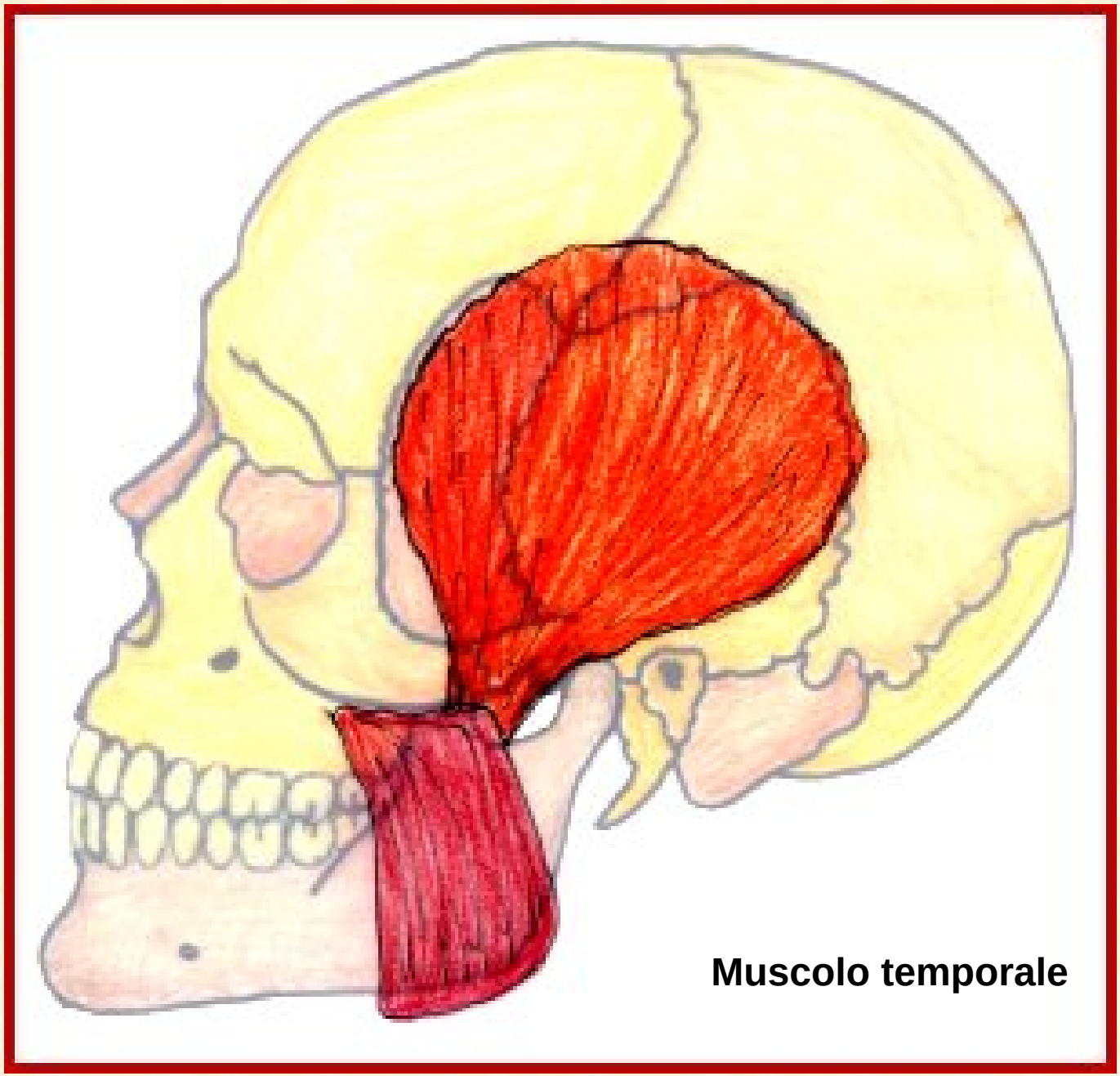

Processo
Coronoideo
Processo
Condiloideo
Tuberosità
Pterigoidea
o linguale
Spina di Spitz
o Ielmento
Sinfisi
Linea o Solco
MiloJoideo
Forame
Mandibolare


Muscolo
miloideo

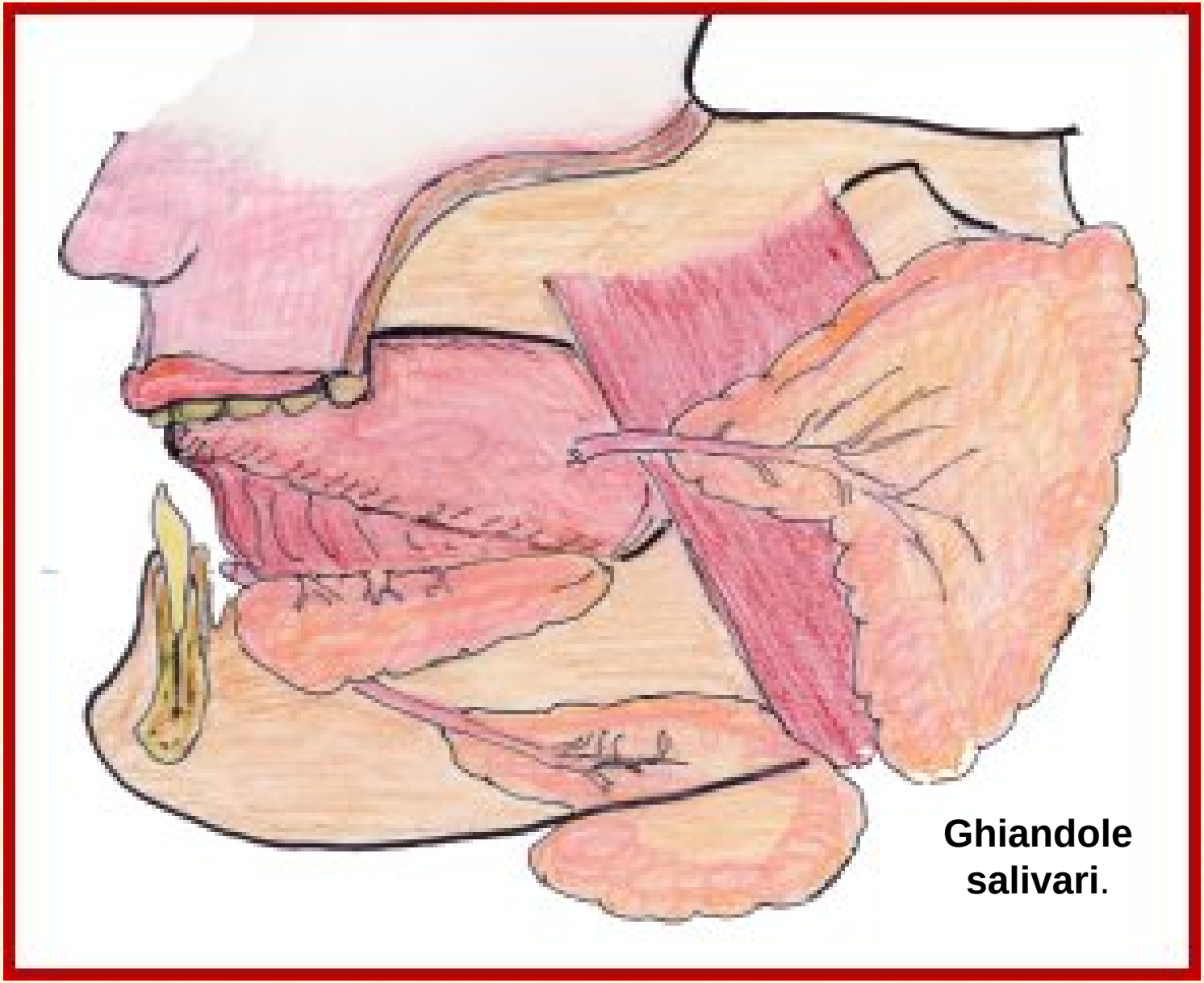

Muscolo
genioioideo
Muscolo
miloioideo
Osso
ioideo



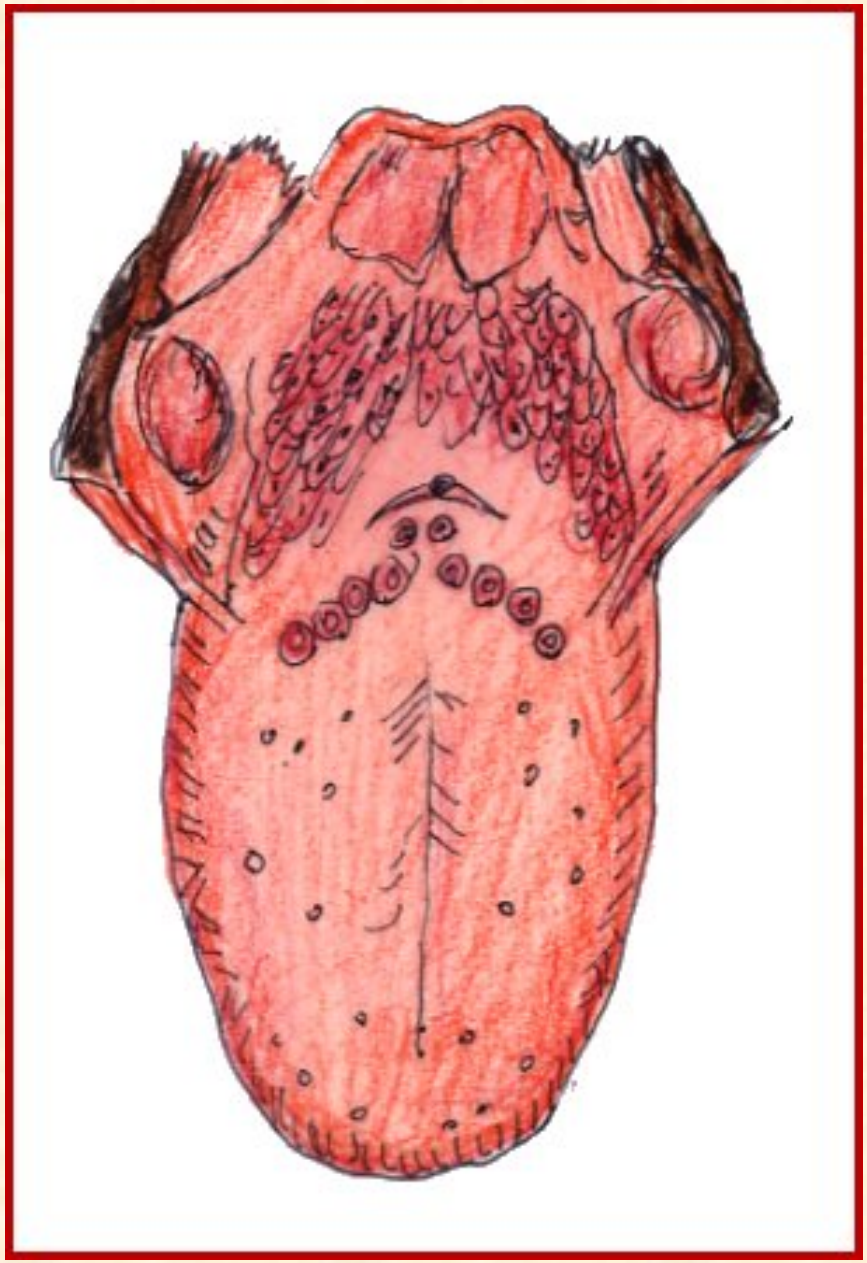
Muscoli risma oris.



Muscolo temporale

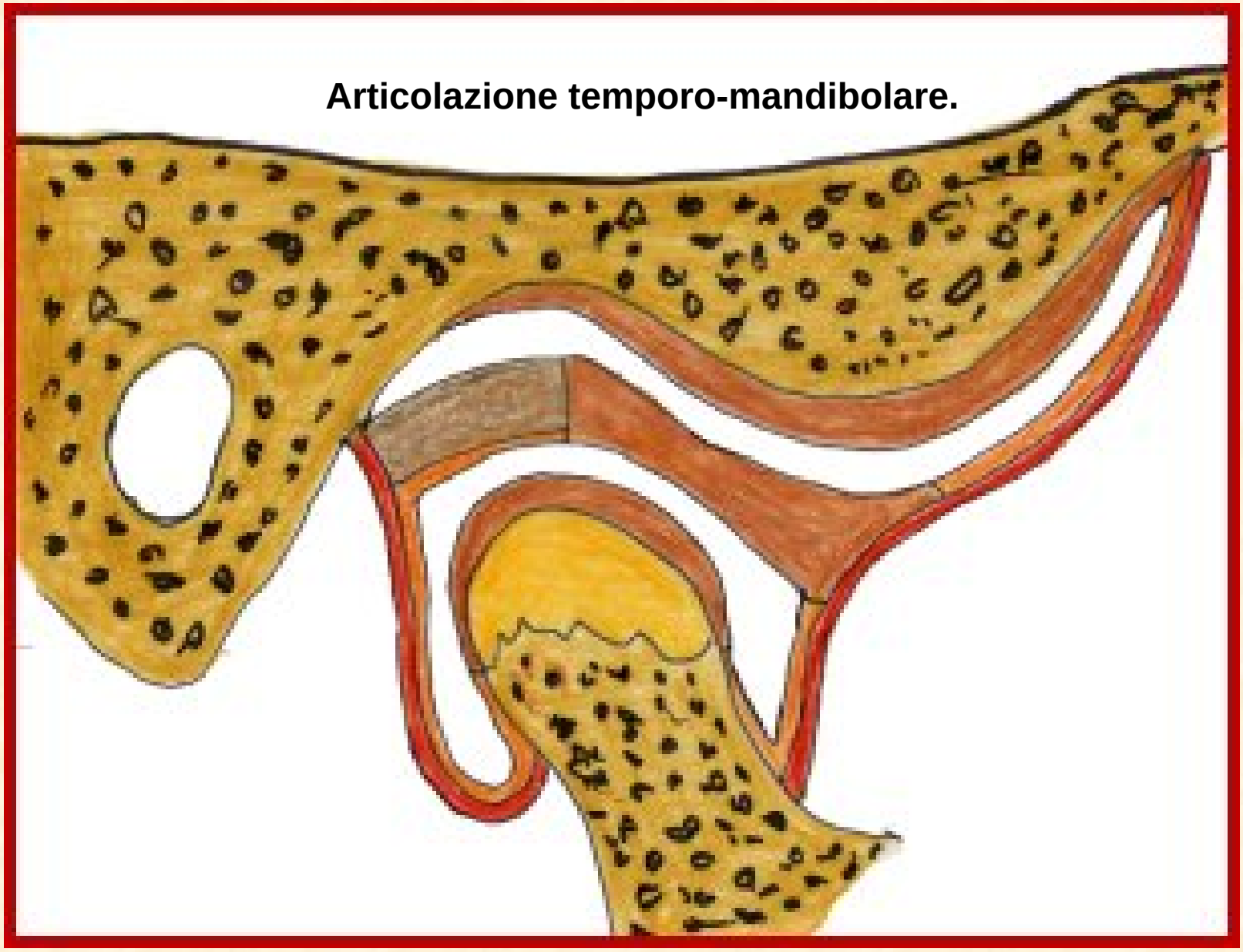


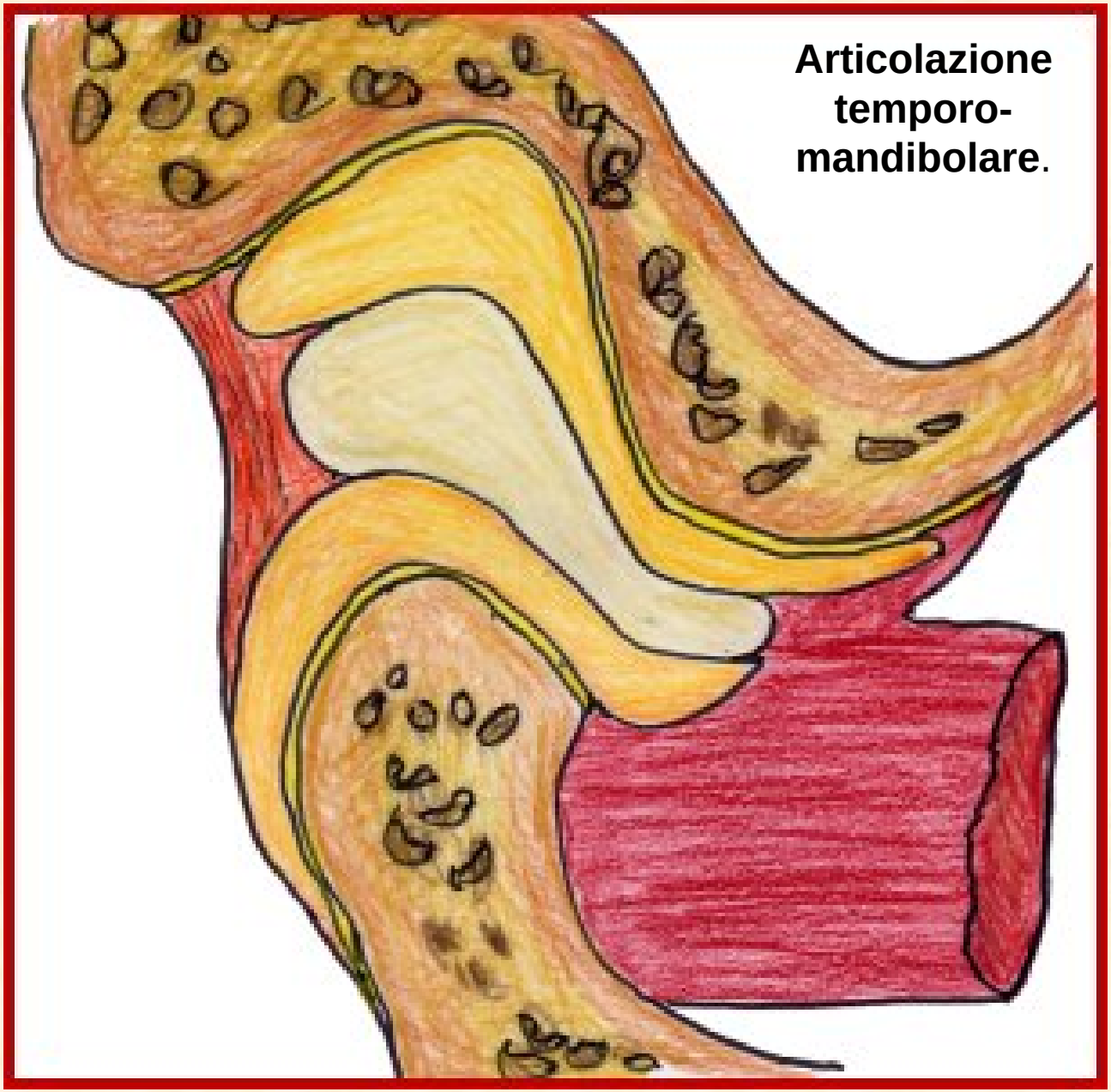
Ghiandole salivari.



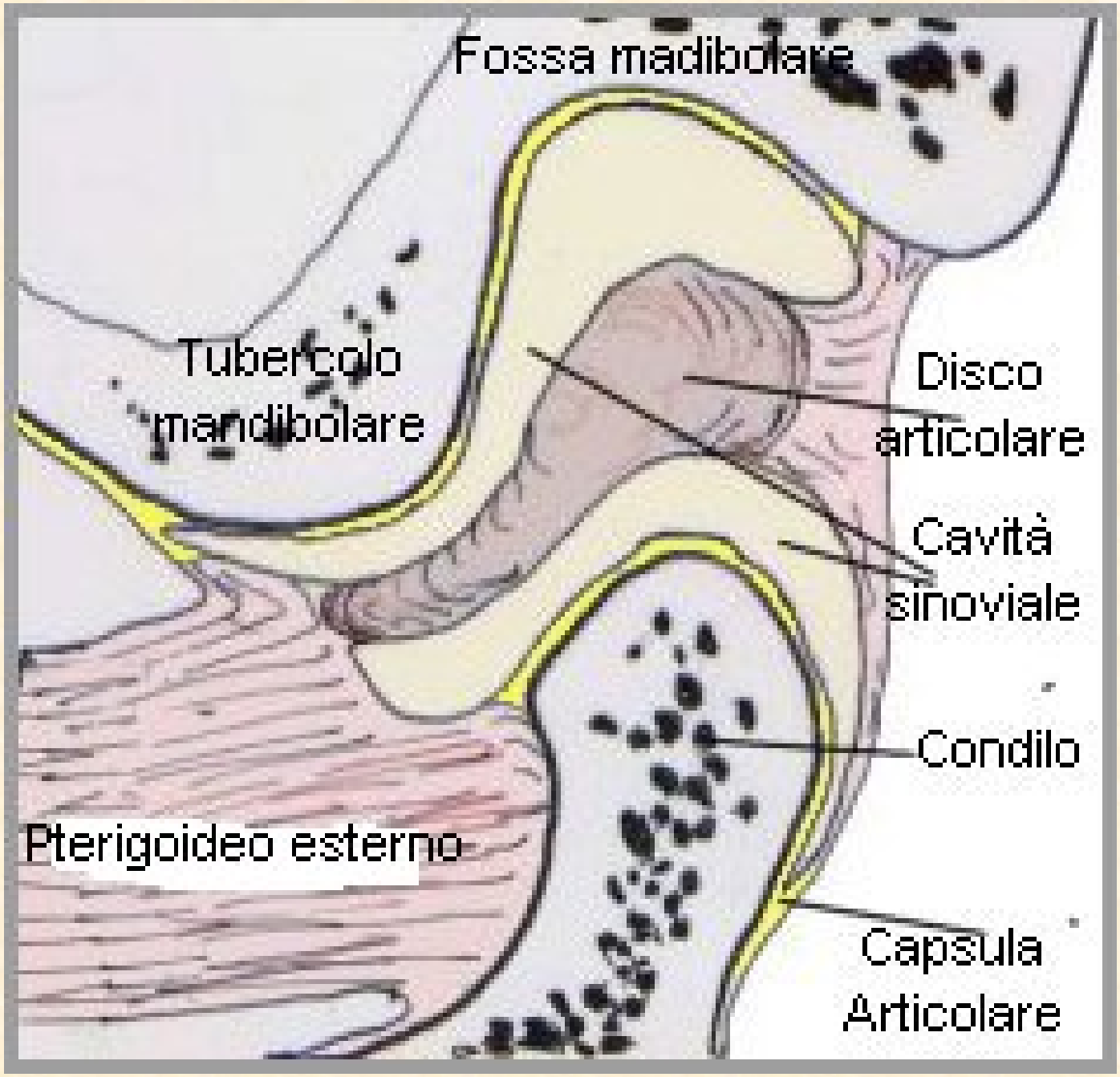
Lingua.

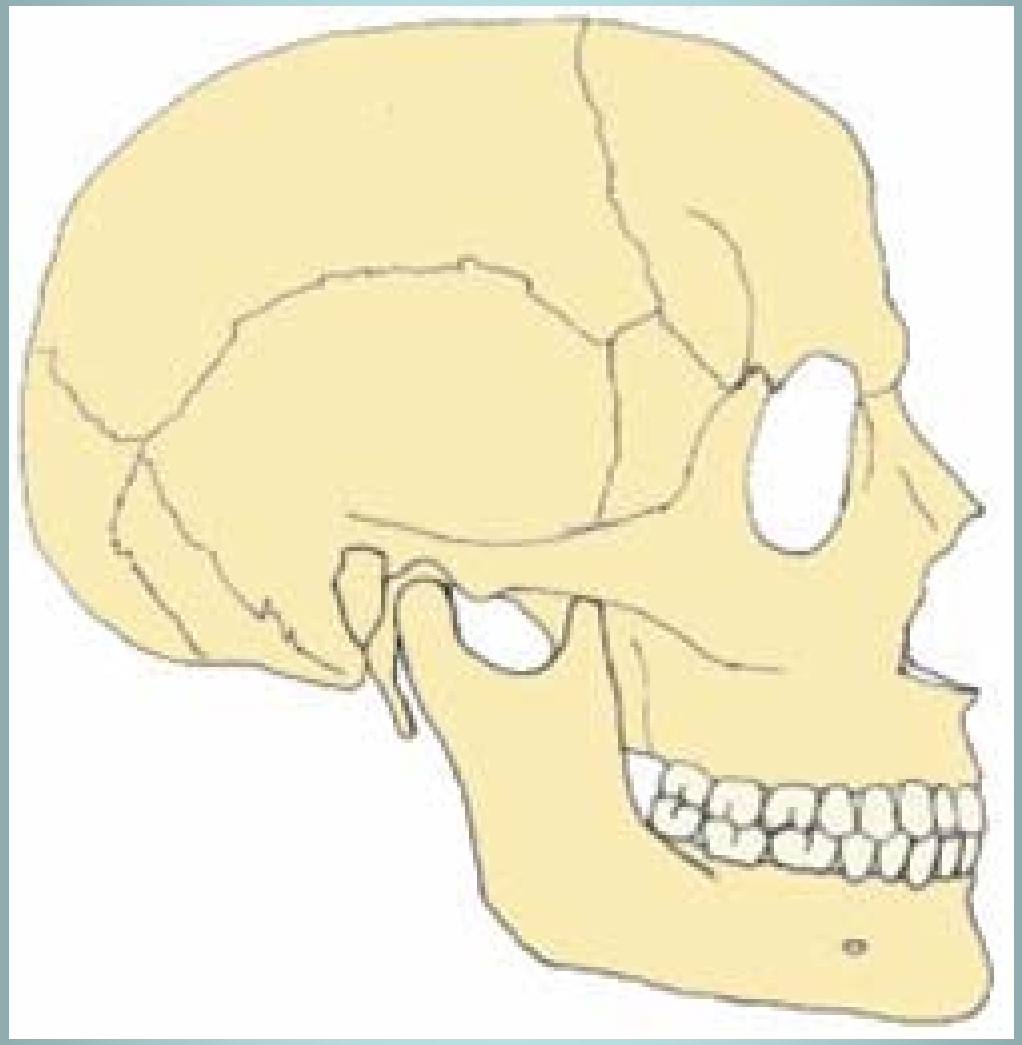
Articolazione temporo-mandibolare.





Articolazione temporo-mandibolare.


Fossa madibolare
Tubercolo mandibolare
Disco articolare
Cavità sinoviale
Condilo
Pterigoideo esterno
Capsula Articolare



ANIMAZIONE MOVIMENTI ATM

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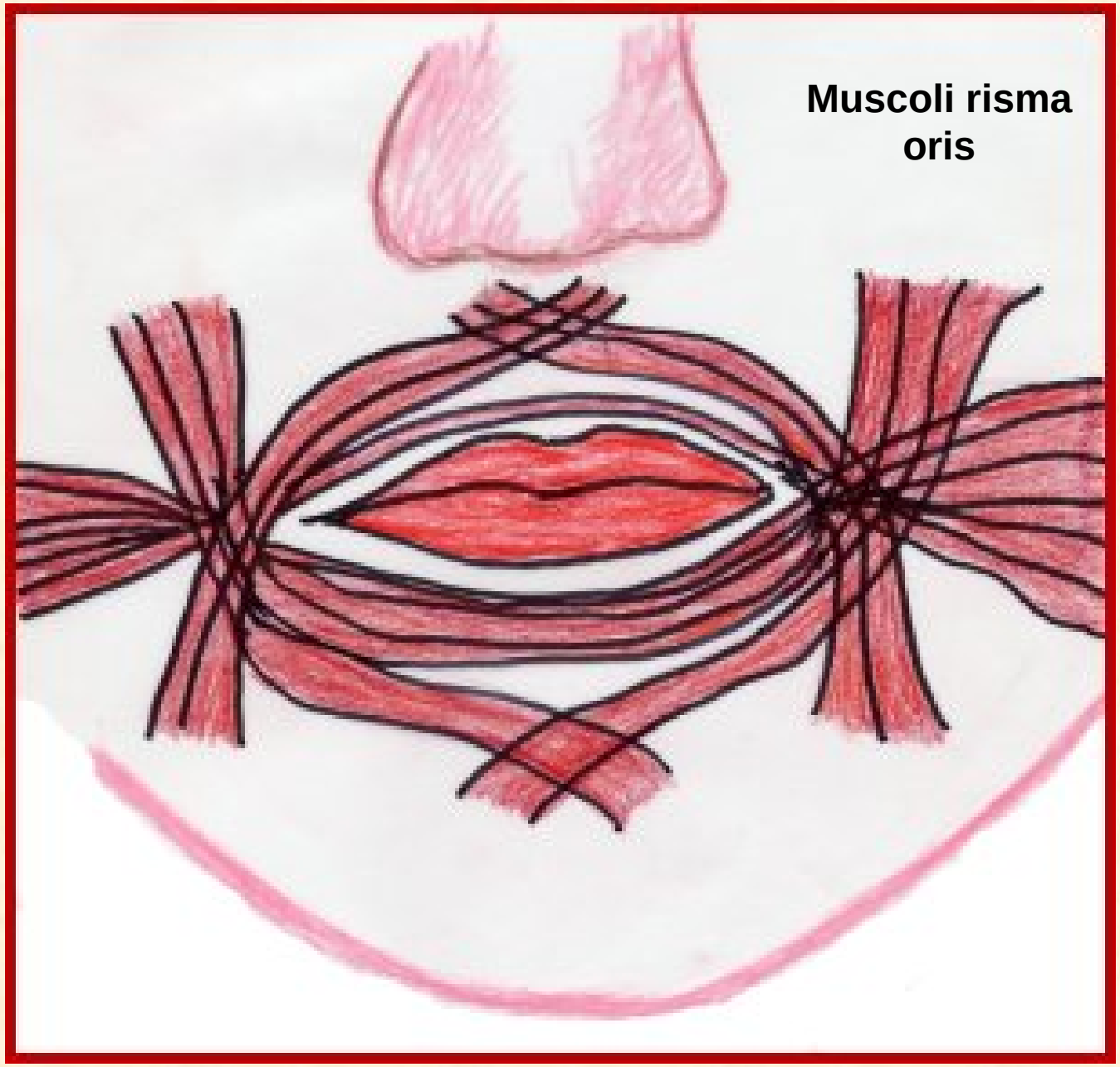
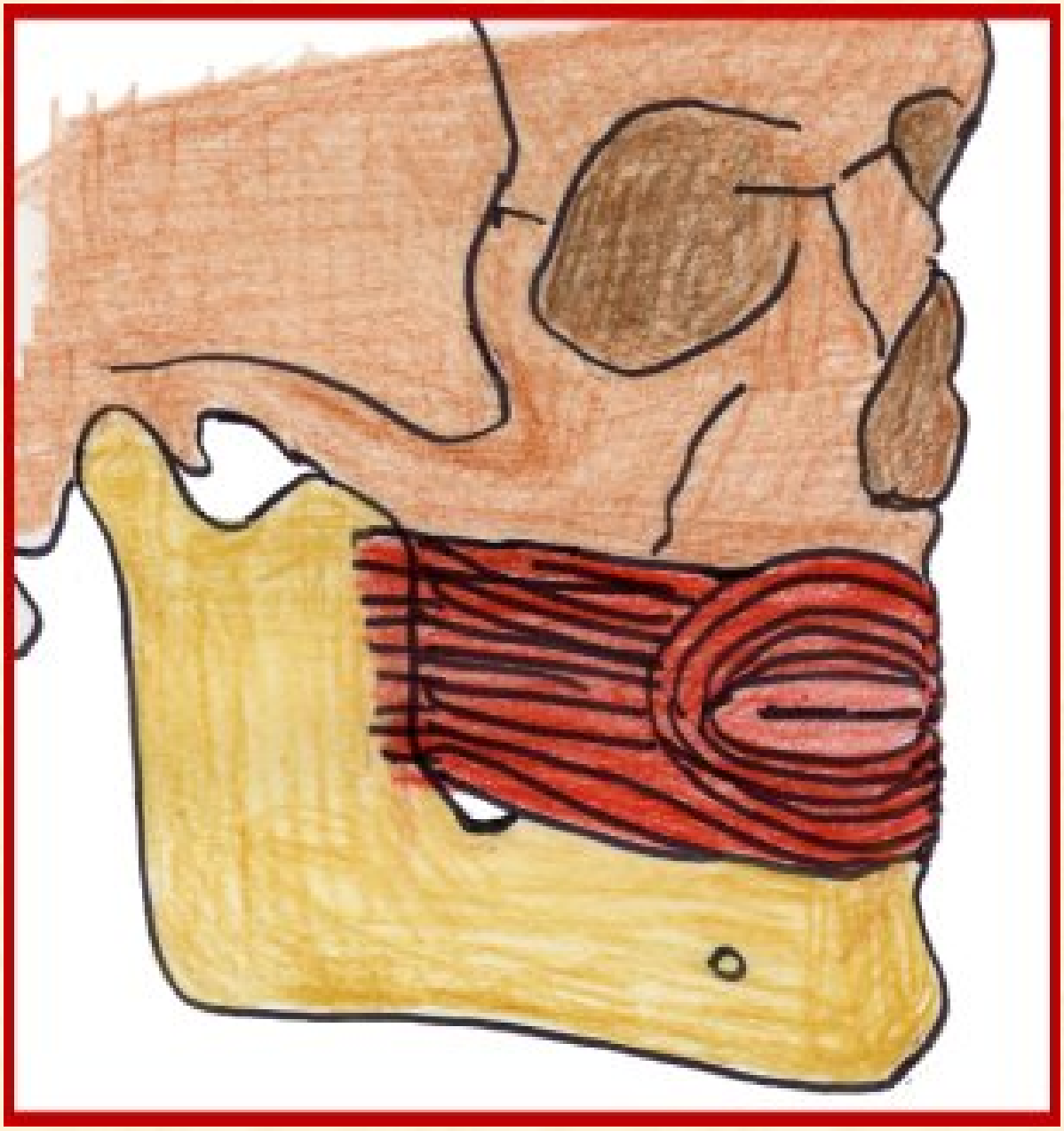
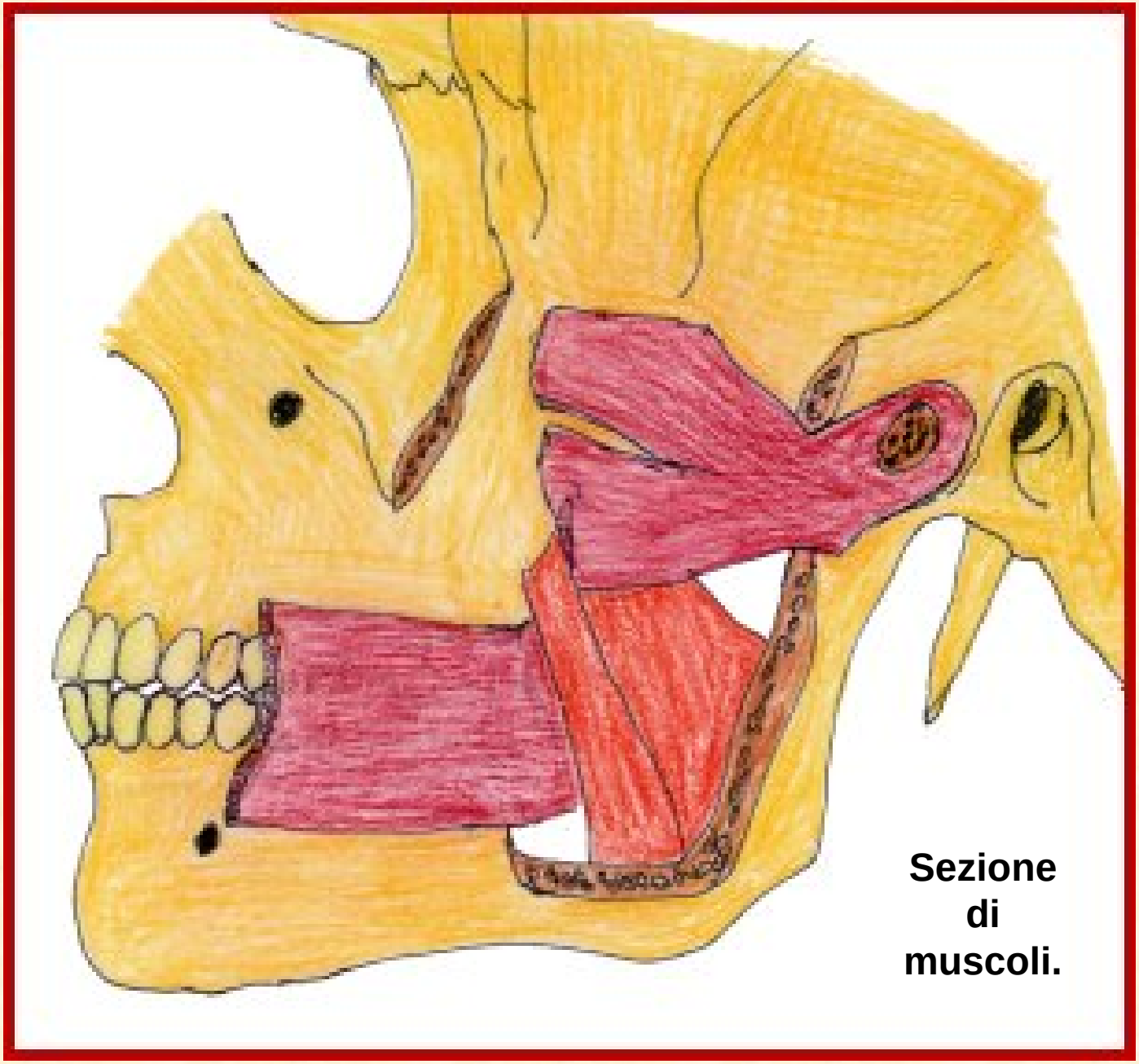
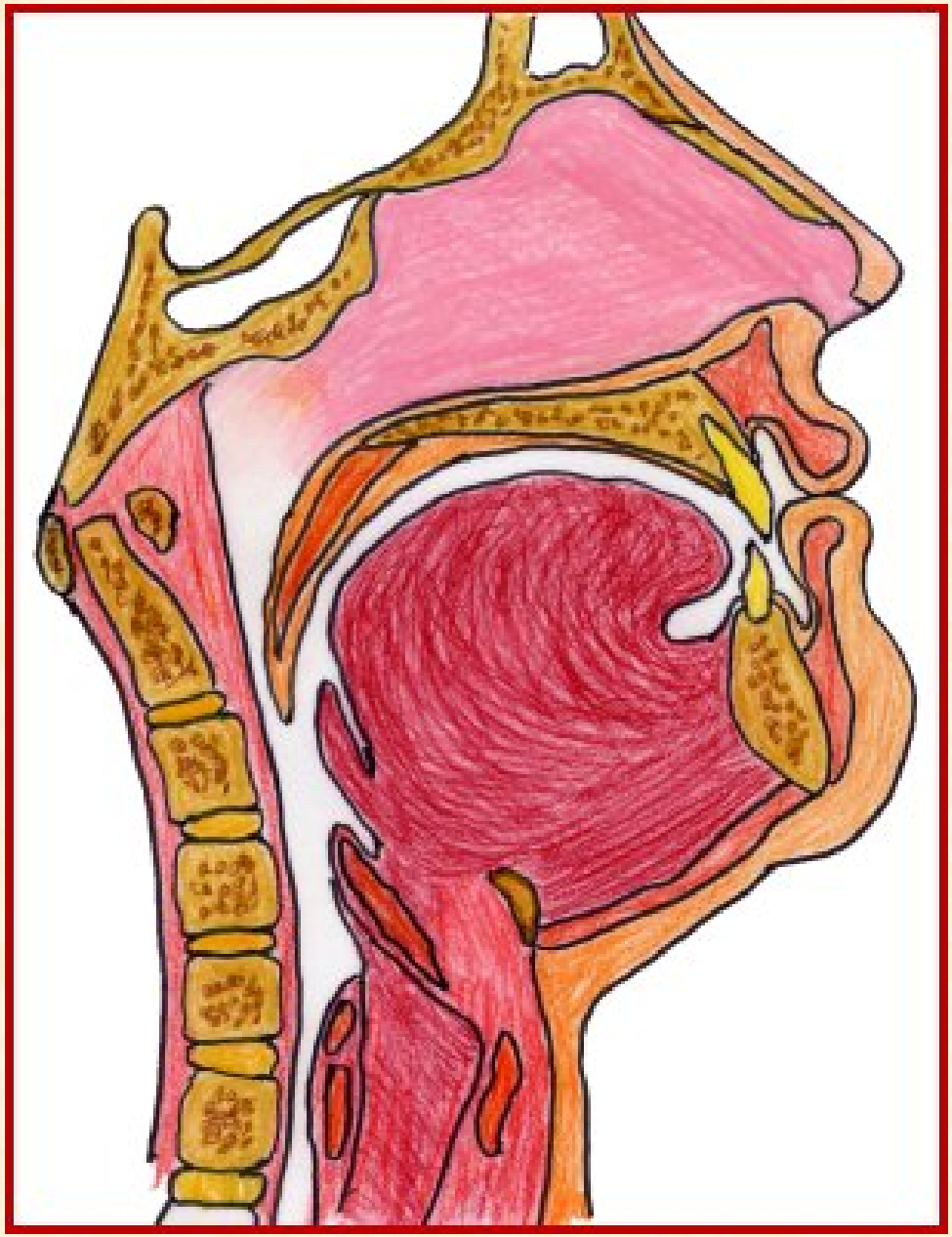

Muscoli risma oris



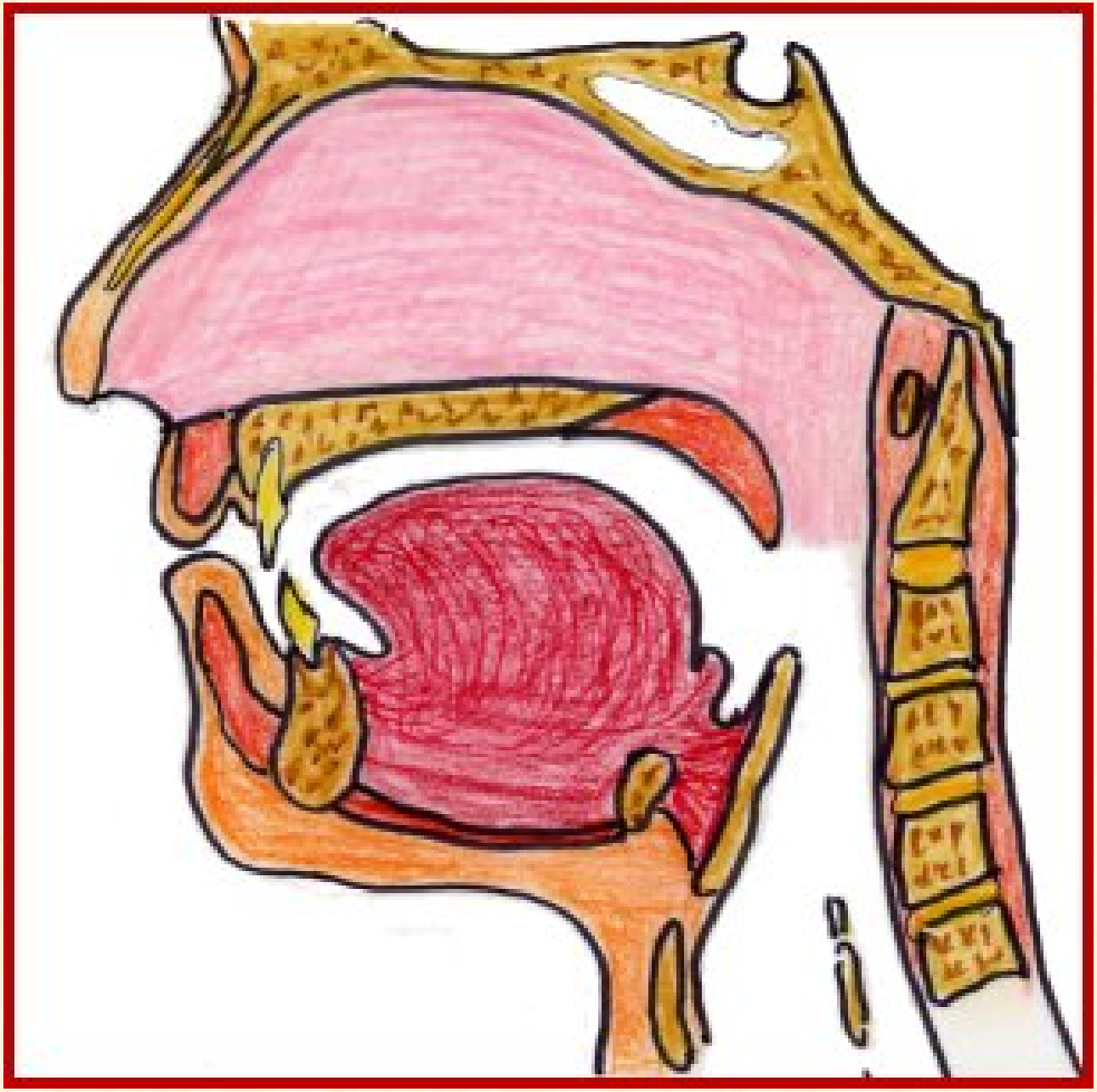
Muscoli risma oris



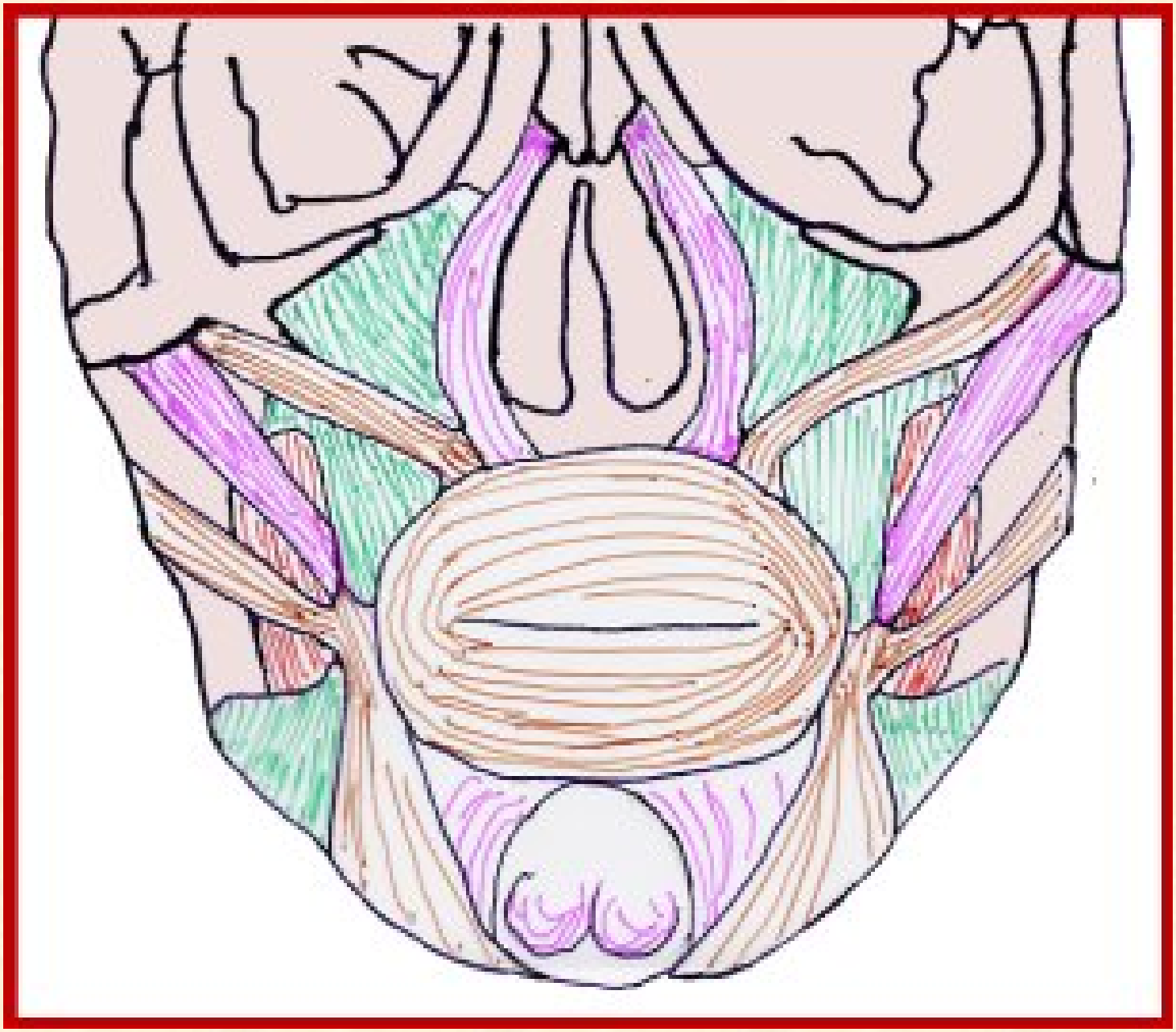
Sezione di muscoli.

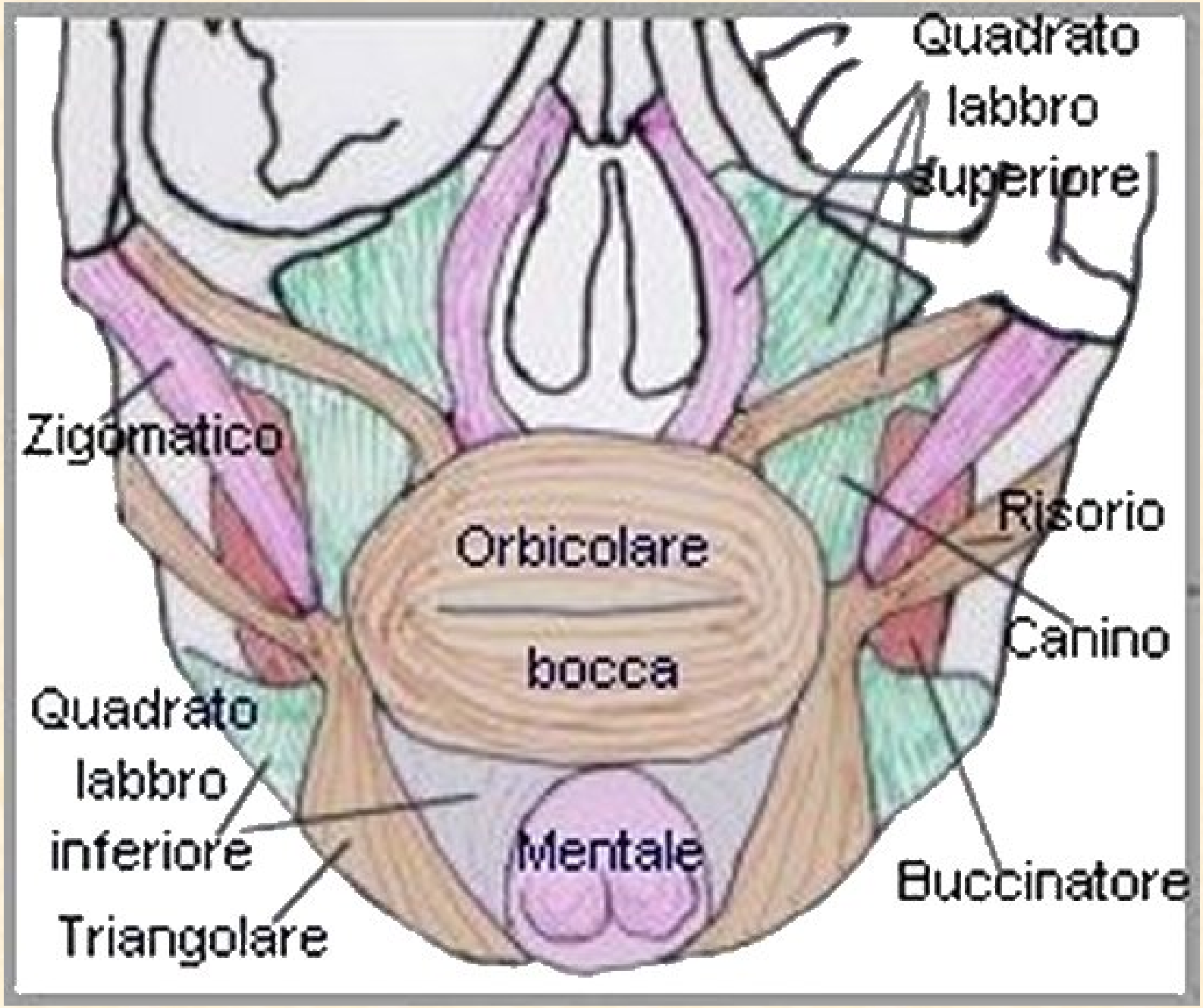


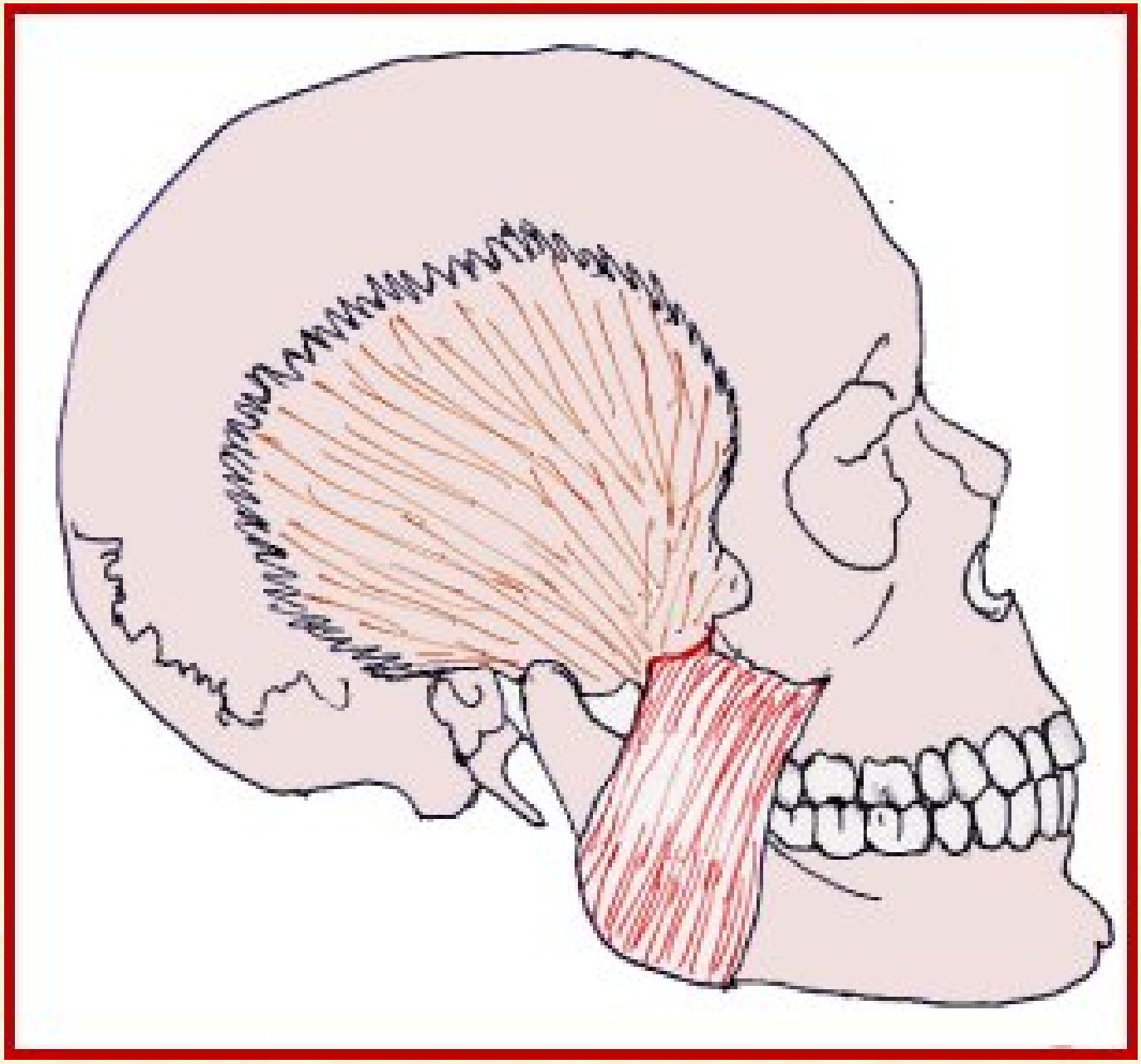
Sezione del naso, bocca e collo.

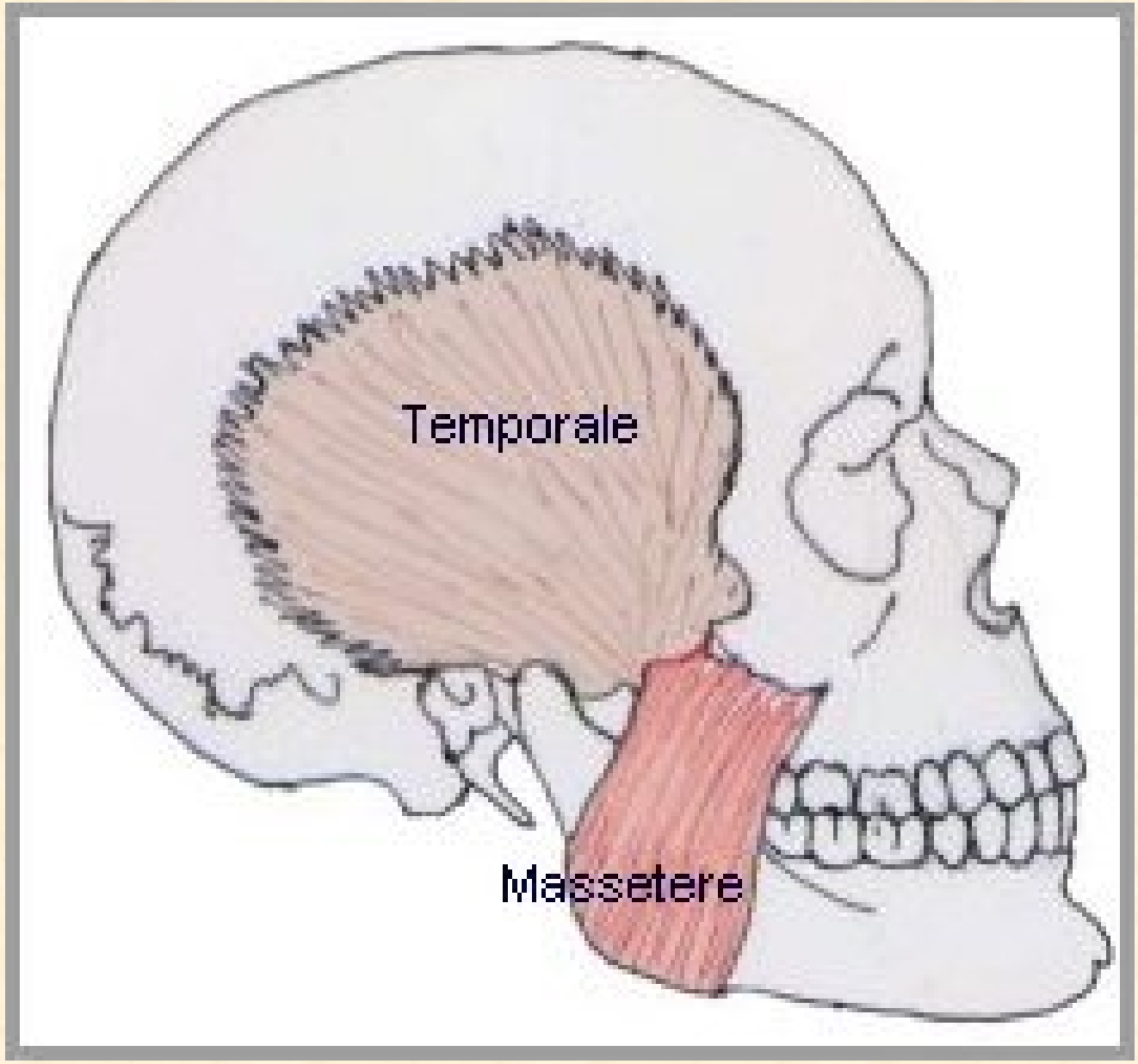


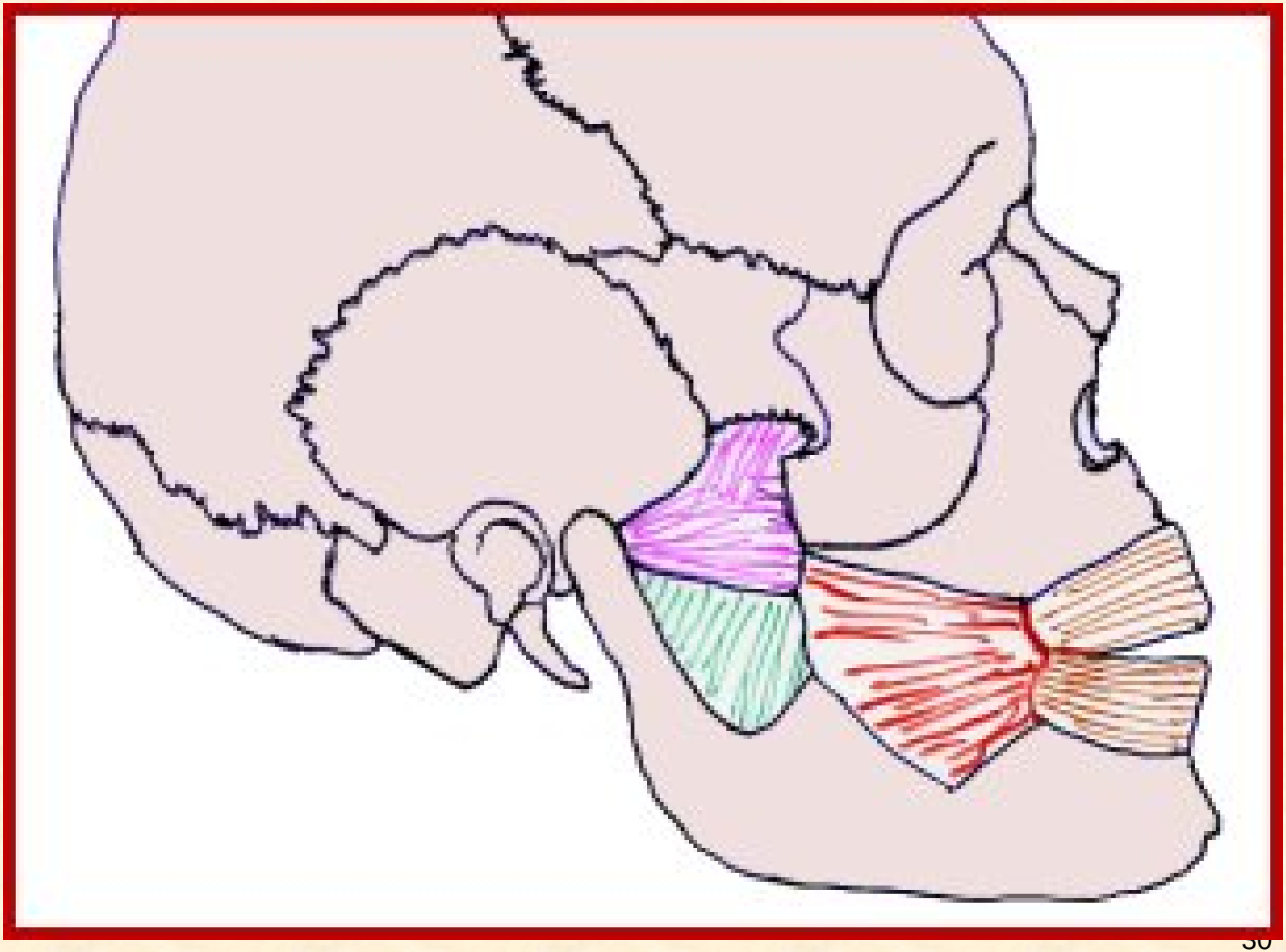
Sezione del naso, bocca.

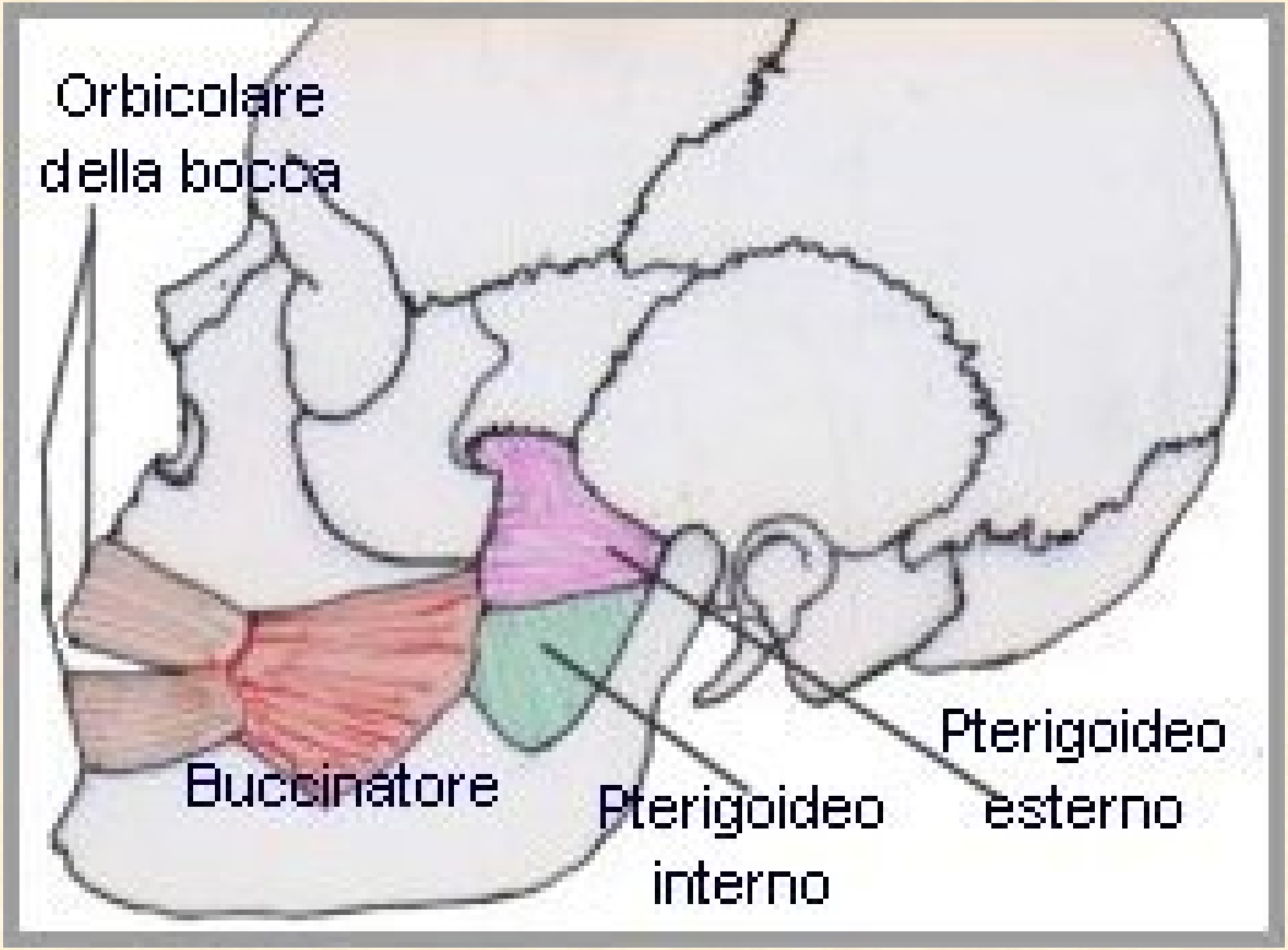



Quadrato
labbro
superiore
Zigomatico
Orbicolare
bocca
Risorio
Canino
Quadrato
labbro
inferiore
Triangolare
Mentale
Buccinatore

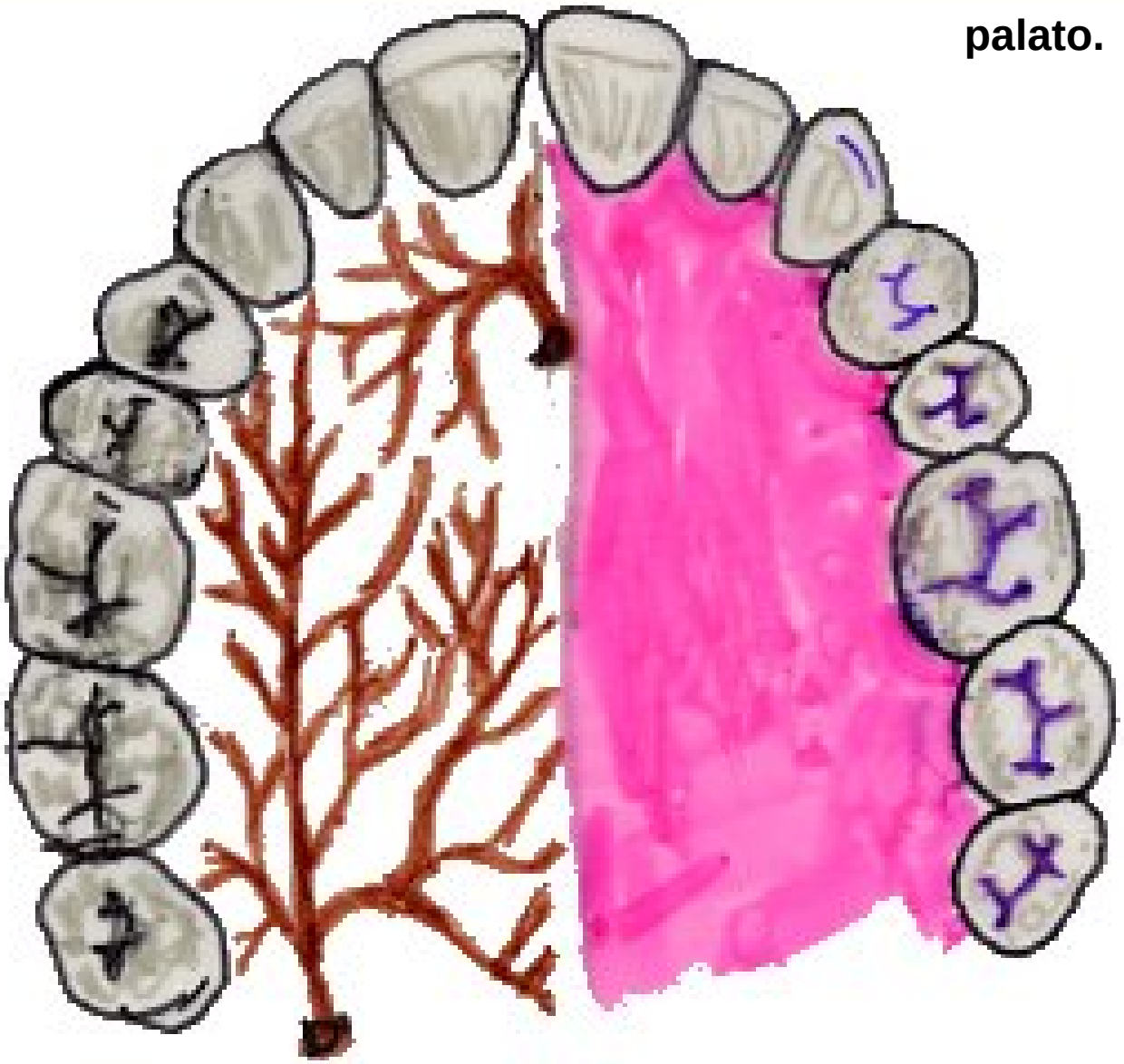


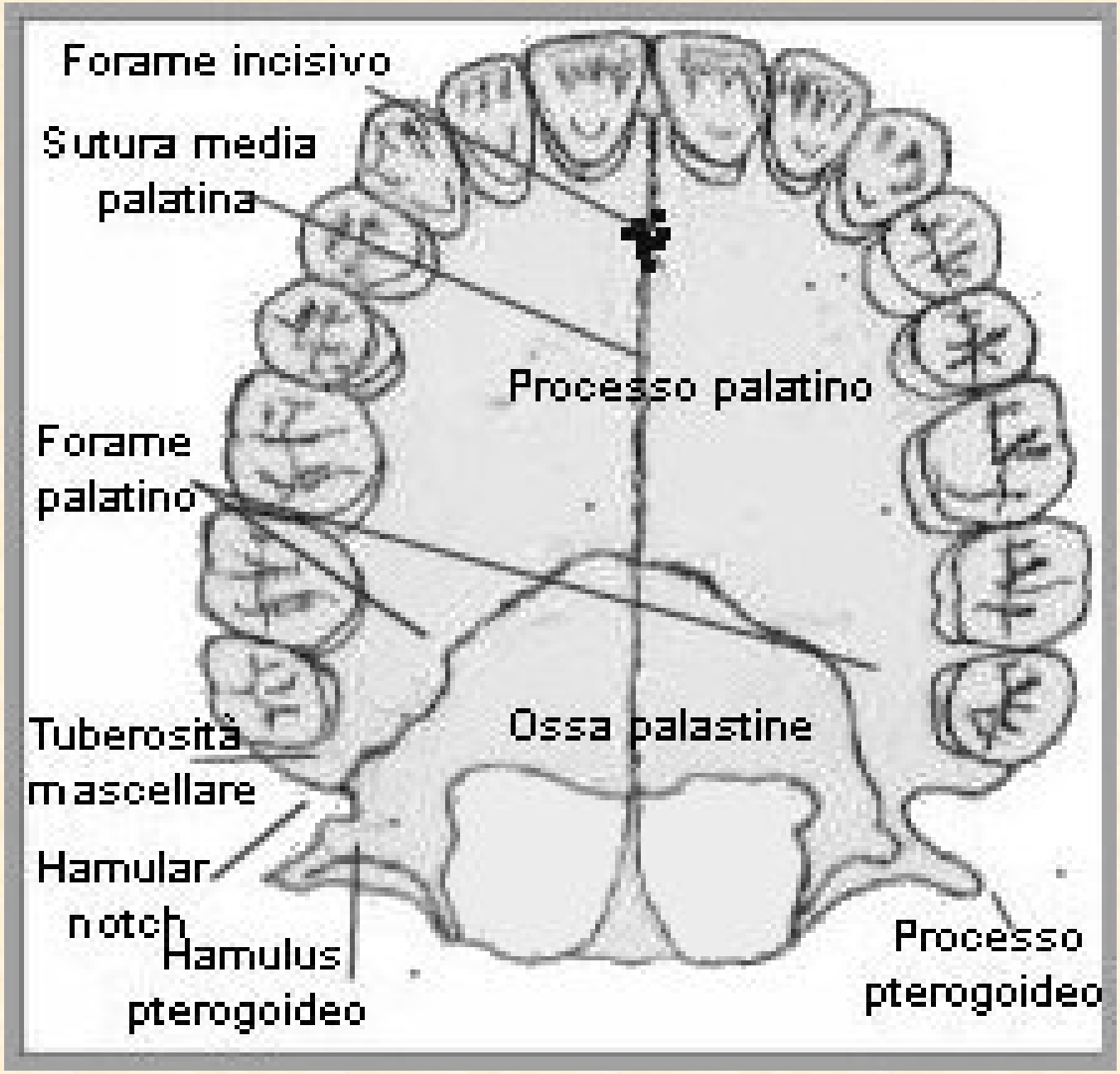

Temporale
Massetere



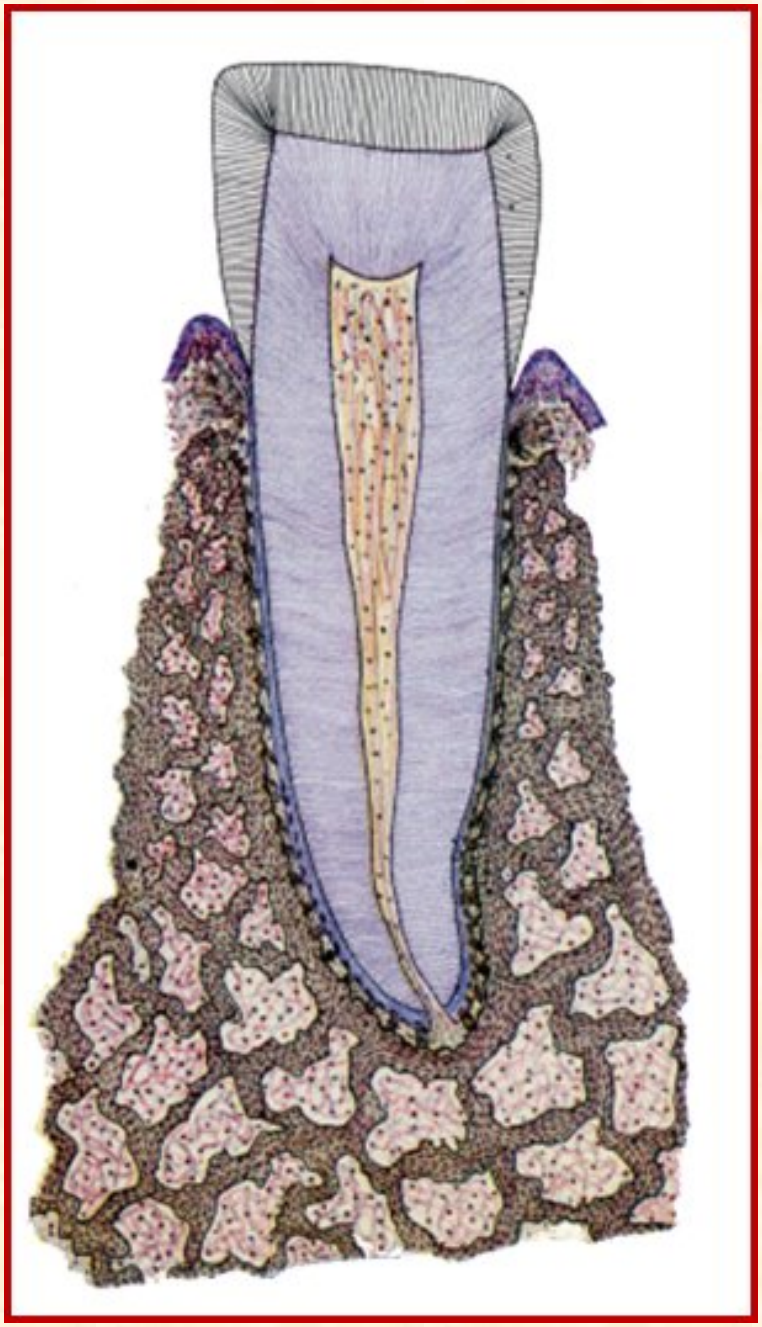

Orbicolare
della bocca
Buccinatore
Pterigoideo
interno
Pterigoideo
esterno

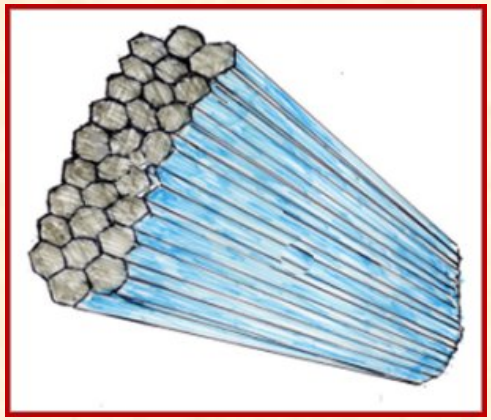
Nervi del palato.



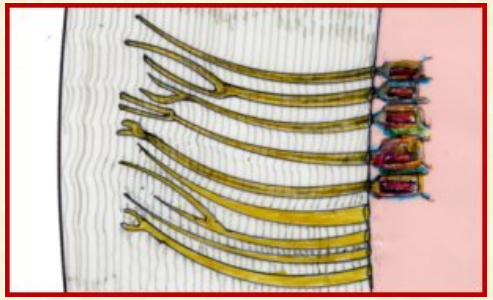

Forame incisivo
Sutura media palatina
Processo palatino
Forame palatino
Tuberosità mascellare
Ossa palastine
Hamular notch
Hamulus pterogoideo
Processo pterogoideo

Sezione di dente incisivo

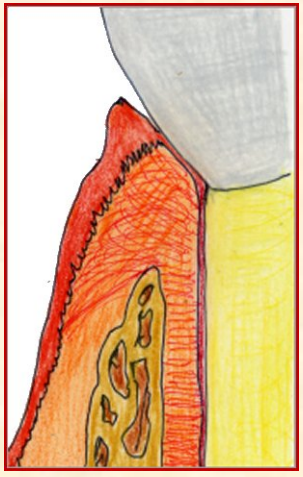




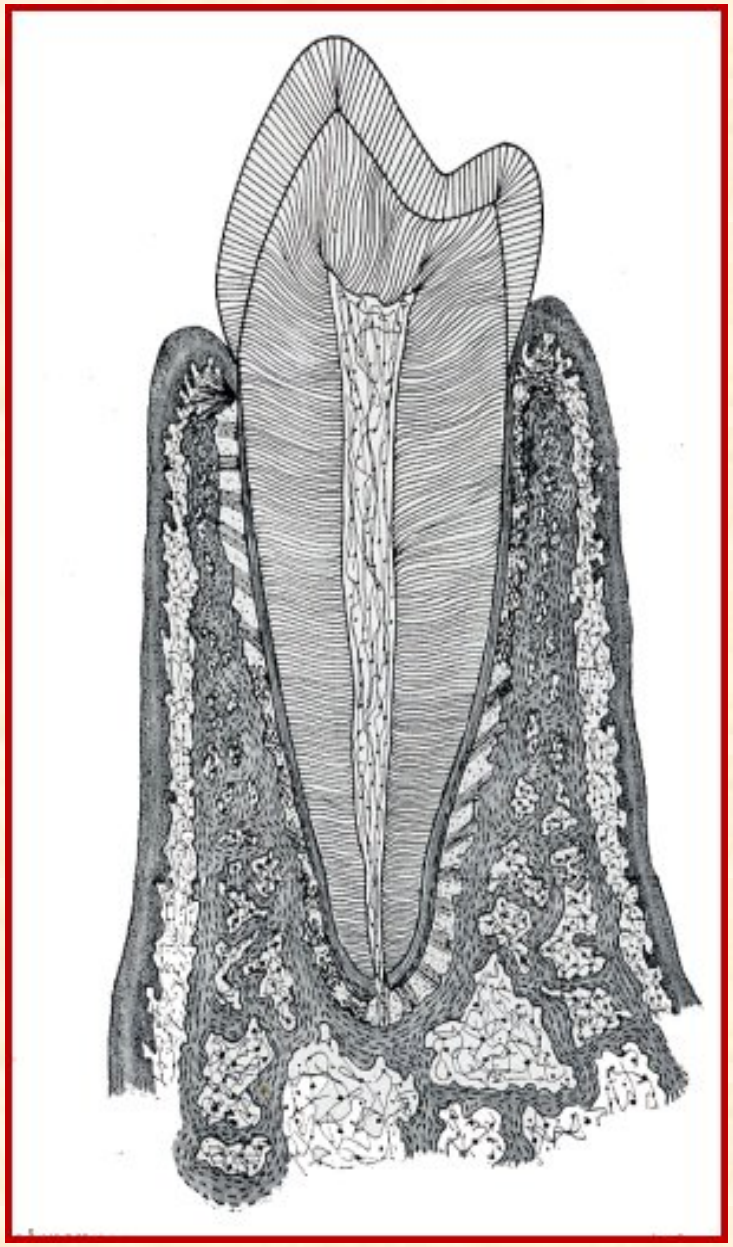
Prismi dello smalto



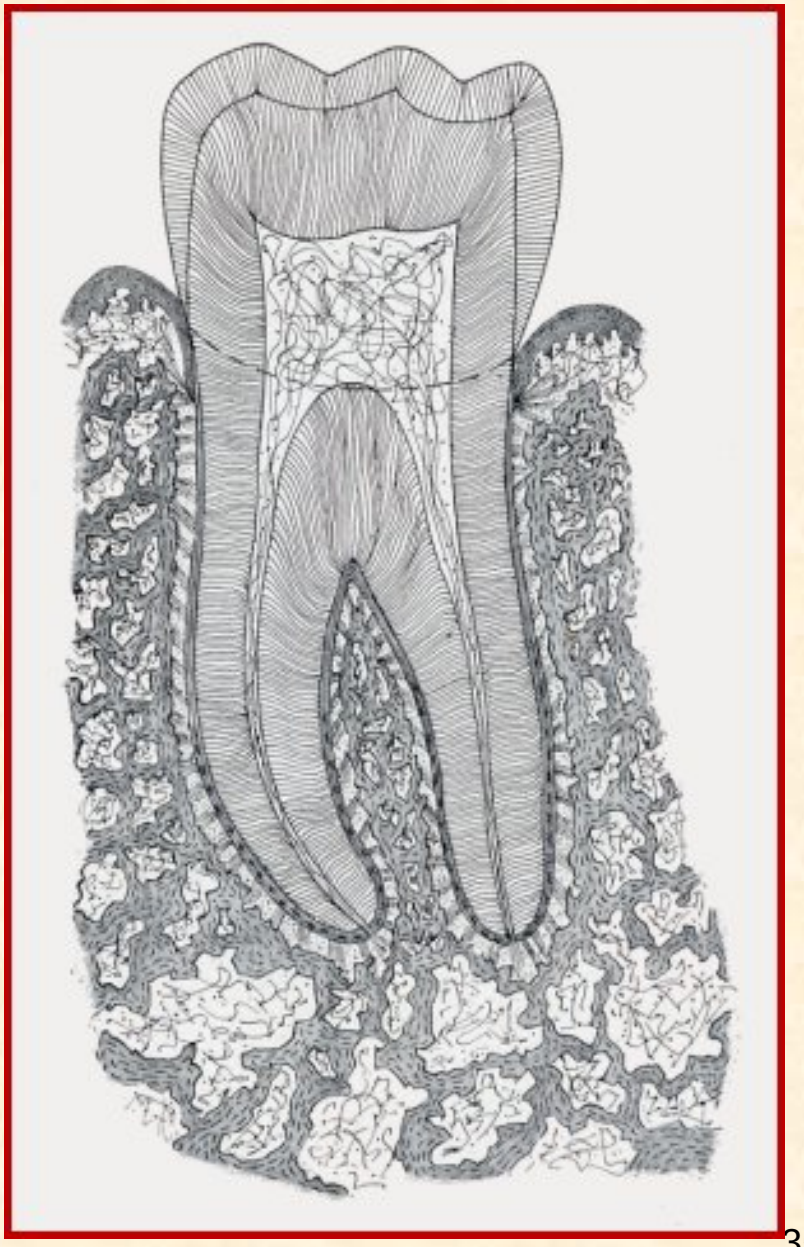
Canalicoli dentinali



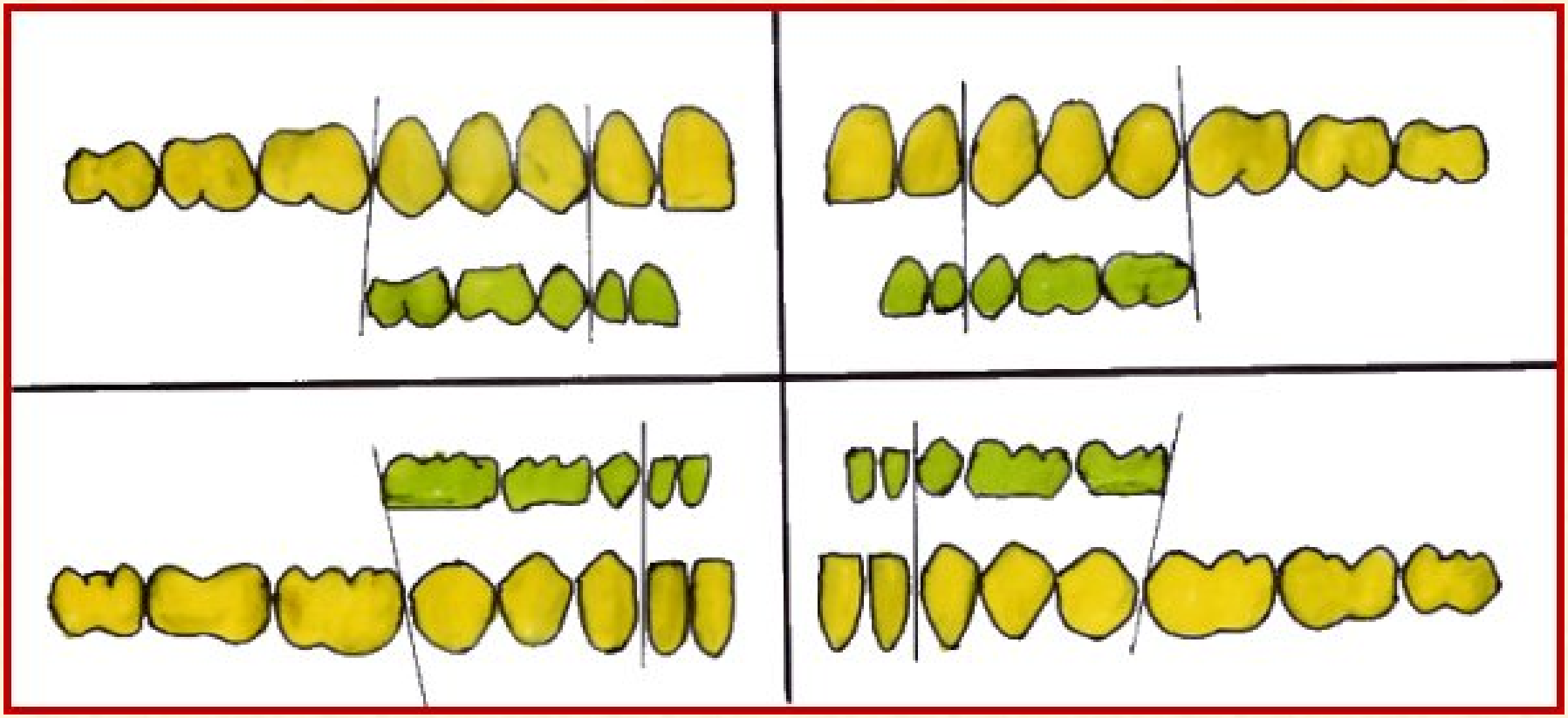
Attacco gengivale



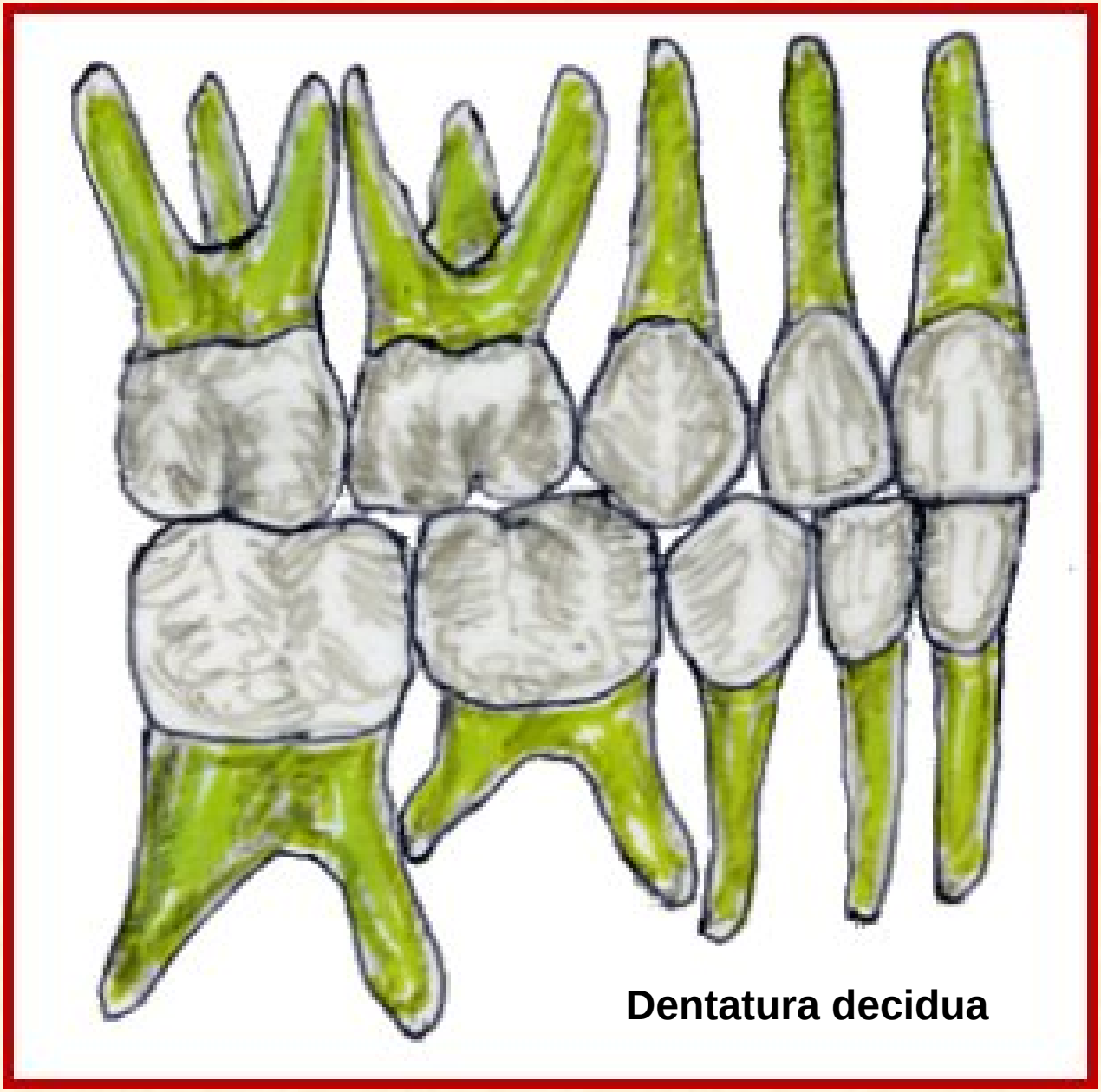
Sezione di premolare inferiore



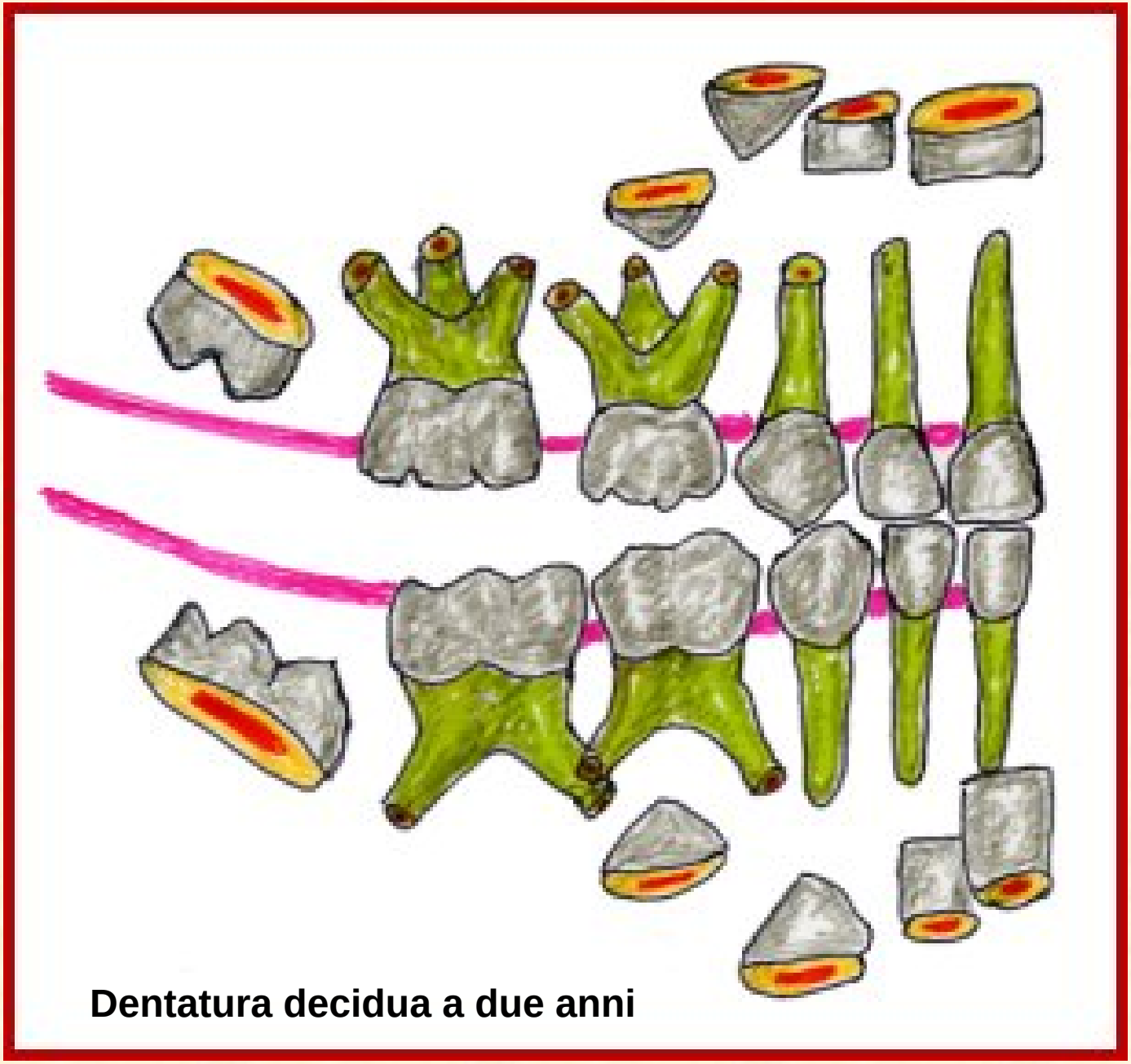
Sezione di molare inferiore



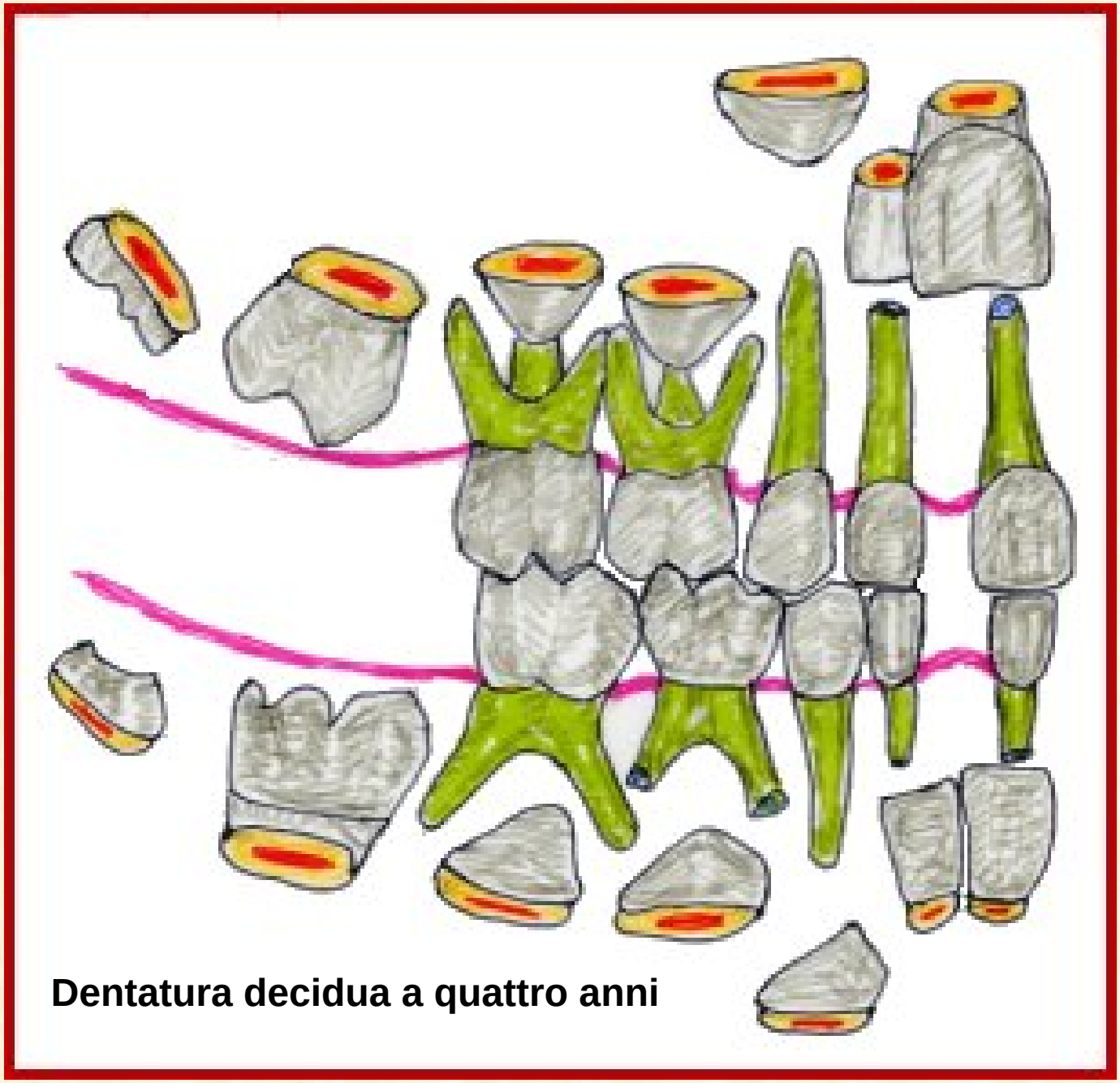
Sviluppo dei denti permanenti sui decidui



Dentatura decidua

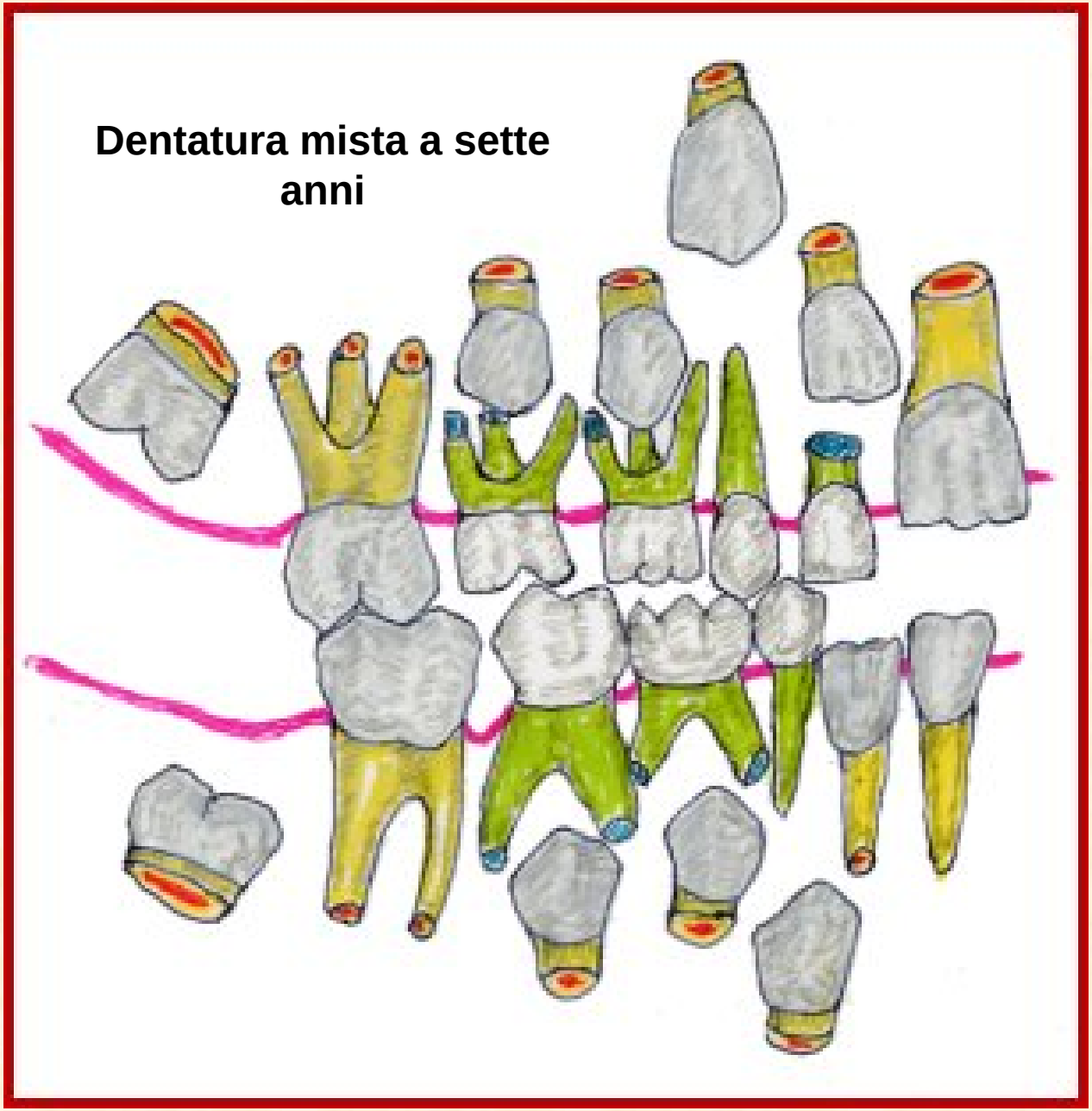


Dentatura decidua a due anni

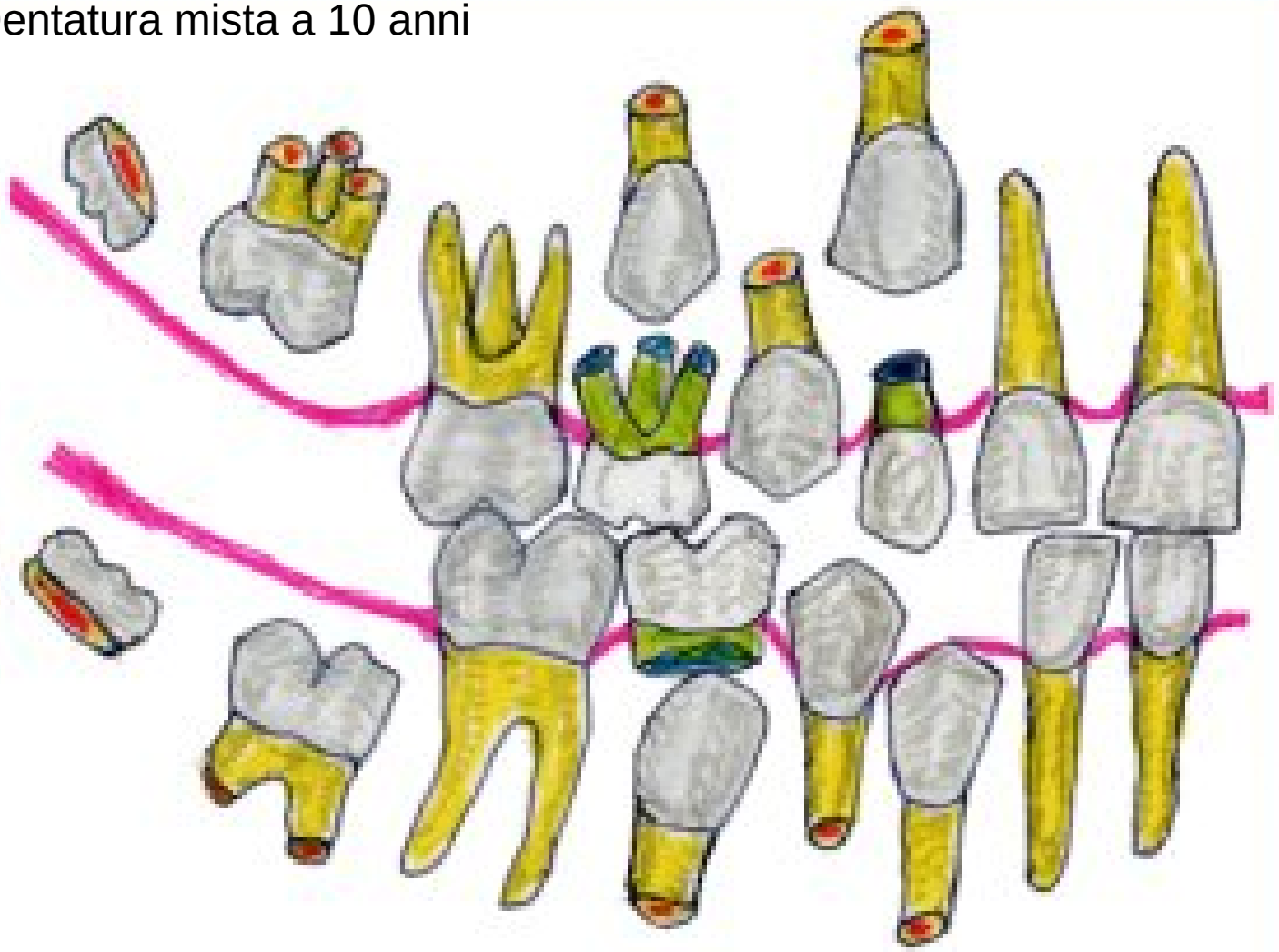


Dentatura decidua a quattro anni

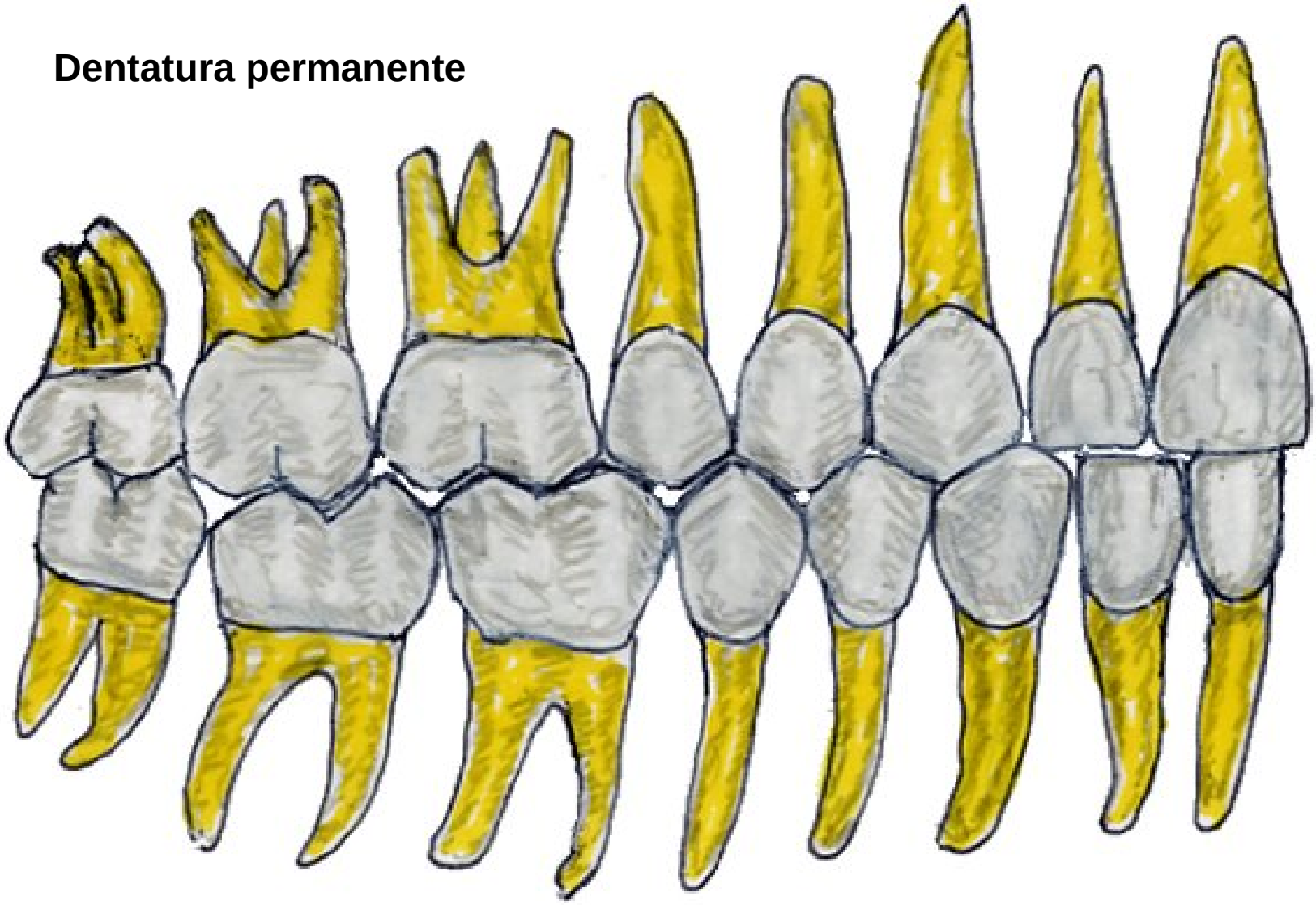
Dentatura mista a sette anni

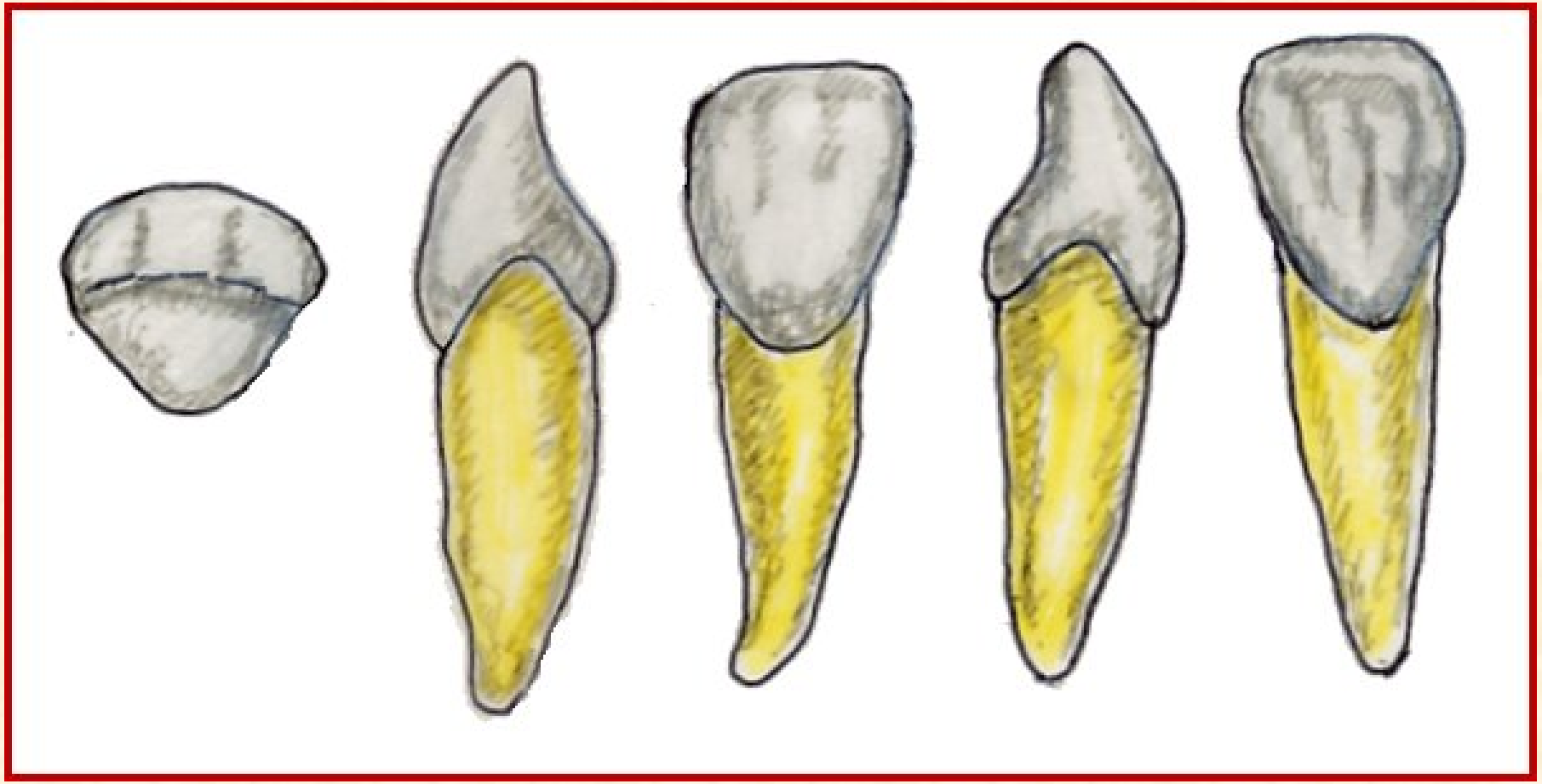


Dentatura mista a 10 anni

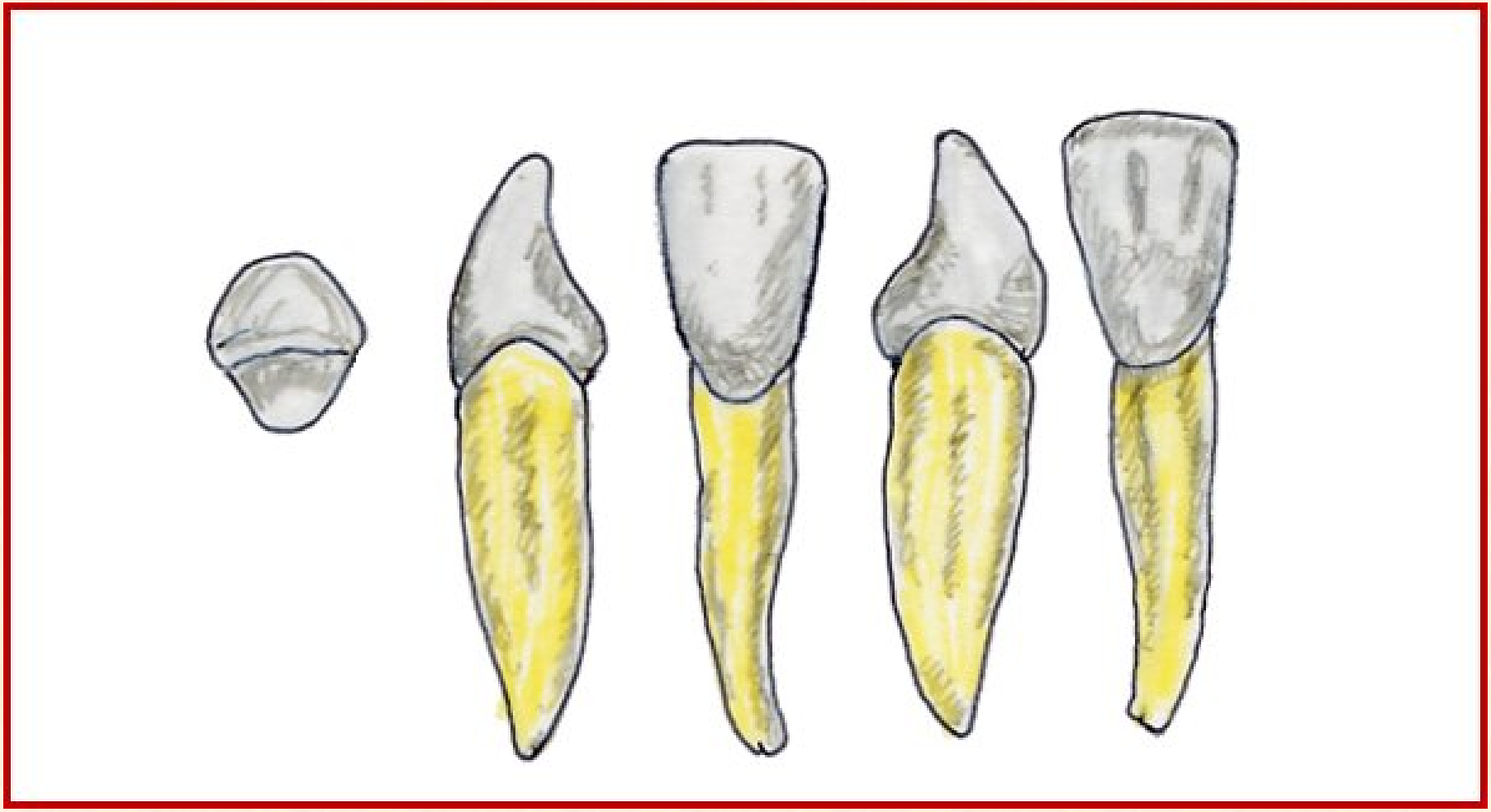


Dentatura permanente

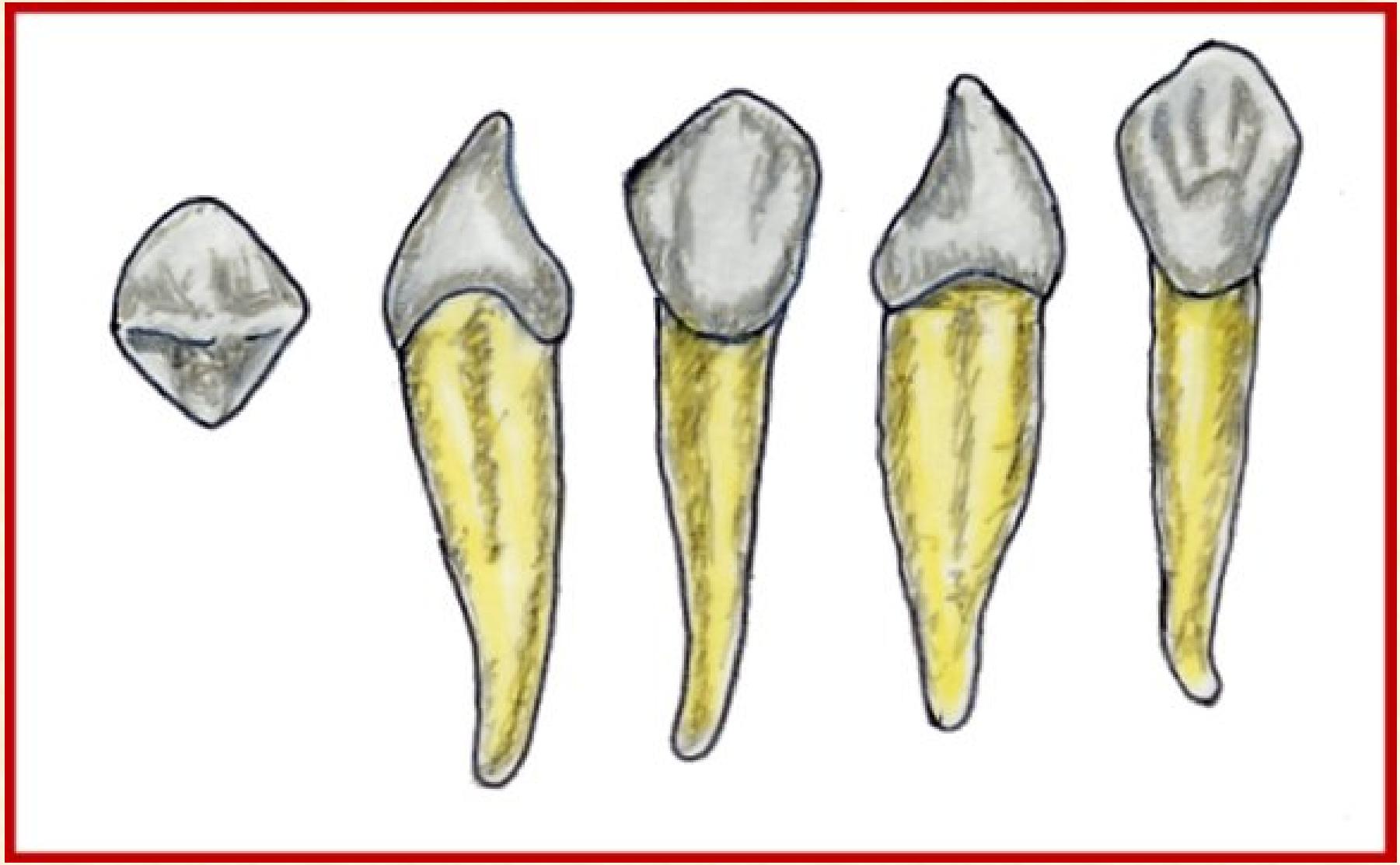




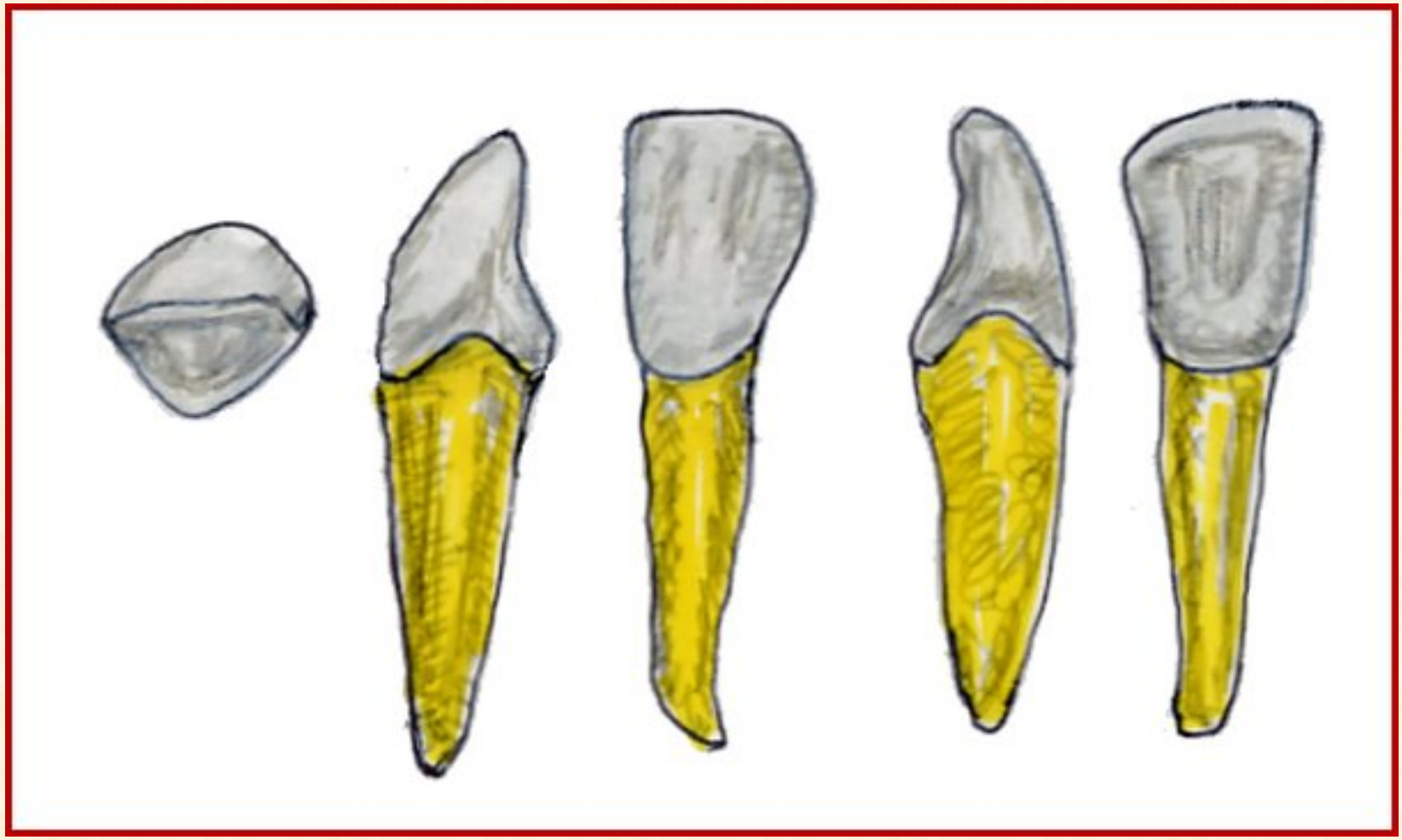
Incisivo centrale superiore



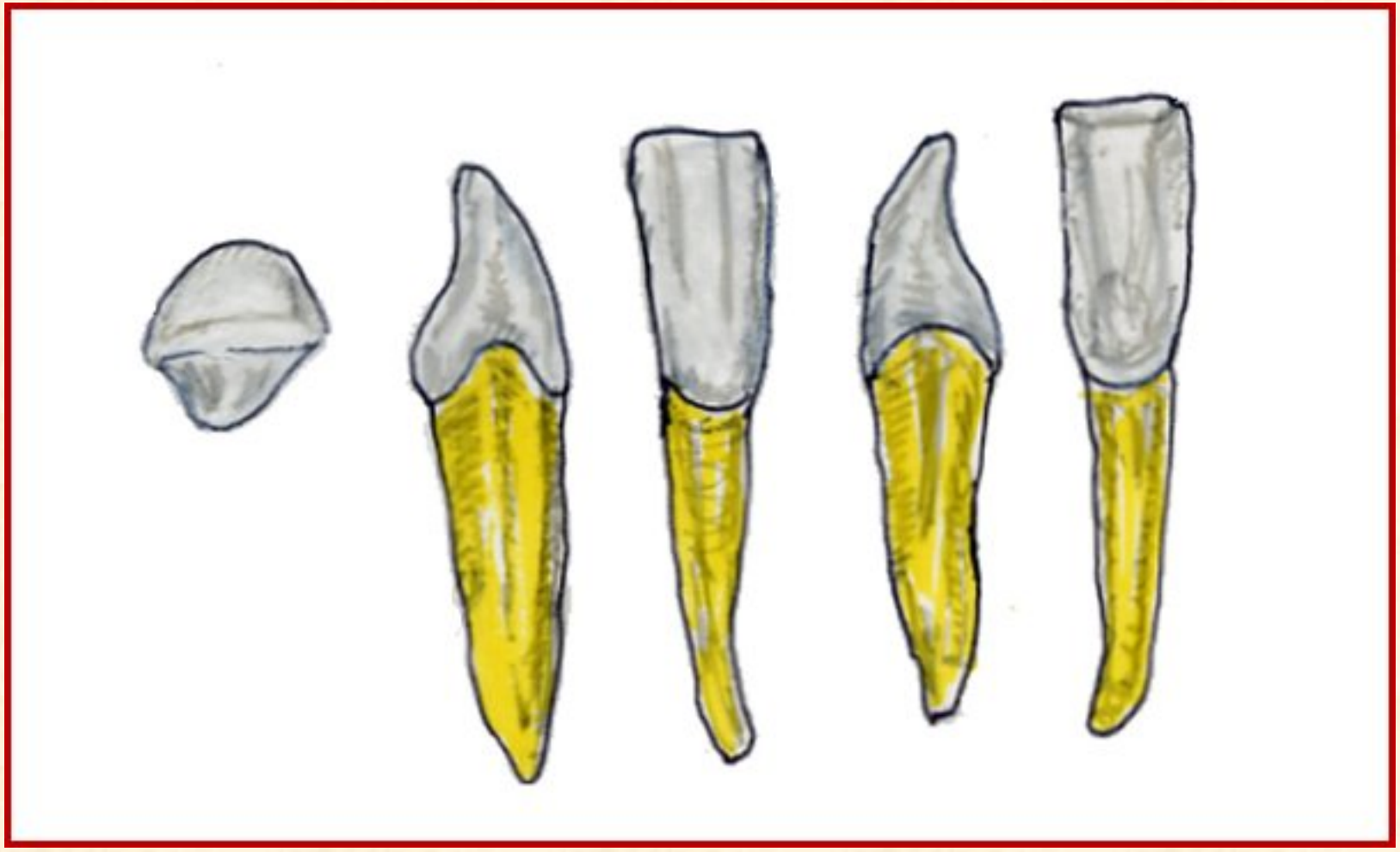
Incisivo laterale superiore



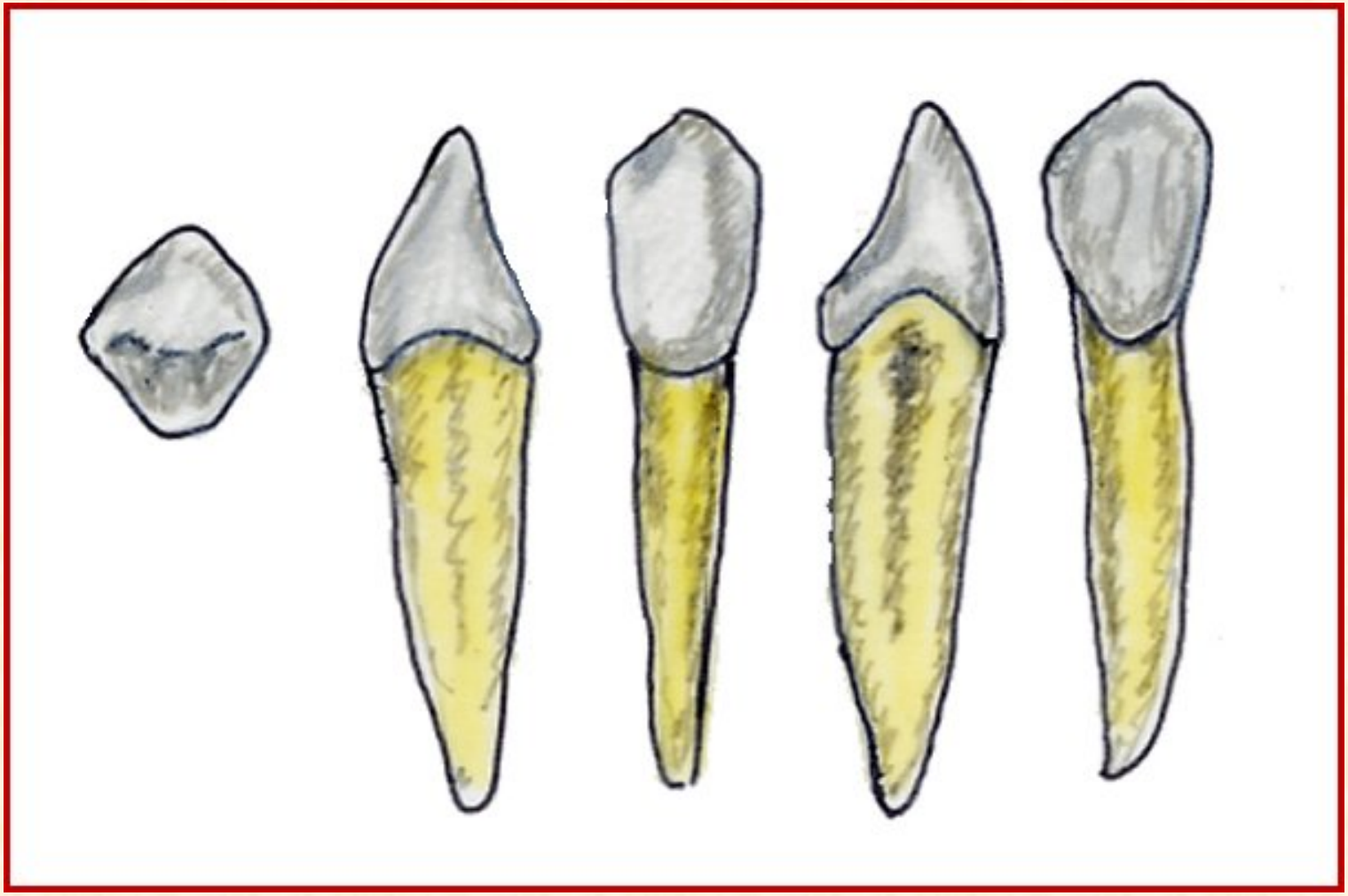
Canino superiore



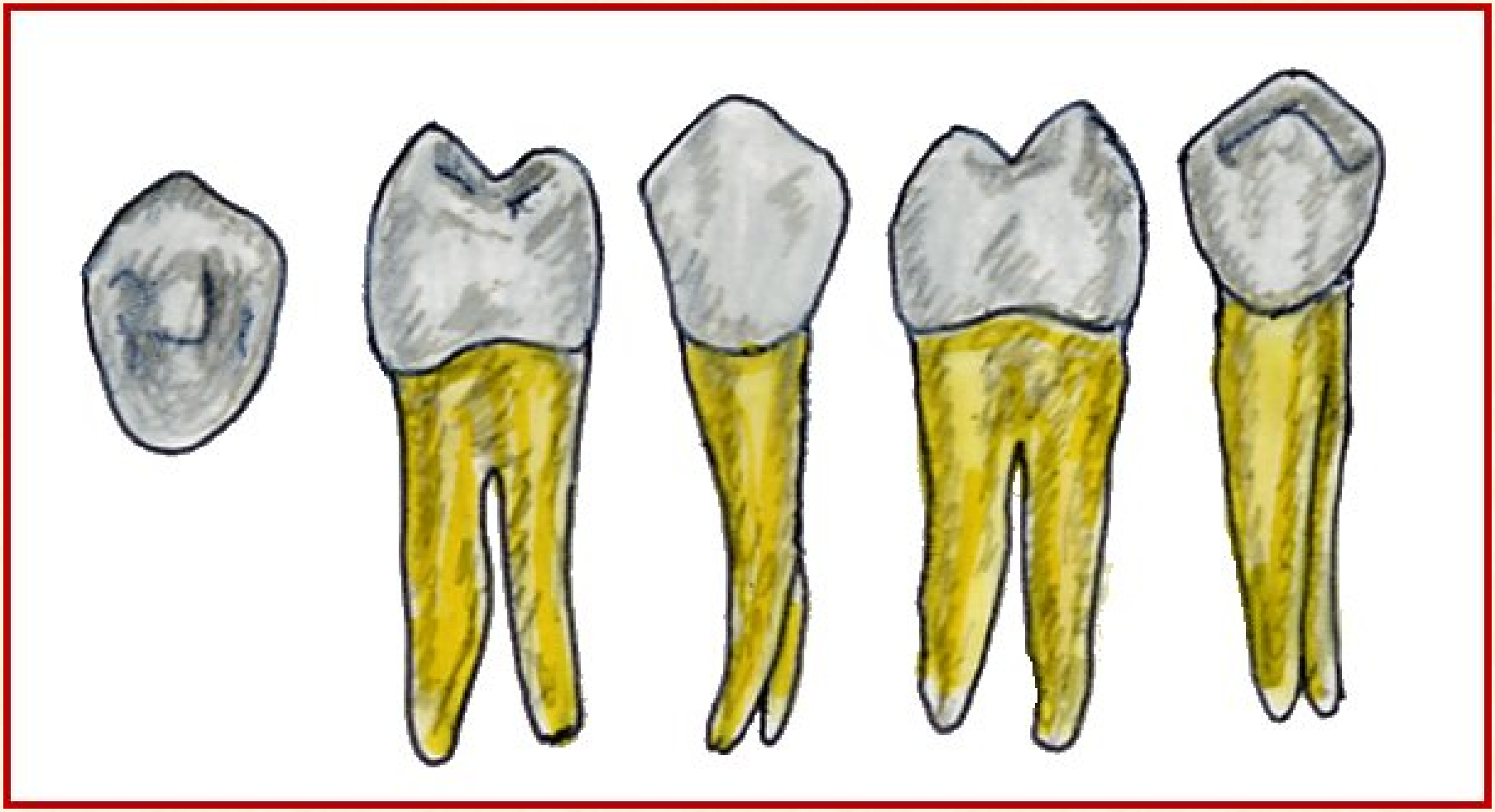
Incisivo centrale inferiore



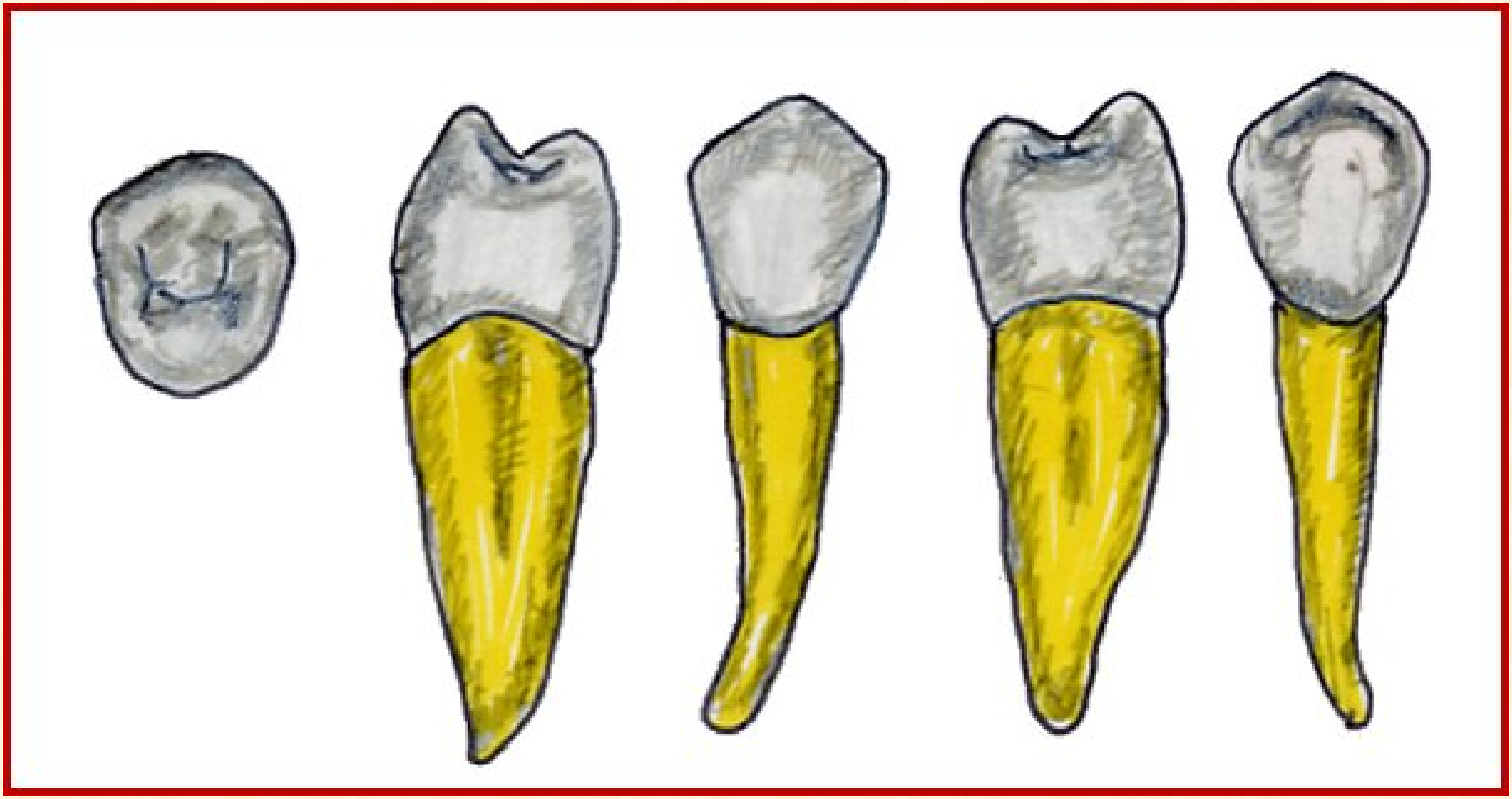
Incisivo laterale inferiore



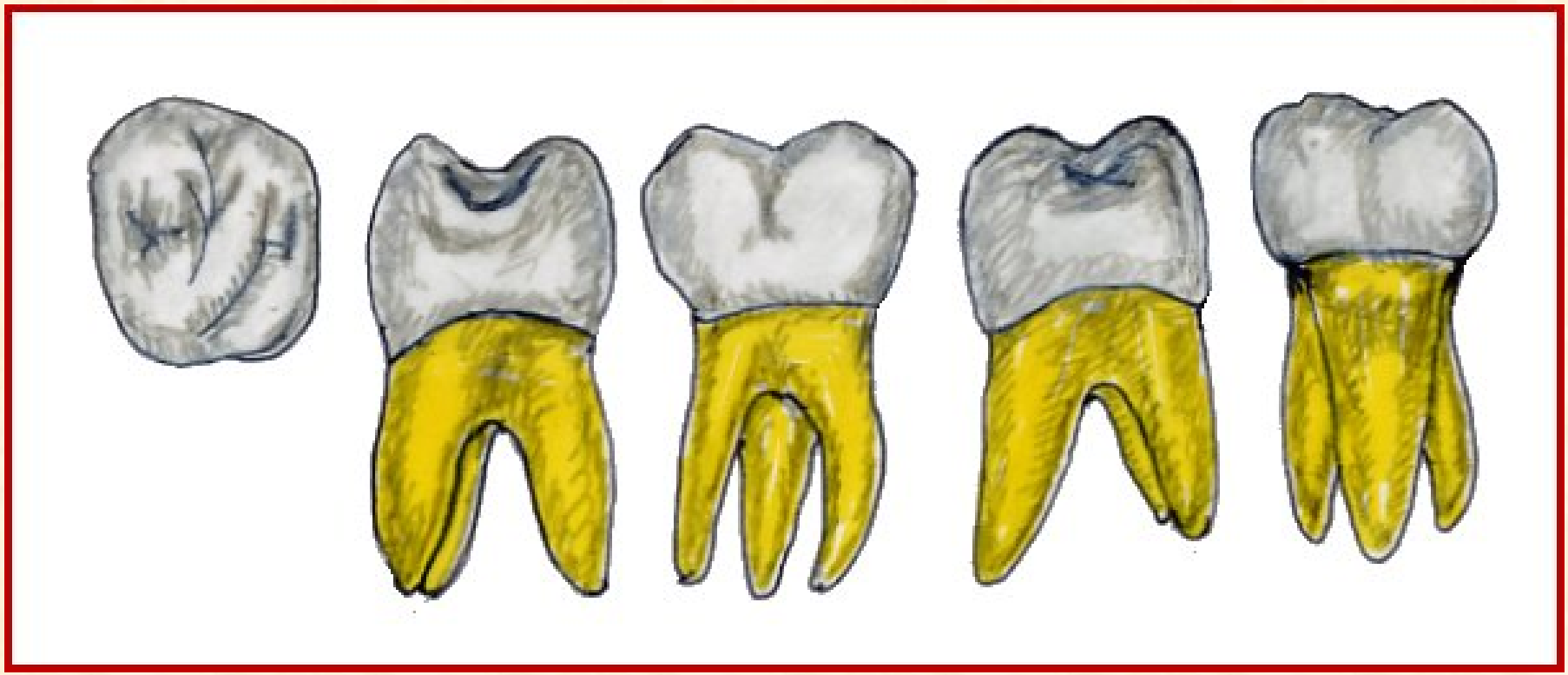
Canino inferiore



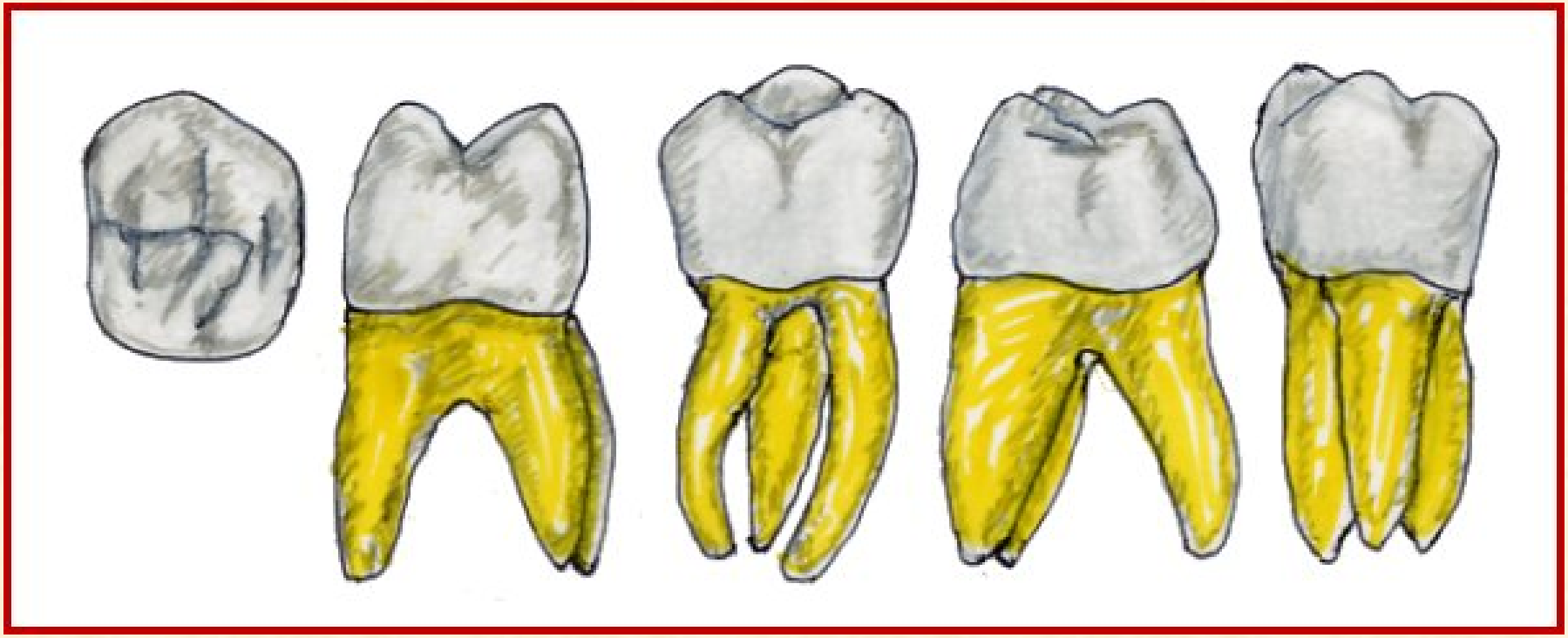
Primo premolare superiore



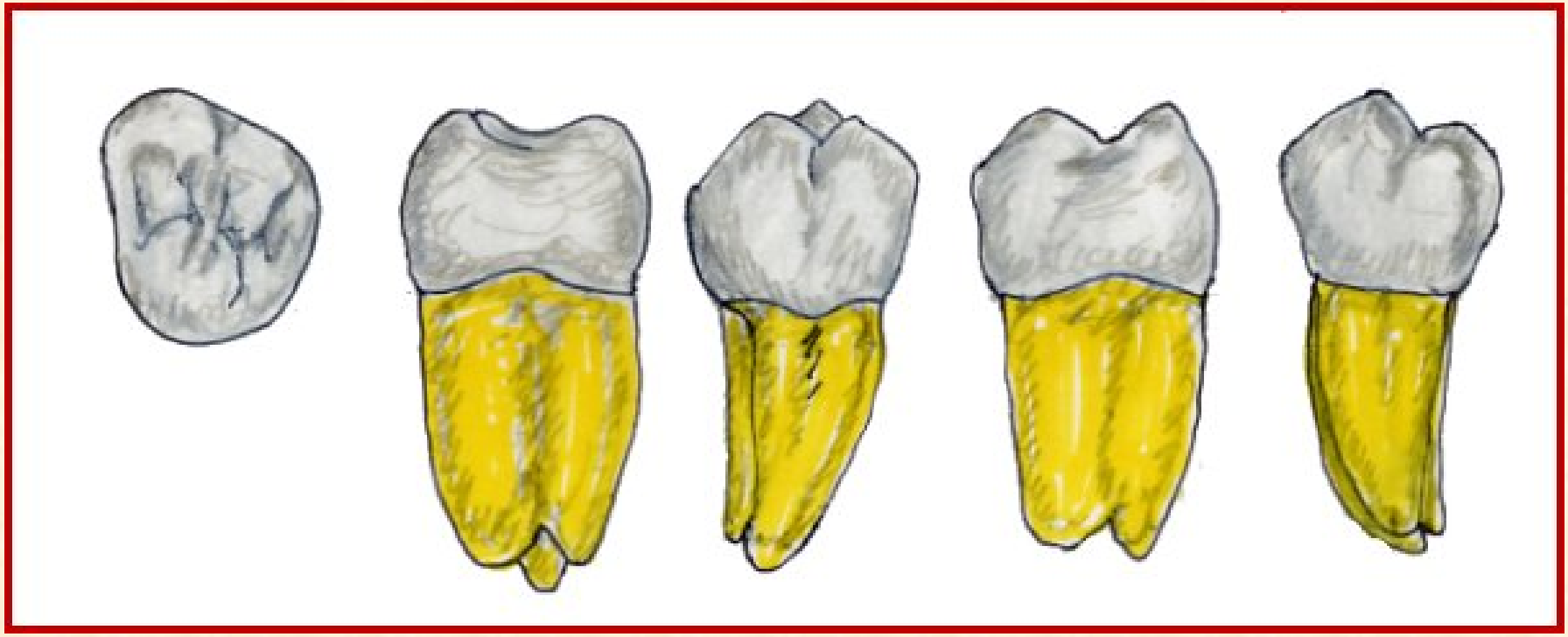
Secondo premolare superiore



Primo molare superiore-



Secondo molare superiore



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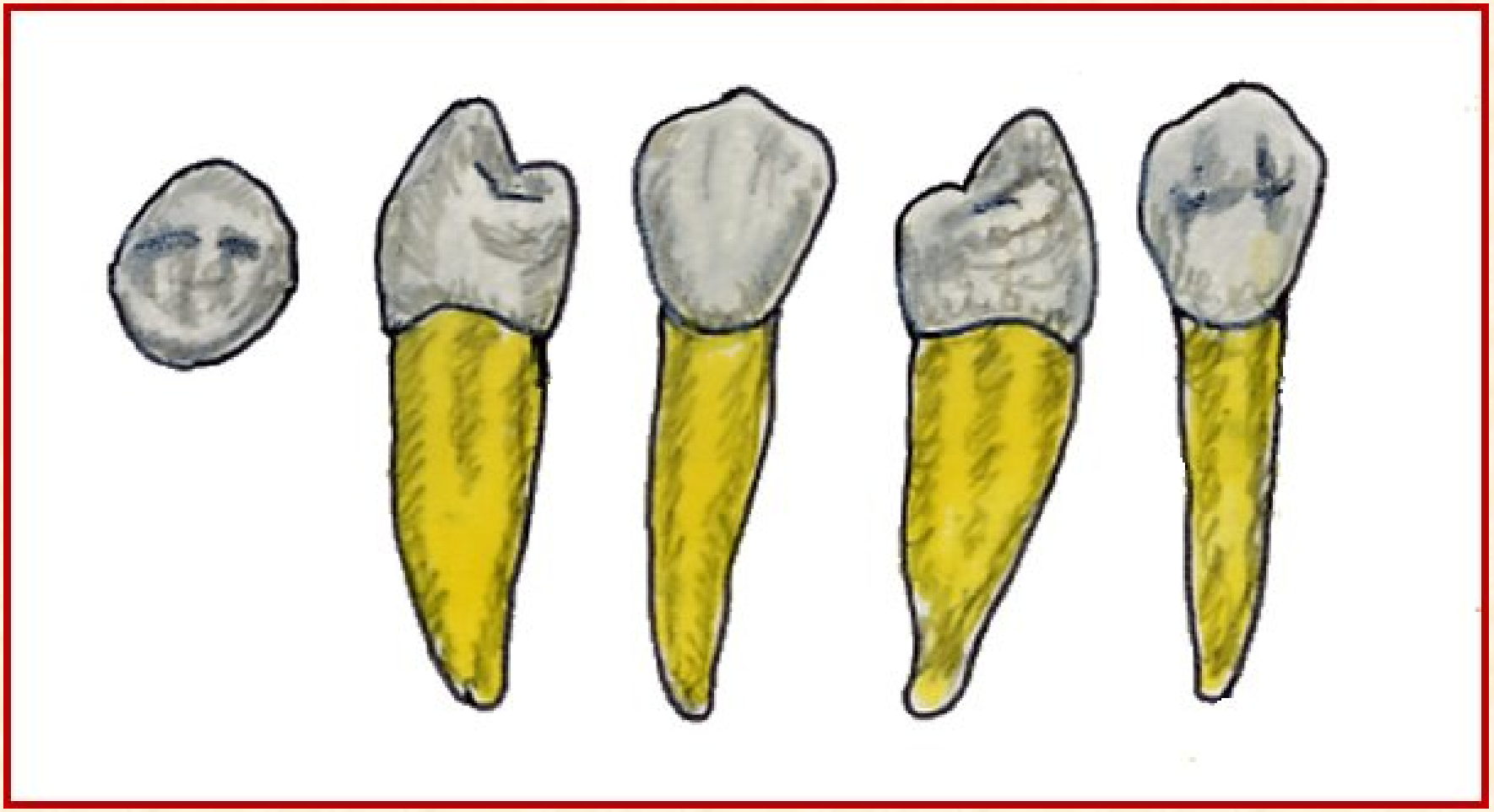

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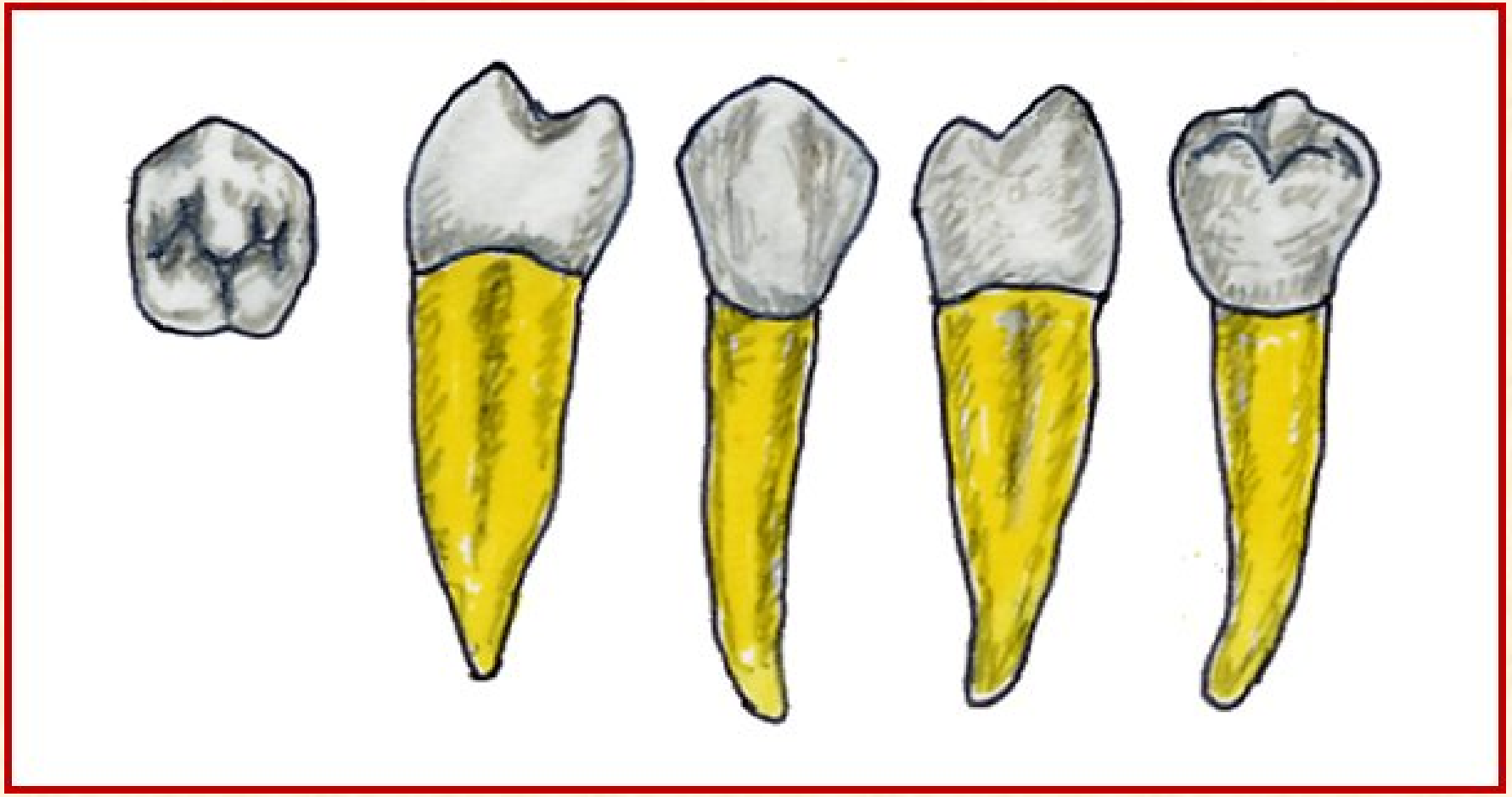

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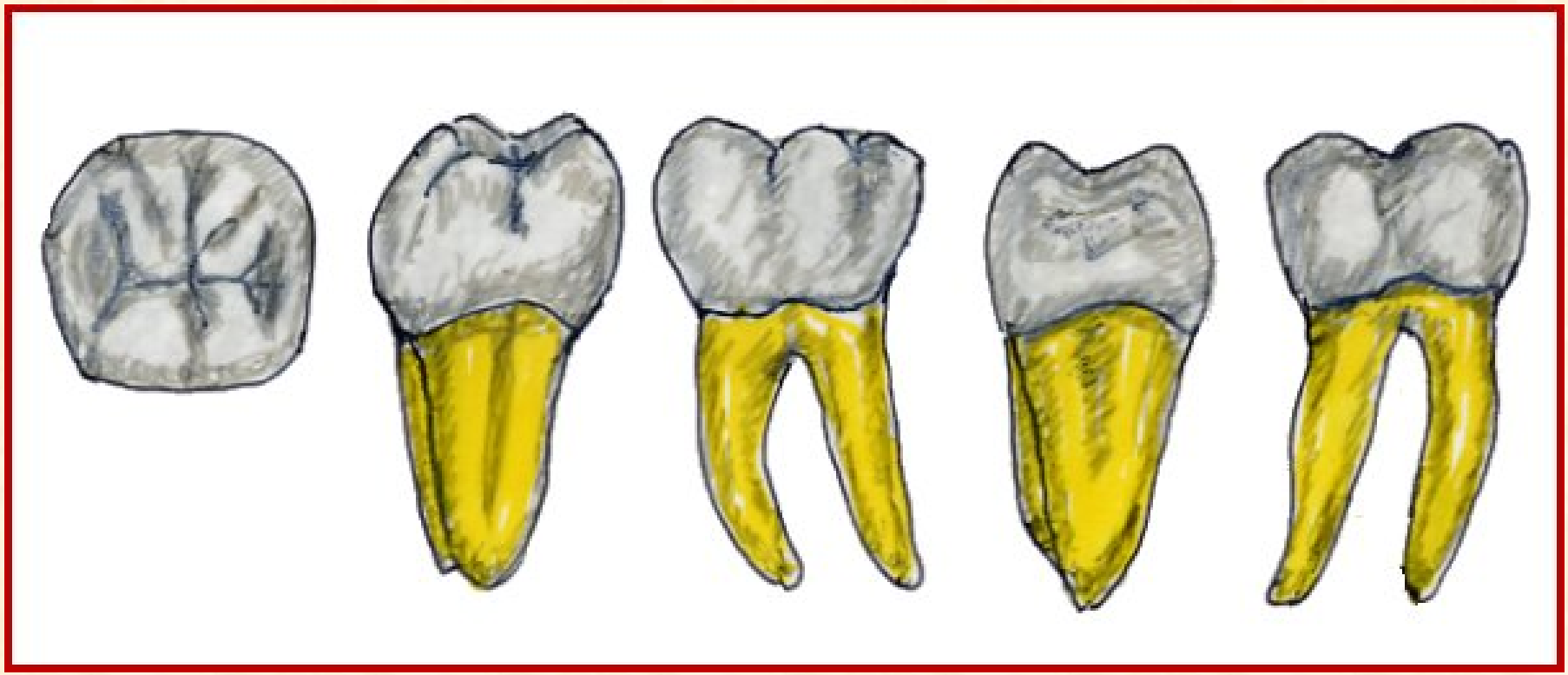

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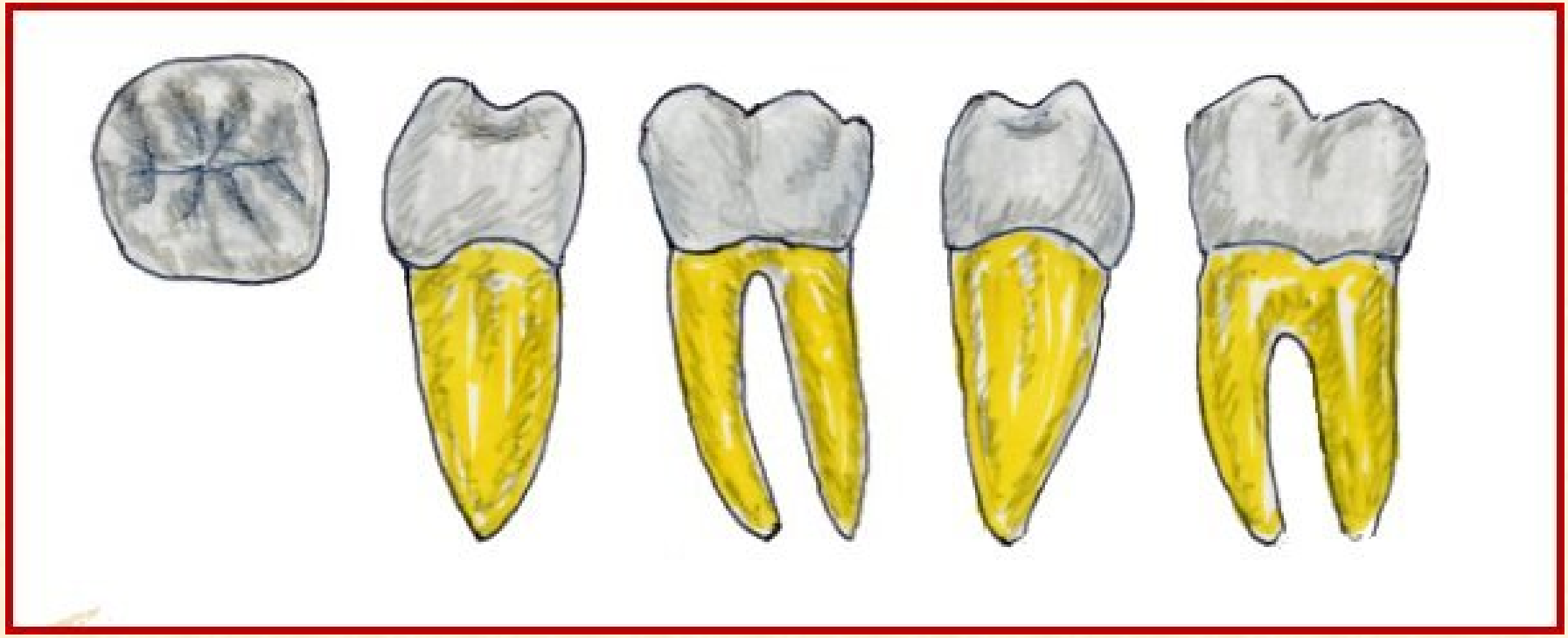

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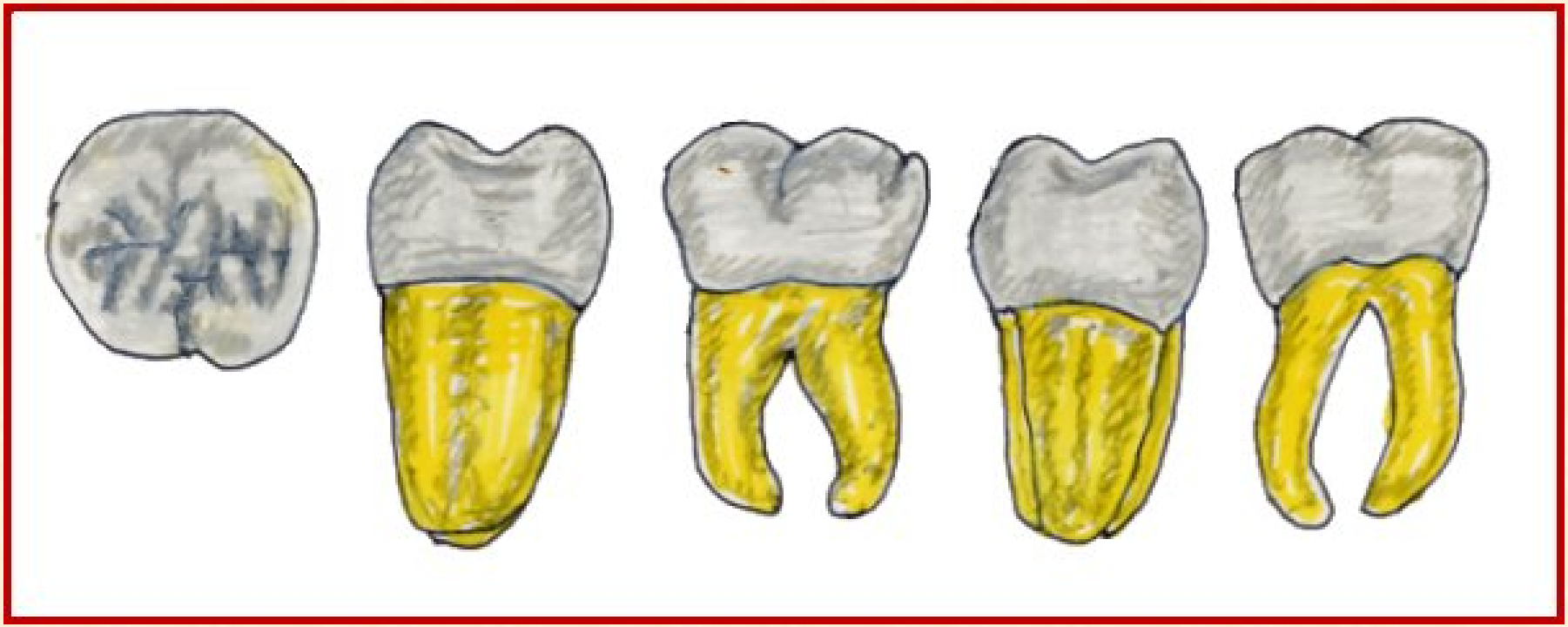

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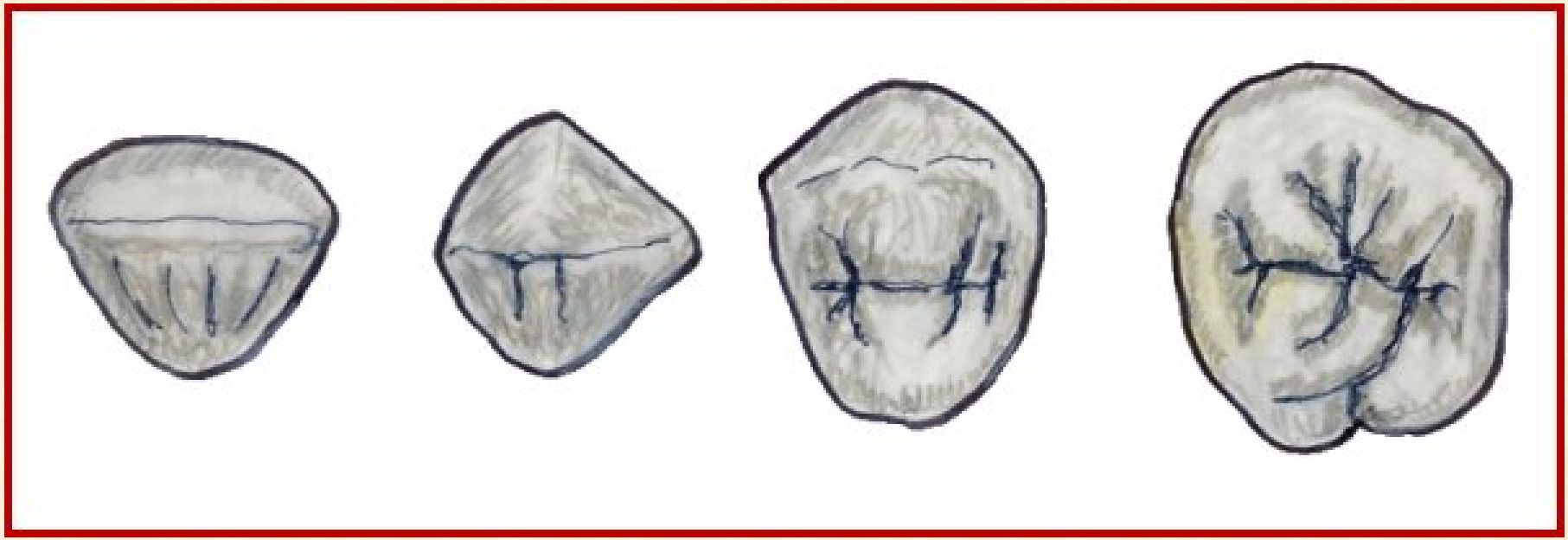
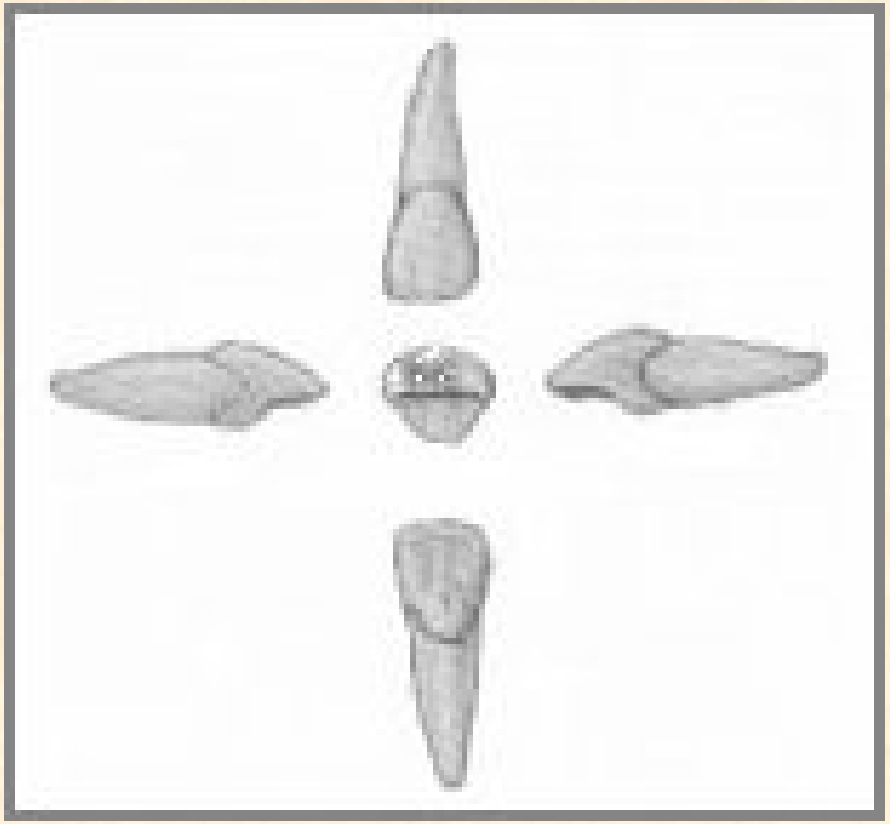
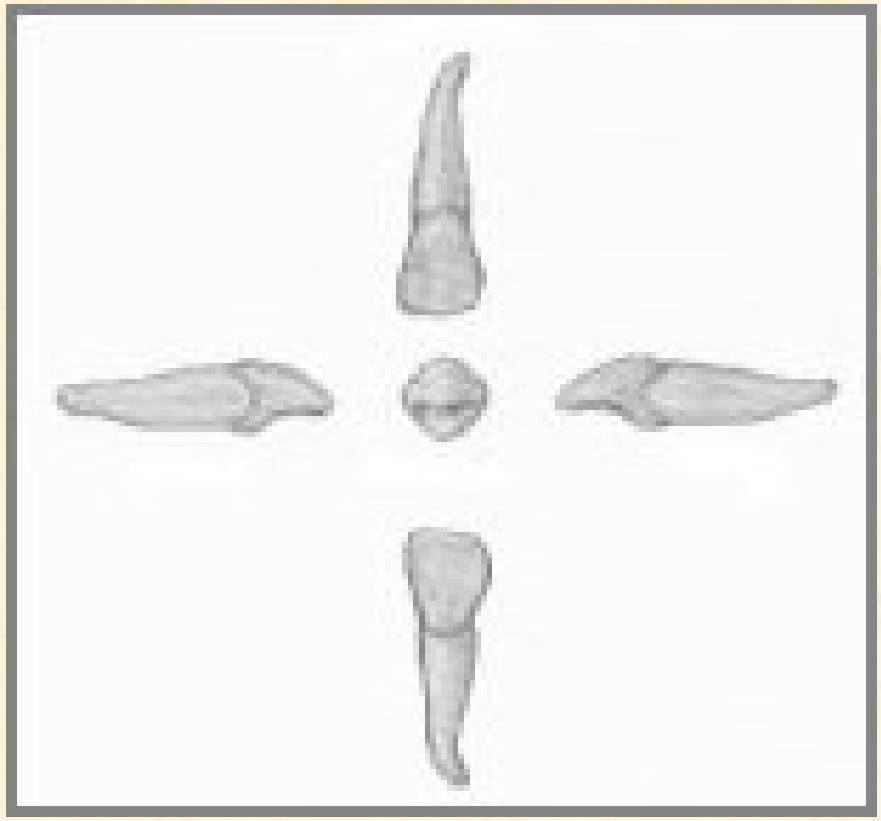


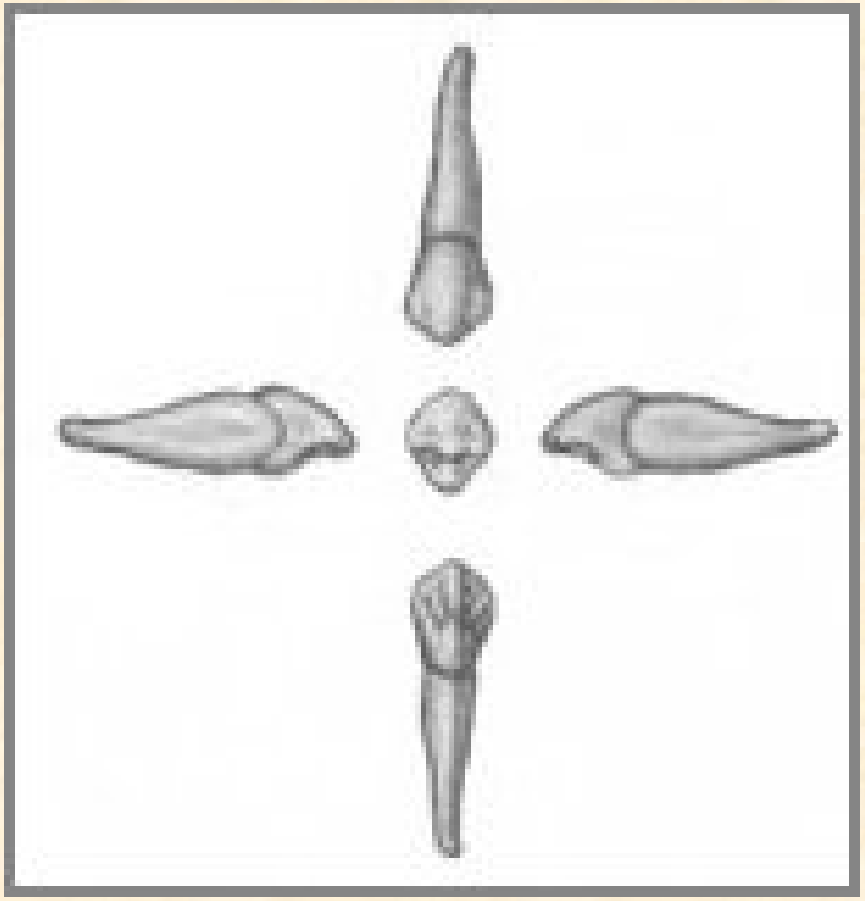
Forma degli incisivi, canini, premolari e molari.



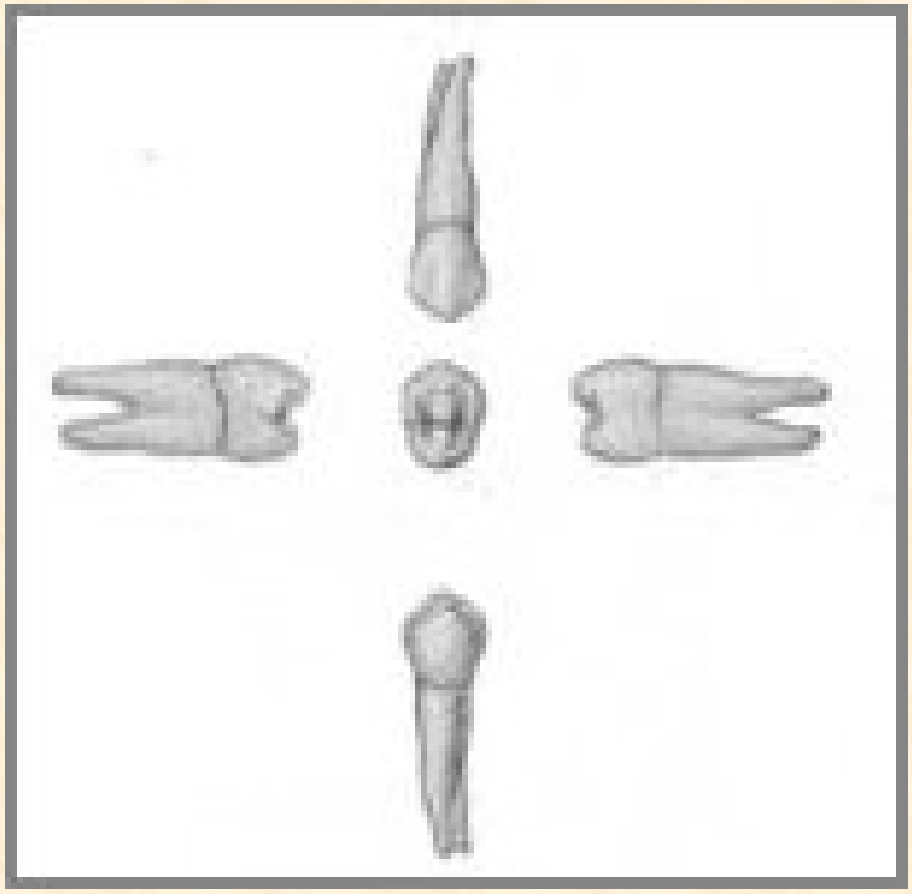
Incisivo centrale superiore



Incisivo laterale superiore



Canino superiore



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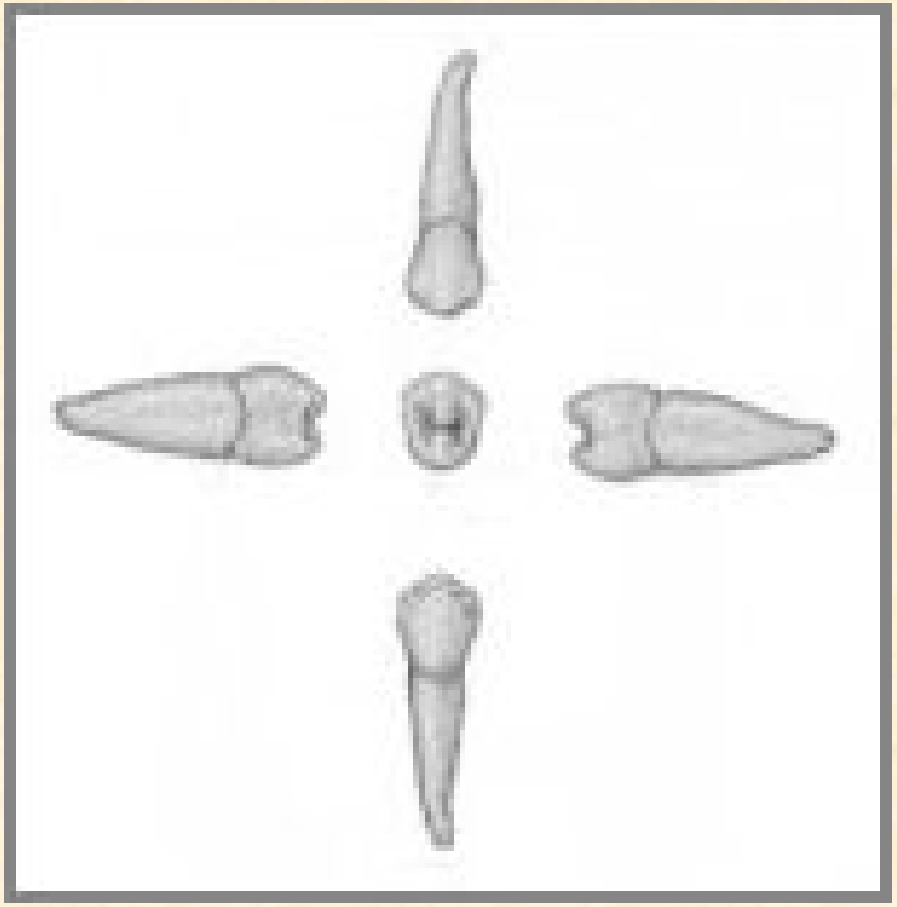

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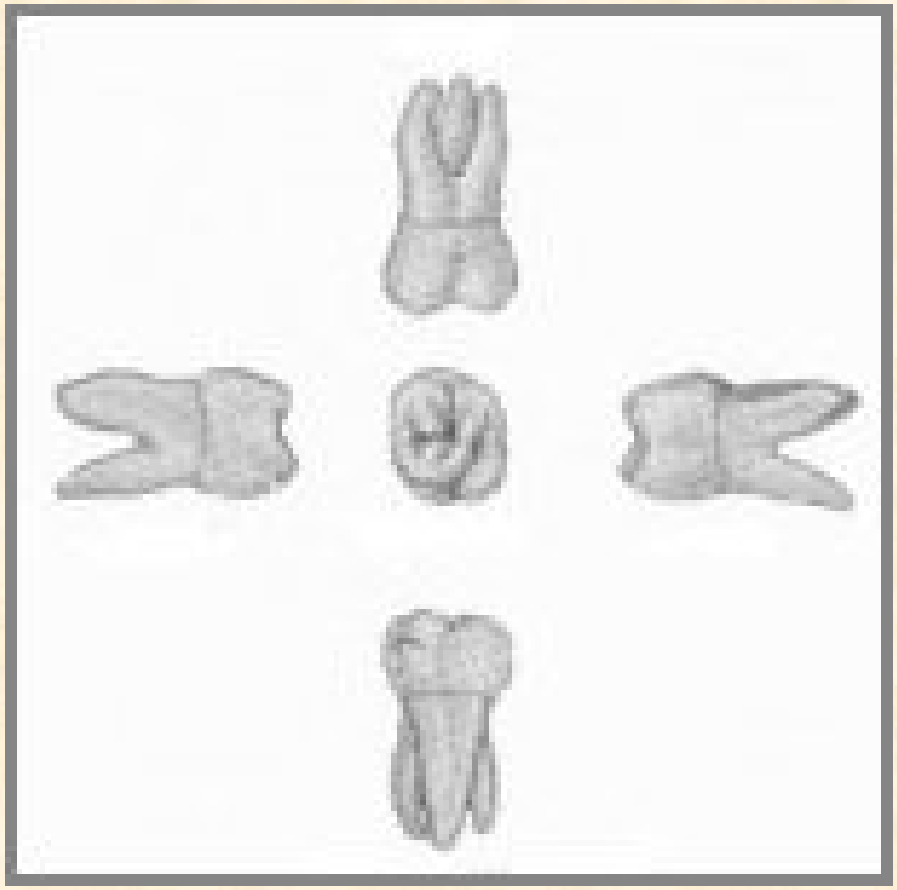

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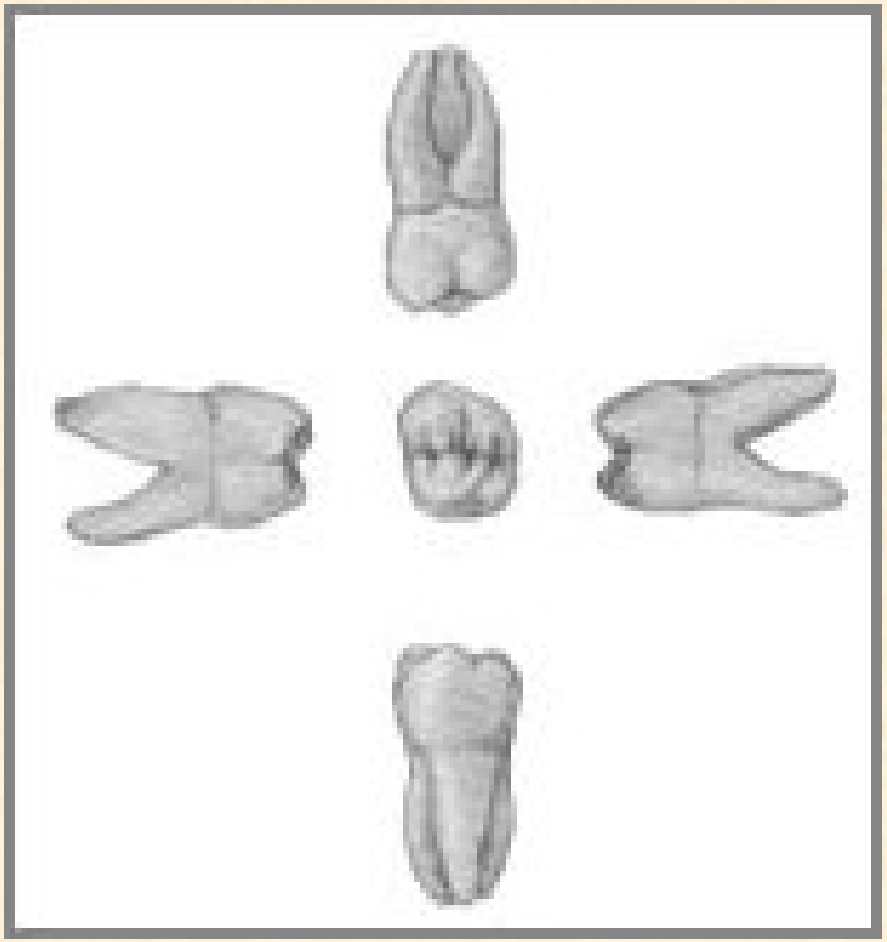

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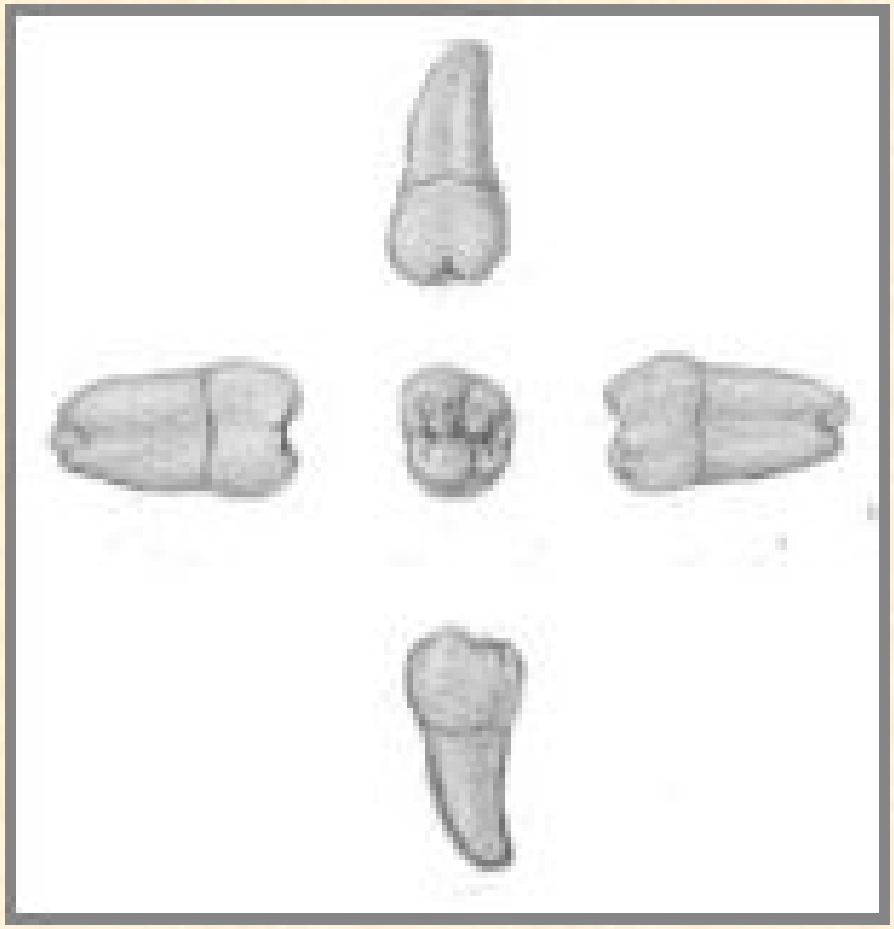
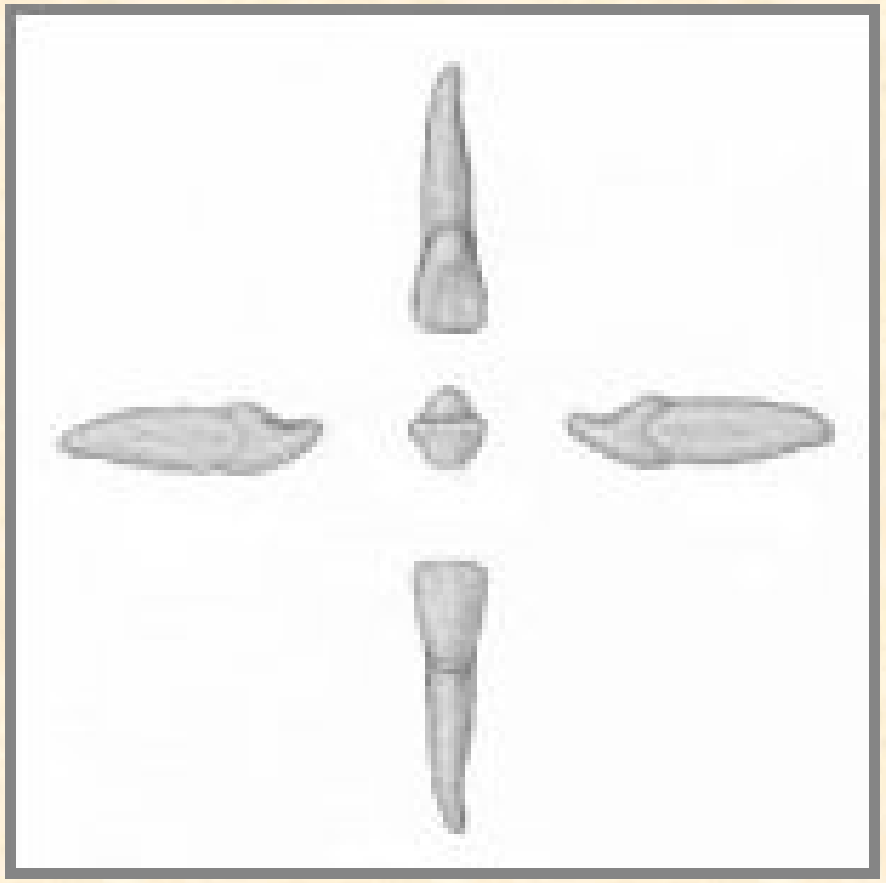
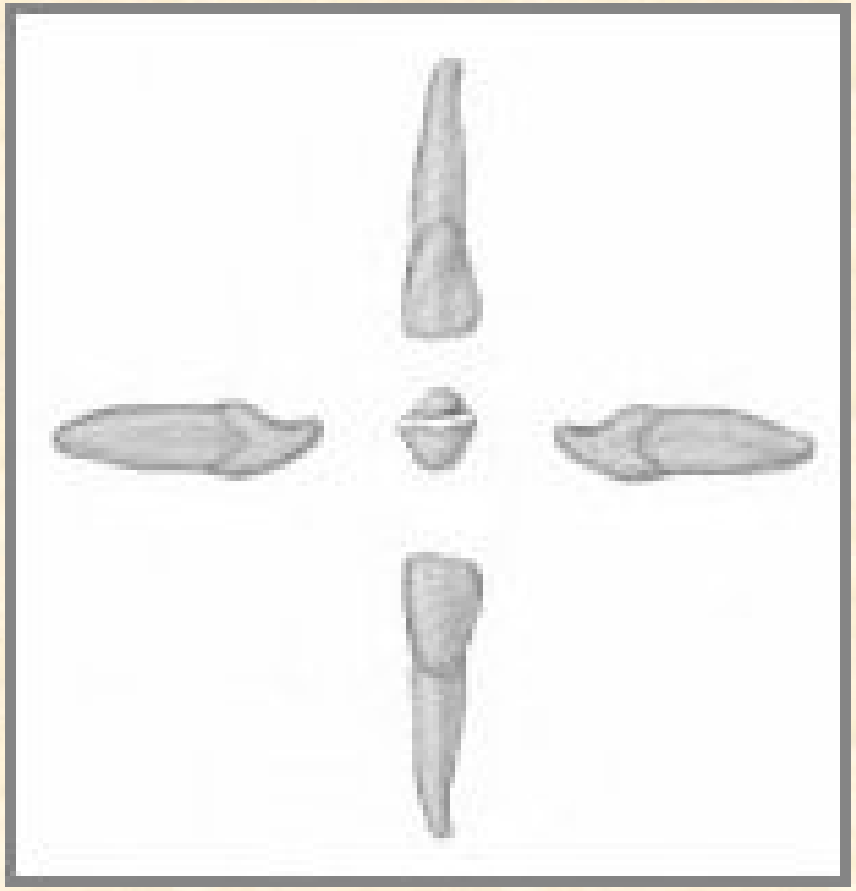


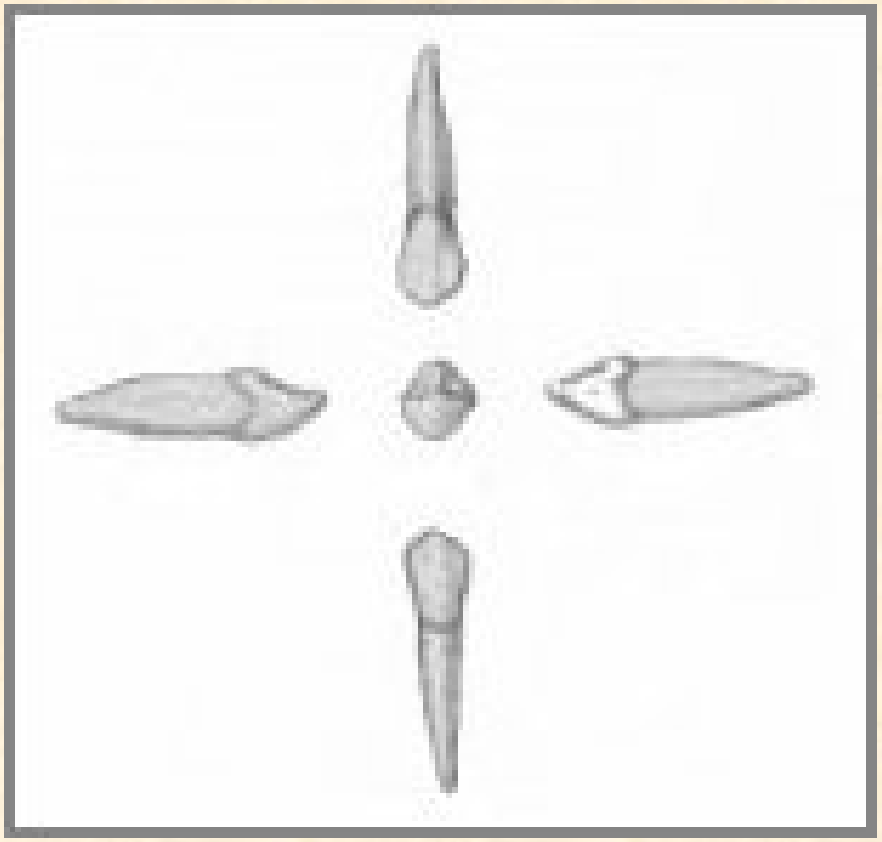
Terzo molare superiore



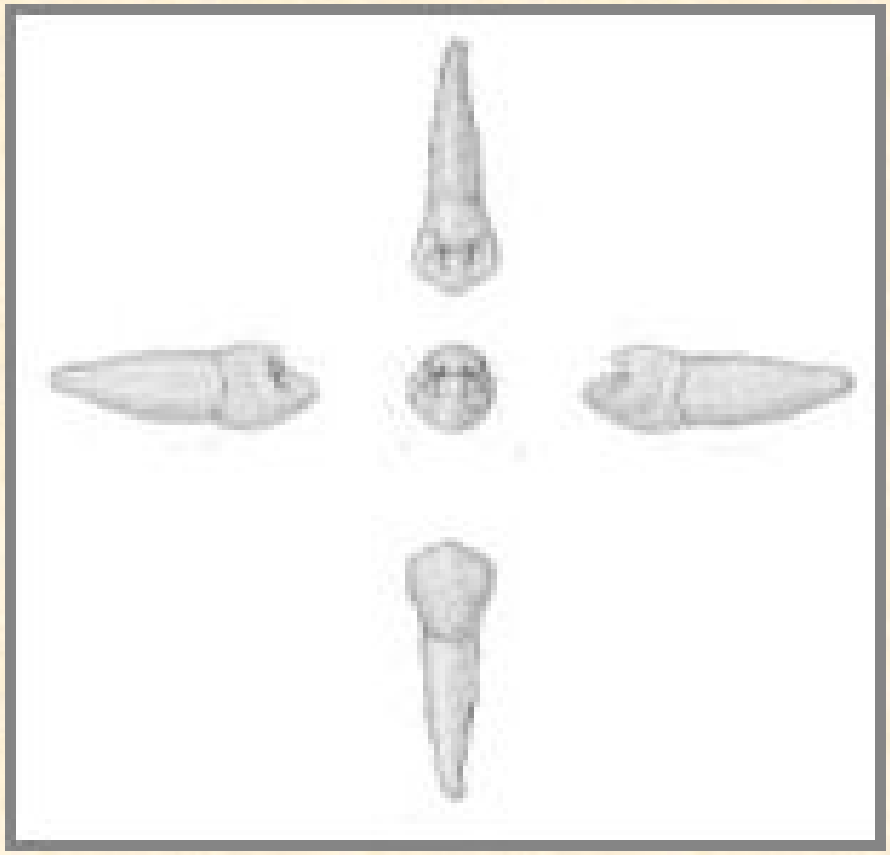
Incisivo centrale inferiore



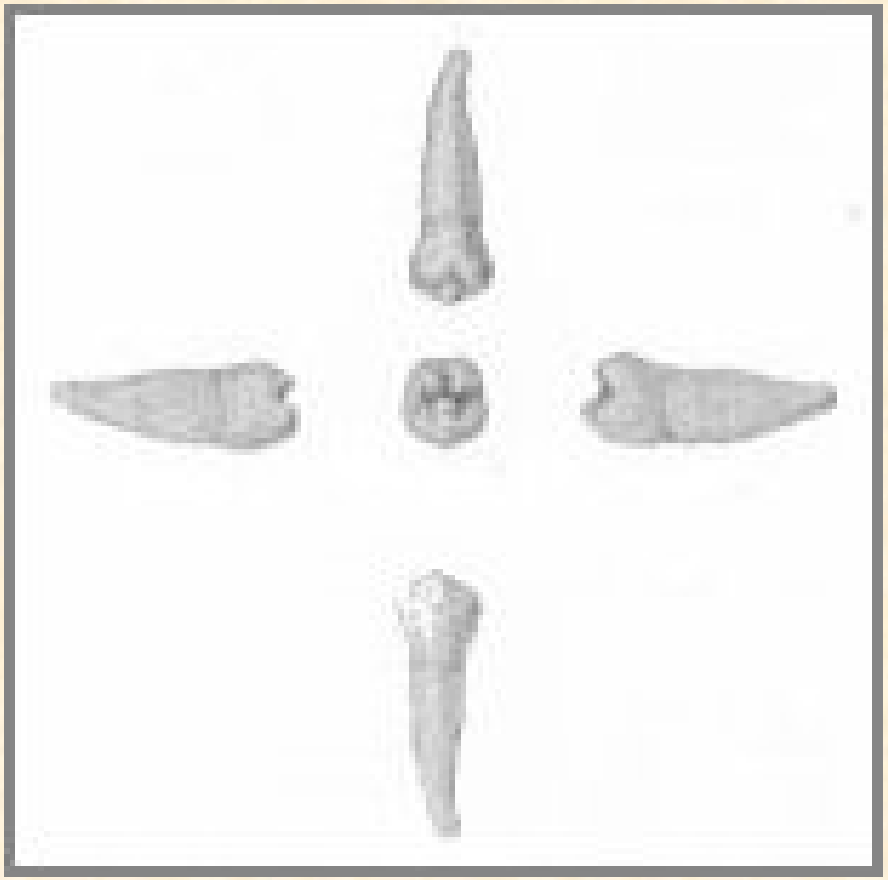
Incisivo laterale inferiore



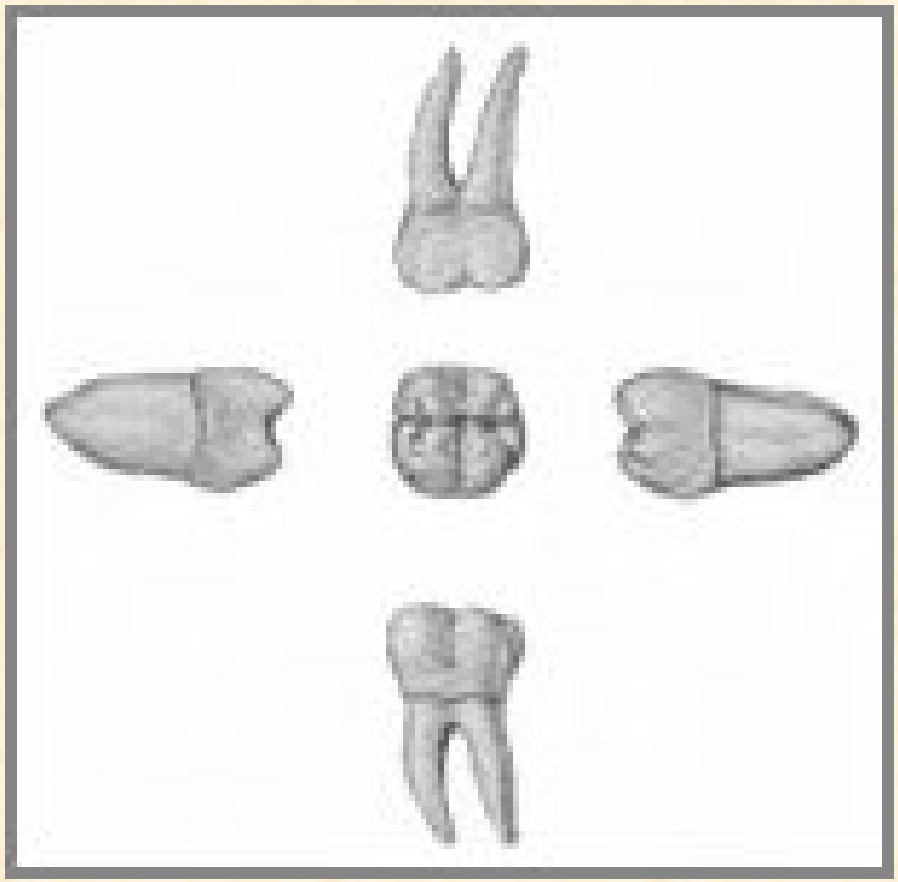
Canino inferiore



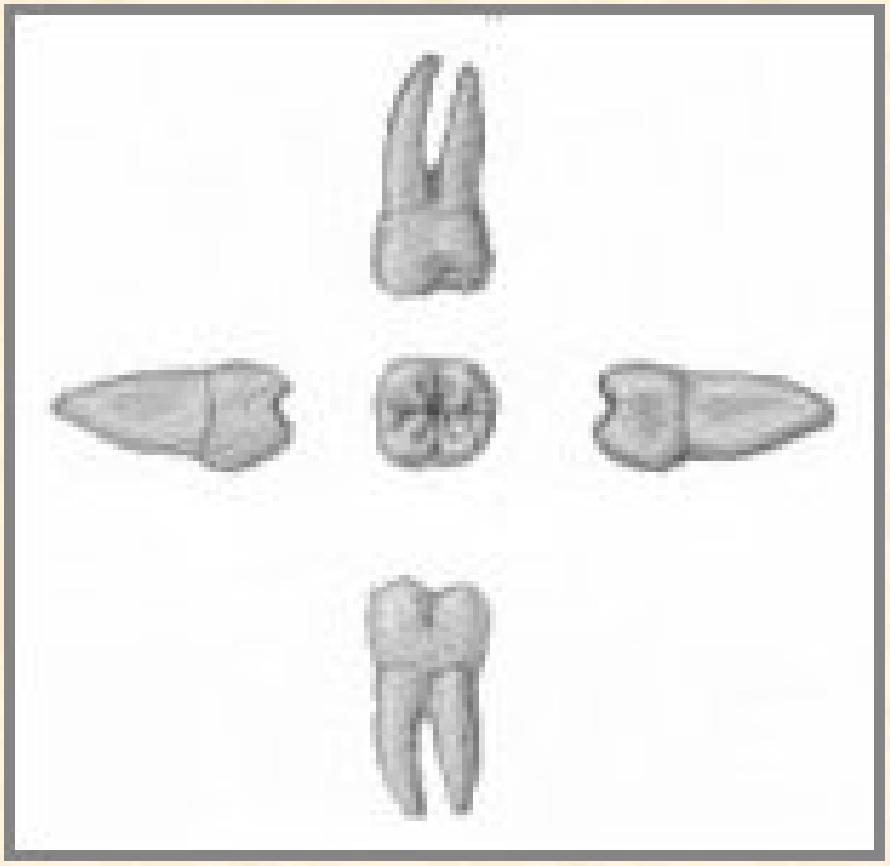
Primo premolare inferiore



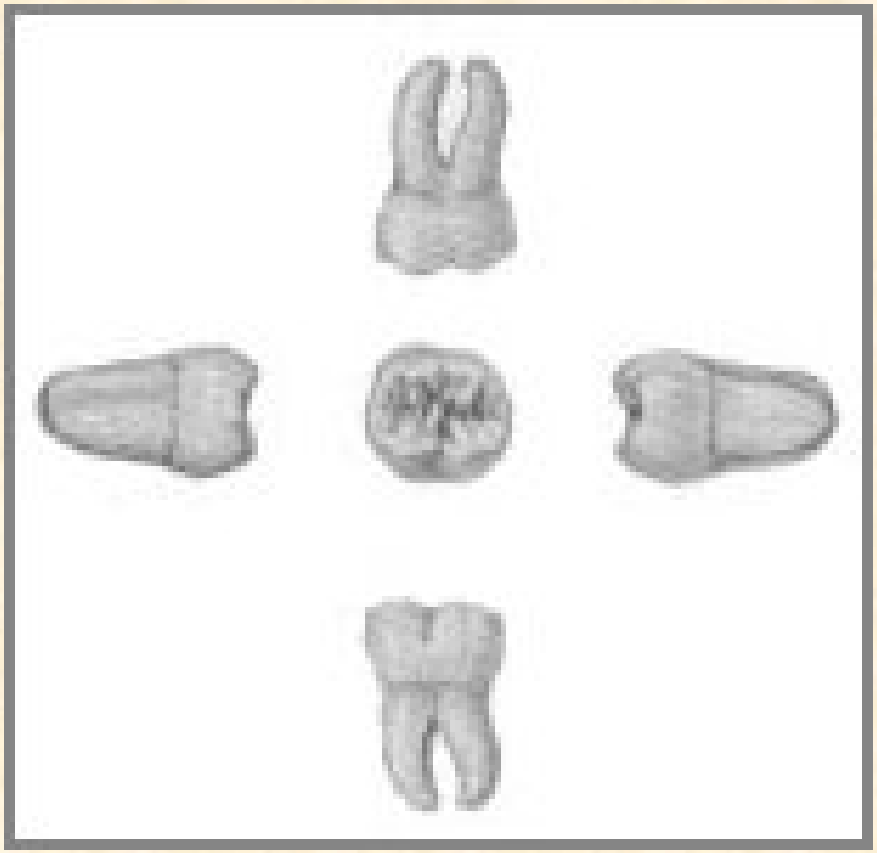
Secondo premolare inferiore



Primo molare inferiore-

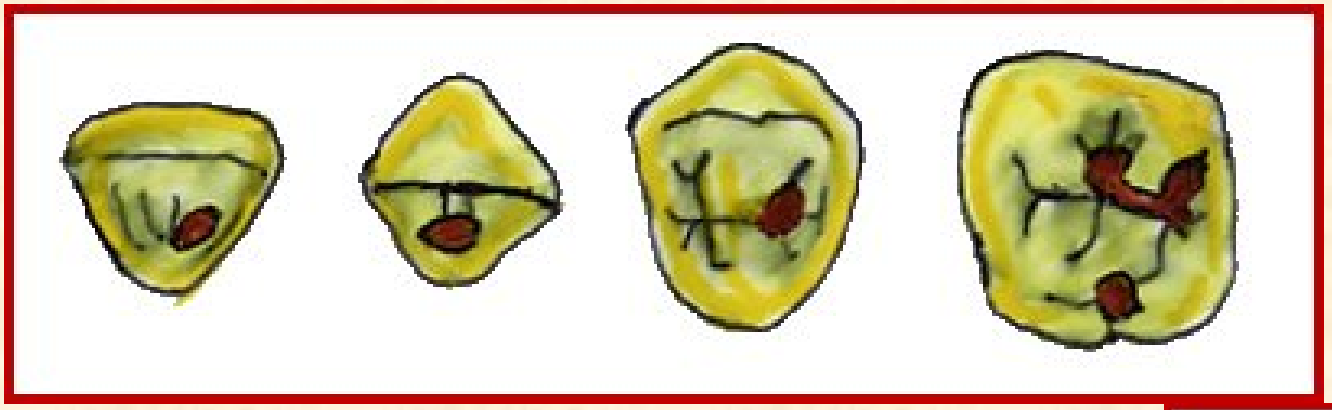


Secondo molare inferiore

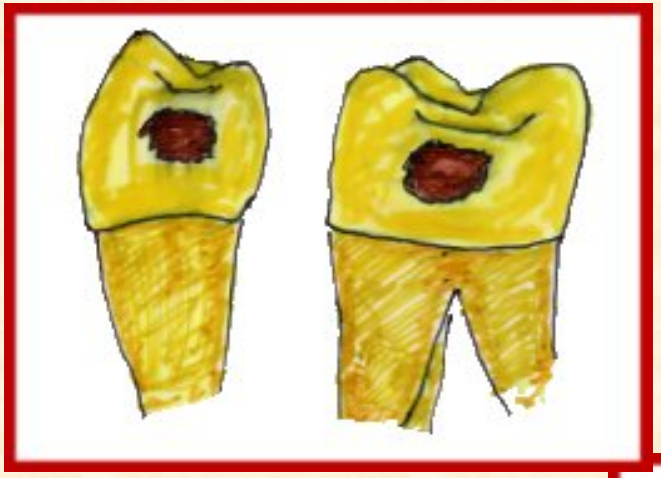


Terzo molare inferiore

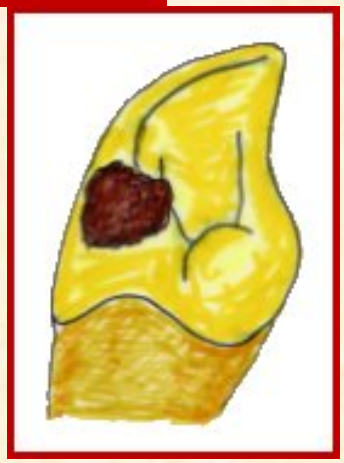
LE CARIE



Carie di prima classe



Carie di seconda classe.

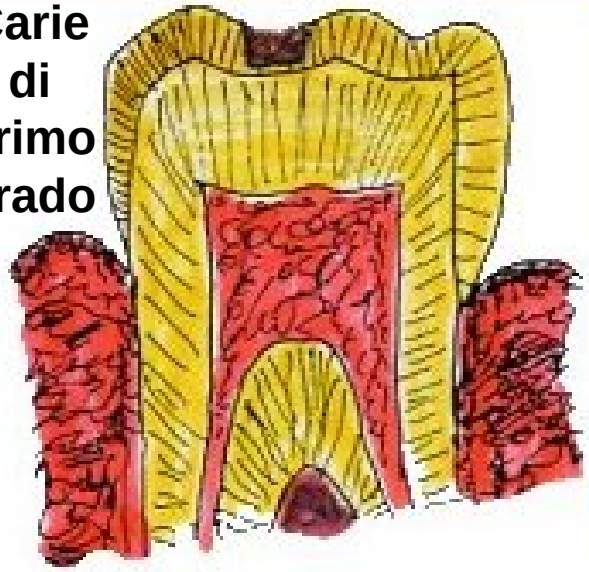


Carie di terza classe

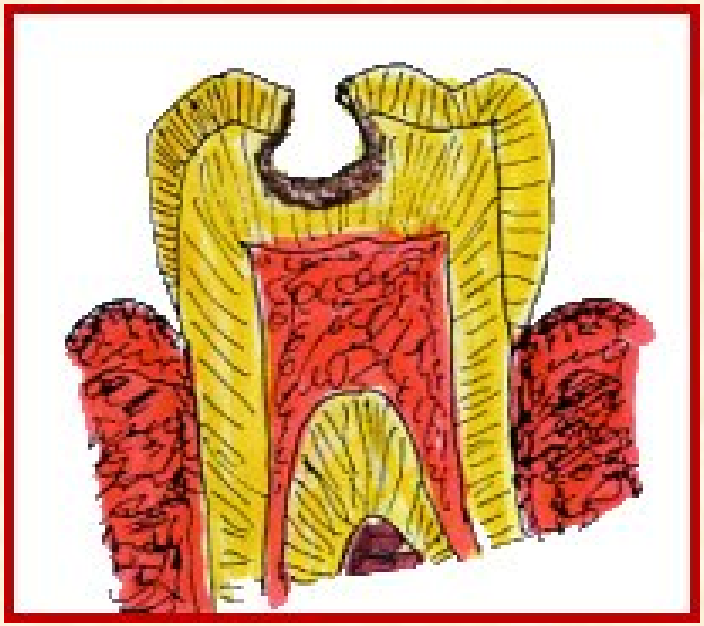
Carie di quarta classe

Carie di quinta classe

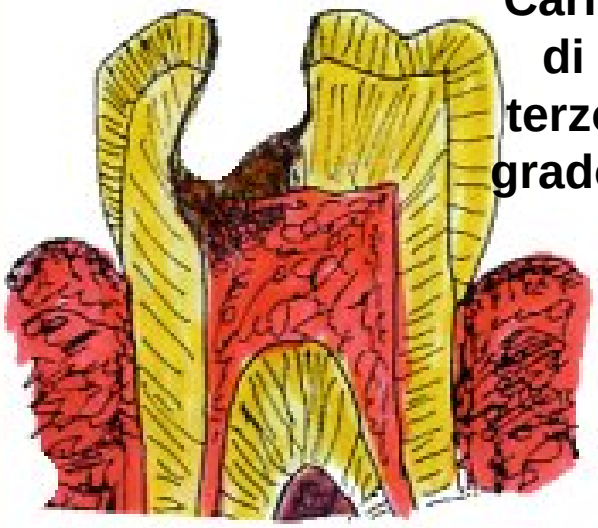
Carie di primo grado



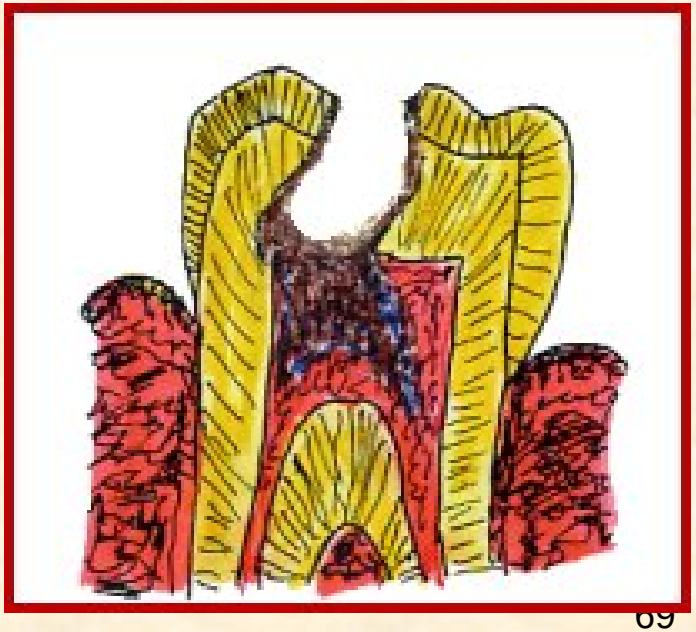
Carie di secondo grado

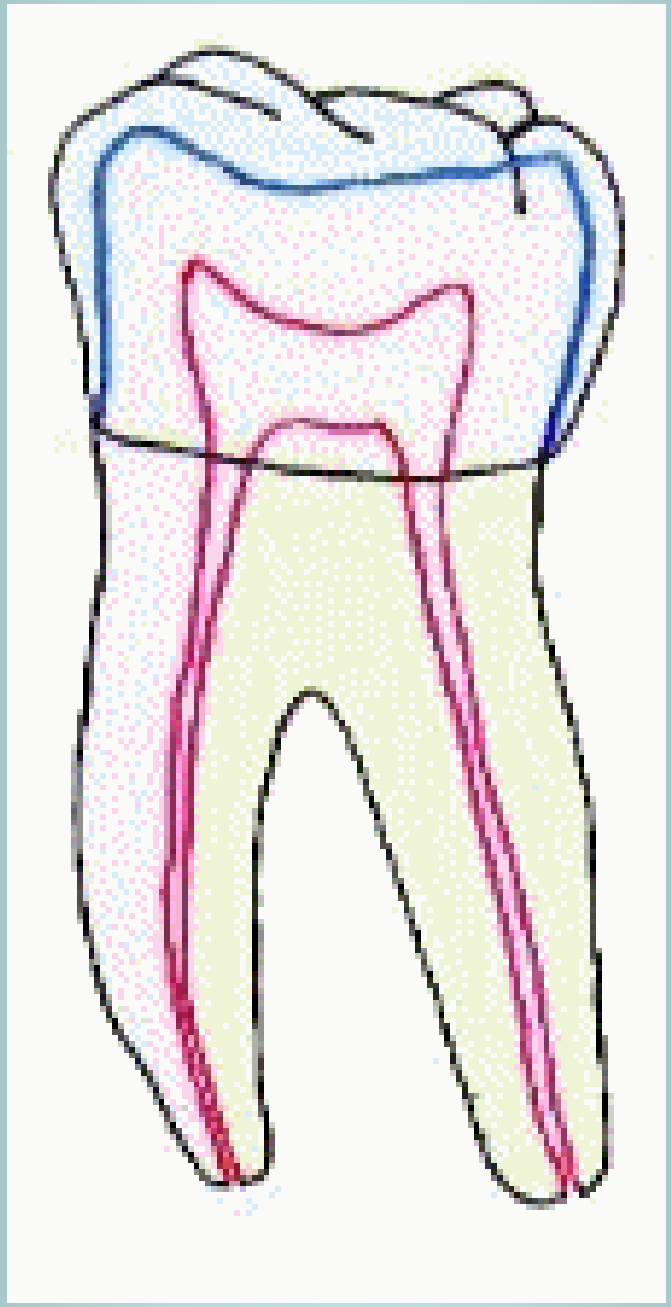


Carie di terzo grado.



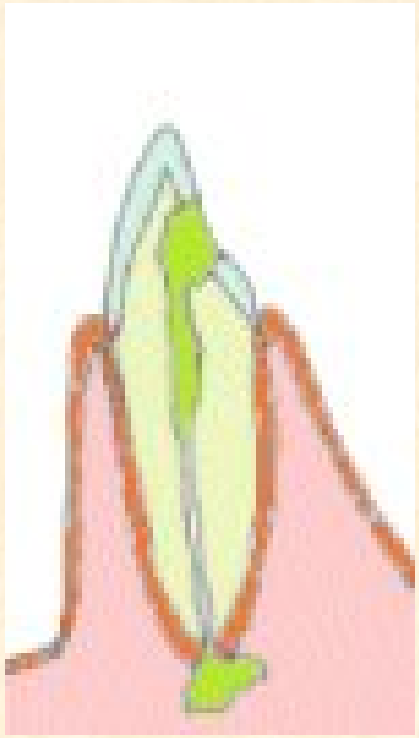
Carie di quarto grado



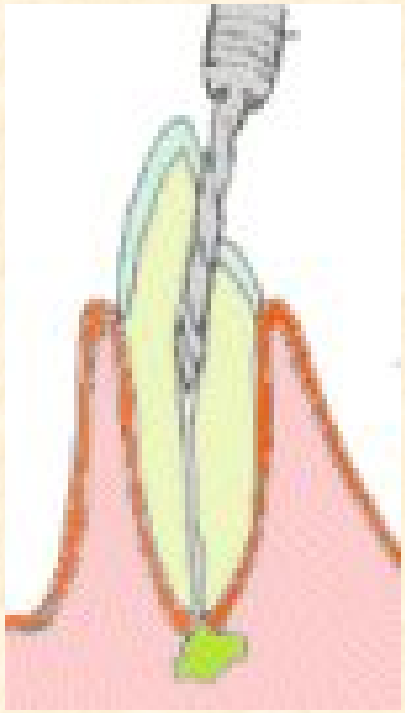


ANIMAZIONE
Il progredire della carie

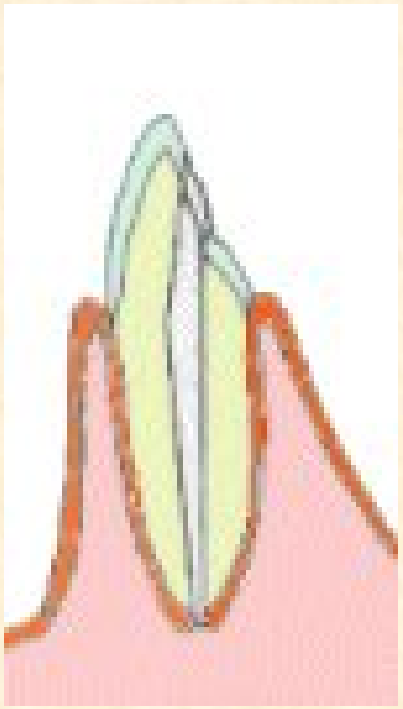
!



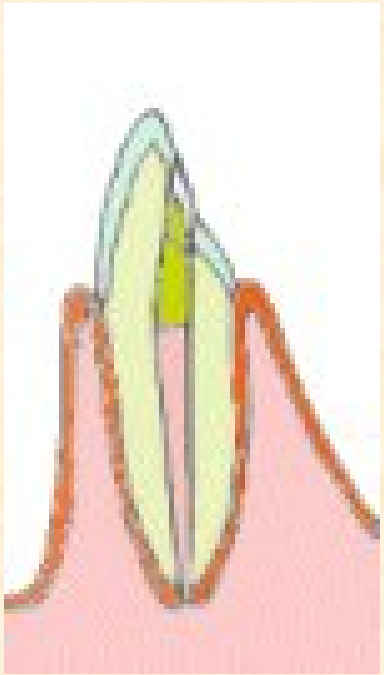
Infezione apicale



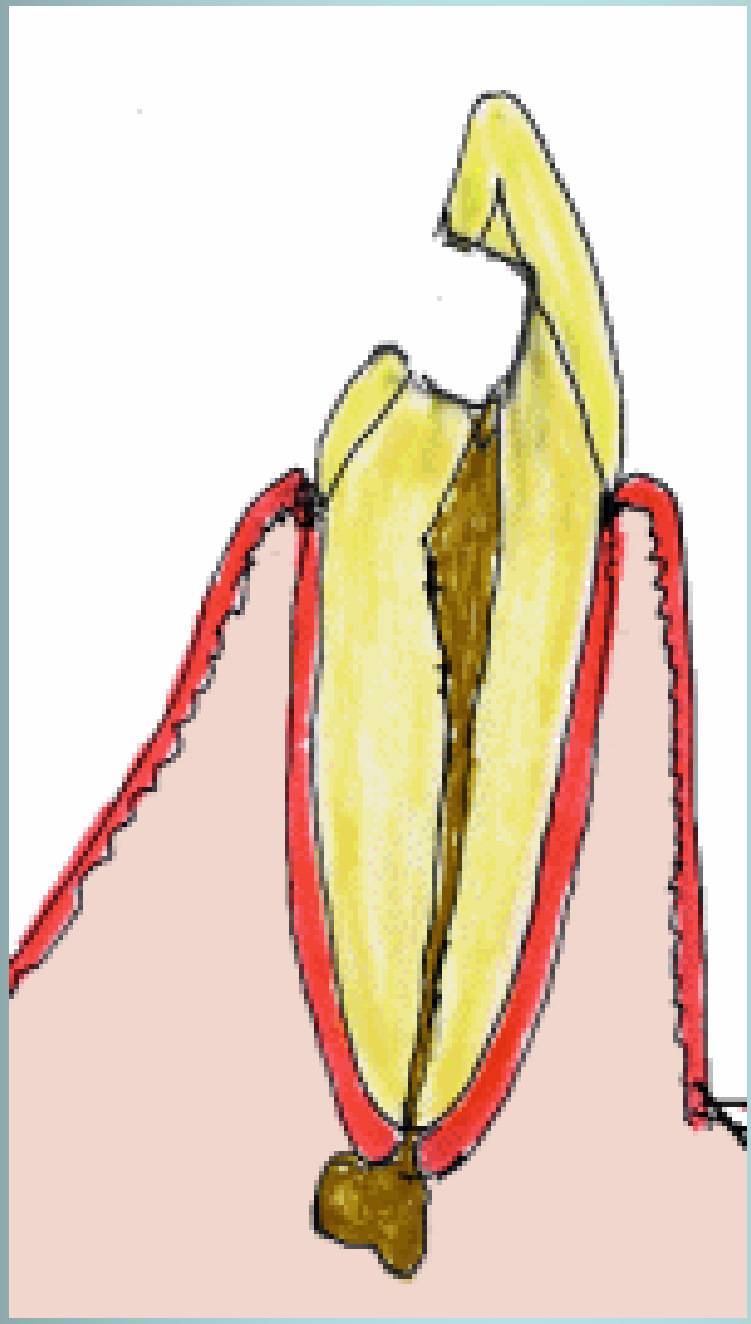
Apertura del canale



Canale alesato



Otturazione del canale



ANIMAZIONE

Carie di quarto grado. Cura

!

Fessure dentali varie forme

Elettrochirurgia

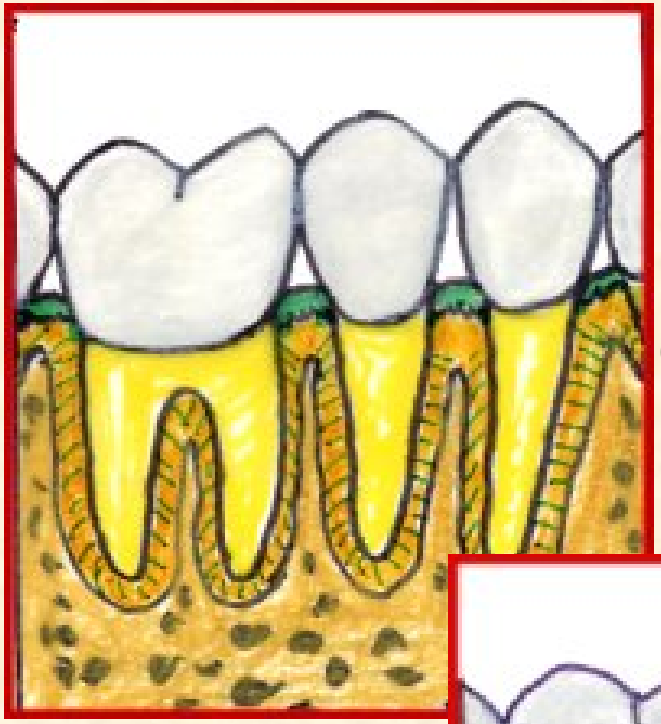
Incisione.

Asportazione di tessuto

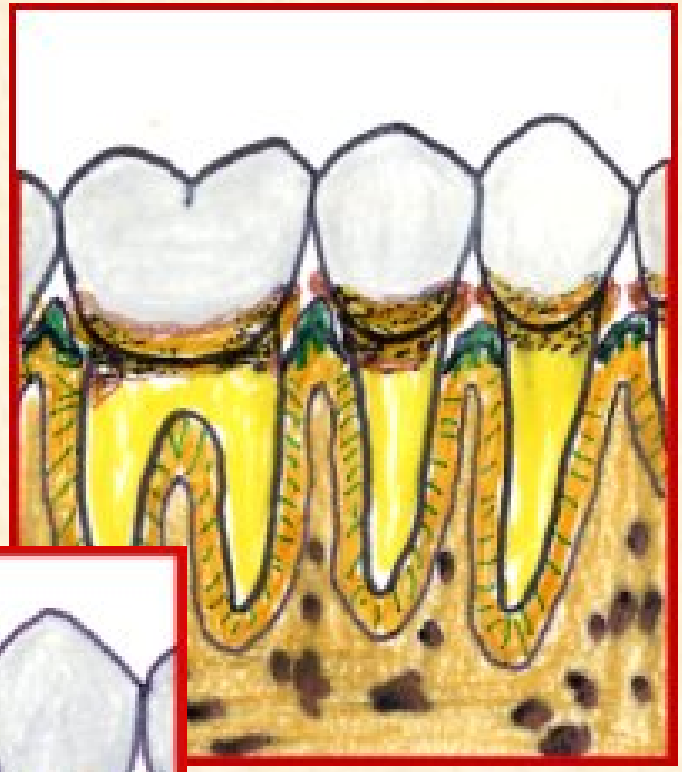
Asportazione di papilla

Asportazione di tessuto

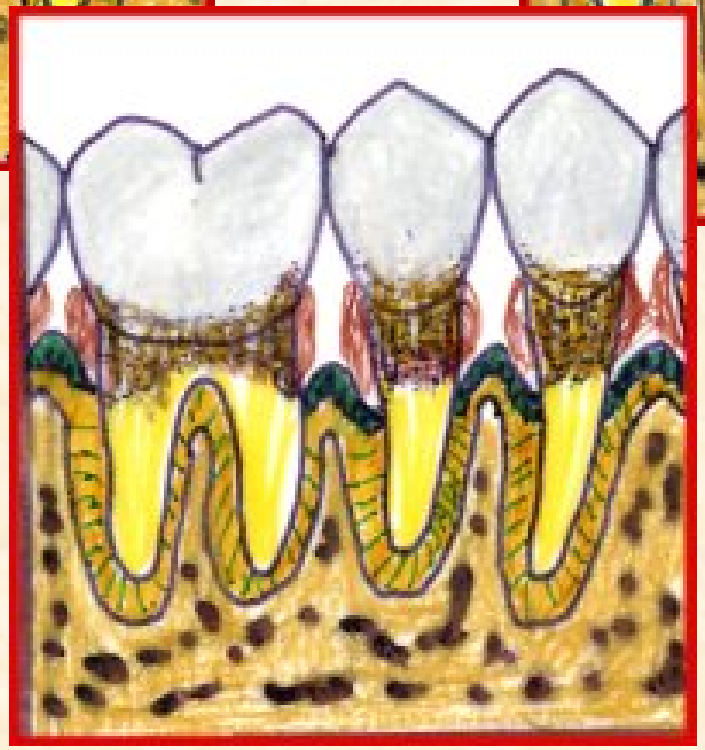
IGIENE ORALE



Gengiva sana

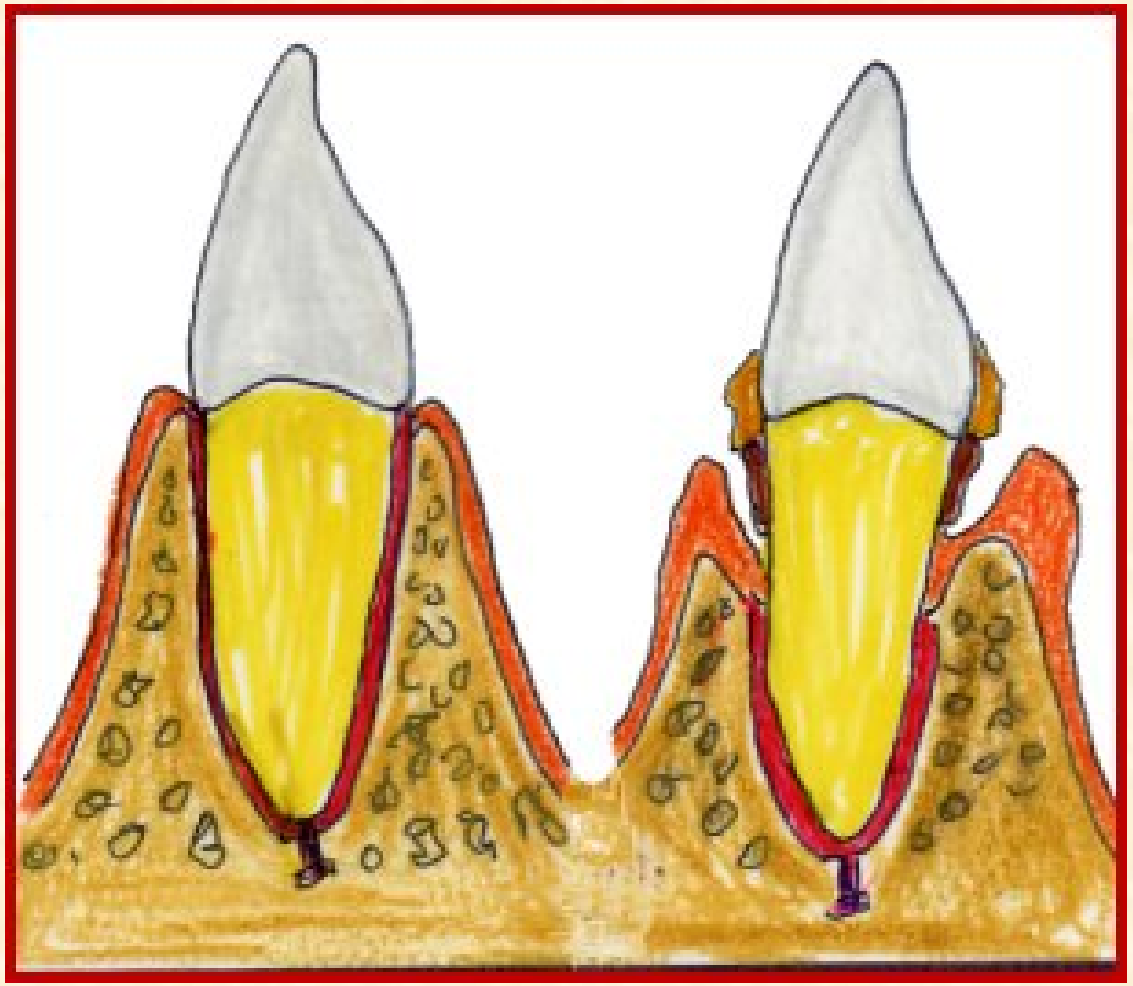


Gengiva retratta da formazioni di tartaro

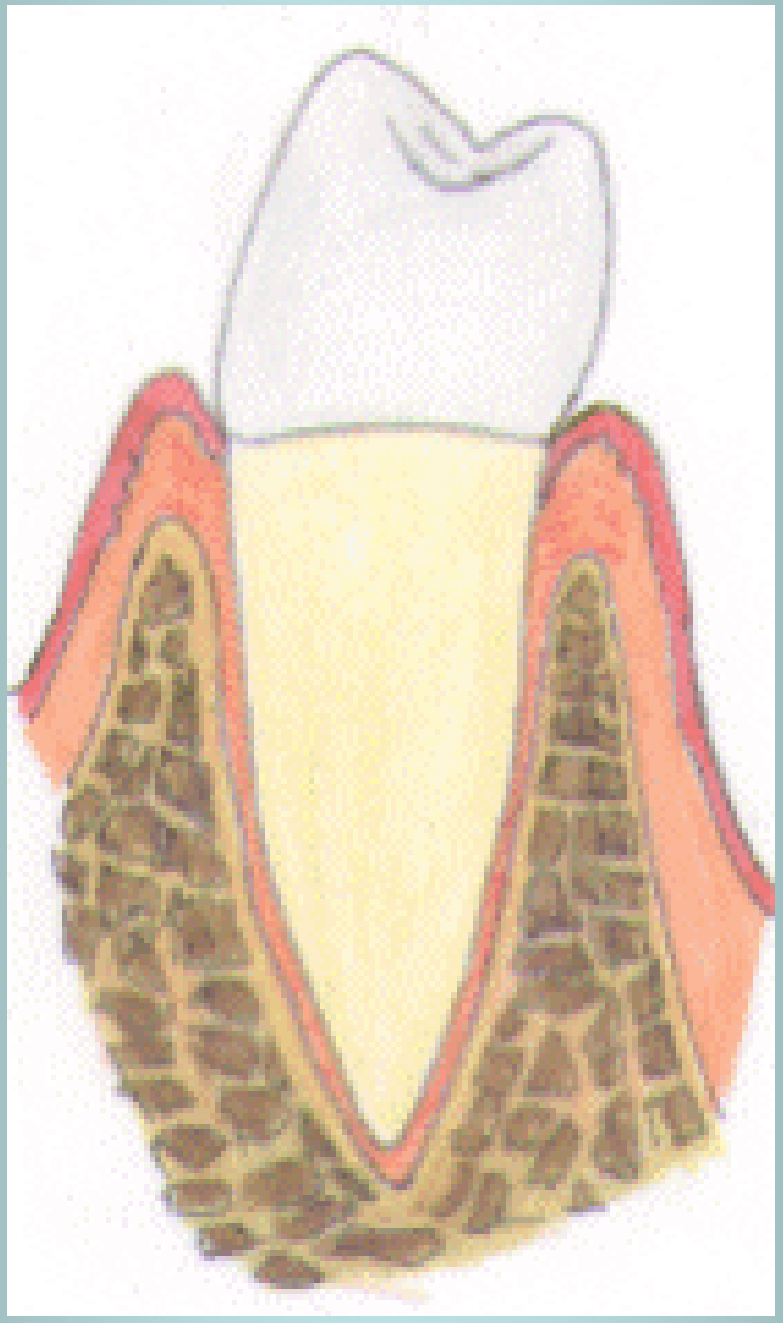


Retrazione dell’attacco epiteliale

Struttura di sostegno del dente

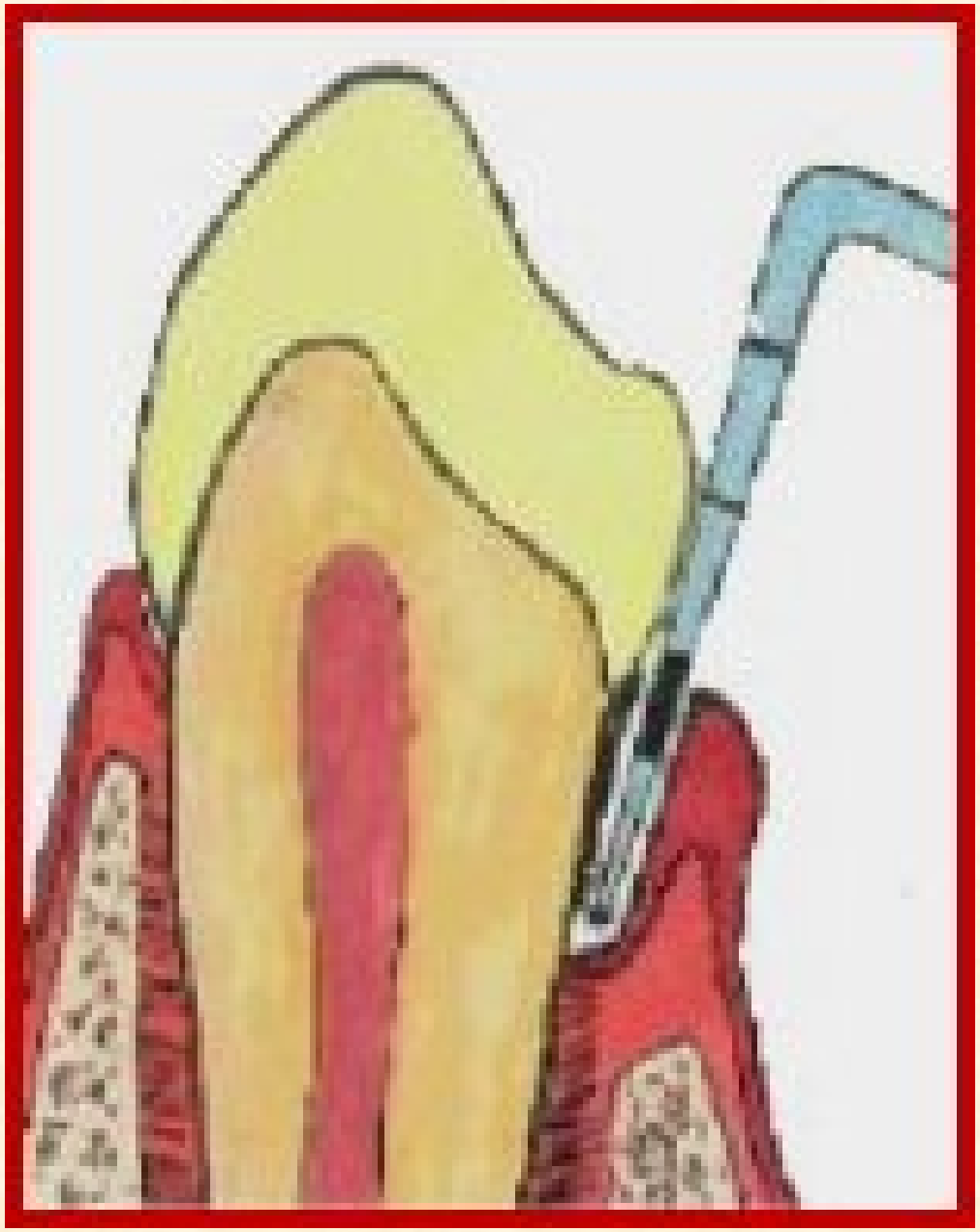


Gengiva sana. Tartaro attacco epiteliale retratto

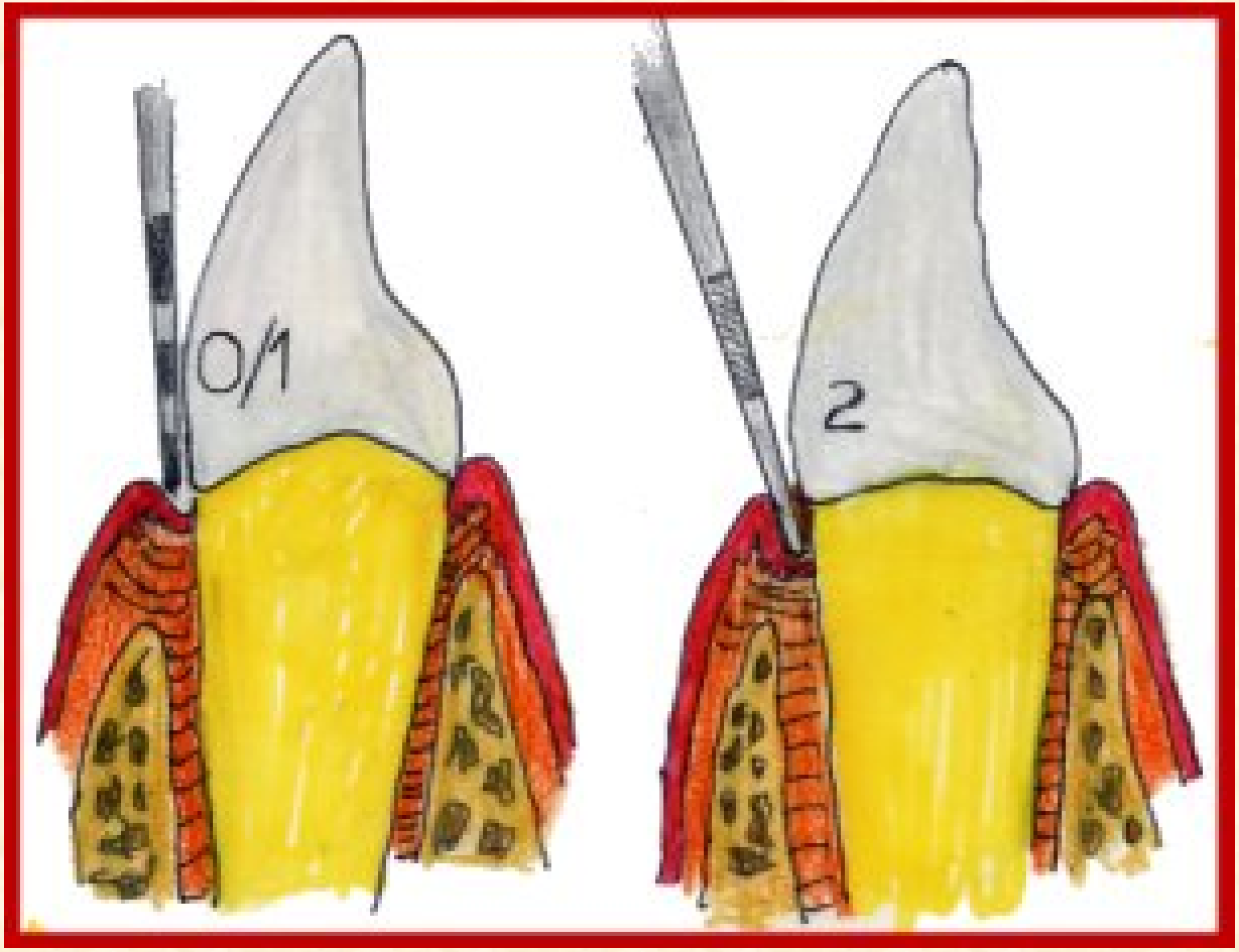


ANIMAZIONE
Il tartaroe le conseguenze

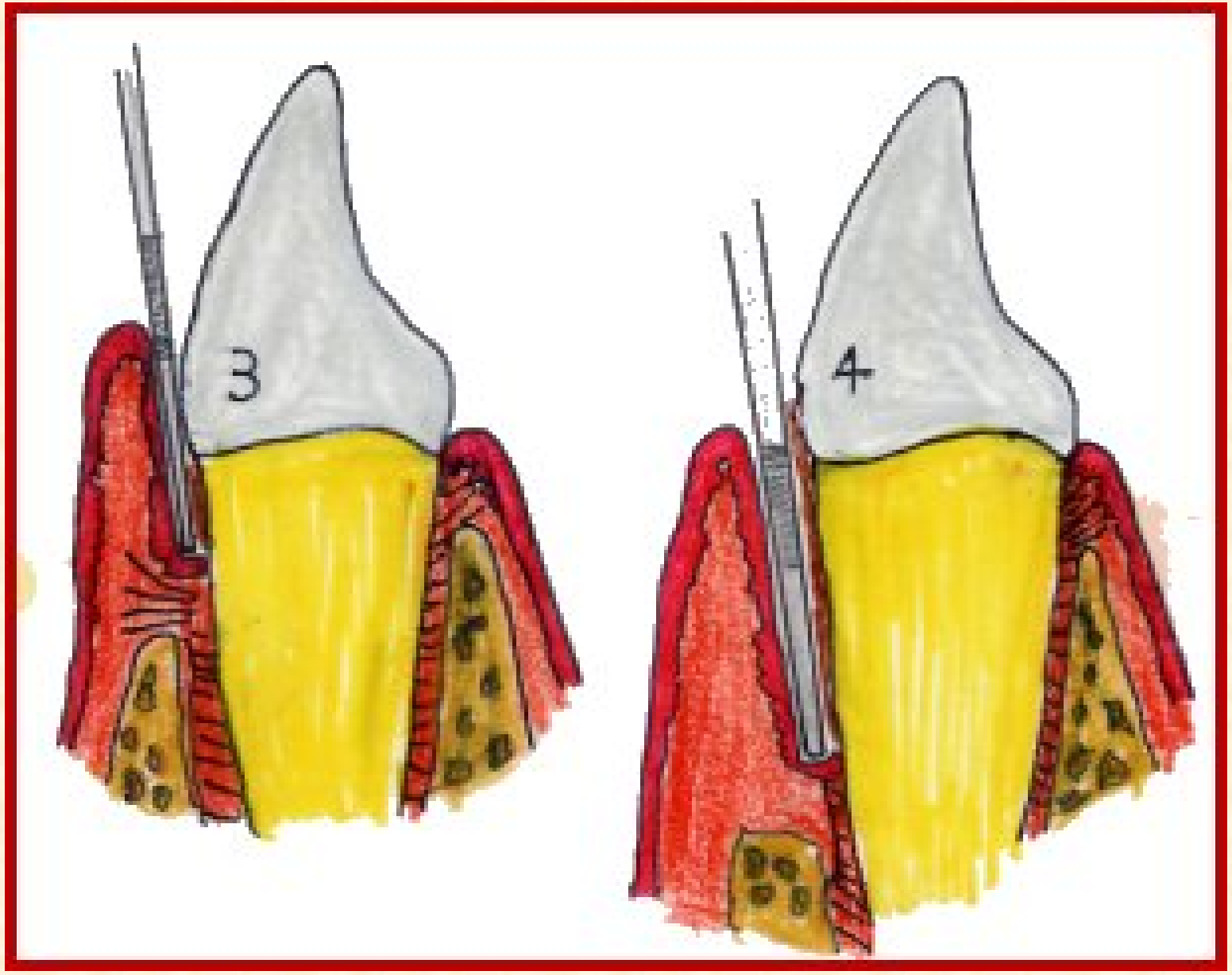
!



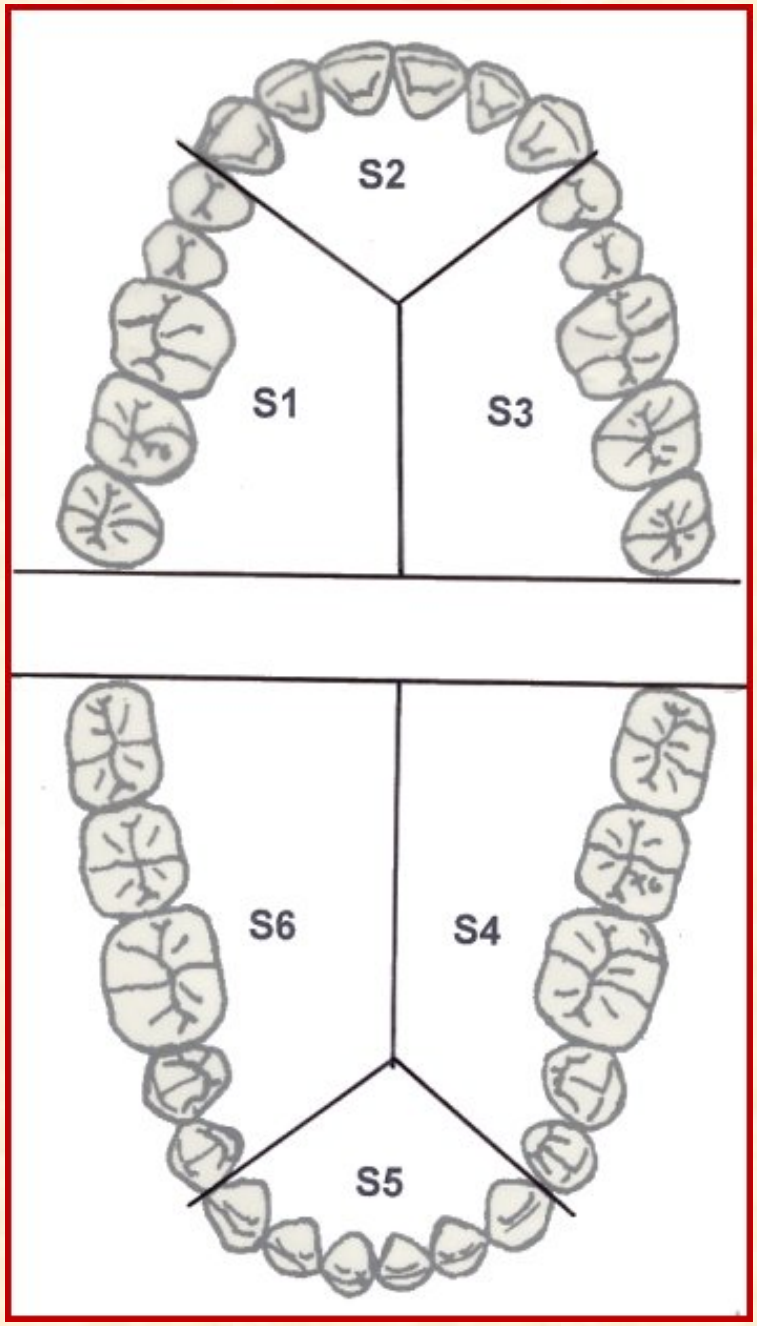
Sacca gengivale con sonda paradontale



Misurazione e valutazione sacca 0 /1 e 2



Misurazione e valutazione sacca 3 e 4



Arcate dentali divise in sestanti

ESAME PERIODONTALE E REGISTRAZIONE

GIORNO MESE ANNO

SESTANTI SUPERIORI

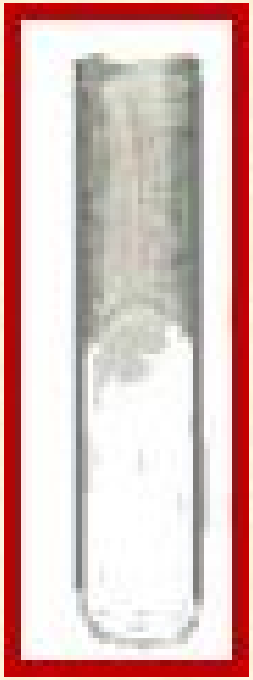
S1	S2	S3

SESTANTI INFERIORI

S4	S5	S6

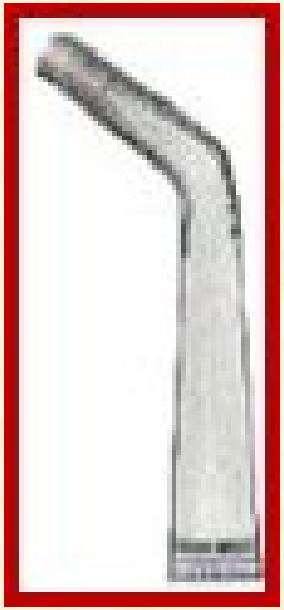
Registrazione dell'esame periodontale dei sestanti

Forma della punta di curetta normale



Forma della punta di curetta speciale

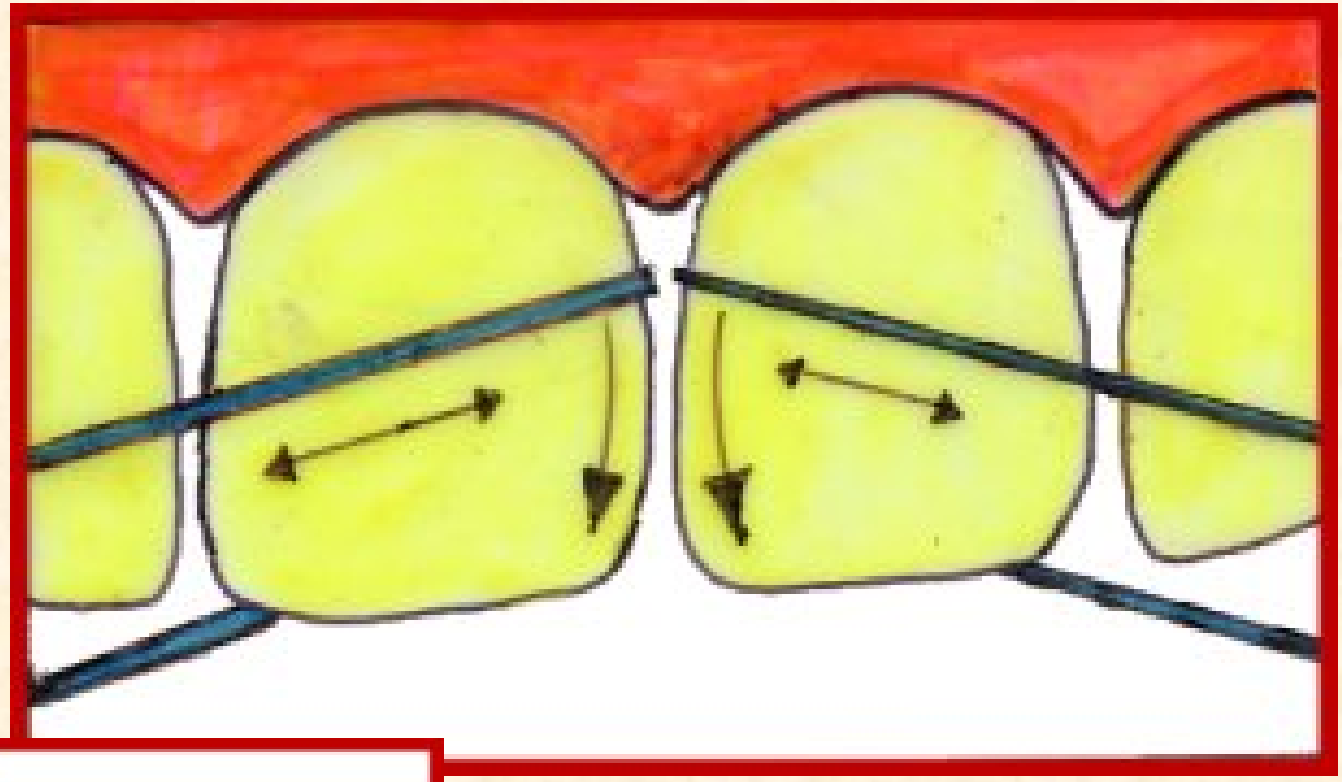
Leva tataro a zappa

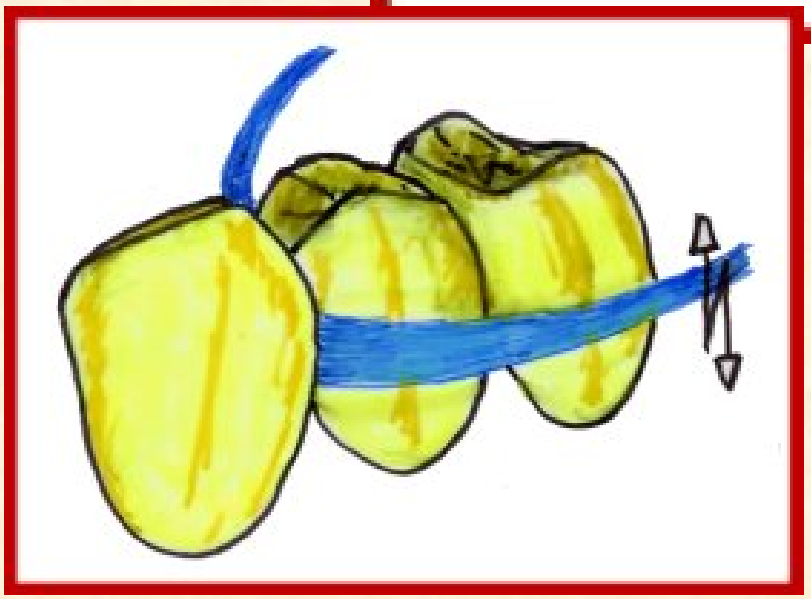


Leva tartaro a falcetto dritto

Leva tartaro a falcetto curvo

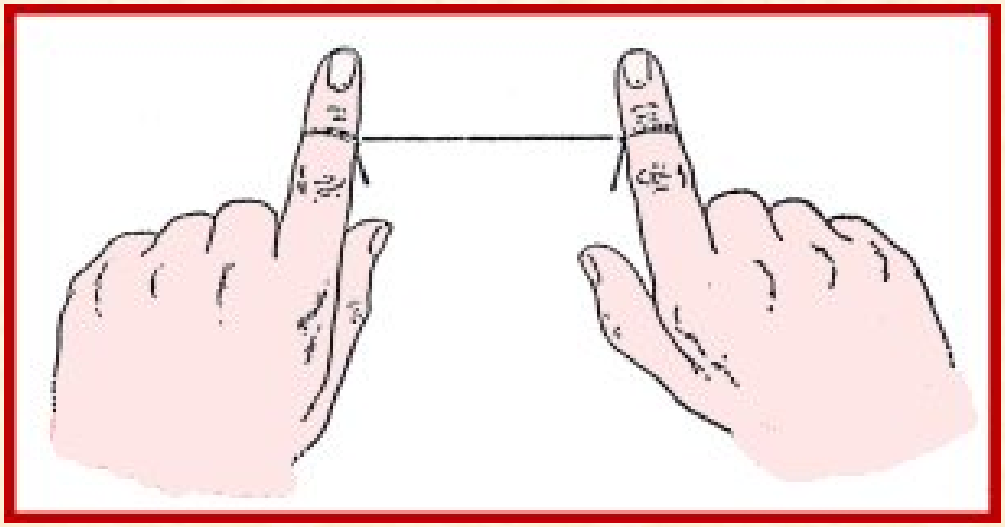
IGIENE ORALE

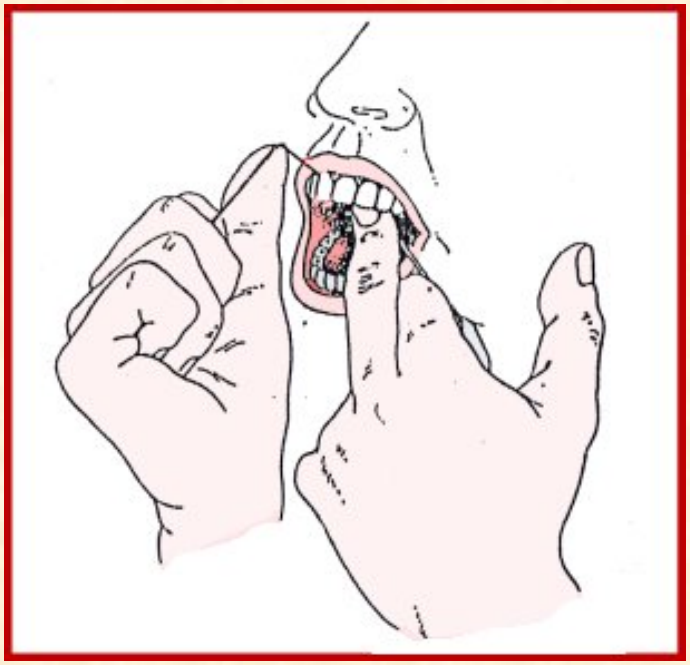




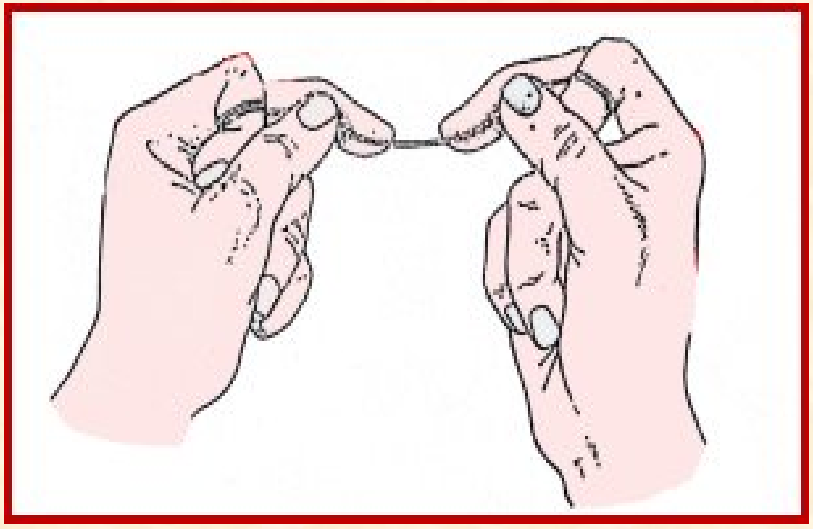
Movimento che deve fare il filo dentale

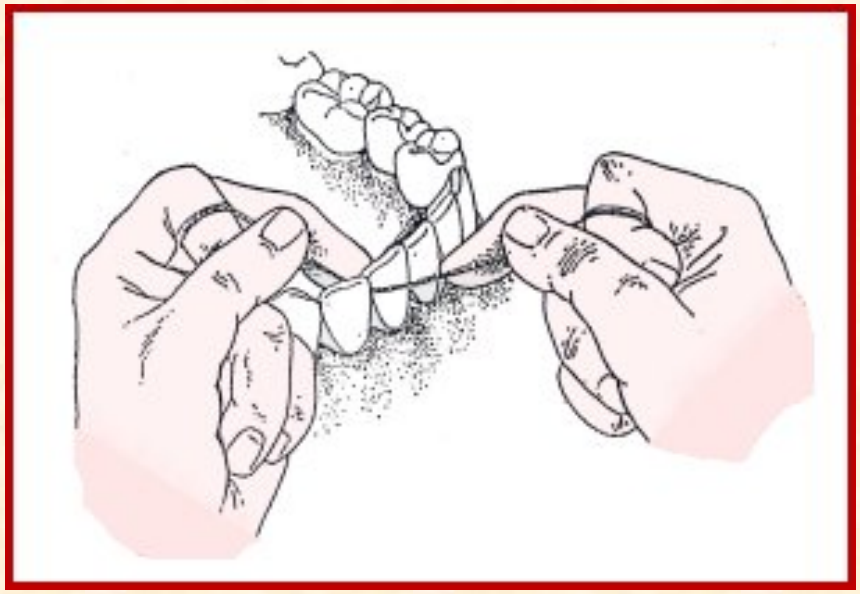
Filo teso per denti superiori



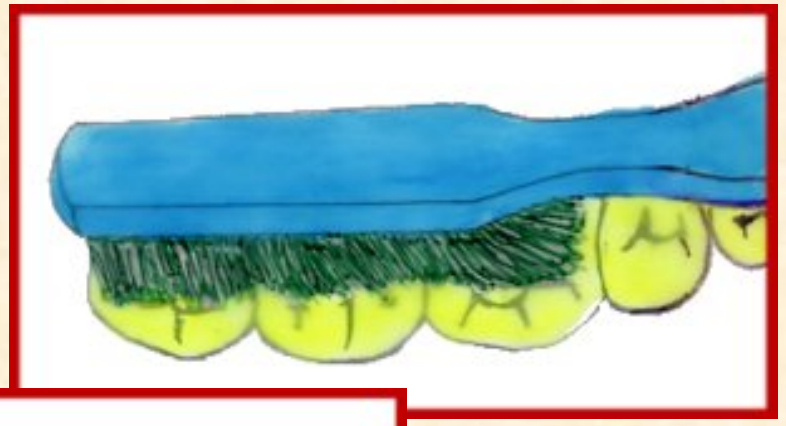


Filo teso per denti inferiori



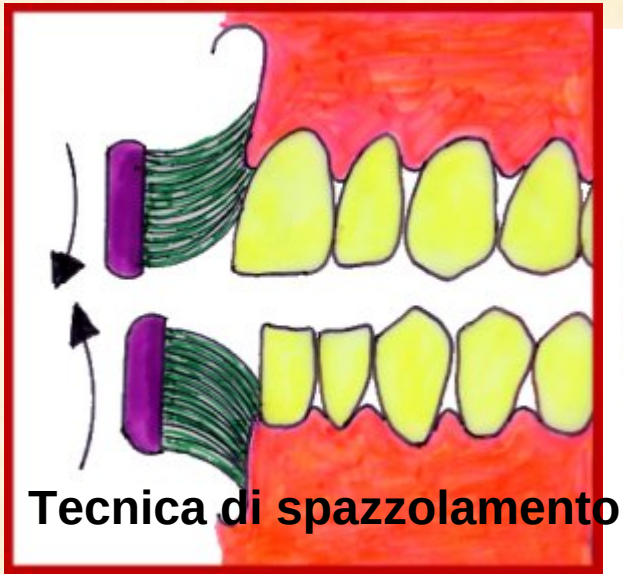


Spazzolamento facce linguali e labiali



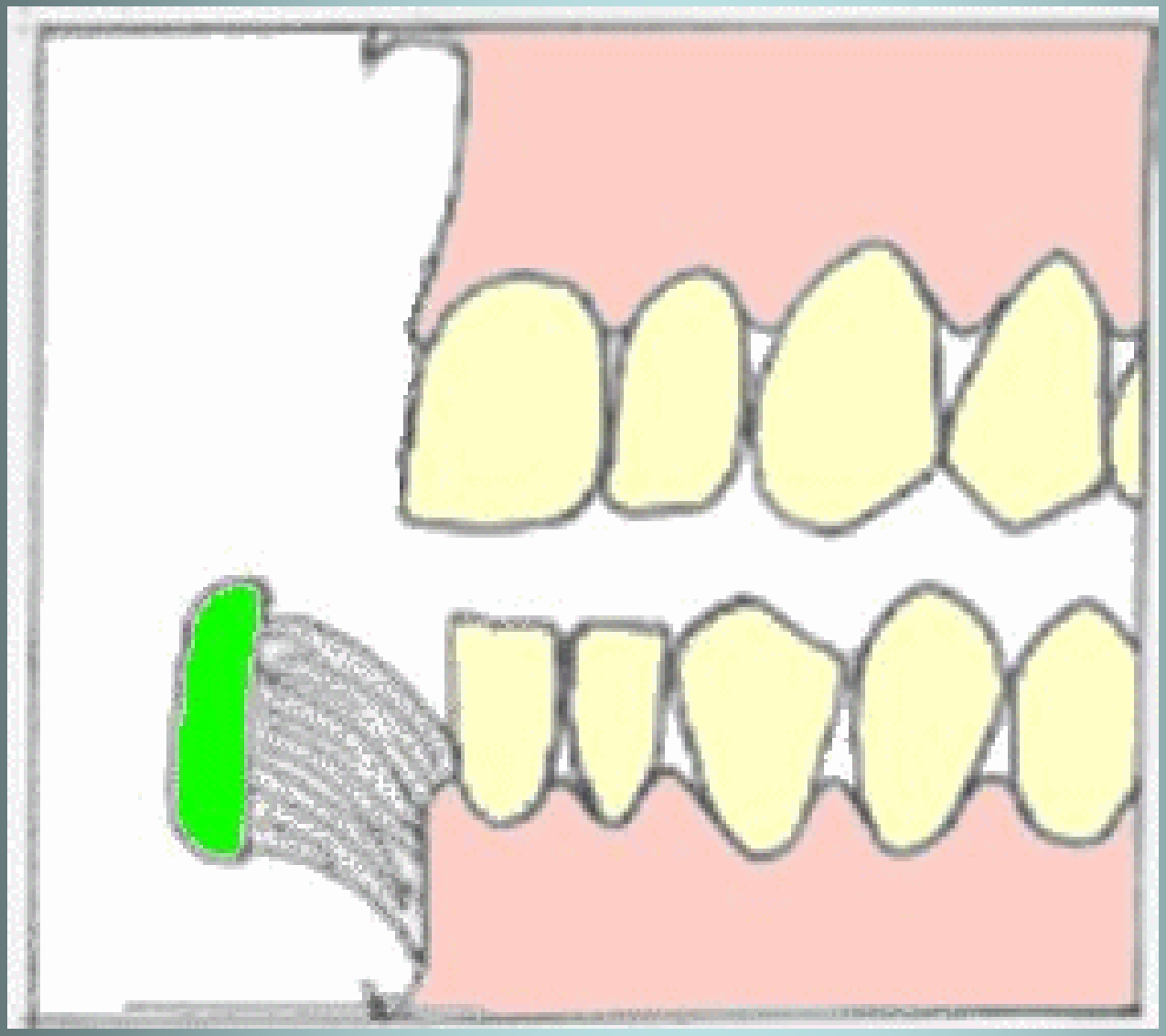
Spazzolamento facce occlusali

Spazzolamento facce linguali



Tecnica di spazzolamento alto basso e viceversa

Appoggio dello spazzolino

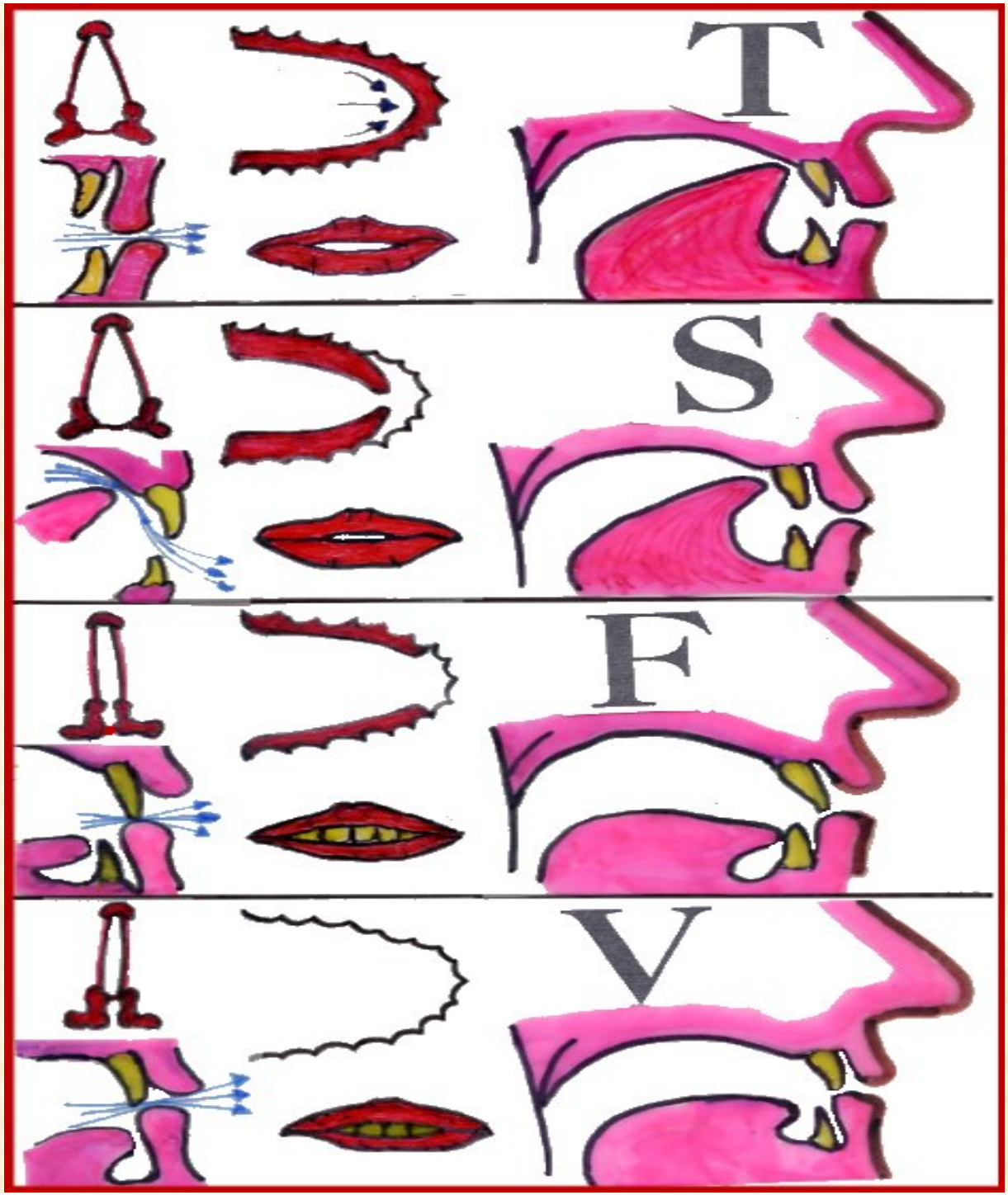


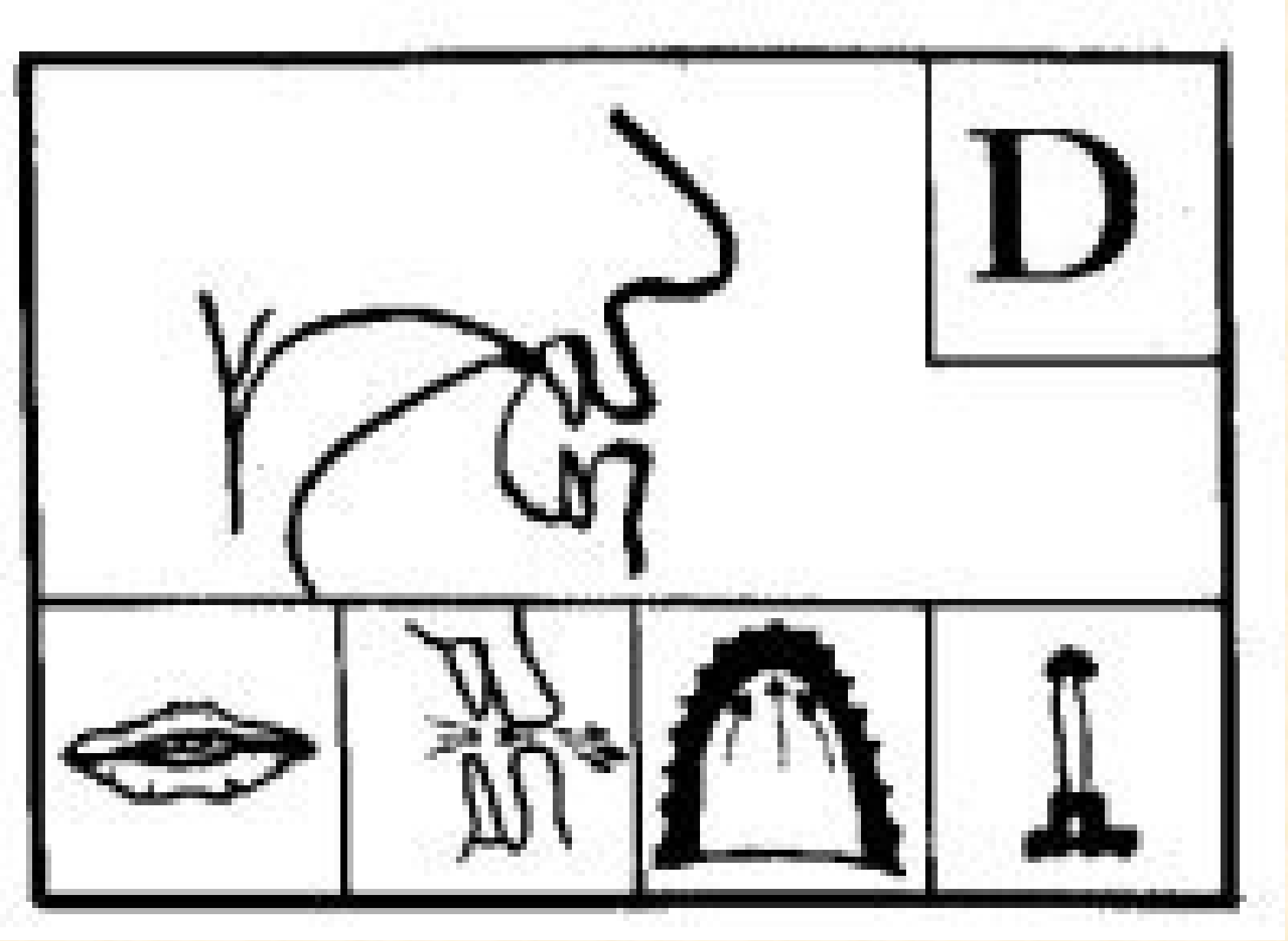
ANIMAZIONE
Spazzolamento dei denti

!

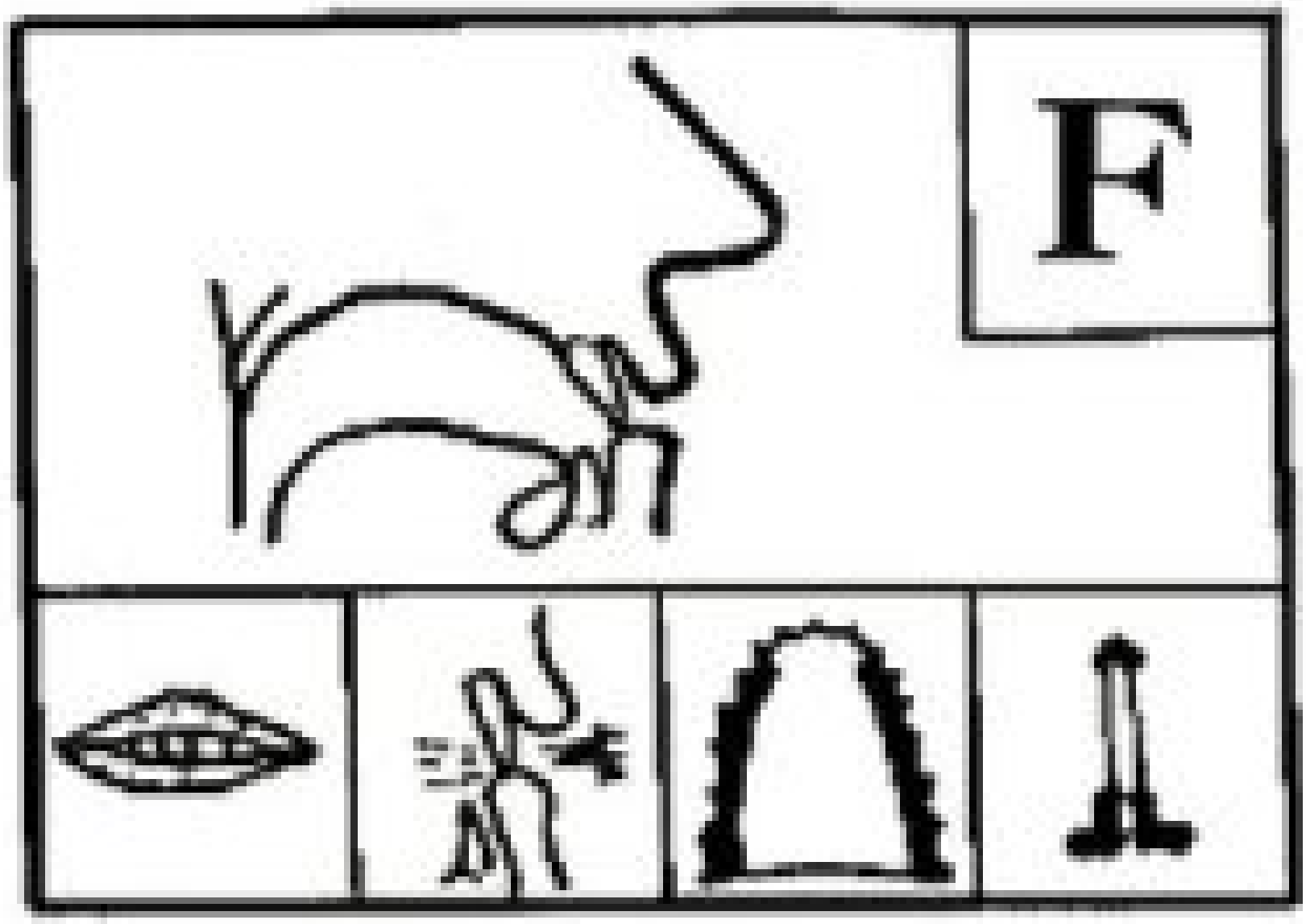
FONETICA

La lingua le labbra e i denti nella pronuncia delle lettere

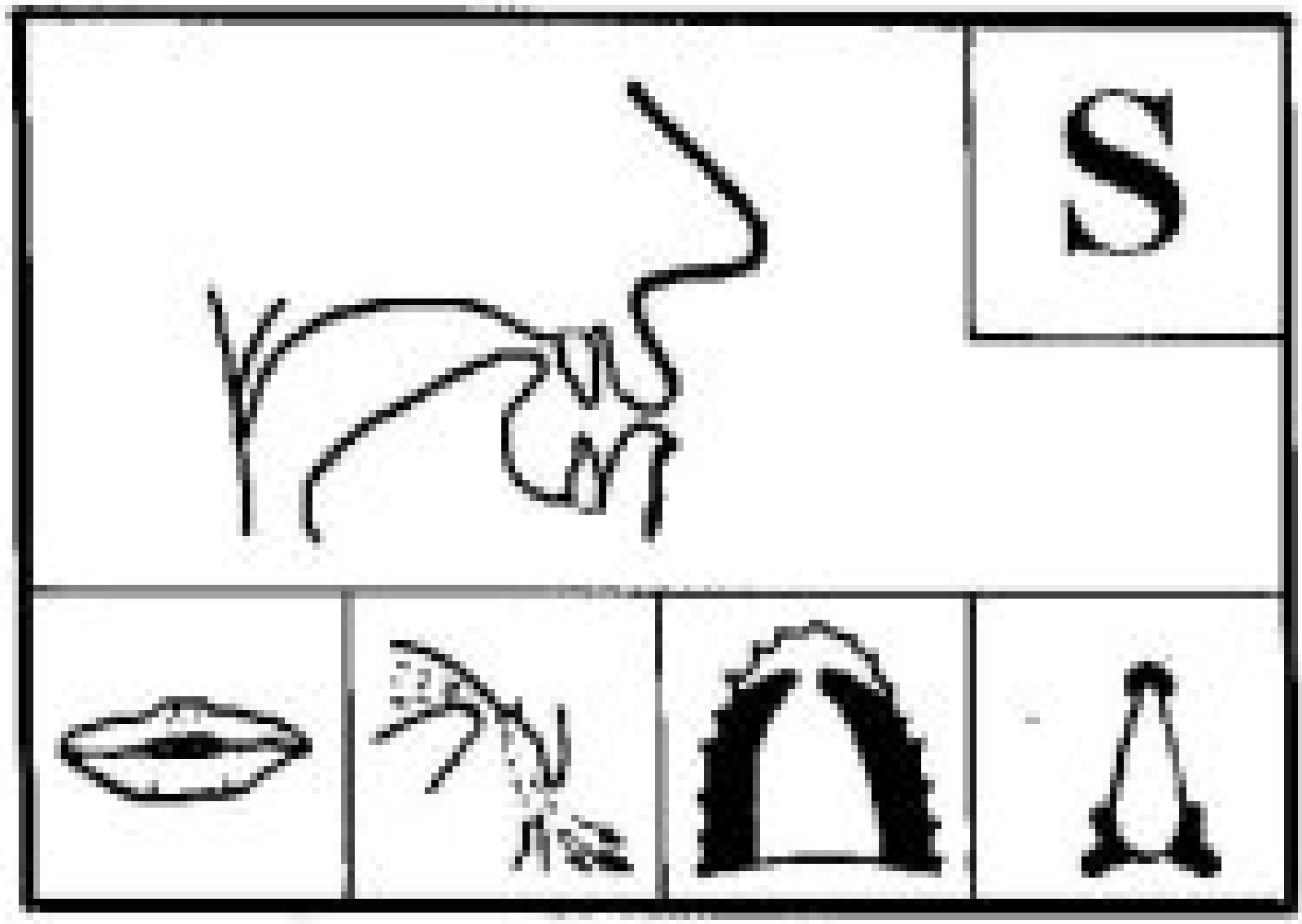




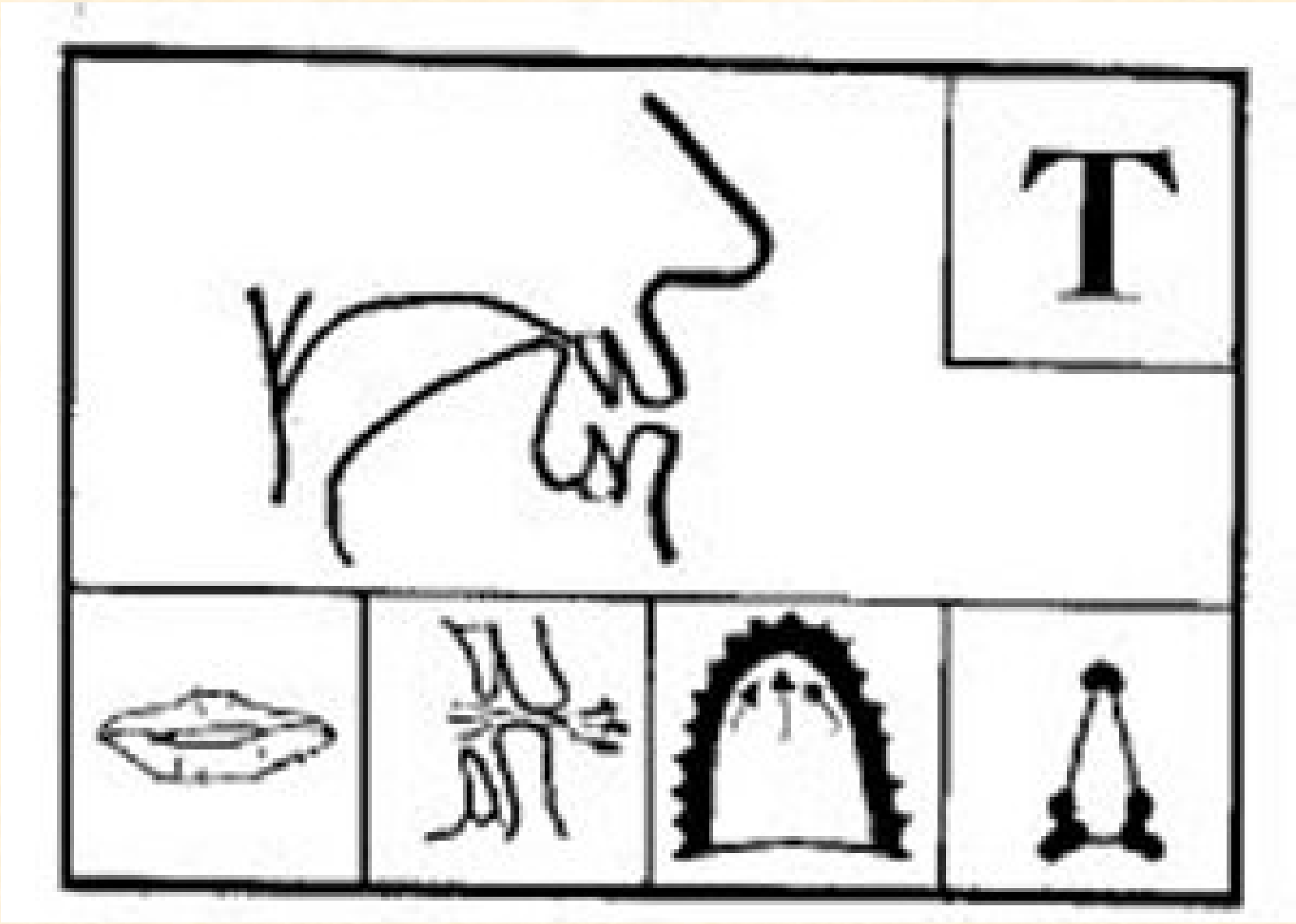
La lingua le labbra e i denti nella pronuncia della lettera D



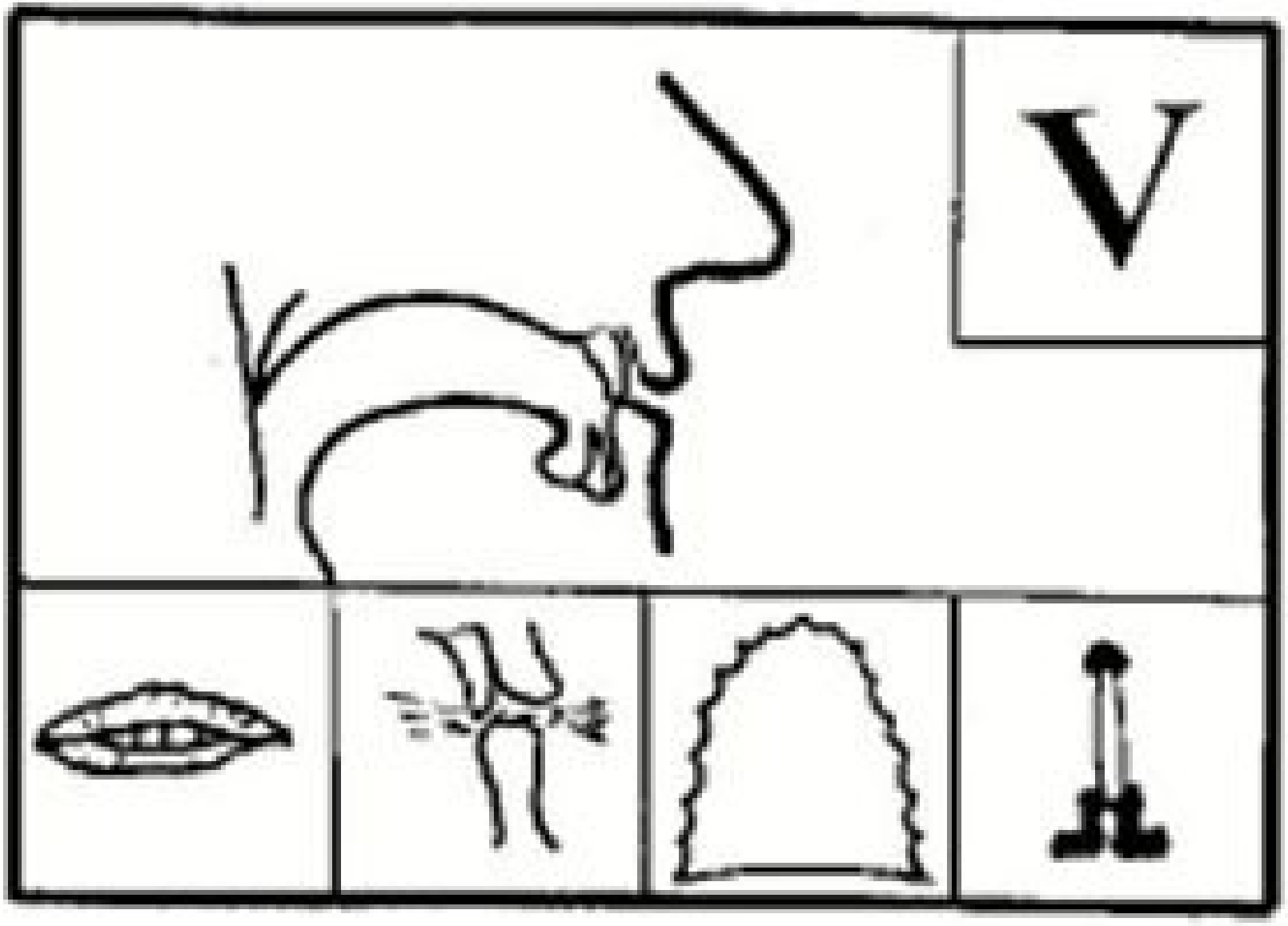
La lingua le labbra e i denti nella pronuncia della lettera F



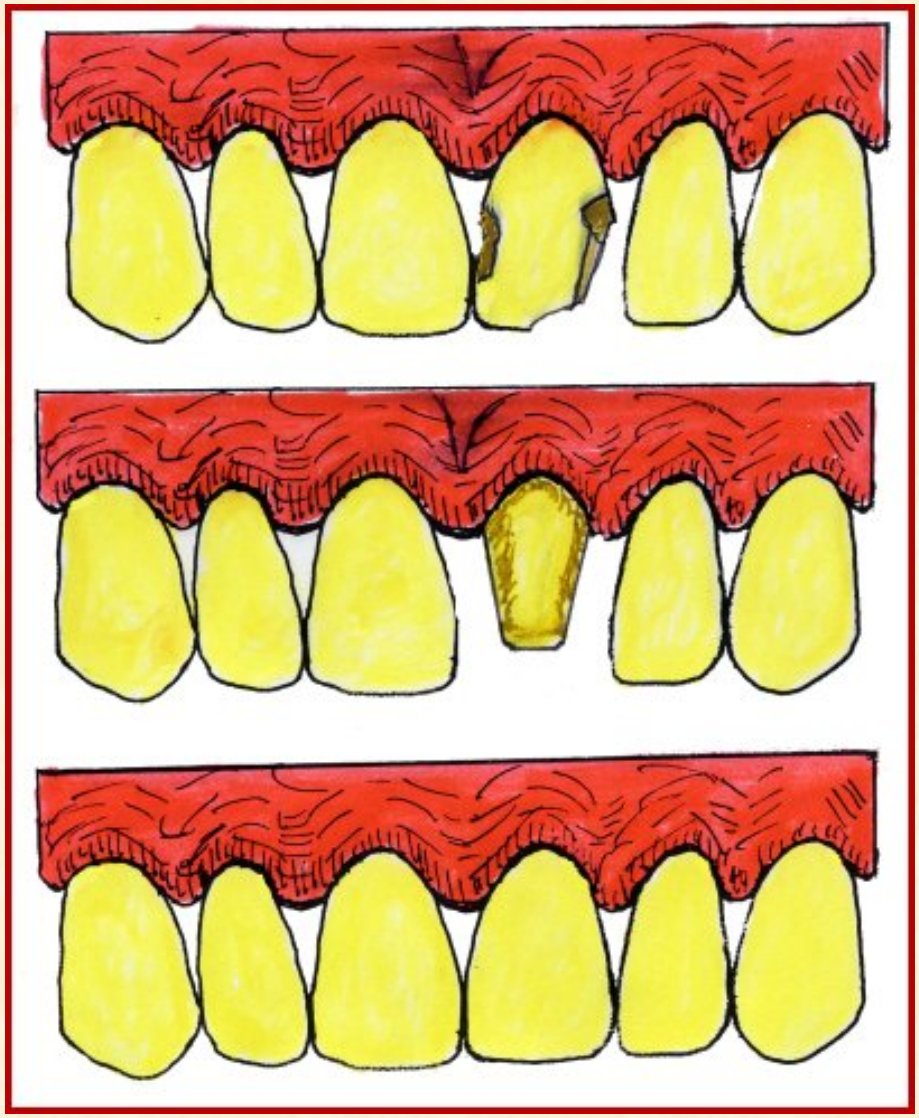
La lingua le labbra e i denti nella pronuncia della lettera S



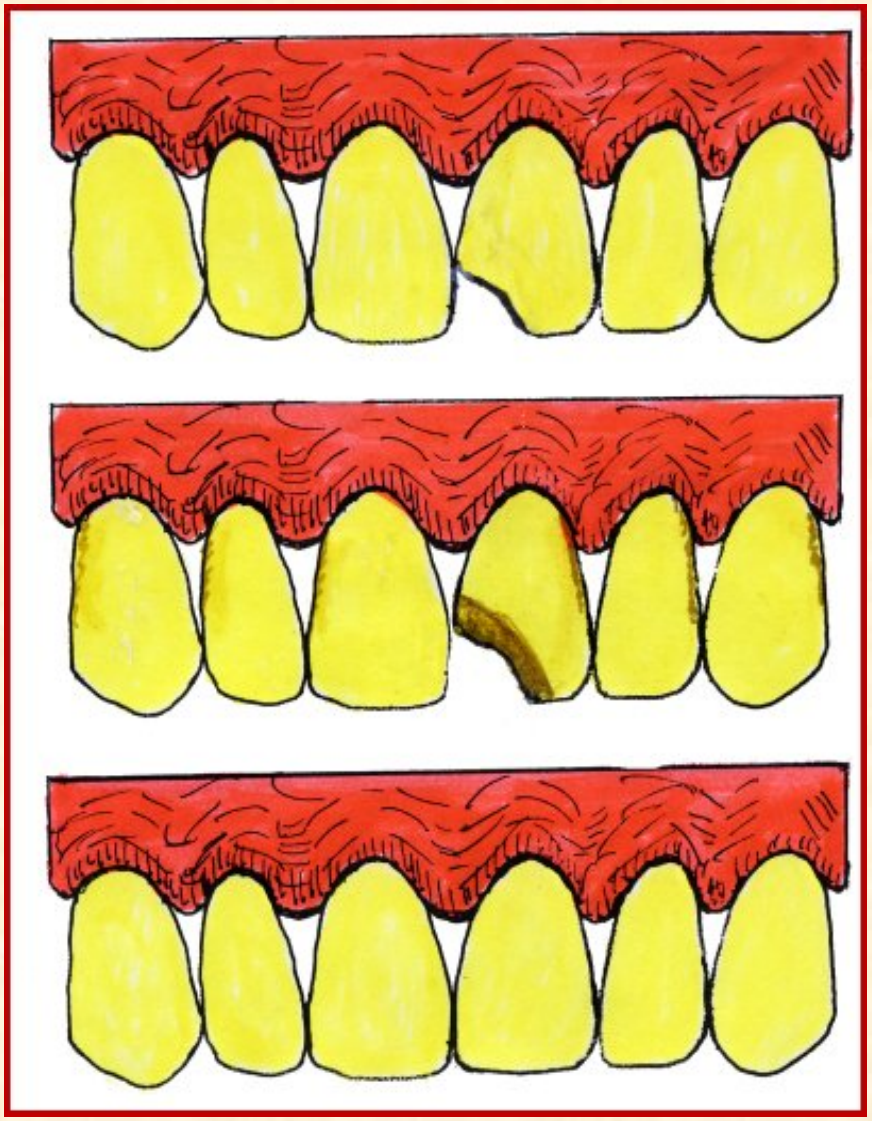
La lingua le labbra e i denti nella pronuncia della lettera T



La lingua le labbra e i denti nella pronuncia della lettera V



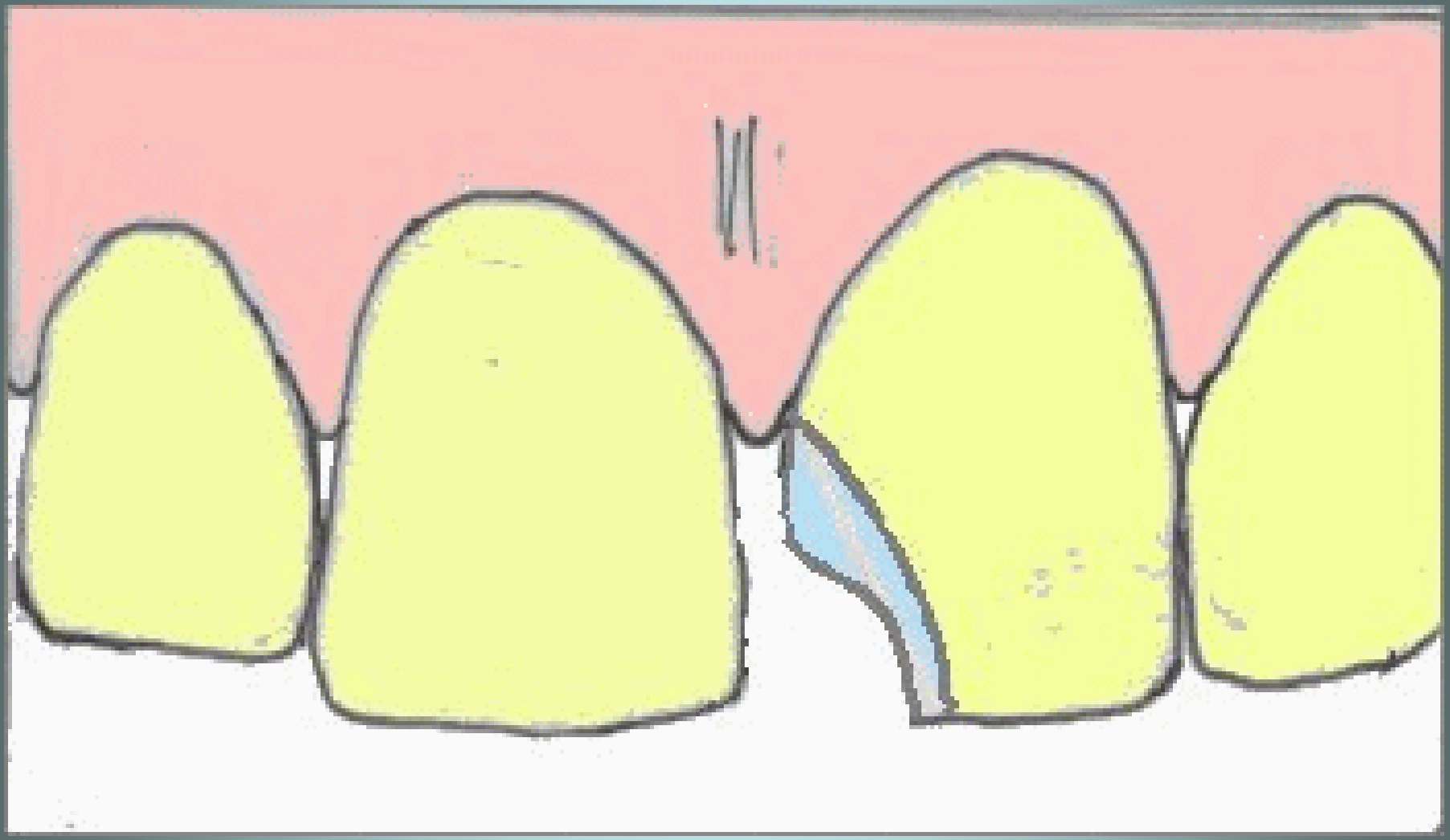
Ricostruzione di dente con corona

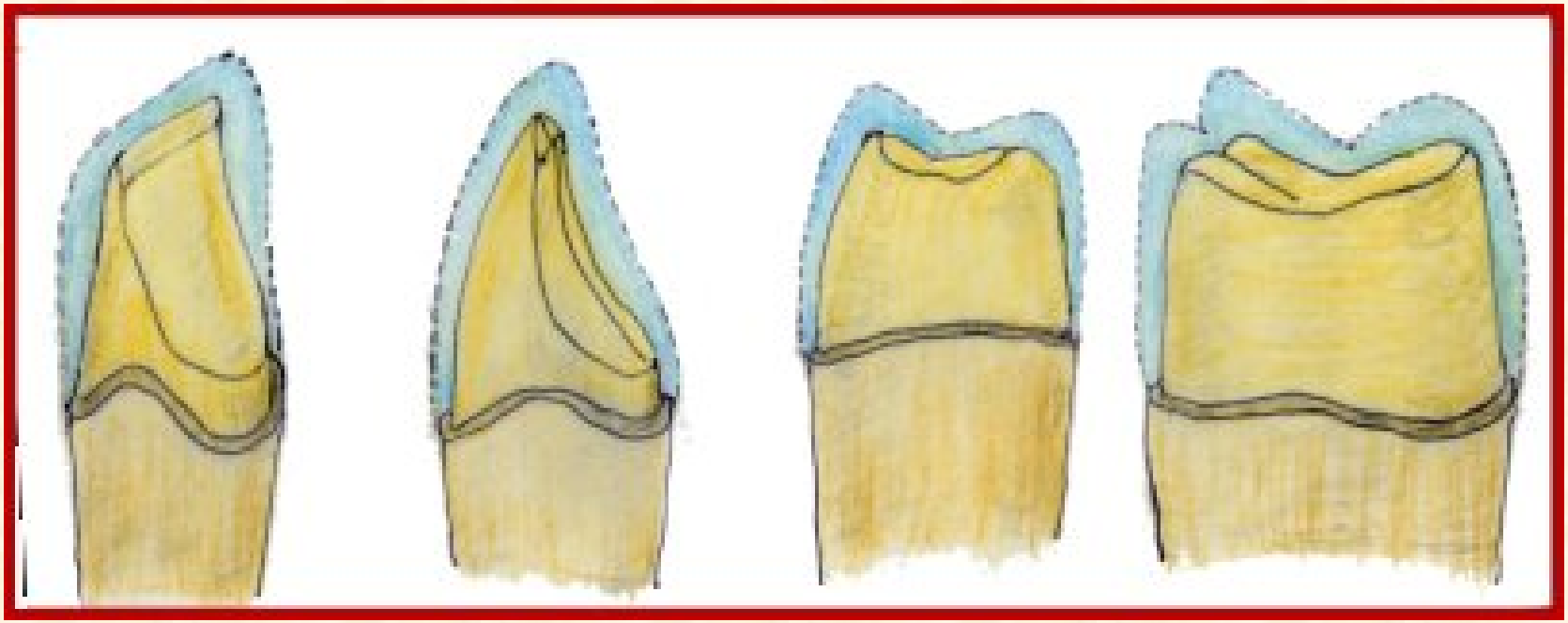


Ricostruzione in composito di carie di 4a classe

Animazione

Ricostruzione di un dente in composito

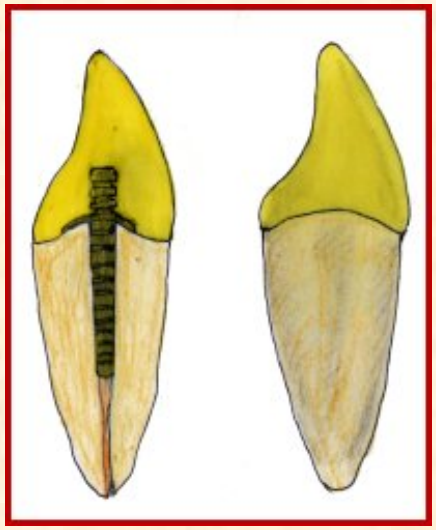




Preparazione di monconi.

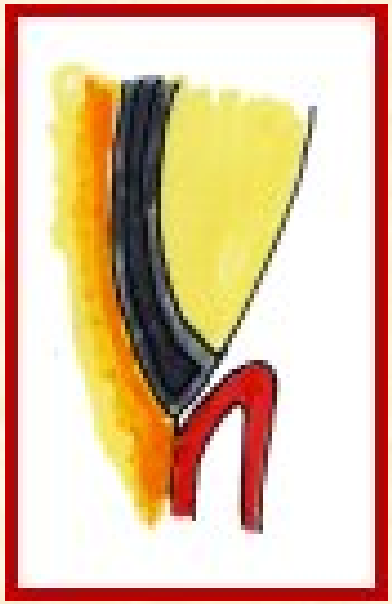
Sezione di capsula in ceramica

Dente a perno.

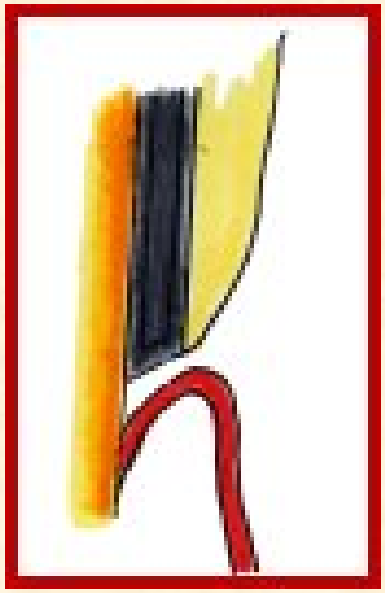


Colletti di corone dentali

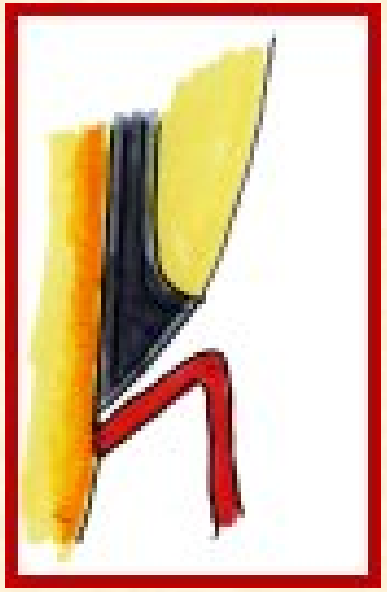
Margine a chamfer.



Margine a chamfer migliorato.

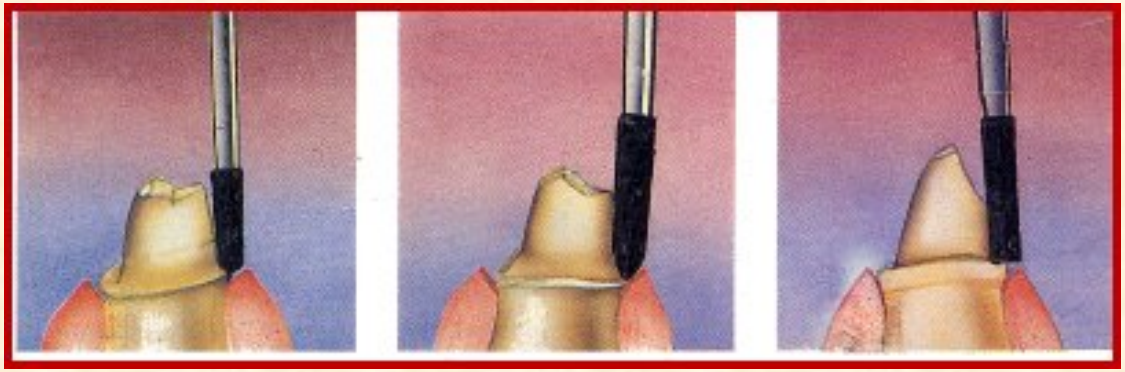


Margine a lama di coltello.

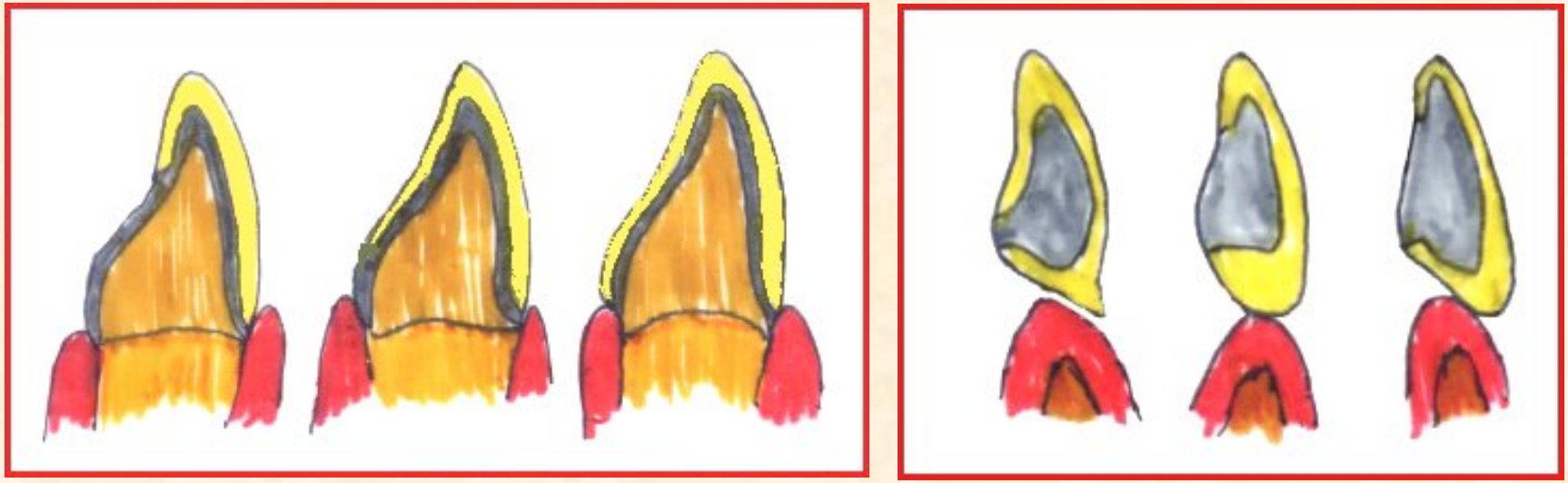


Margine a lama con rinforzo vestibolare

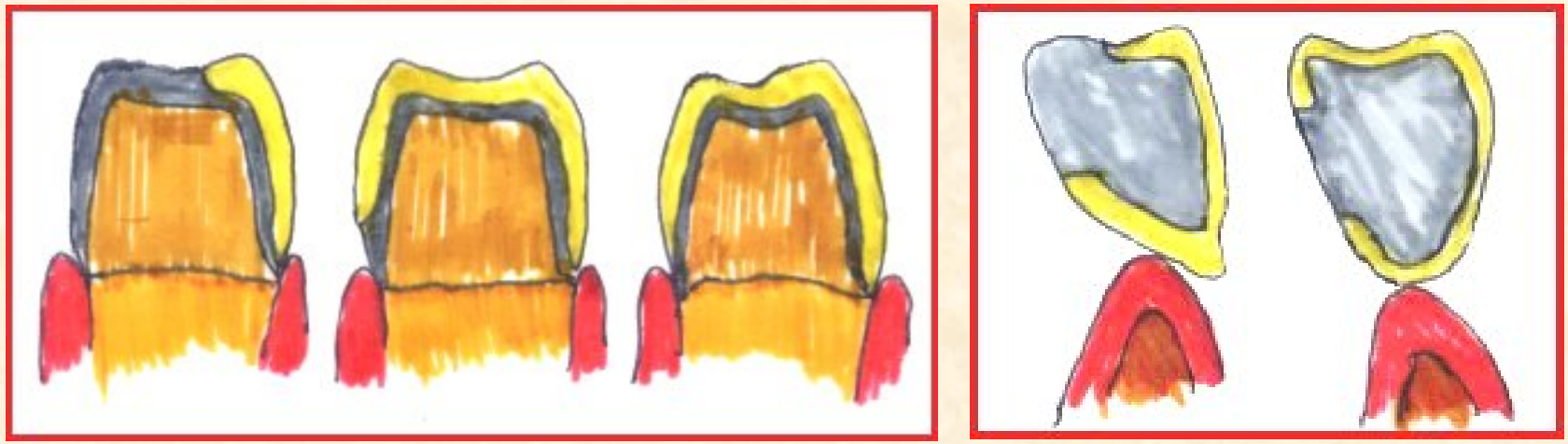
Margine a spalla



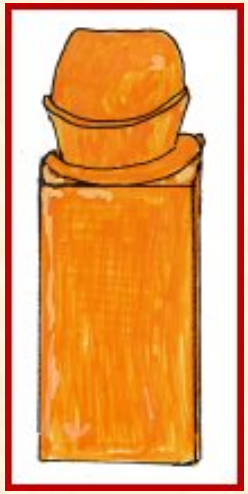
Frese per la preparazione di monconi dentali



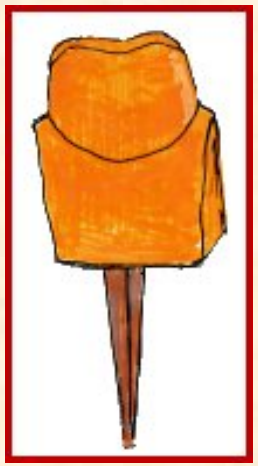
Elementi anteriori con varianti nel disegno del metallo.



Elementi posteriori con varianti nel disegno del metallo

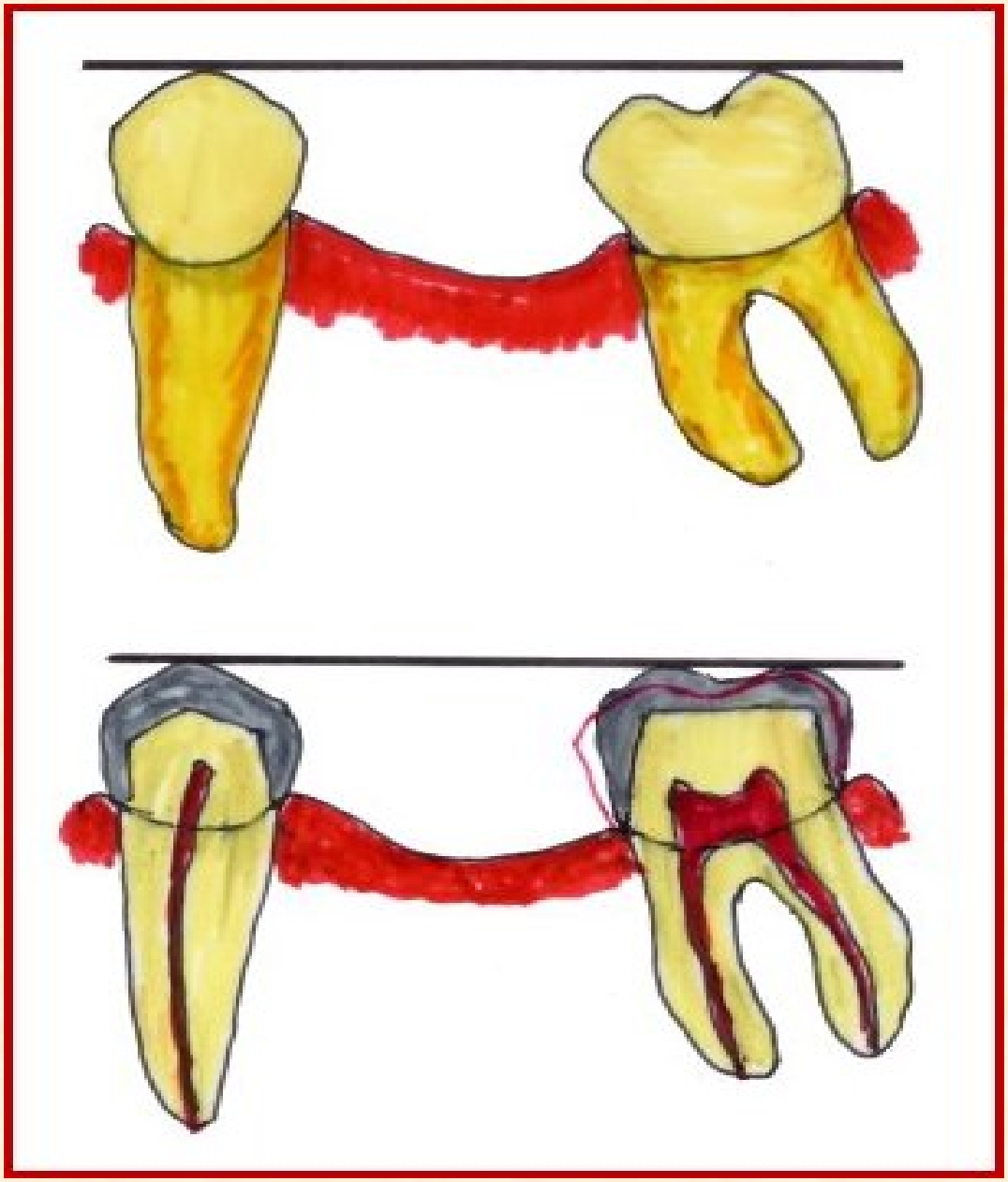


canale di riferimento.



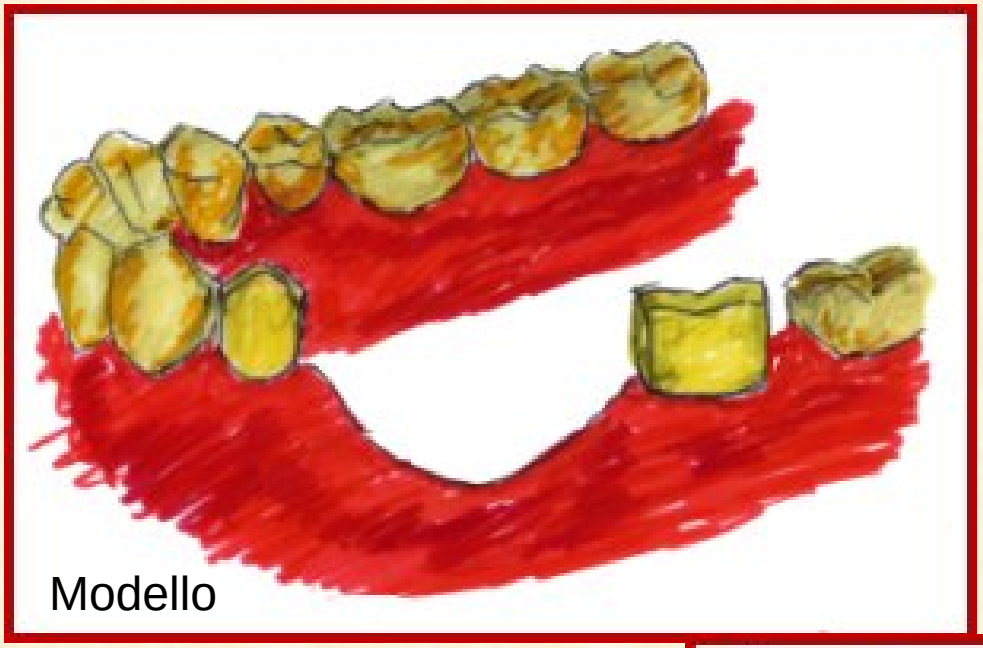
Monconi isolati dal modello e preparati per la modellazione della cera.

Disegno del metallo di elementi anteriori da rivestire in ceramica



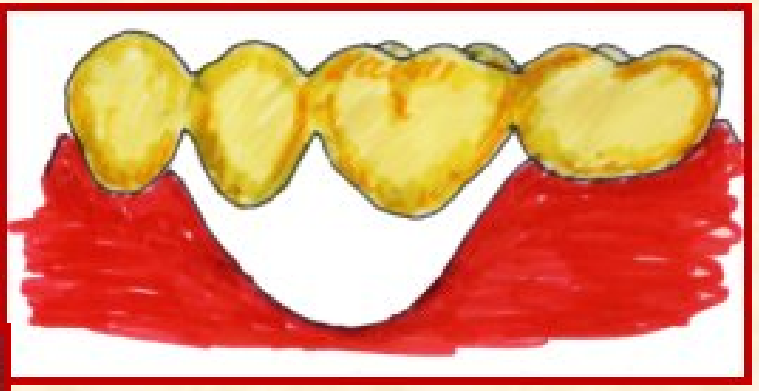
Denti convergenti

Paralelizzazione dei monconi per costruire un ponte con due appogi



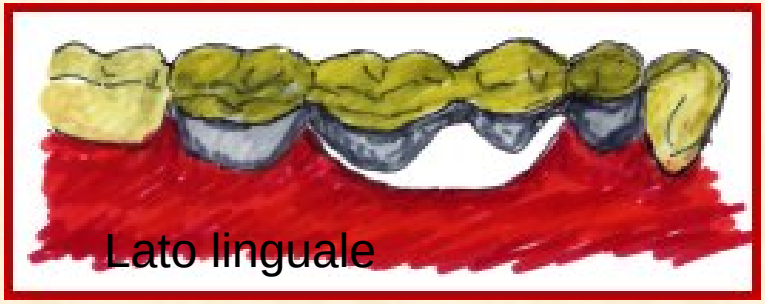
Modello

Protesi

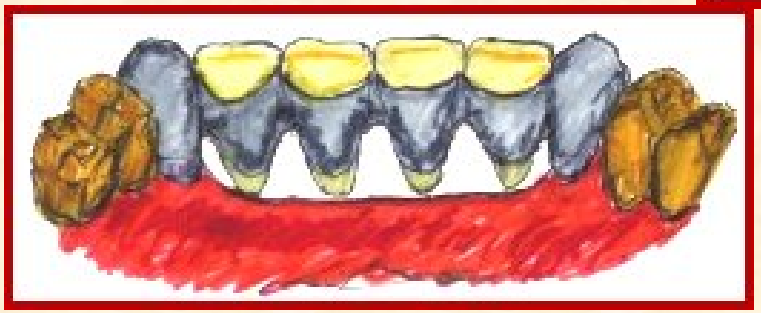


Ponte igienico

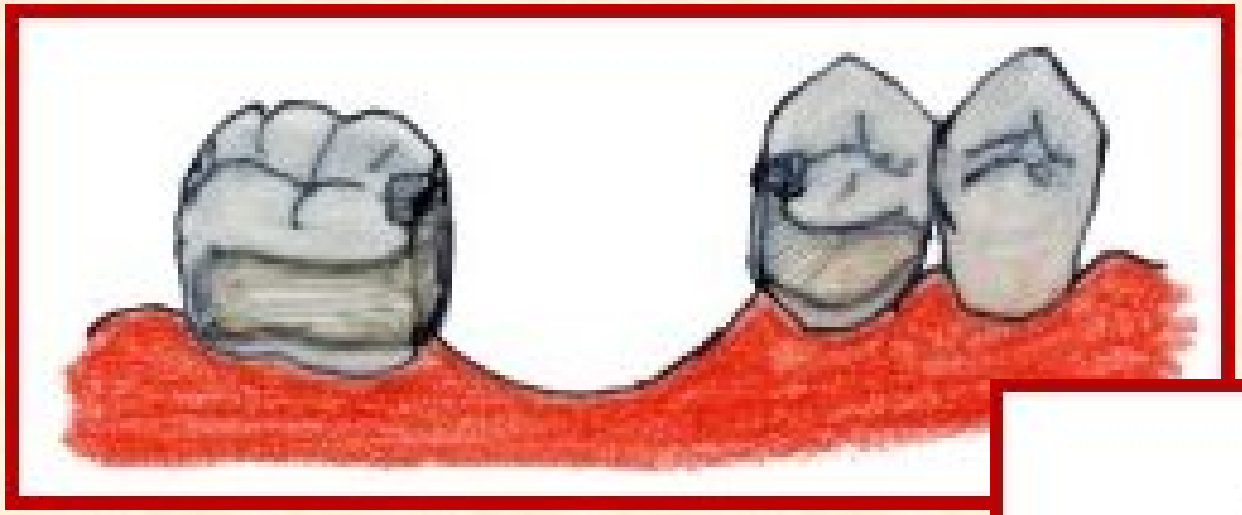
Sezione del ponte guancia lingua.



Lato linguale

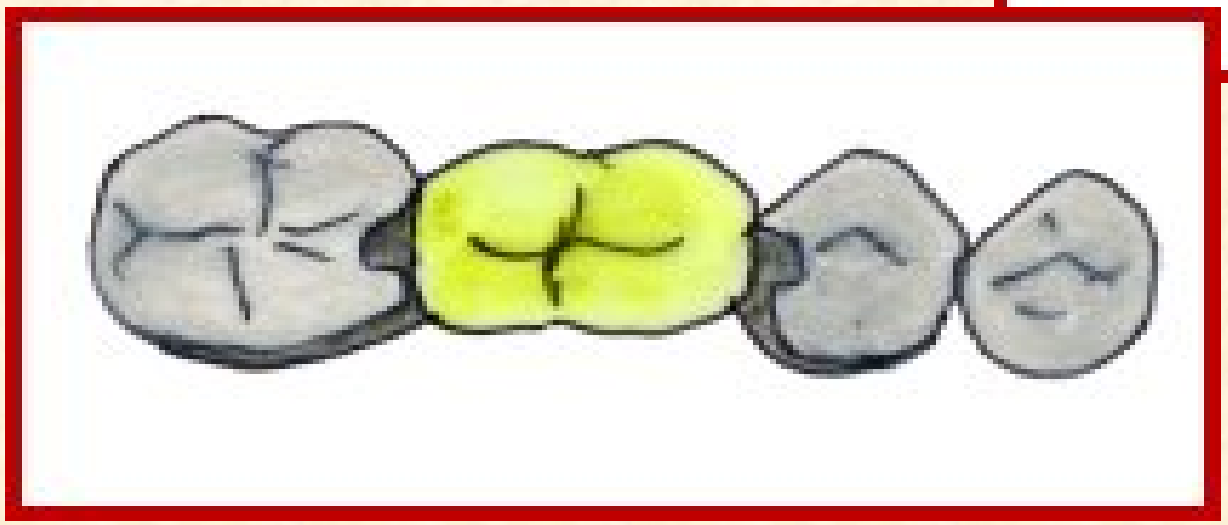


Ponte igienico per sostituire i quattro incisivi inferiori visto dal lato linguale

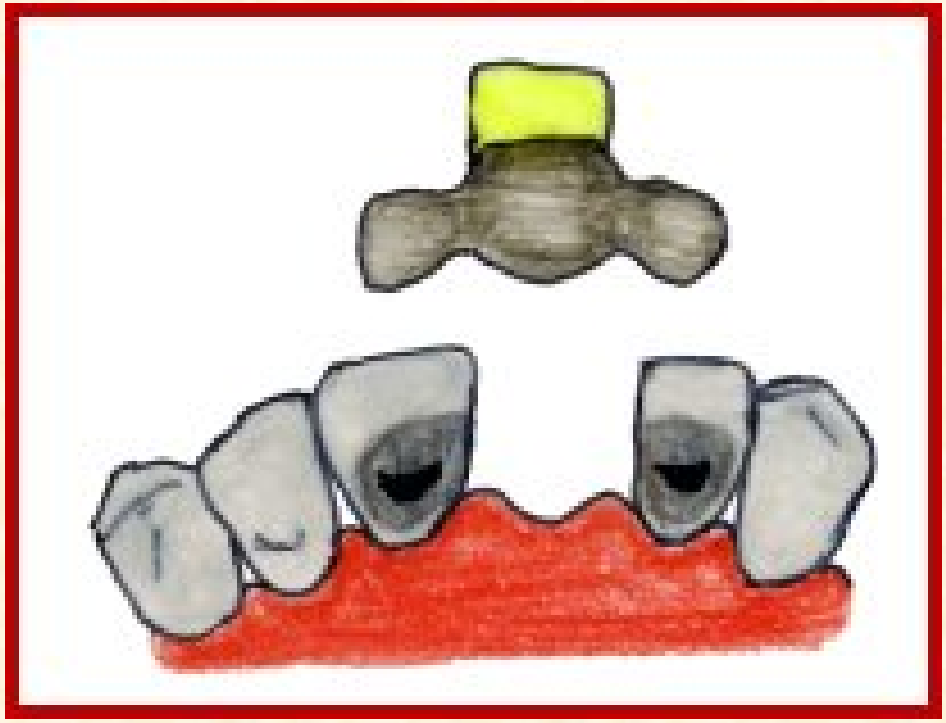


Ponte Maryland

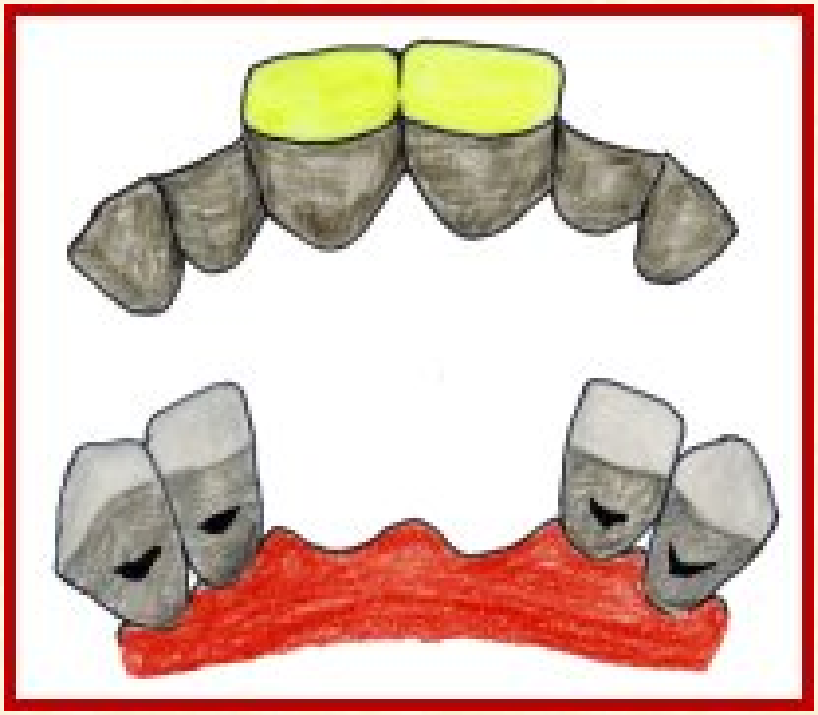
Ponte Maryland sostituzione di molare



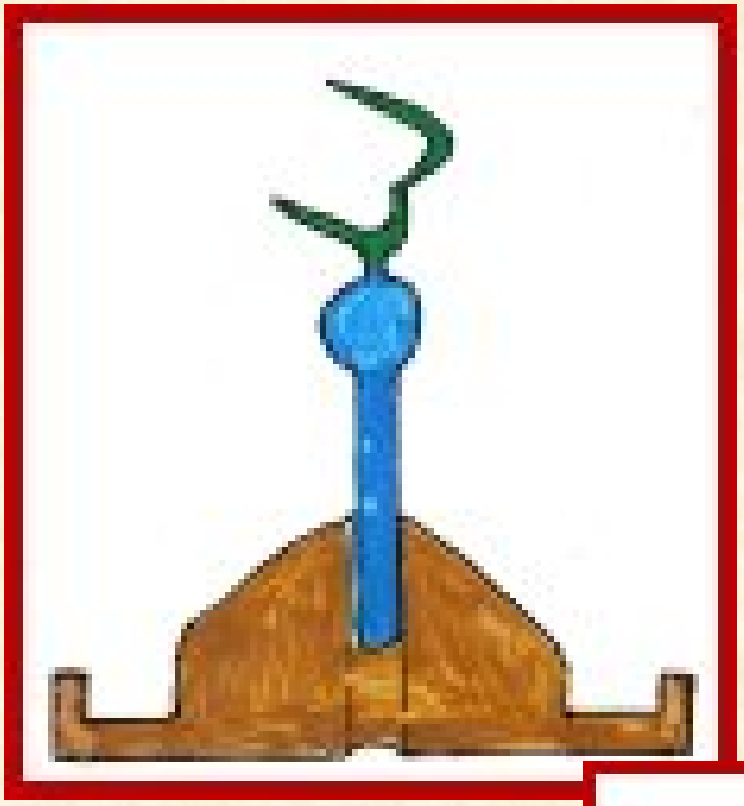
Ponte Maryland



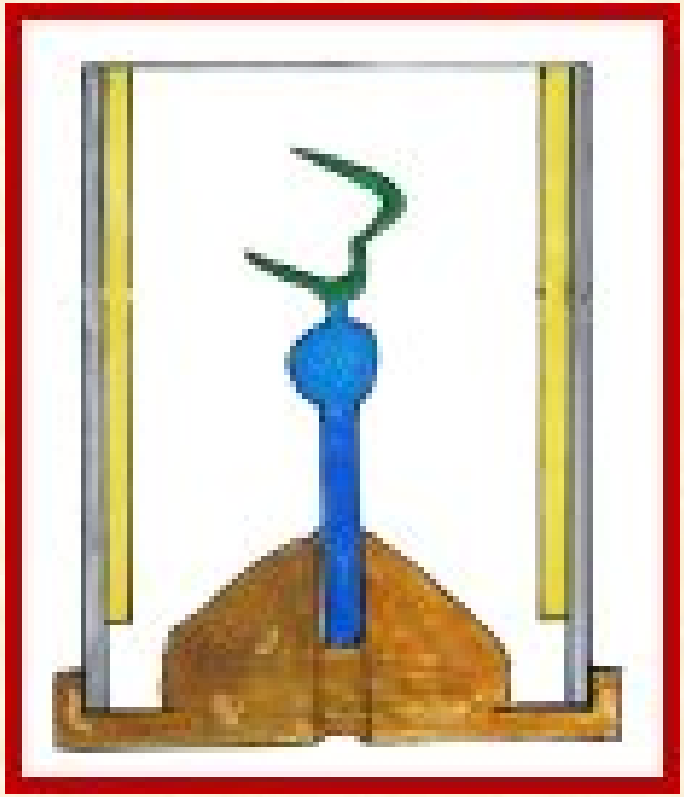
Sostituzione d'incisivo centrale superiore



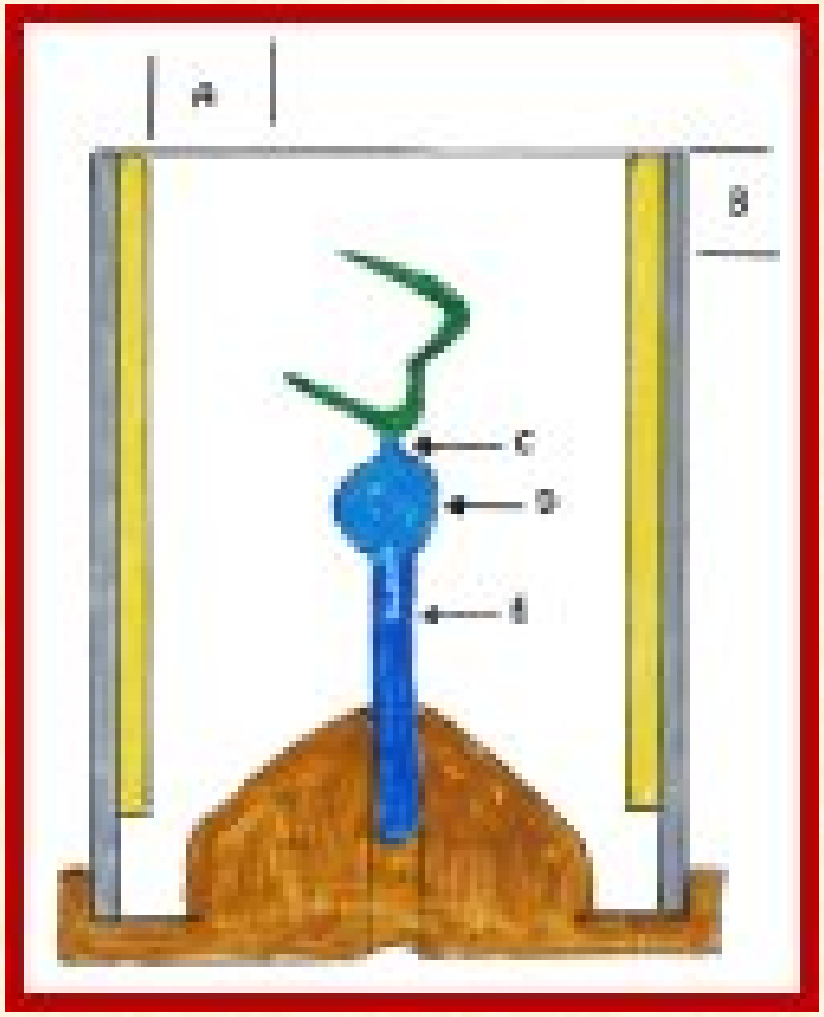
Sostituzione dei due incisivi centrali superiori



Preparazione alla fusione **d'elemento. modellato in cera imperniato su il supporto**



Modellato in cera preparato nel cilindro



Riferimenti

Modellato in cera preparato nel cilindro

Grigio = cilindro in metallo

giallo = isolante

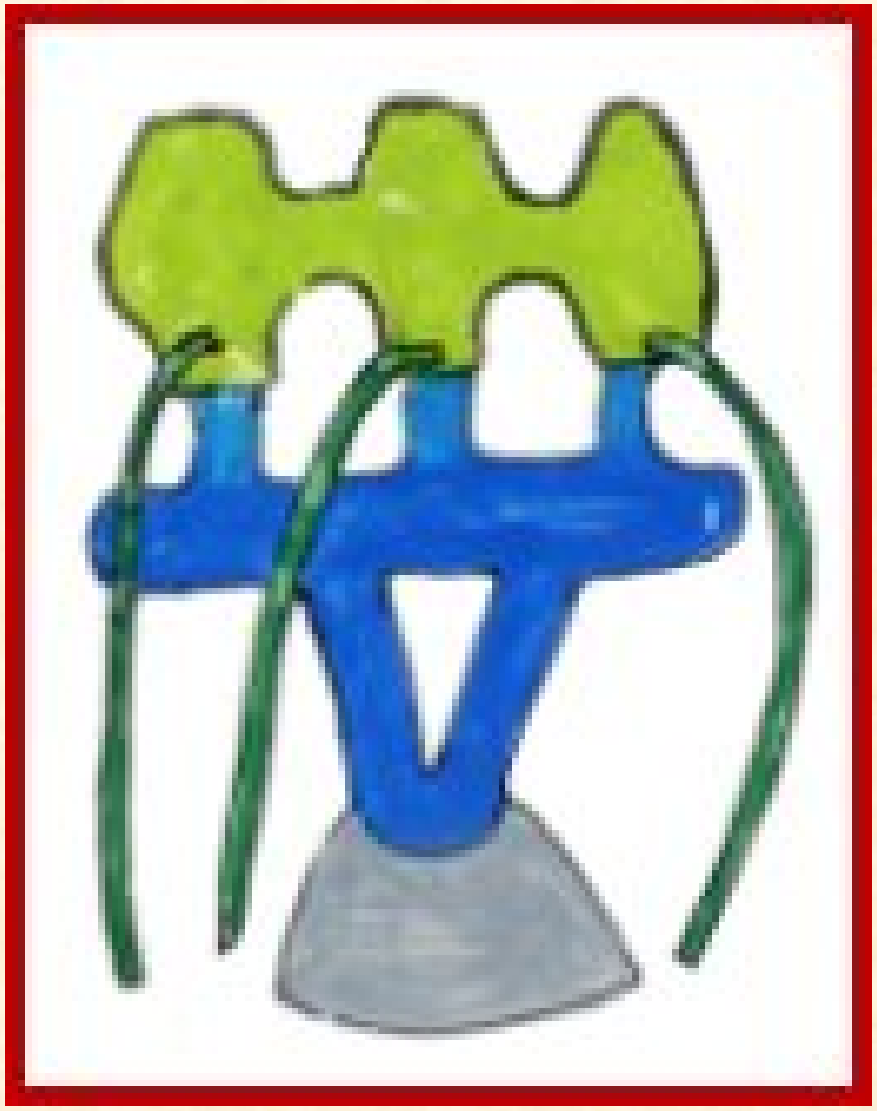
verde = modellato

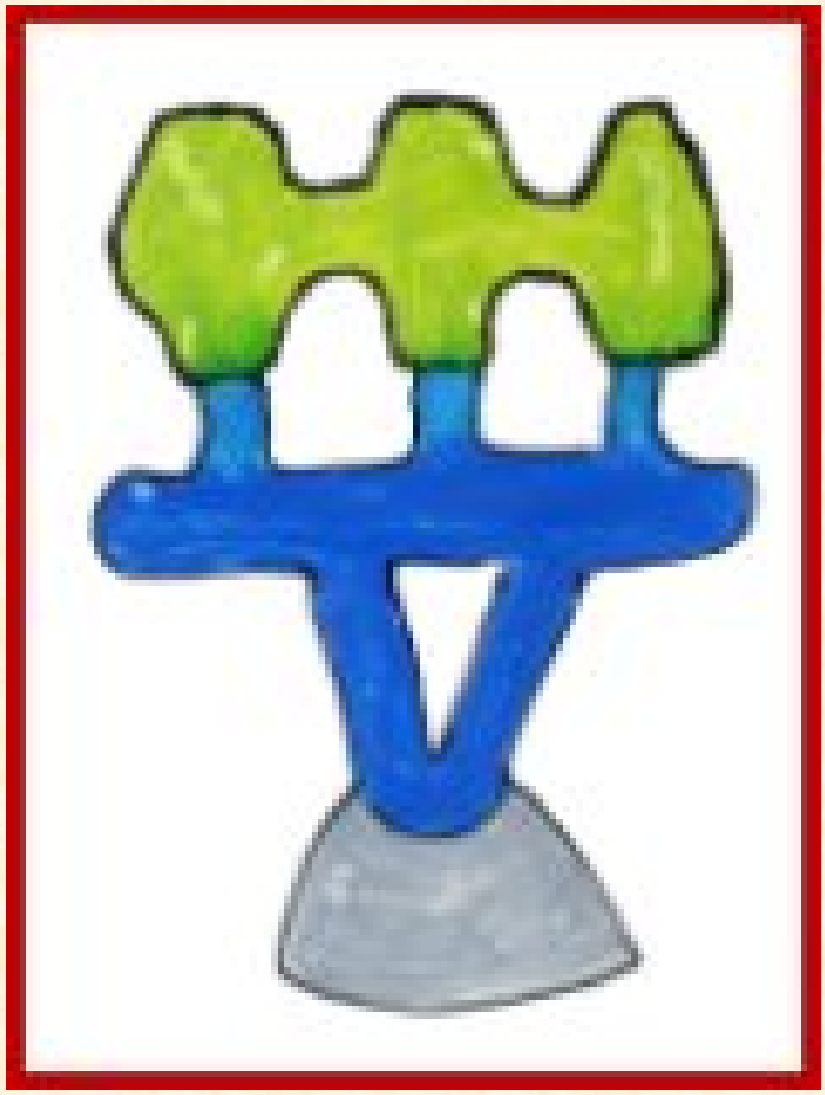
azzurro = camera di retrazione,

blu perno di colata

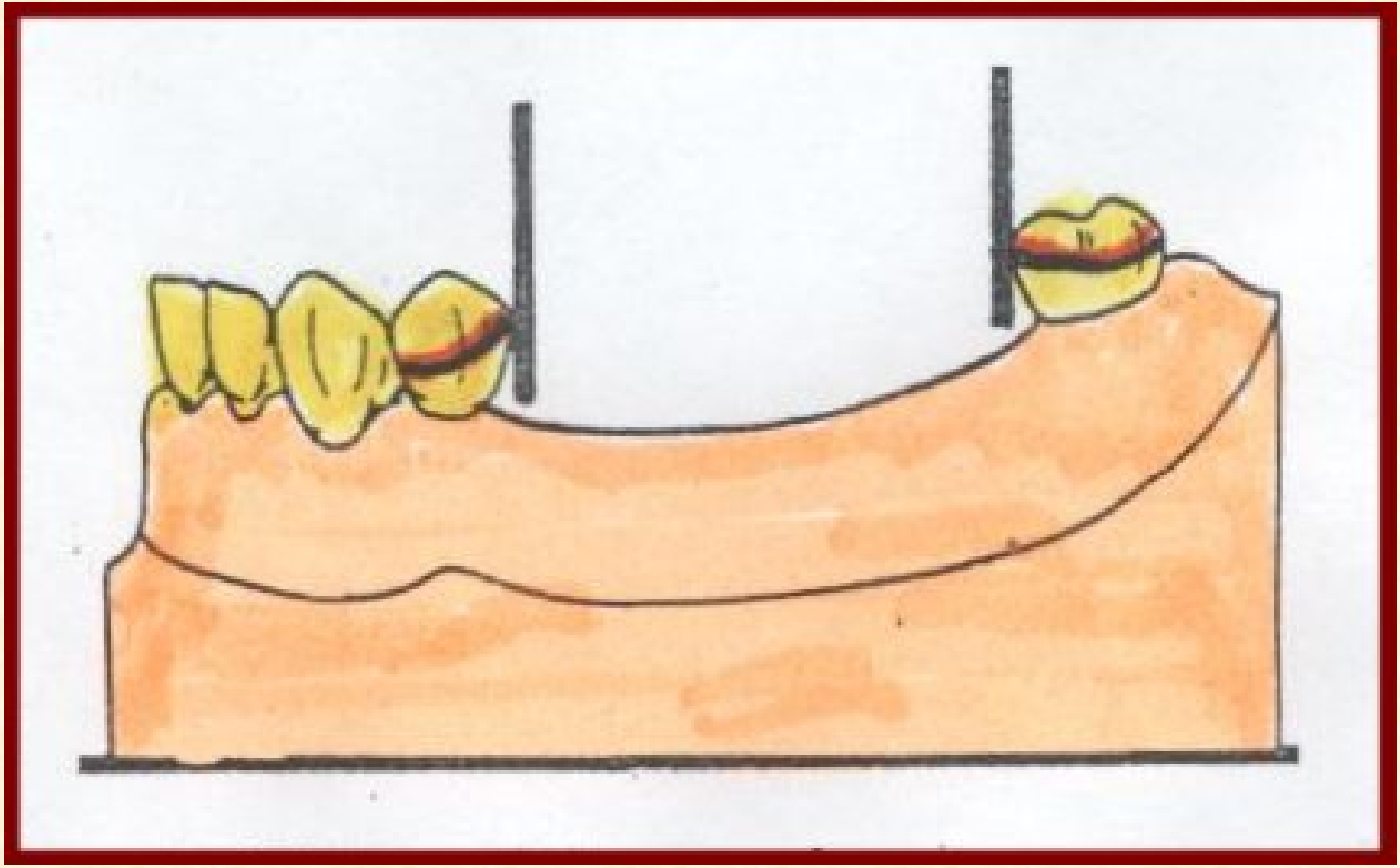
marrone = tazza di formatura crogiulo

Misure in mm A e B = da 8 a 12 C = 2,5 D = 6 E = 4

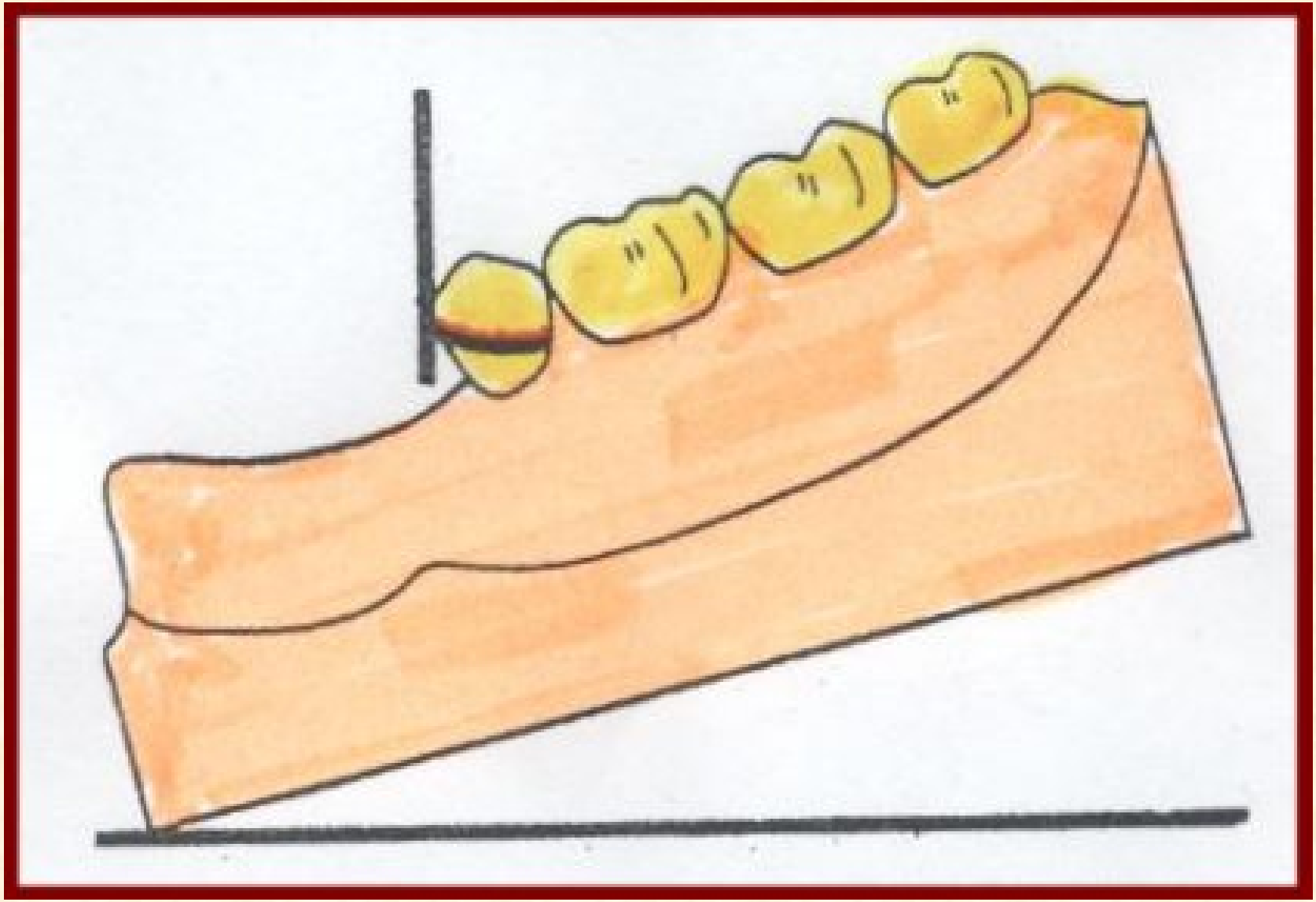




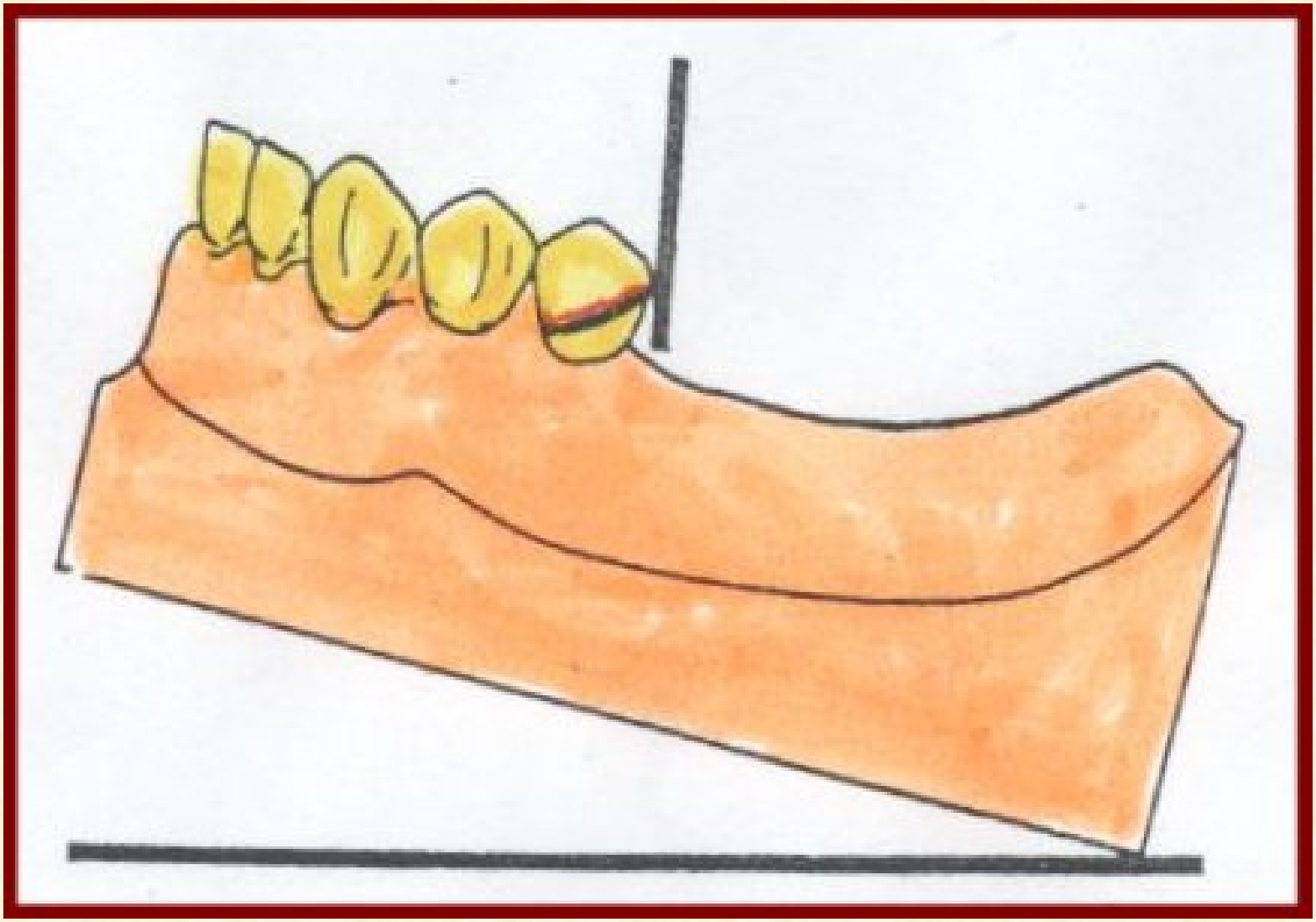
Fusione d'elementi per ceramica. Modellazione in cera con scarichi e senza



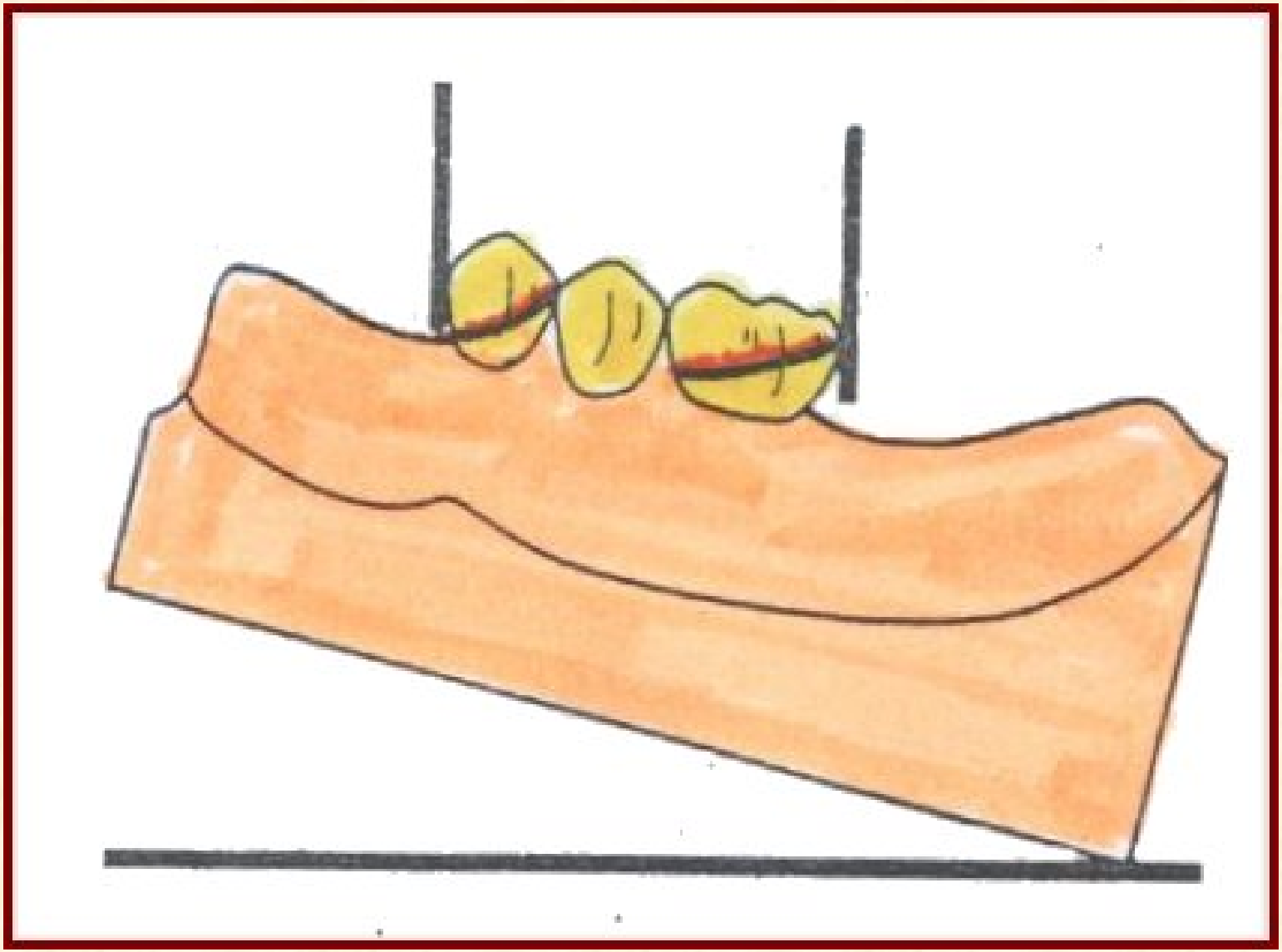
Equatori disegnati sul modello che è posto sul parallelometro in posizione di livello avendo gli appoggi da ambo i lati



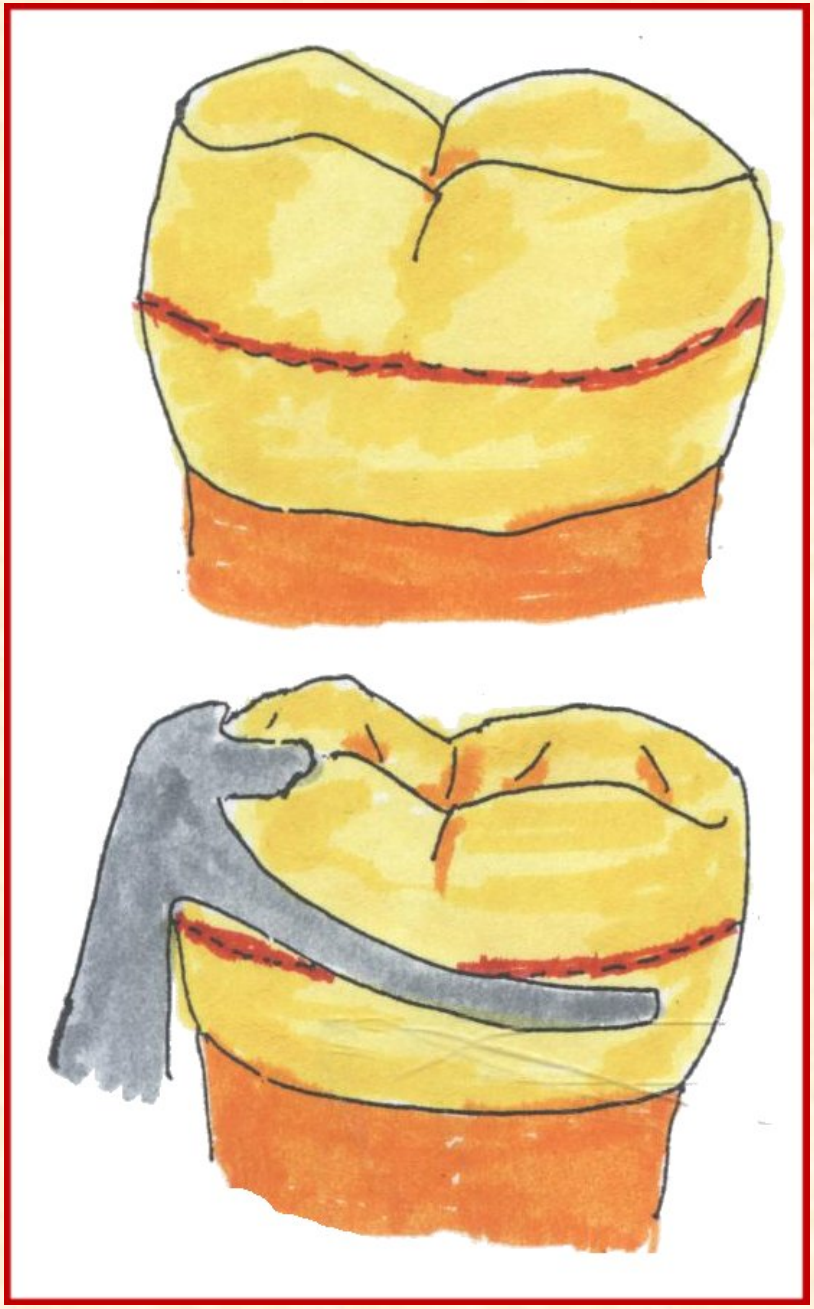
Equatori disegnati sul modello che è posto sul parallelometro in posizione inclinata al basso nella zona dove mancano gli appoggi



Equatori disegnati sul modello che è posto sul parallelometro in posizione inclinata al basso nella zona dove mancano gli appoggi

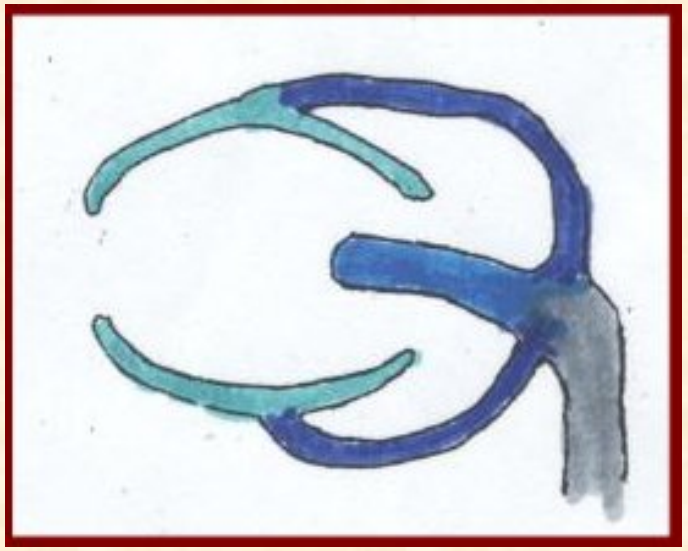


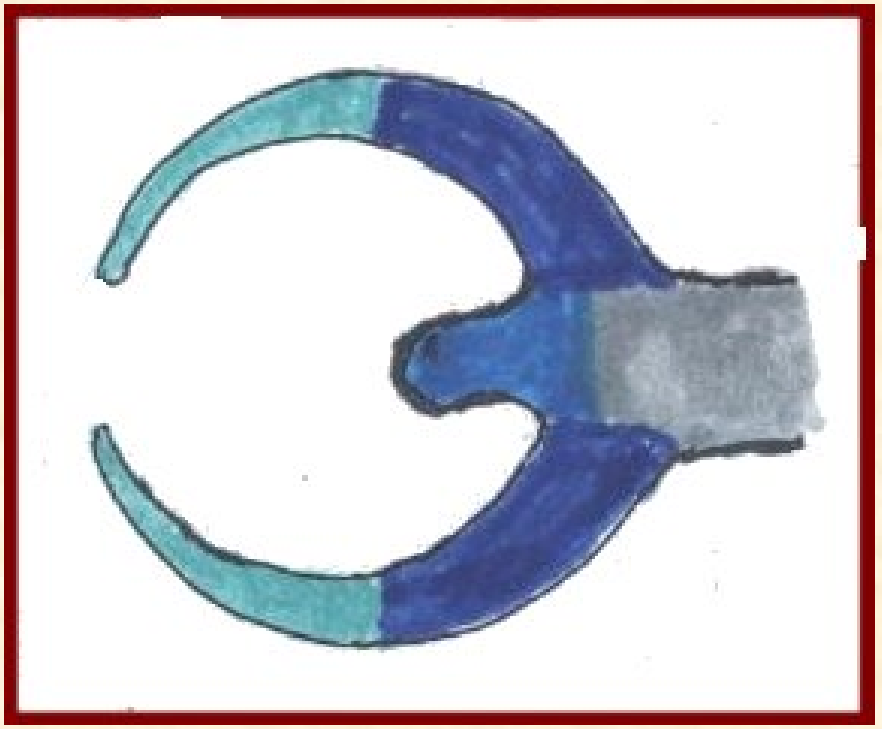
Equatori disegnati sul modello che è posto sul parallelometro in posizione inclinata verso il basso.Zona dove gli appoggi sono più deboli o si vuole preferire d’estetica.



Equatore di un dente disegnato col parallelometro

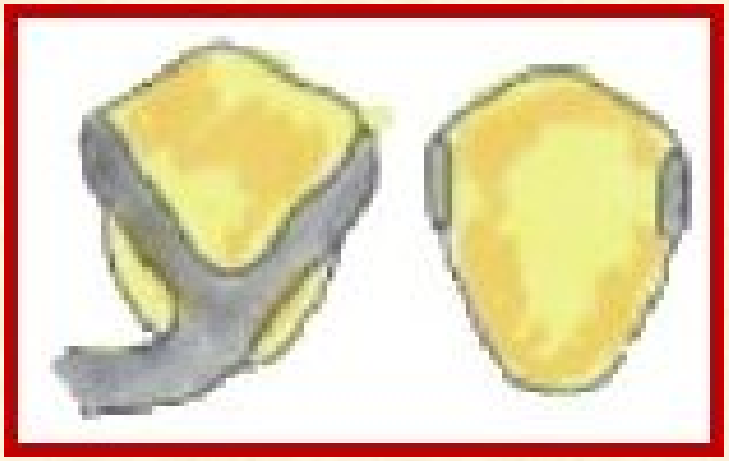
Il gancio deve avere un appoggio (cavaliere o rest) un braccio elastico che oltrepassi per 1/2 l'equatore



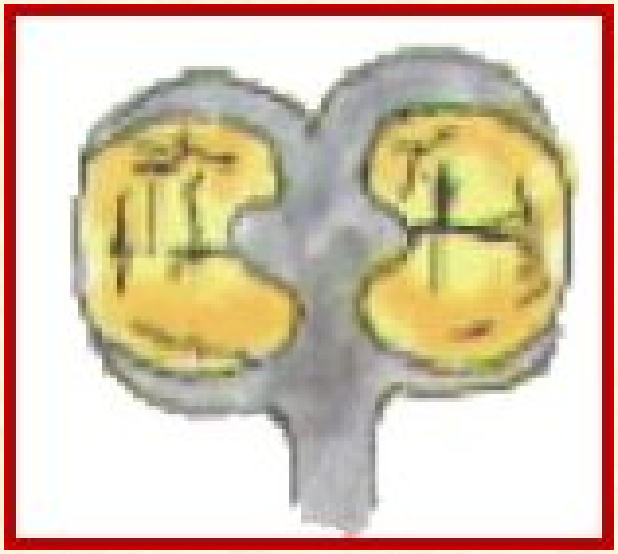


Gancio: i bracci devono racchiudere 3/4 del dente e avere un cavaliere, devono essere elastici in parte e avere un cavaliere resistente e posto in una zona libera dall'antagonista. Il cavaliere deve appoggiare e forzare sull'asse del dente.

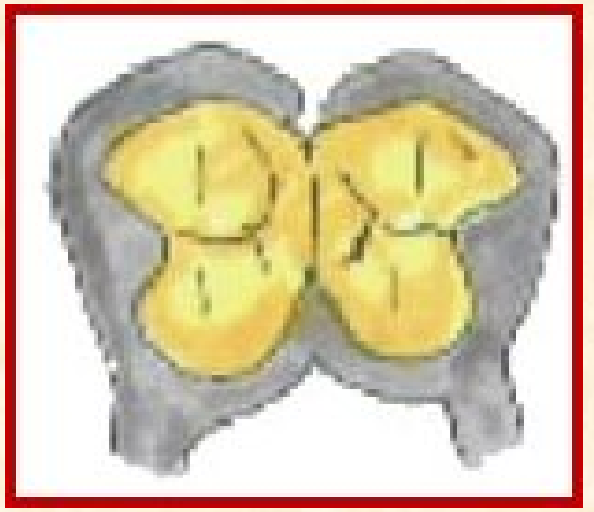
Colore azzurro=zona elastica. Blu =zona rigida e resistente.
Ggrigio = peduncolo d'attacco alla barra.



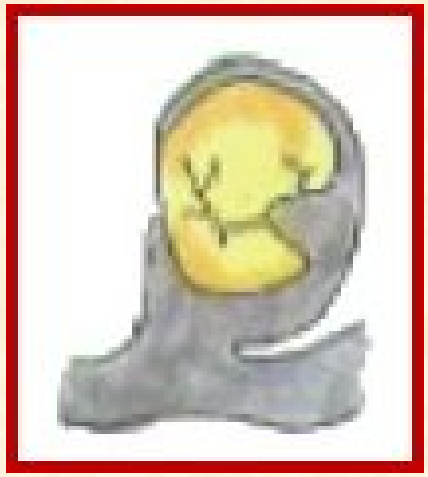
Gancio per dente anteriore faccia linguale rigida a V, faccia labiale due cavalieri sull'equatore del dente.



Gancio continuo su due denti provvisto di due cavalieri uniti e con attacco unico sulla barra



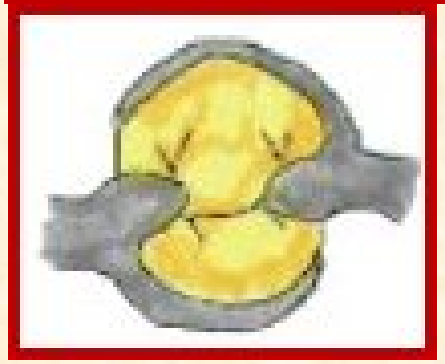
Gancio continuo su due denti provvisto di due cavalieri separati e con attacchi separati alla barra



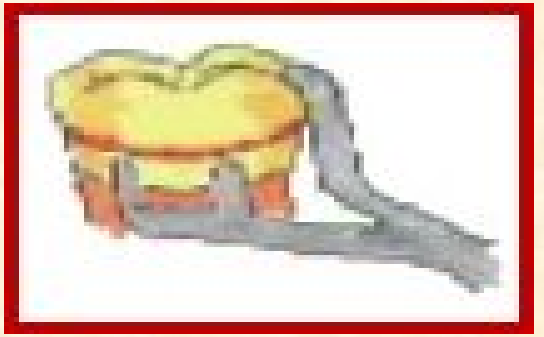
Nei ganci con cavaliere spostato dalla barra d'attacco: il peduncolo d'attacco deve essere più resistente.

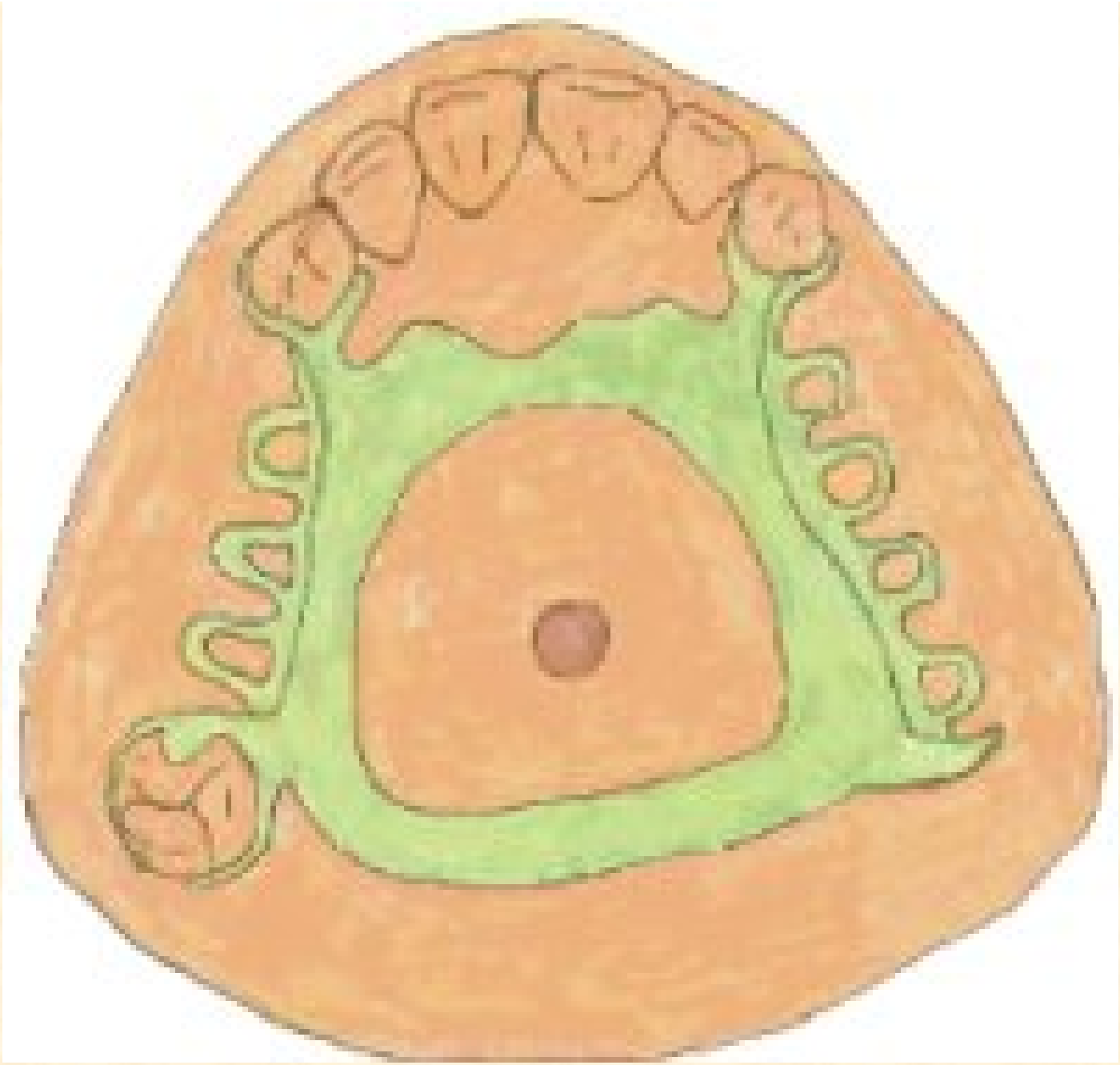
Gancio modello a forma di T con braccio rigido nella zona linguale

Gancio modello a forma d'U con braccio rigido nella zona linguale



Gancio a bracci separati e ciascun provvisto di cavaliere con attacchi separati sulla barra

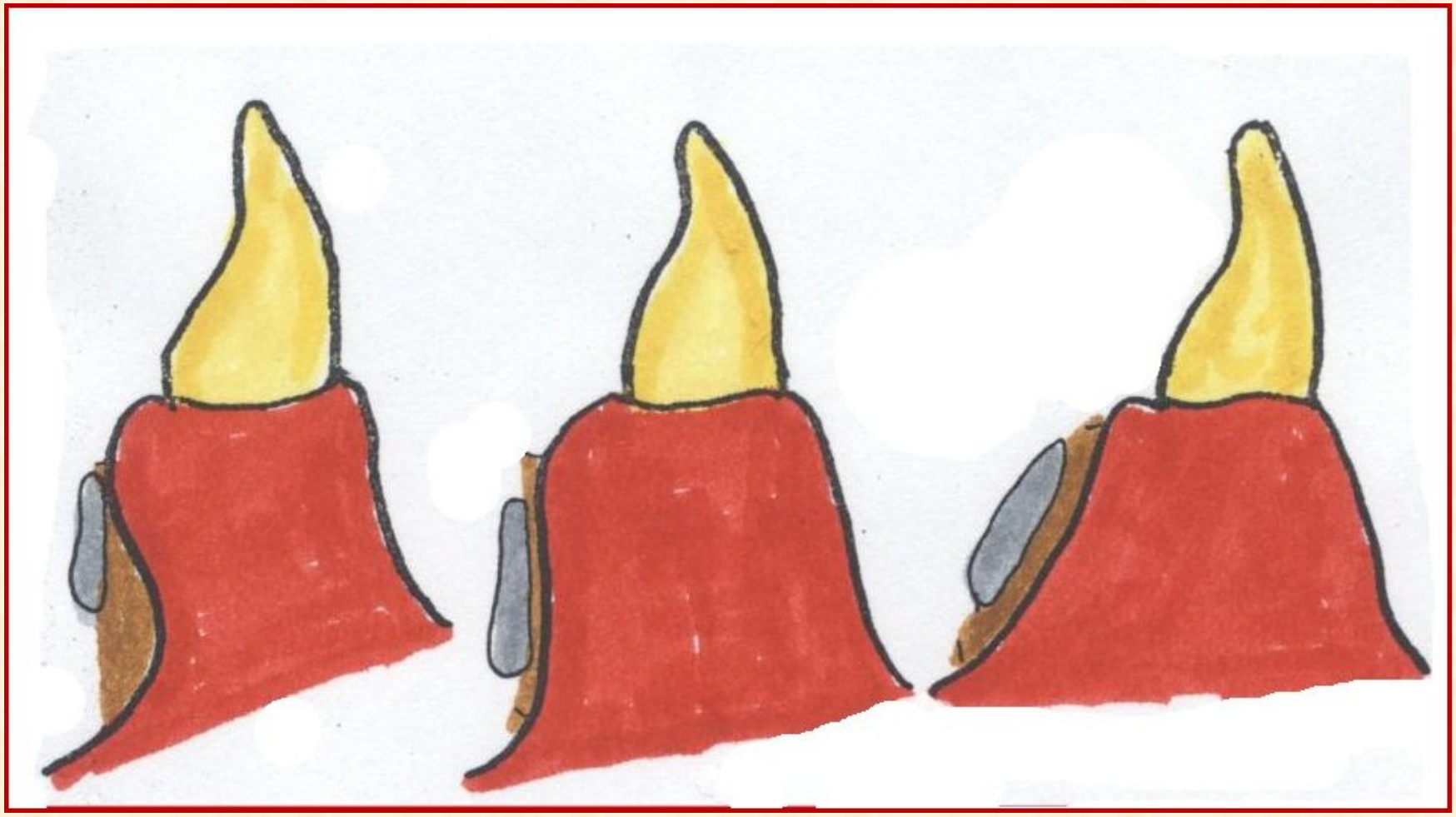




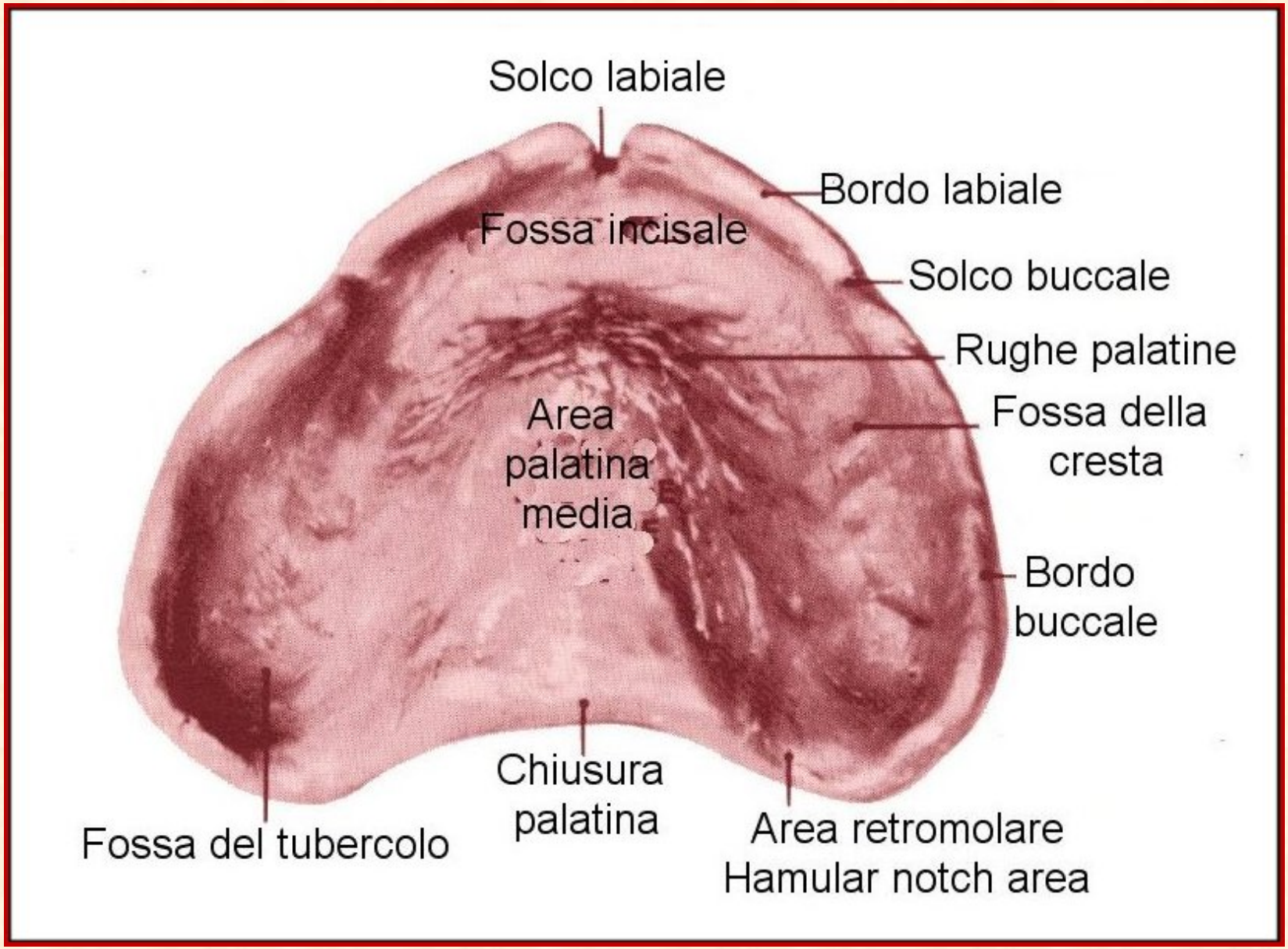
Scheletro modellato in cera su modello refrattario

Scheletro modellato in cera su refrattario con perni di colata in basso

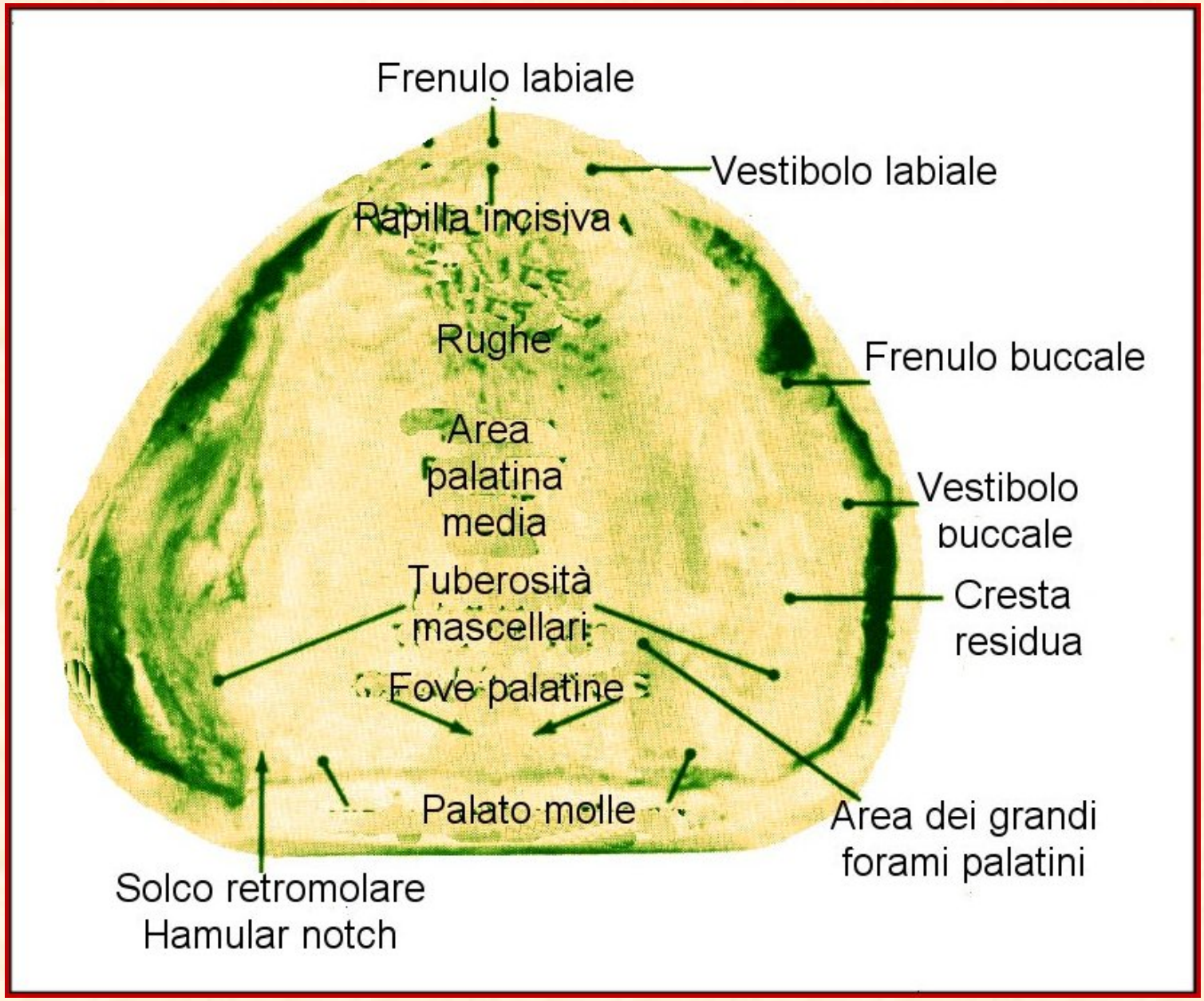
Scheletro modellato in cera su refrattario con perni di colata in alto



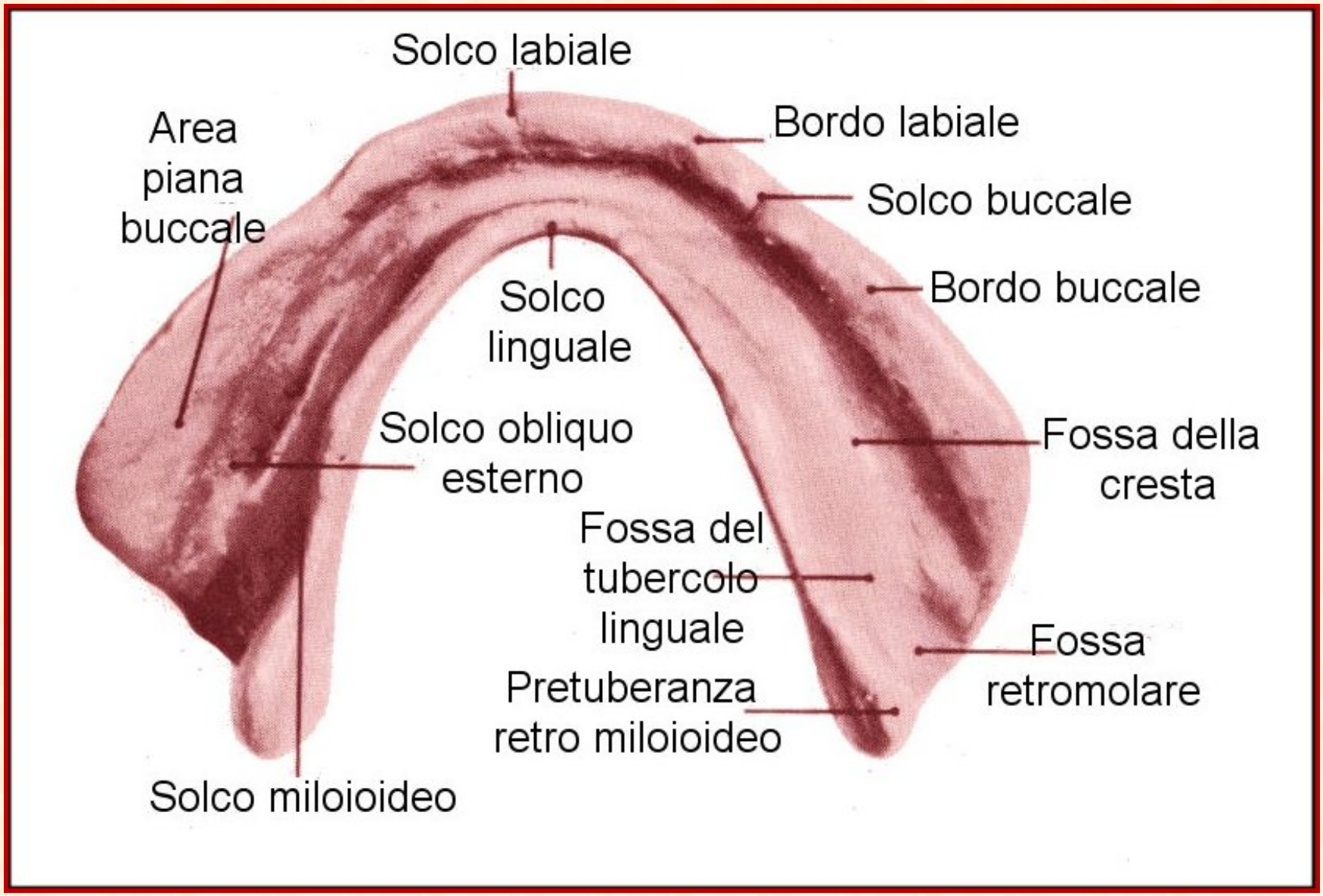
Barre linguali. Isolamento dalla gengiva per evitare i decubiti ed i sottosquadri. Grigio = barra Marrone= distanziatore



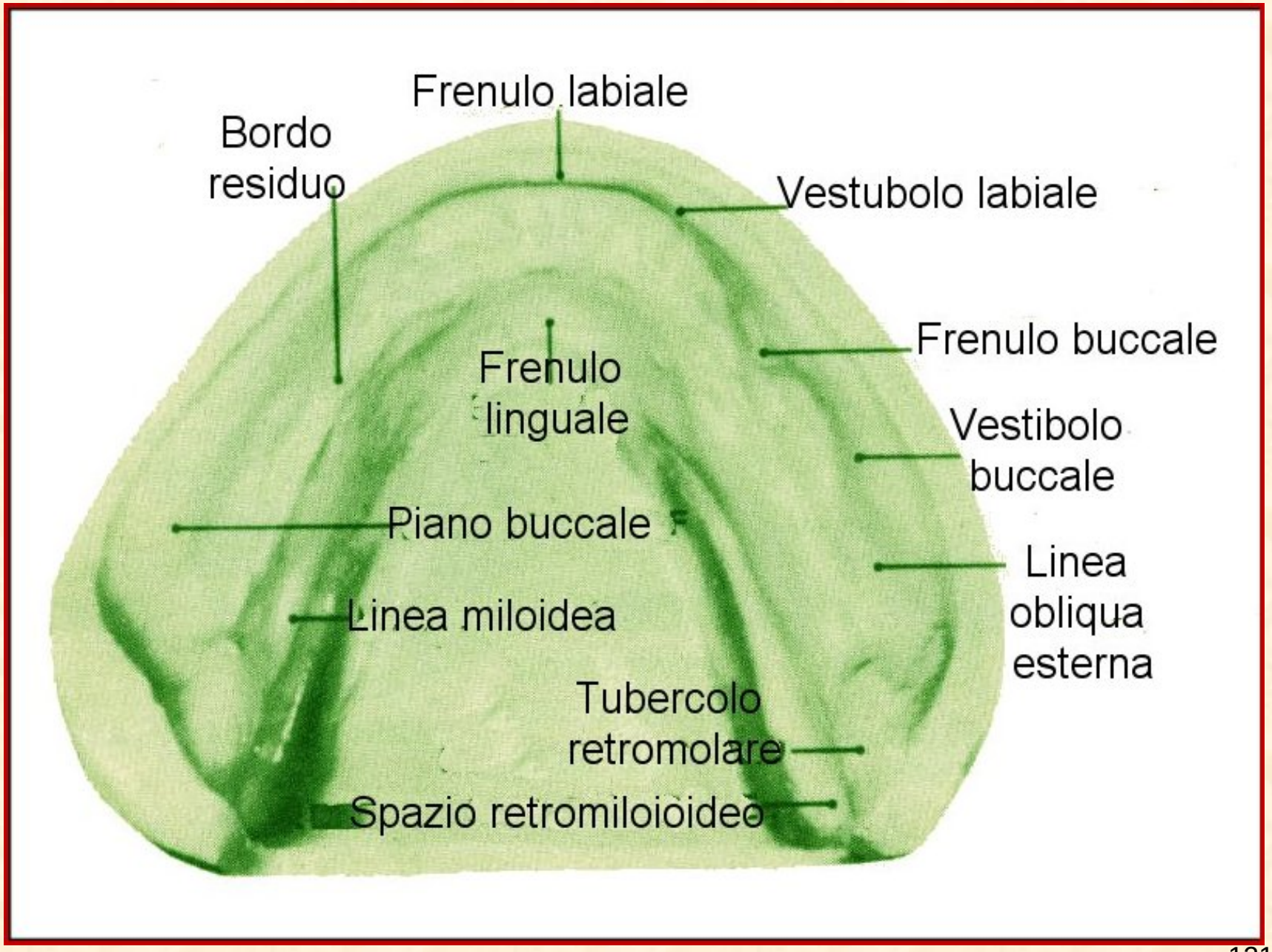
Impronta di arcata superiore edentula



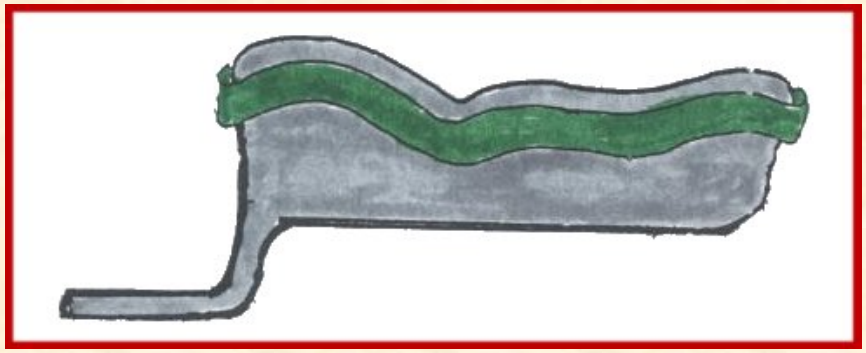
Modello in gesso di arcata superiore edentula



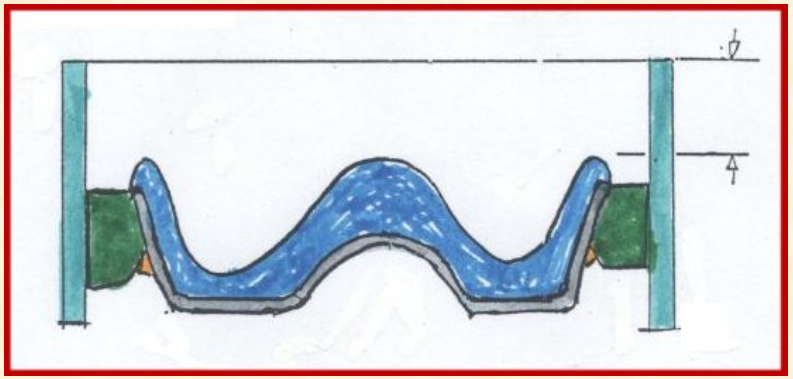
Impronta di arcata inferiore edentula



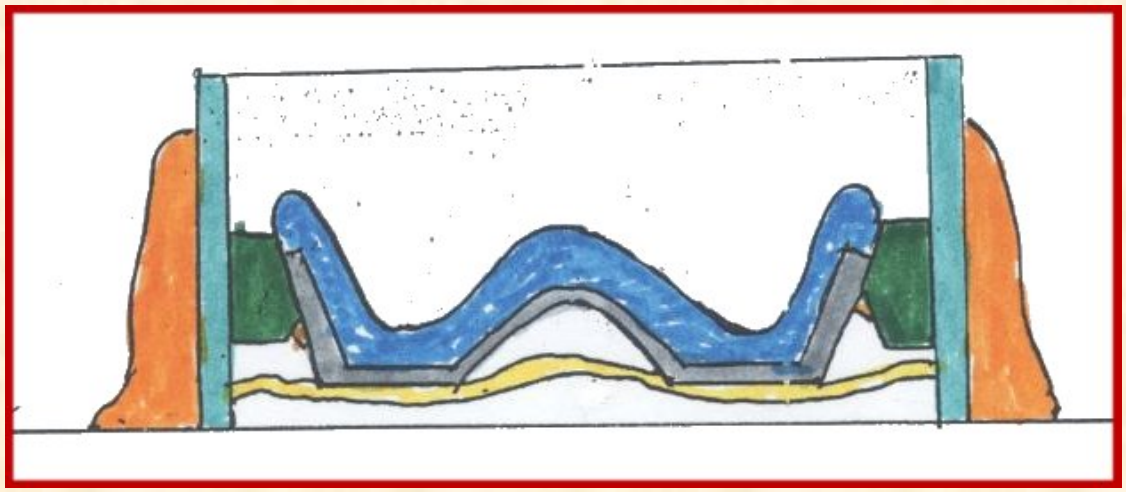
Modello in gesso di arcata inferiore edentula



Impronta bordata con trafilato in cera

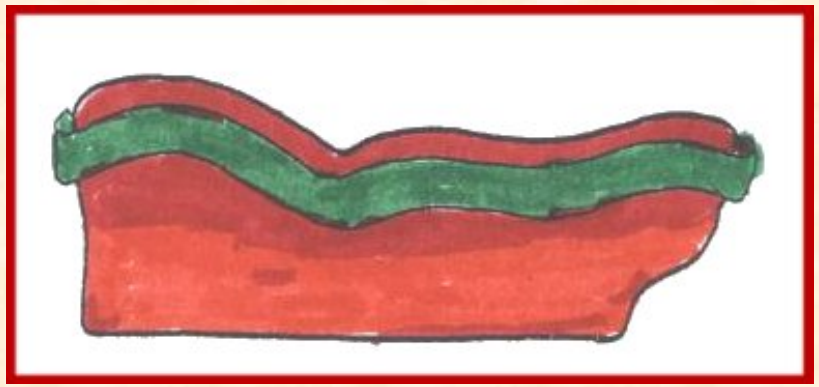


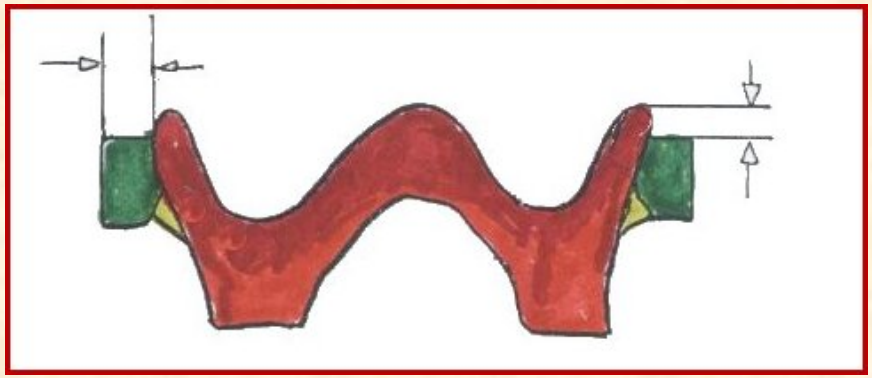
Impronta bordata e fasciata



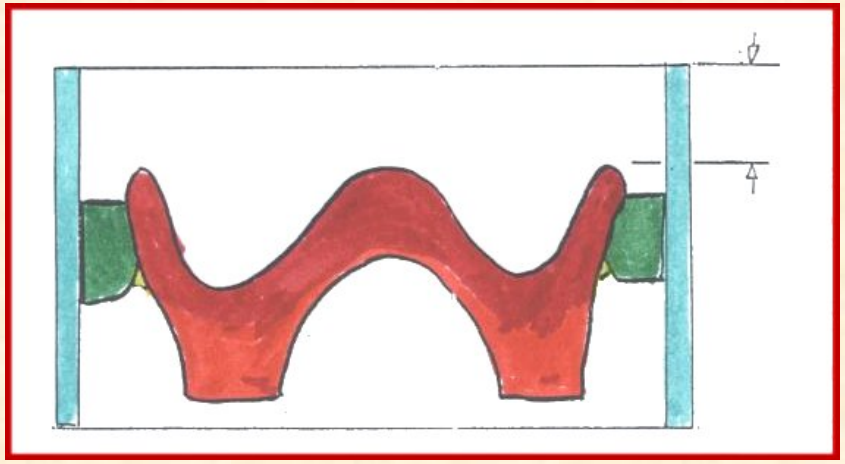
Impronta preparata
per ricevere il
gesso da modelli

Il trafilato in cera è di 5 mm applicato a 3 mm dal bordo dell'impronta. Questo per la creazione del controbordo sul modello di gesso. La struttura in cera o cartone alta minimo 13 mm. sostenuta da gesso serve per creare lo zoccolo al modello

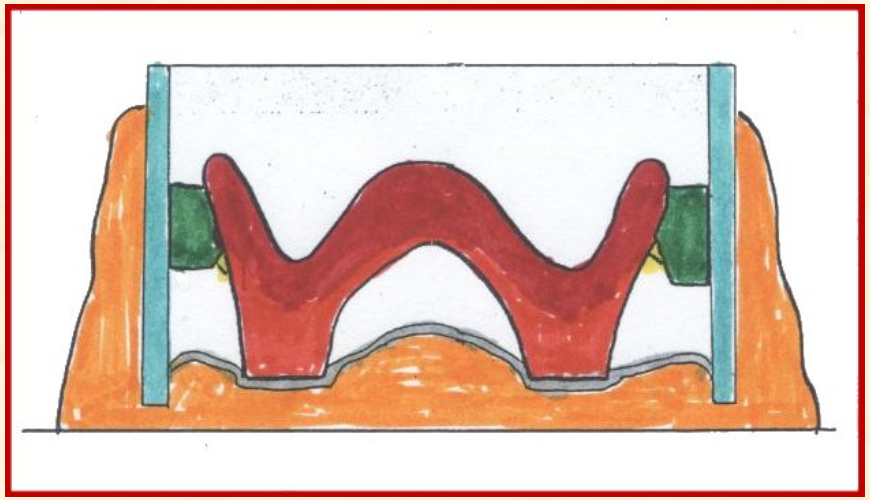




Impronta su masticone bordata con trafilato in cera

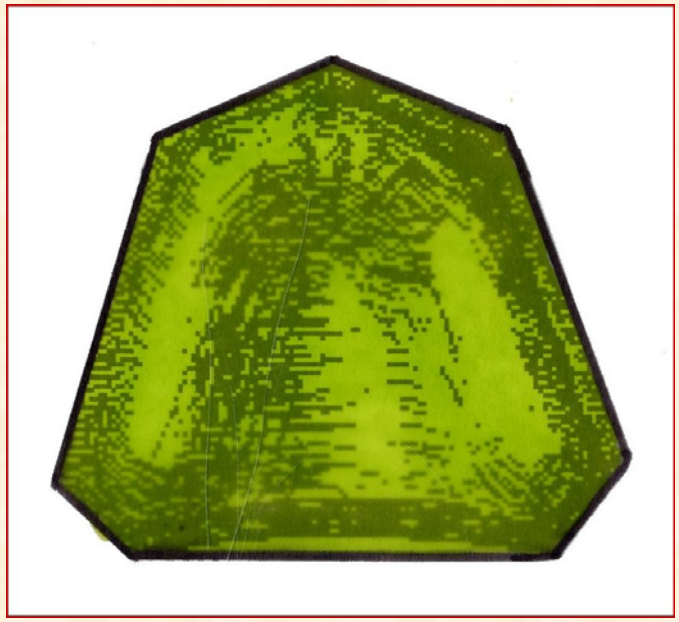


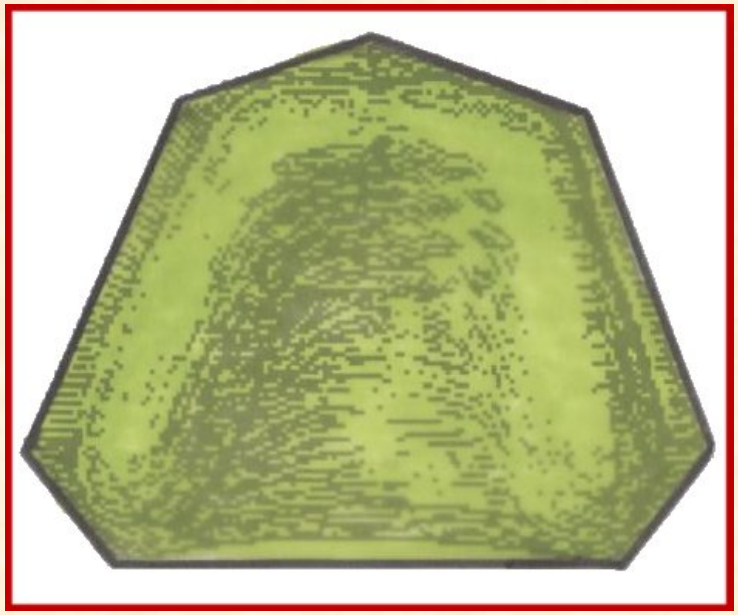
Impronta su masticone bordata

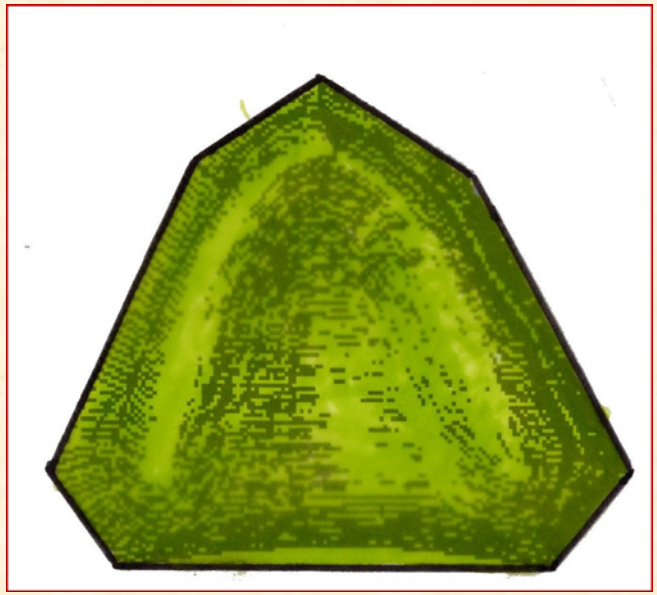


Impronta su masticone sistemata per ricevere il gesso per modelli

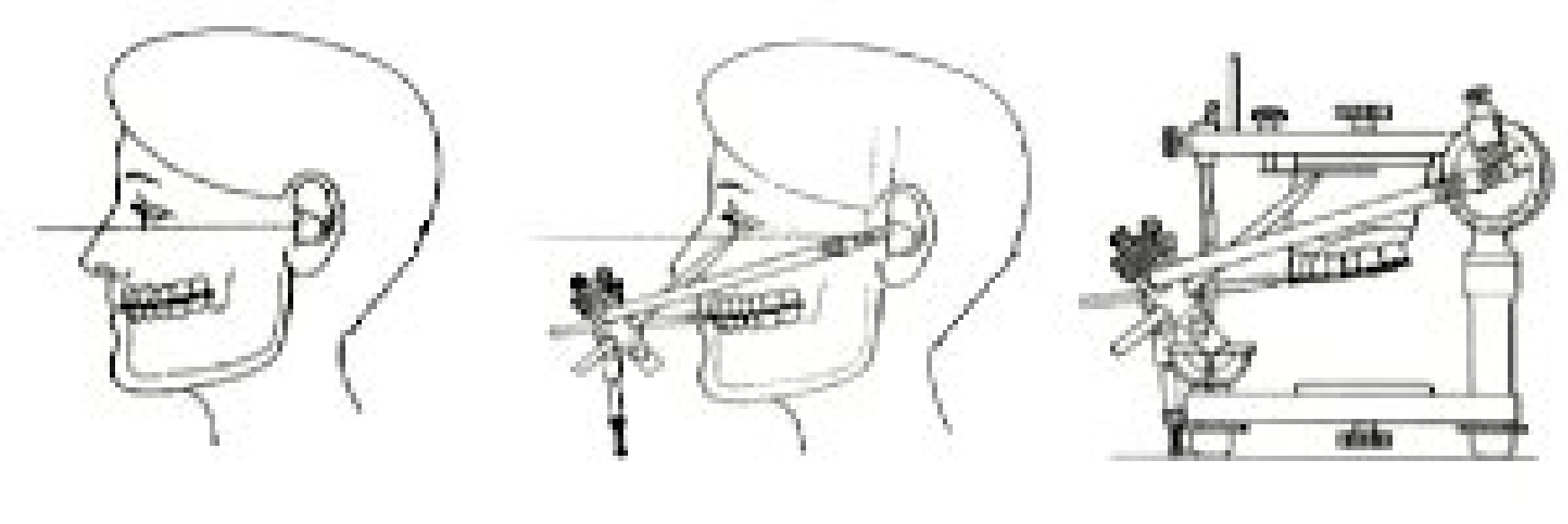
Il trafilato in cera è di 5 mm applicato a 3 mm dal bordo dell'impronta. Questo per la creazione del controbordo sul modello di gesso. La struttura in cera o cartone alta minimo 13 mm. sostenuta da gesso serve per creare lo zoccolo al modello



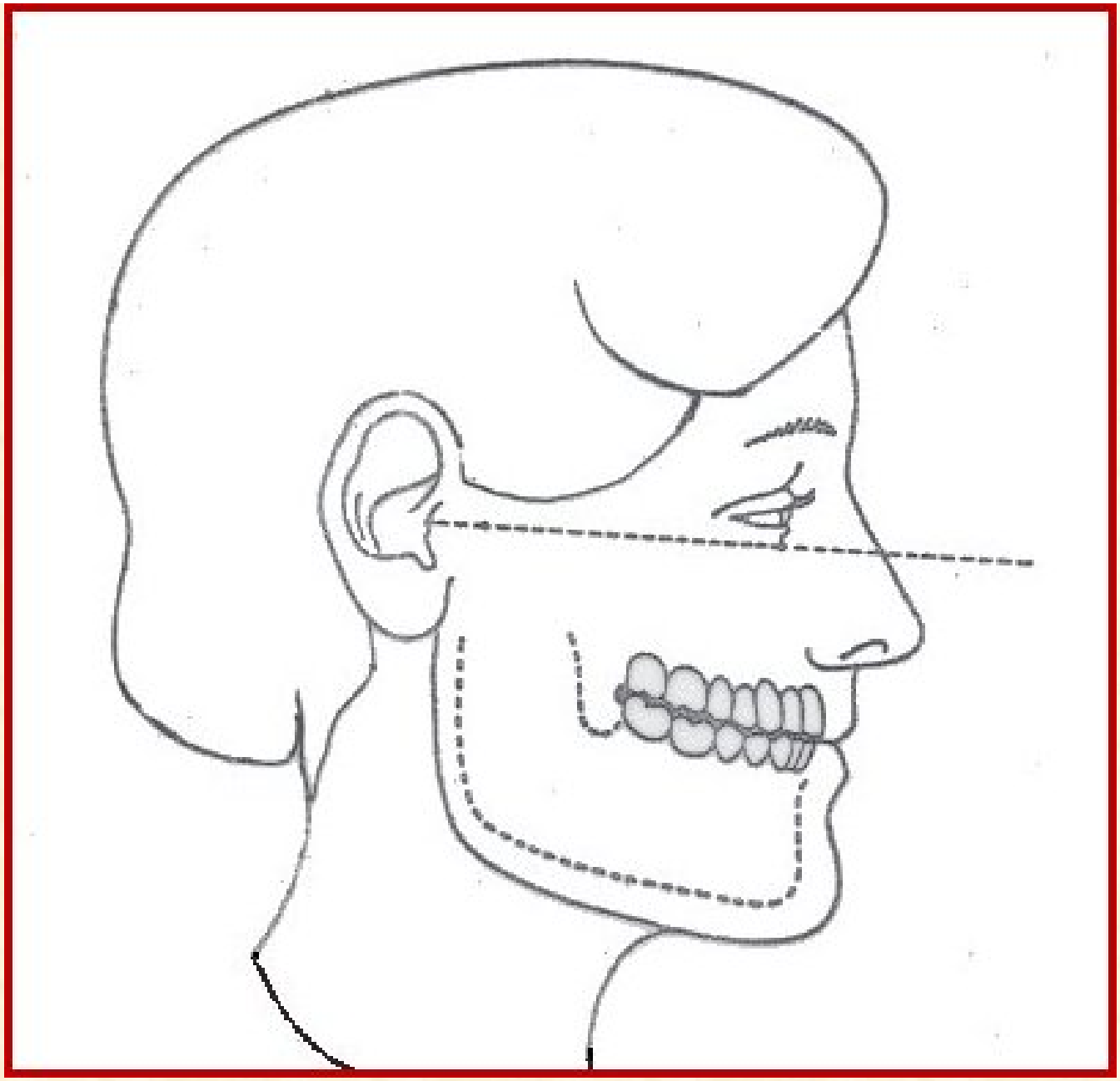




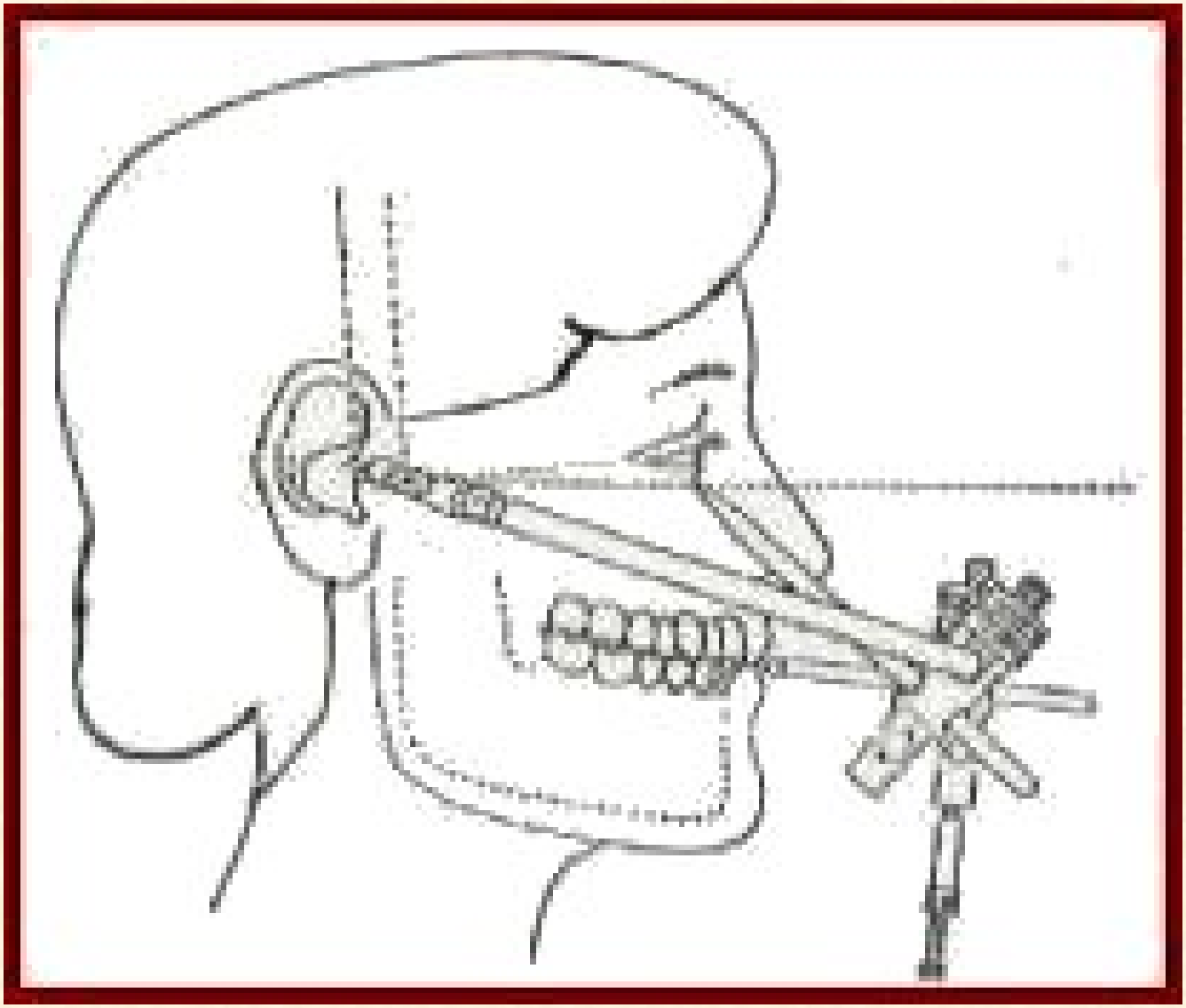
Forma dei mascellari modelli di gesso



Articolazione e articolatore, Trasferimento delle condizioni di articolazione, inclinazione del condilo e posizione del modello

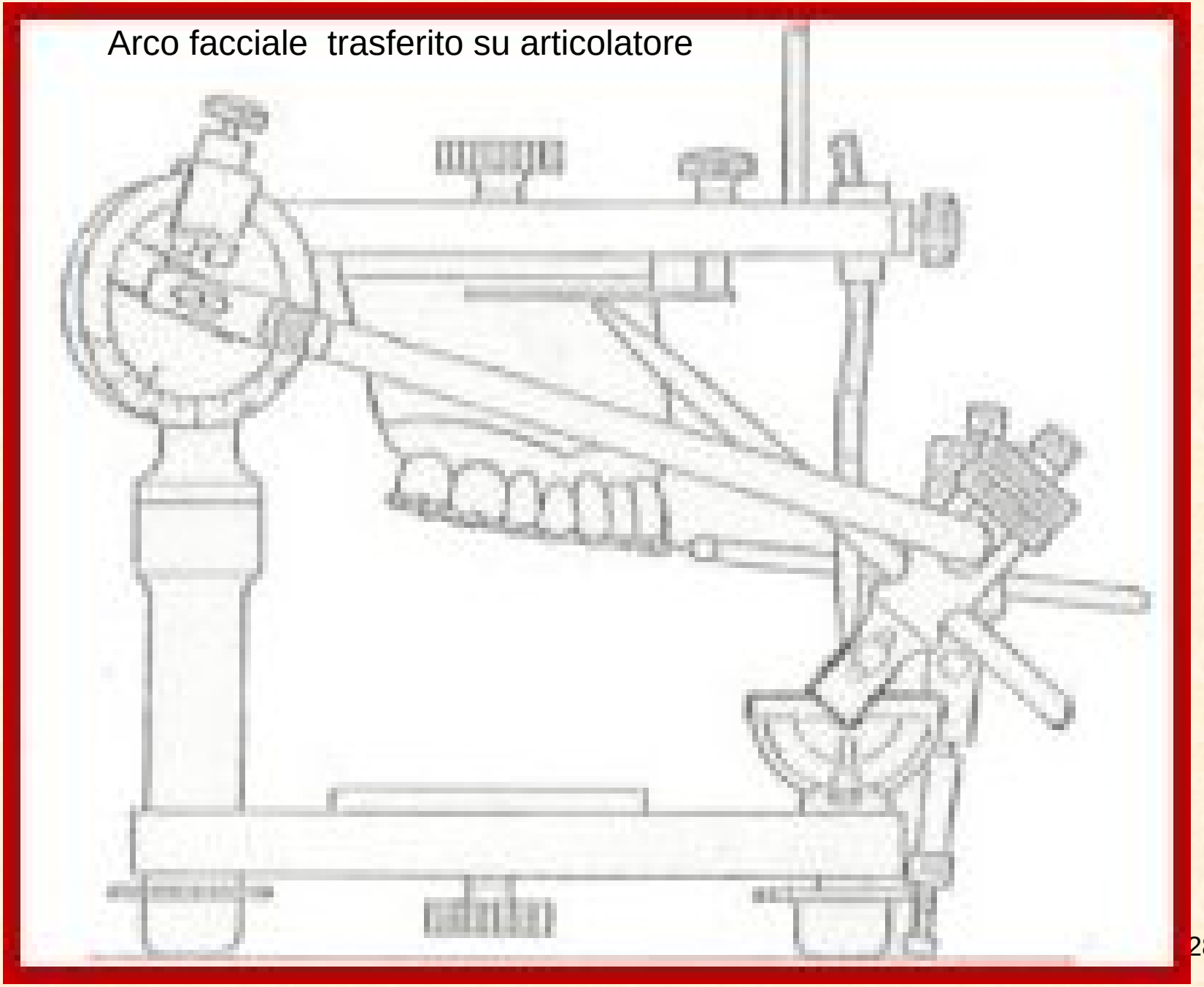


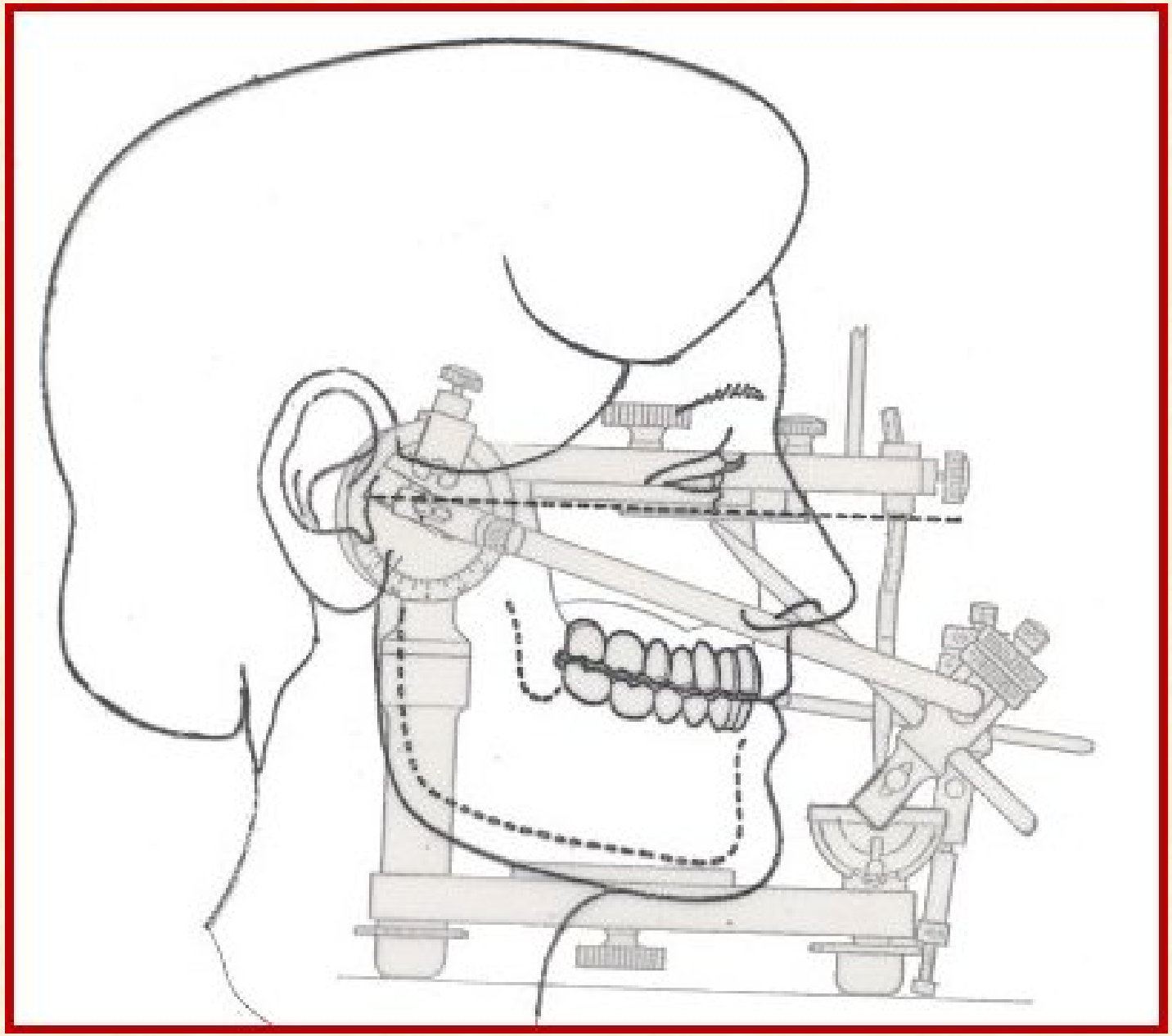
Piano di Francoforte, Piano antropologico, Porus acusticus –bordo orbitale



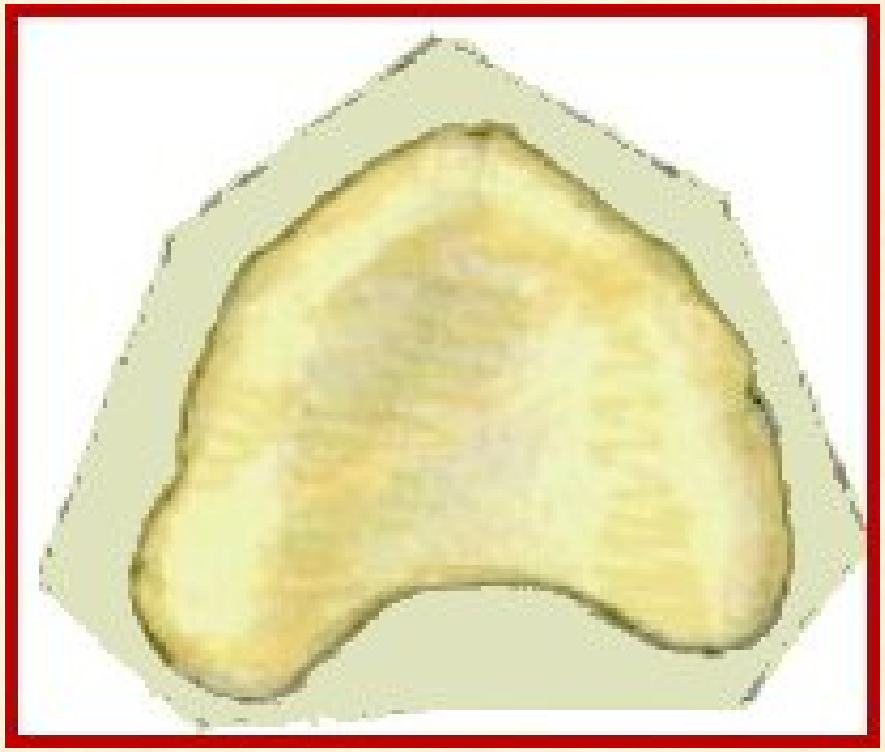
Arco facciale posto sul paziente

Arco facciale trasferito su articolatore

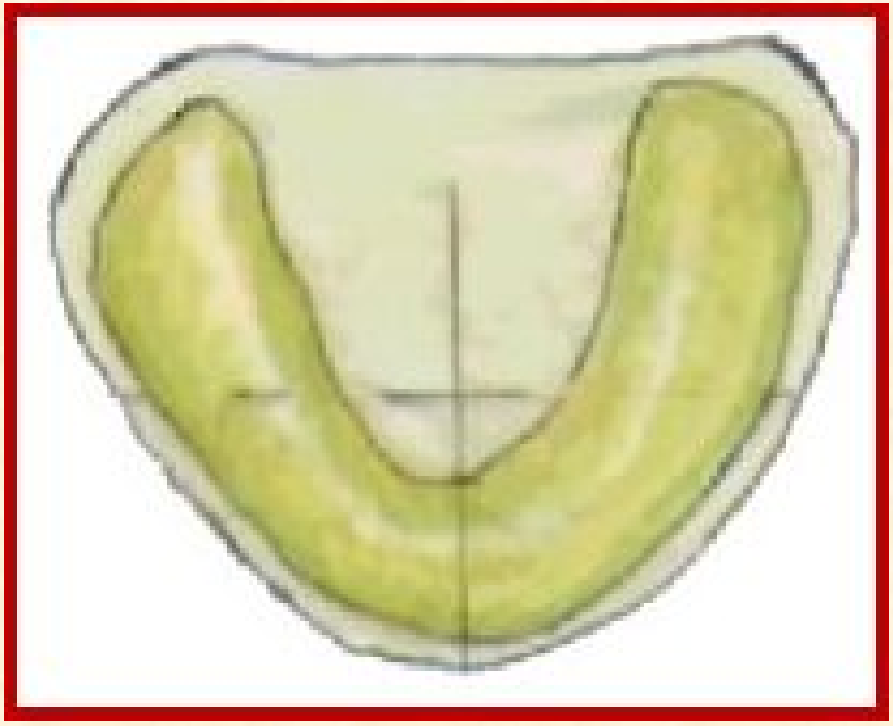




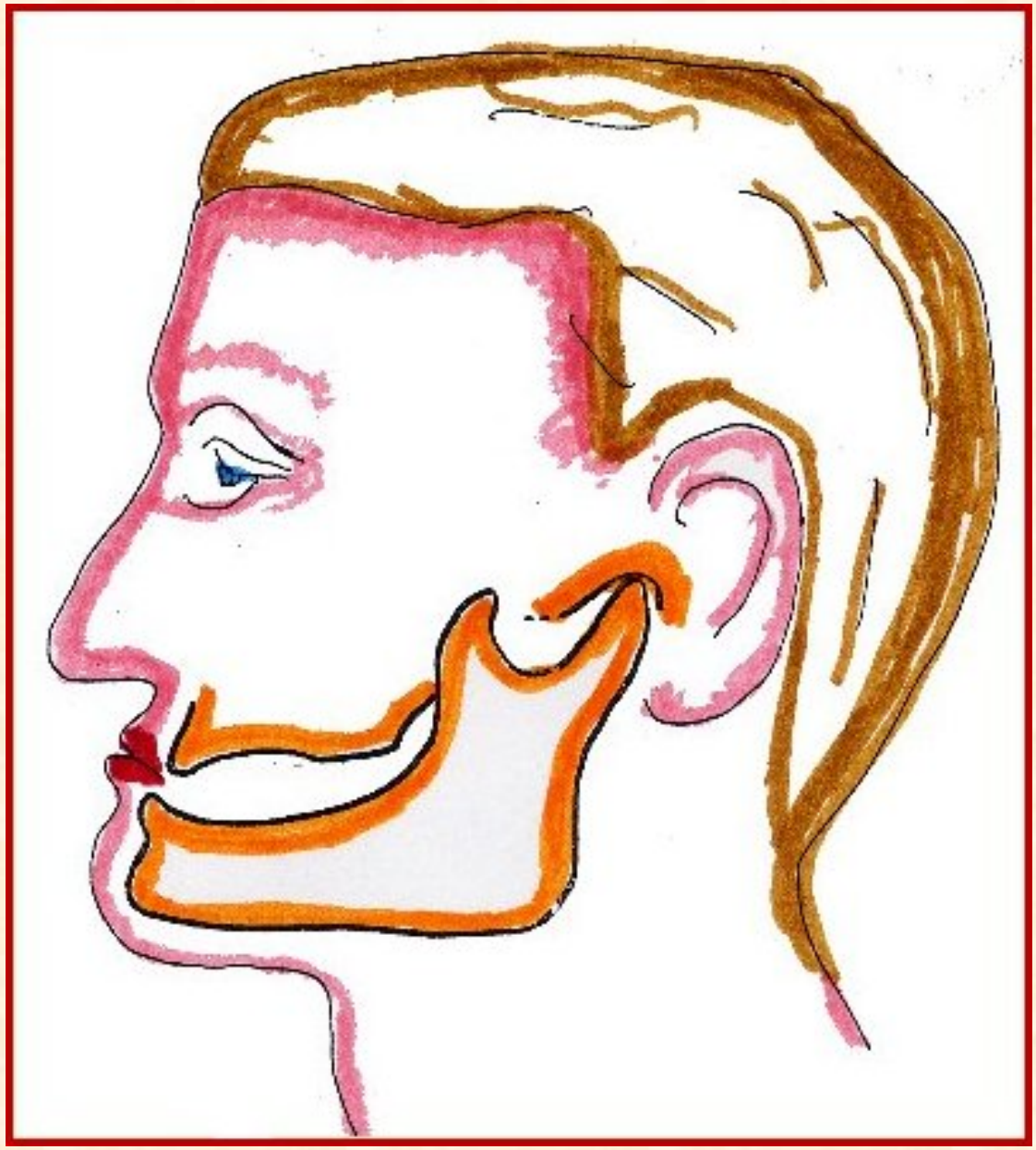
Articolazione e articolatore



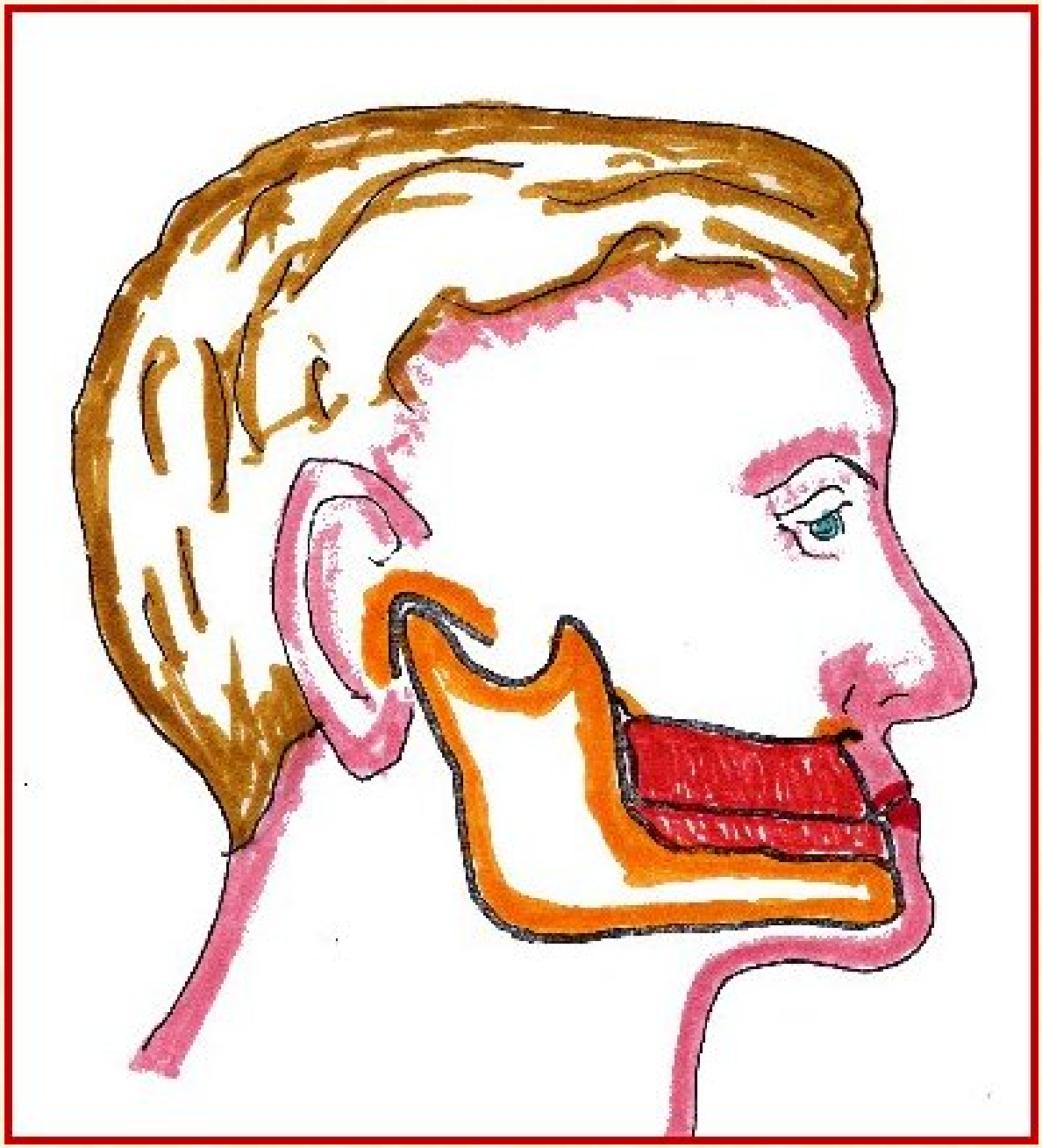
Base superiore



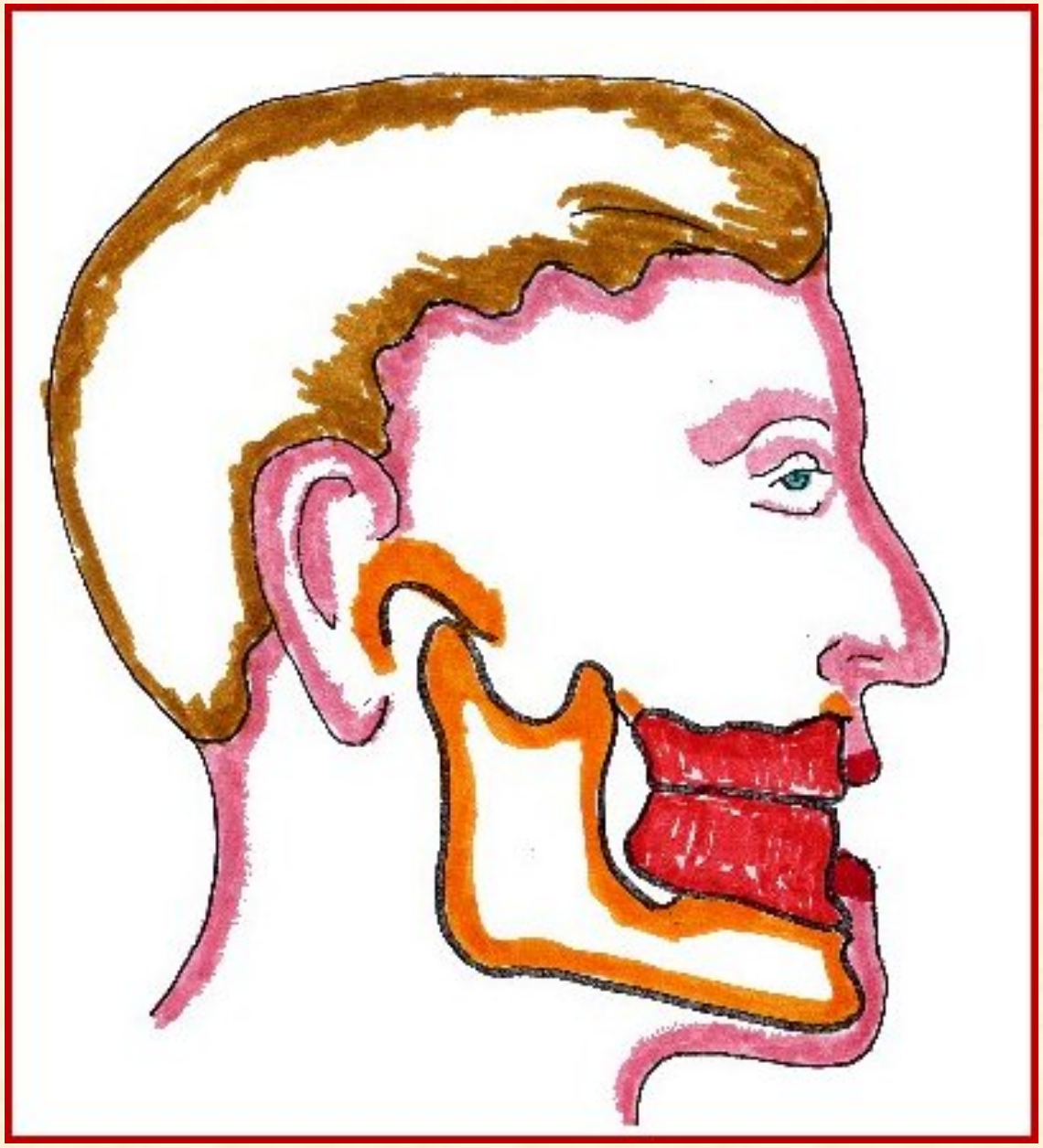
Base inferiore



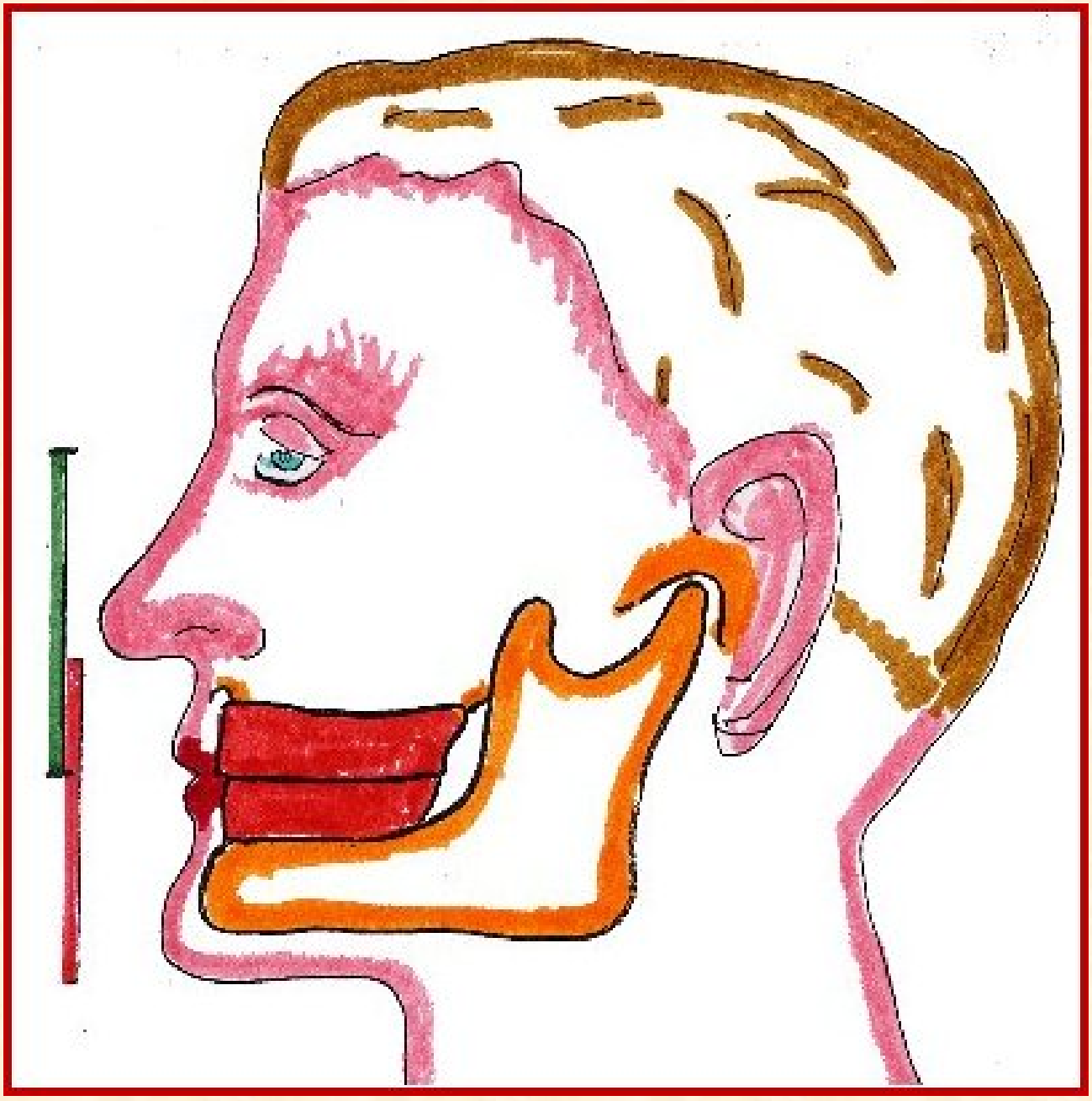
Bocca senza denti chiusura eccessiva della mandibola



Dimensione verticale falsata dai masticoni troppo bassi.

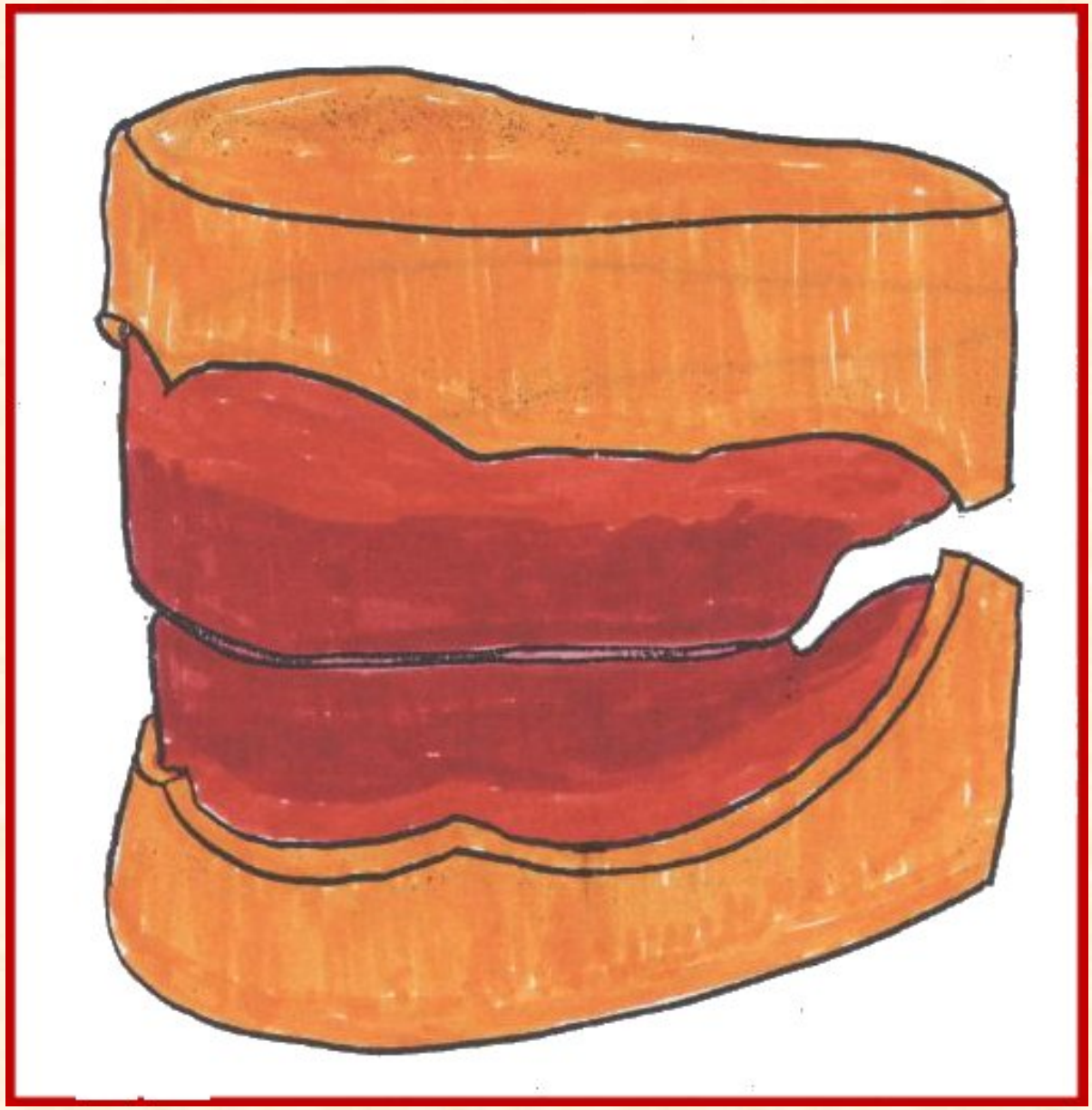


Dimensione verticale falsata dai masticoni troppo alti.

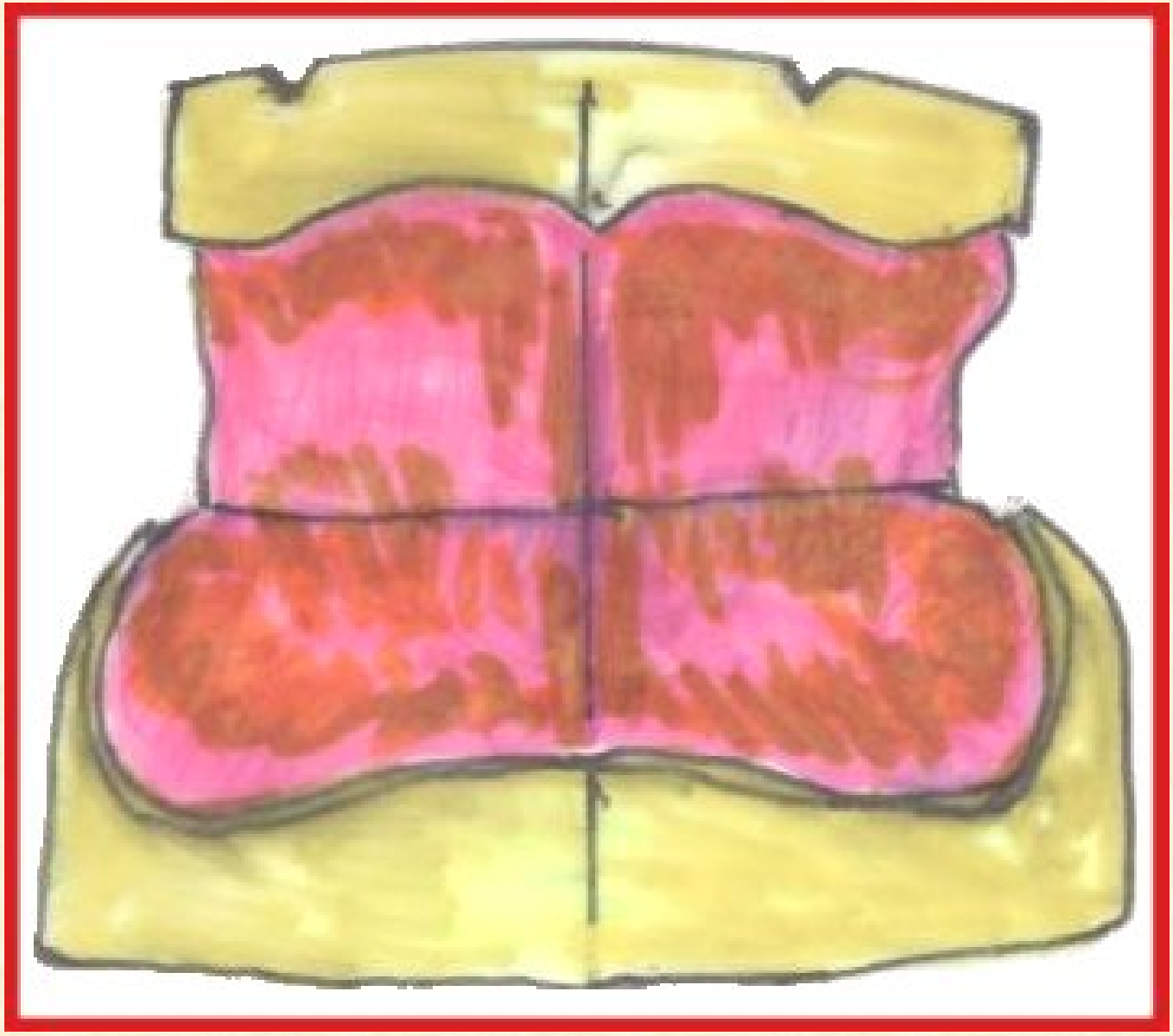


Dimensione verticale giusta

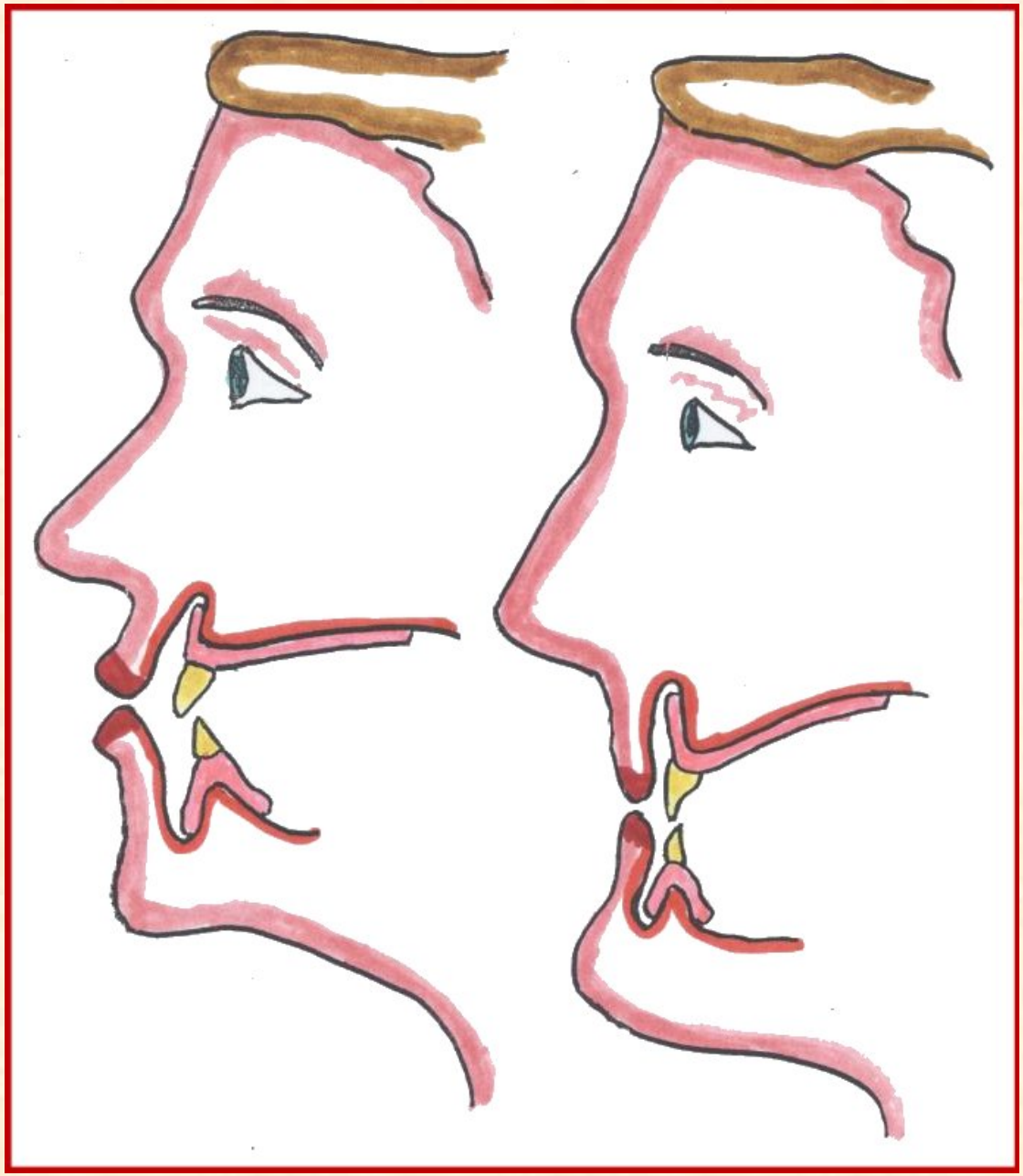
La distanza fra il bordo del naso e il mento è circa uguale alla distanza fra chiusura delle labbra e il centro della pupilla.



Masticoni in cera montati. Accertarsi che ai margini il gesso non si tocchino negli spazi retromolari



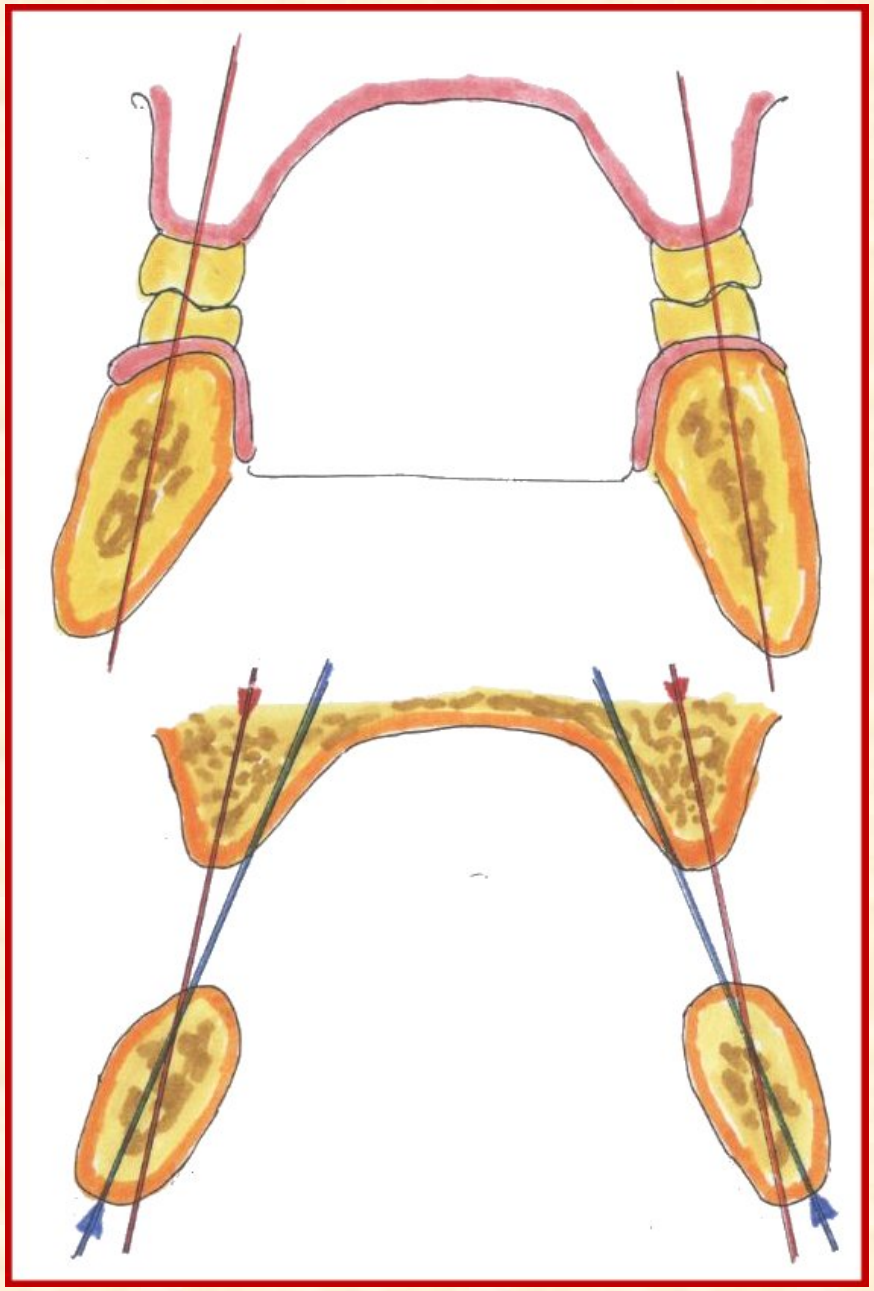
Blocchi di cera per determinare l'occlusione e la dimensione verticale



La protesi

determina il profilo:

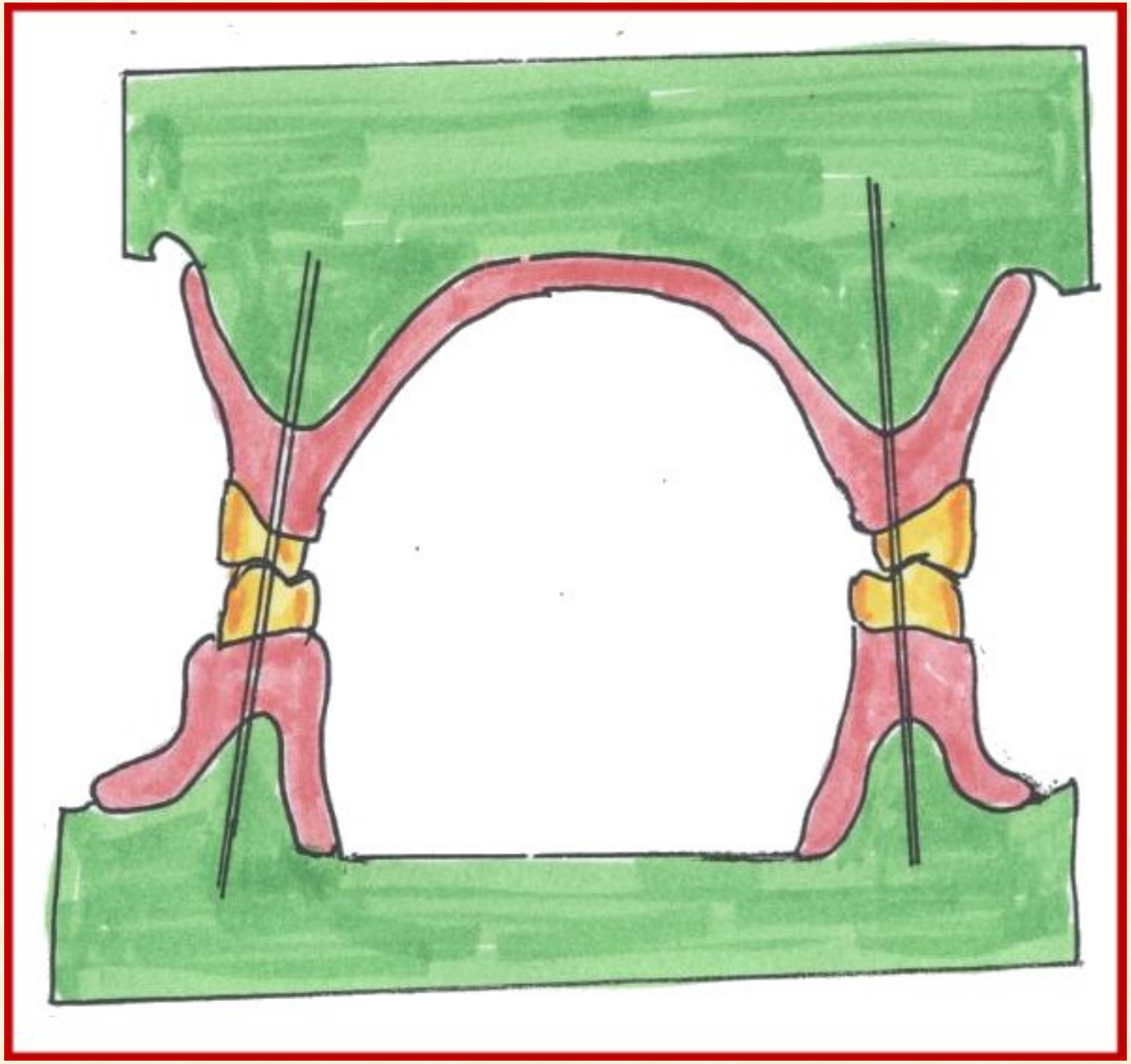
normale o retratto



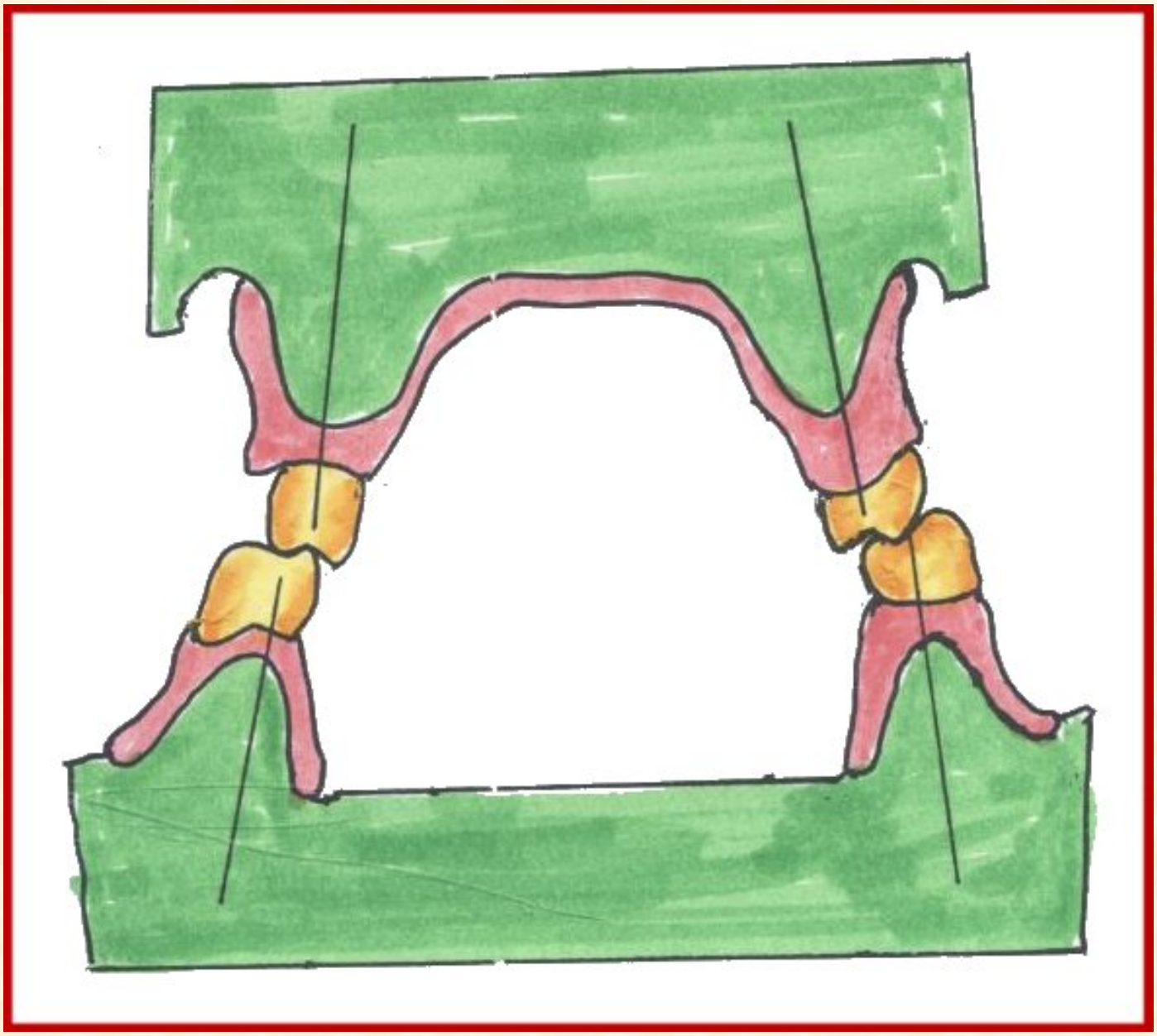
Occlusione.

Il mascellare è in proporzione col mandibolare.

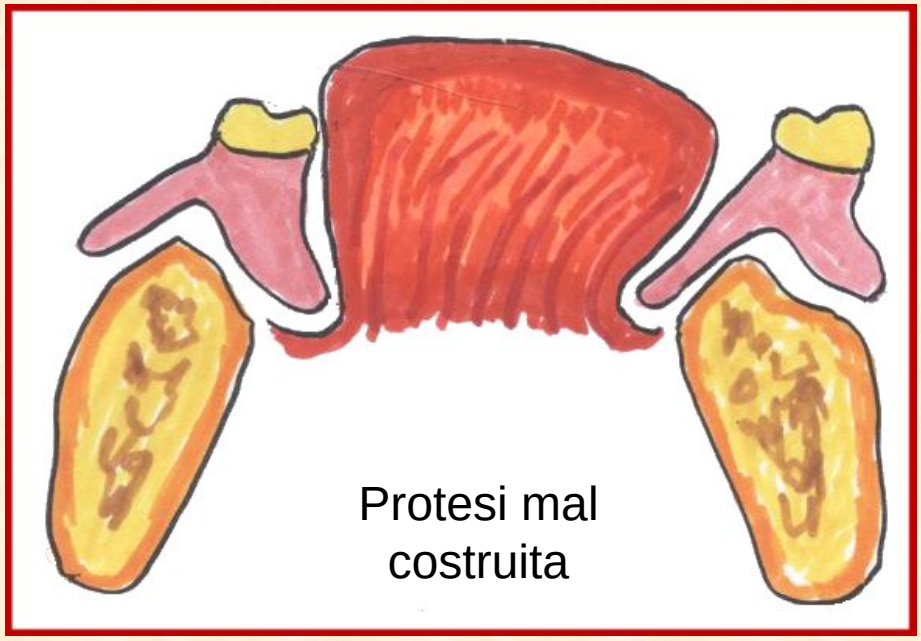
La mandibola è più larga della mascella L’asse dentale inferiore incrocia il superiore

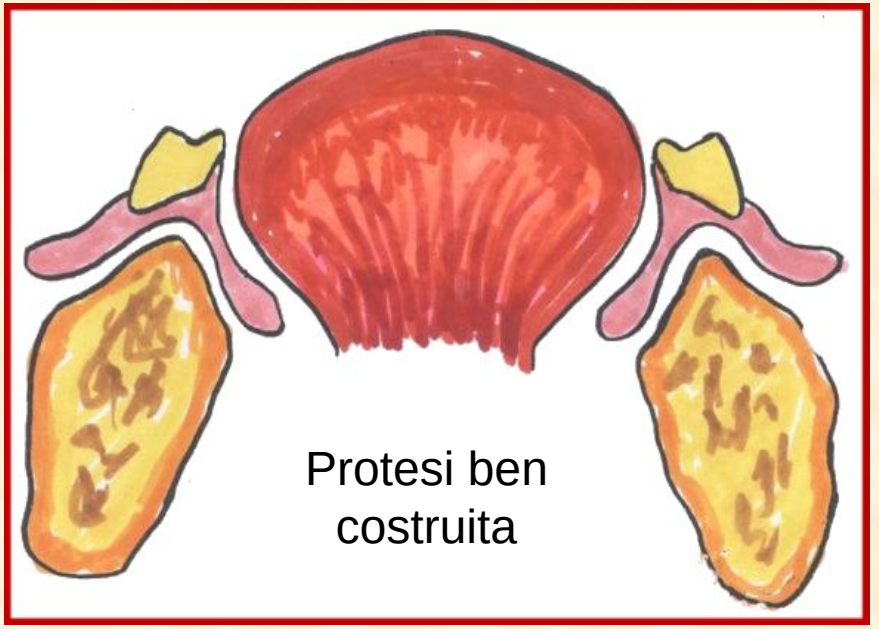


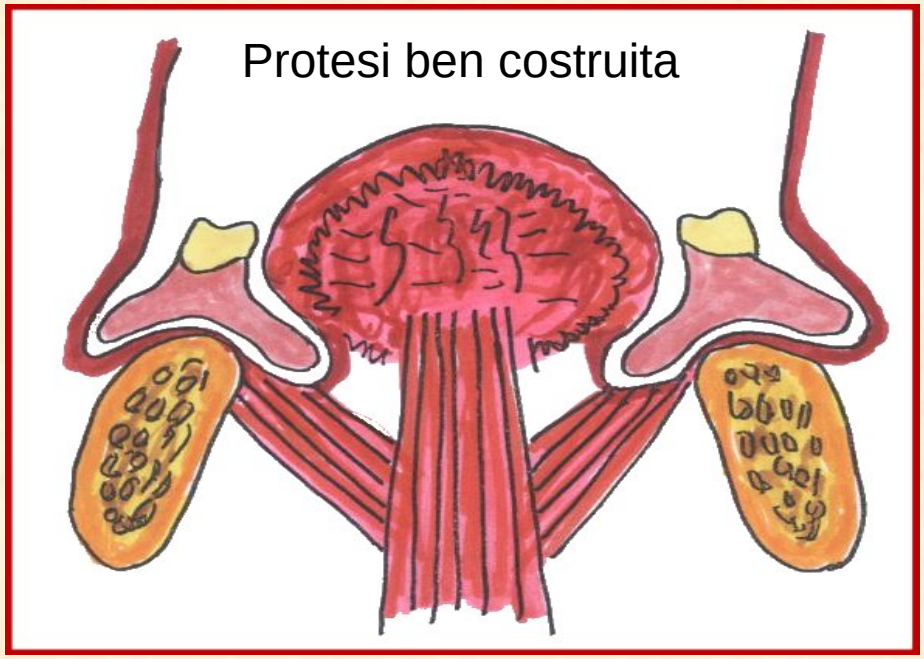
Montaggio dei denti in occlusione con il mascellare in proporzione col mandibolare



Montaggio dei denti in occlusione con mandibola più larga



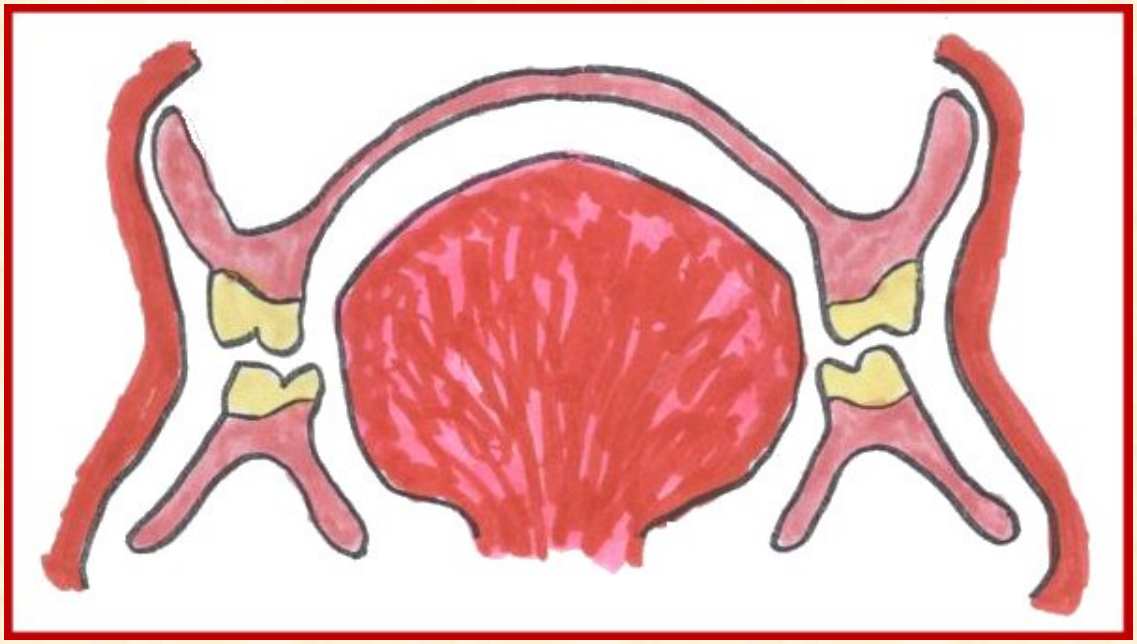




Nella protesi ben costruita la lingua ha il suo spazio.

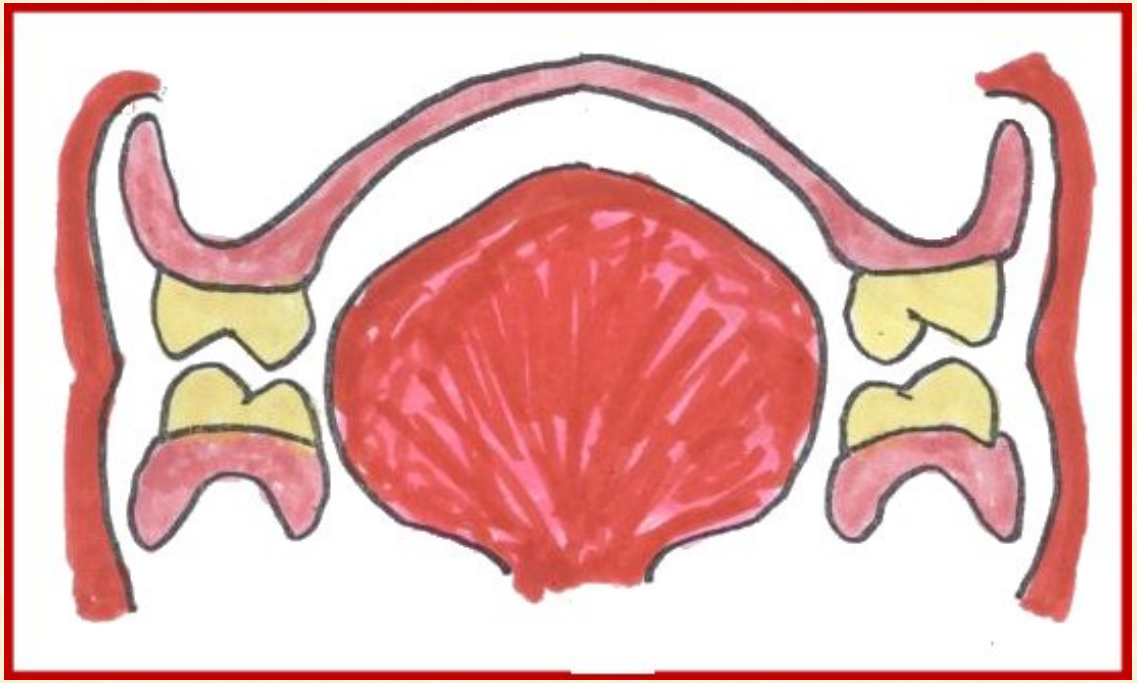
Nella protesi mal costruita la lingua non trova la sua normale posizione.

Protesi inferiore deve essere ben rapportata ai muscoli e alla lingua



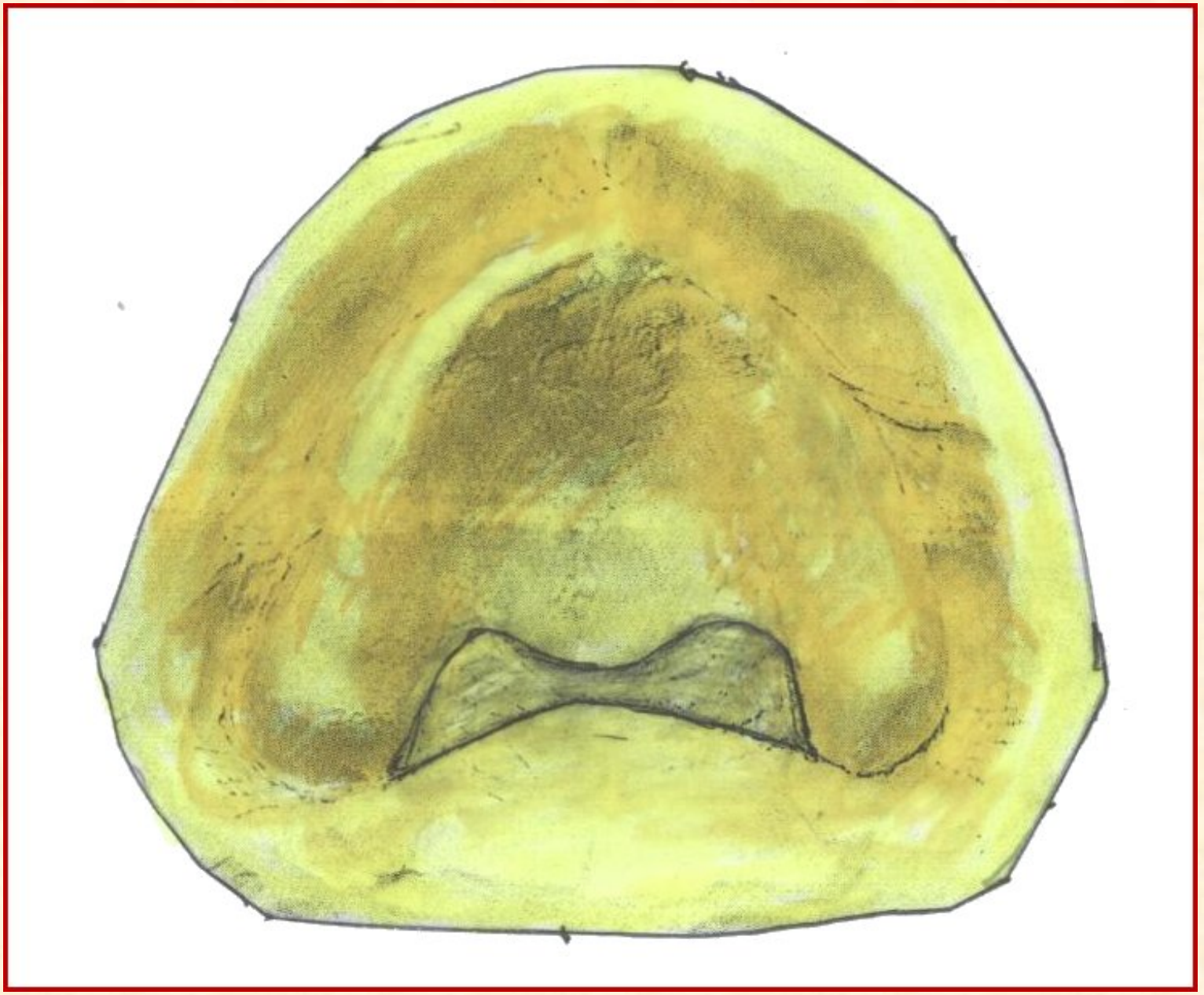
Protesi ben costruita

la lingua ha il suo spazio e i denti sono in articolazione. La superficie d'appoggio è utilizzata completamente

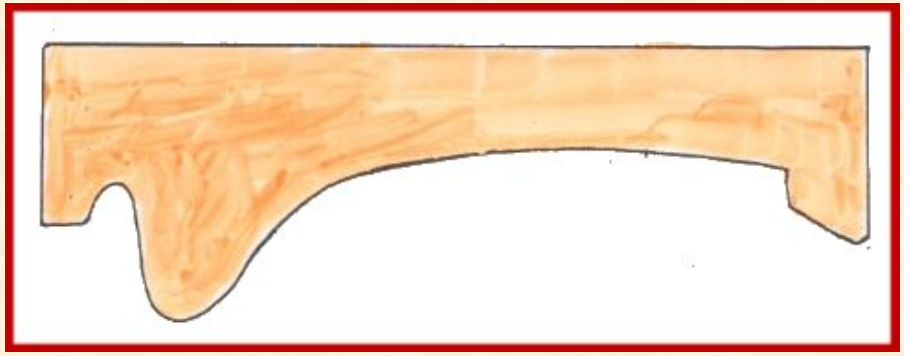


Protesi difettosa

la superficie d'appoggio è mancante e l'articolazione incerta.



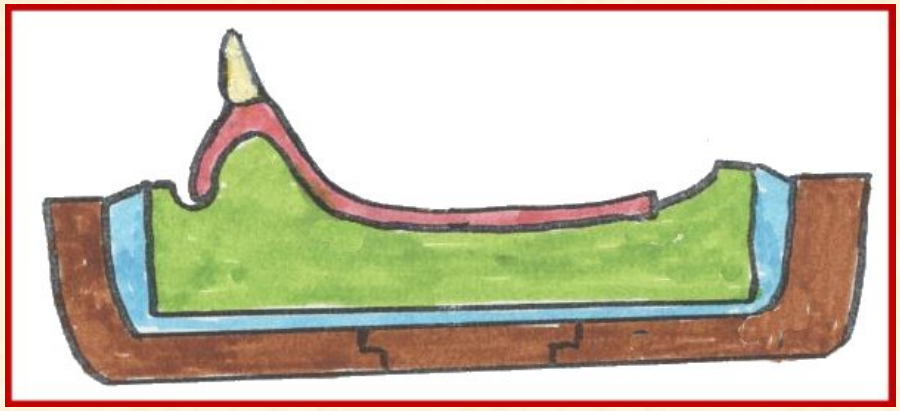
Modello di gesso per protesi dove è stato disegnato il pos-dam



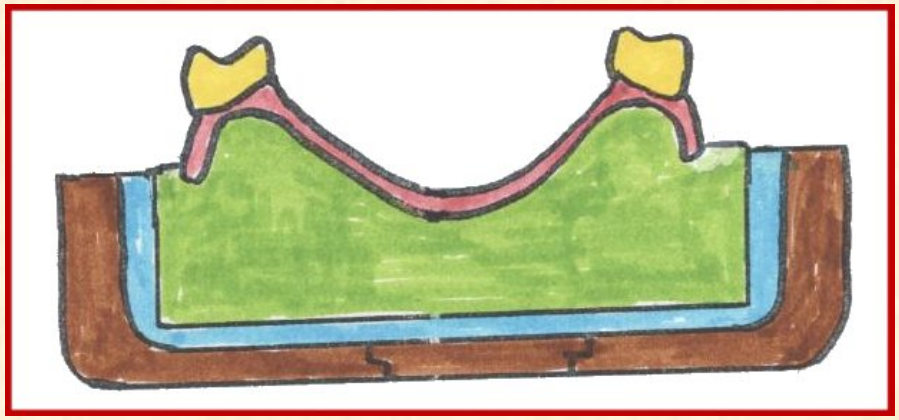
Sezione di modello di gesso con scavato il pos-dam

Protesi in bocca

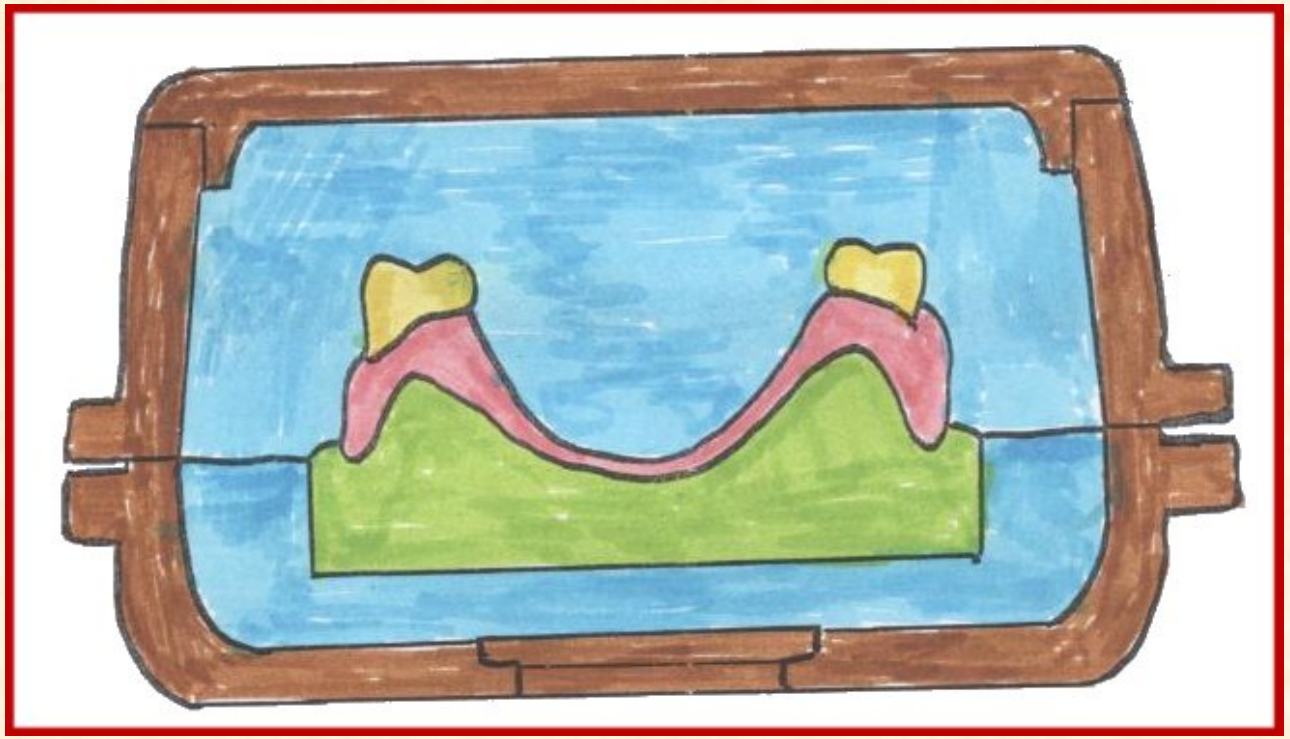
sezione per vedere la funzione del pos-dam



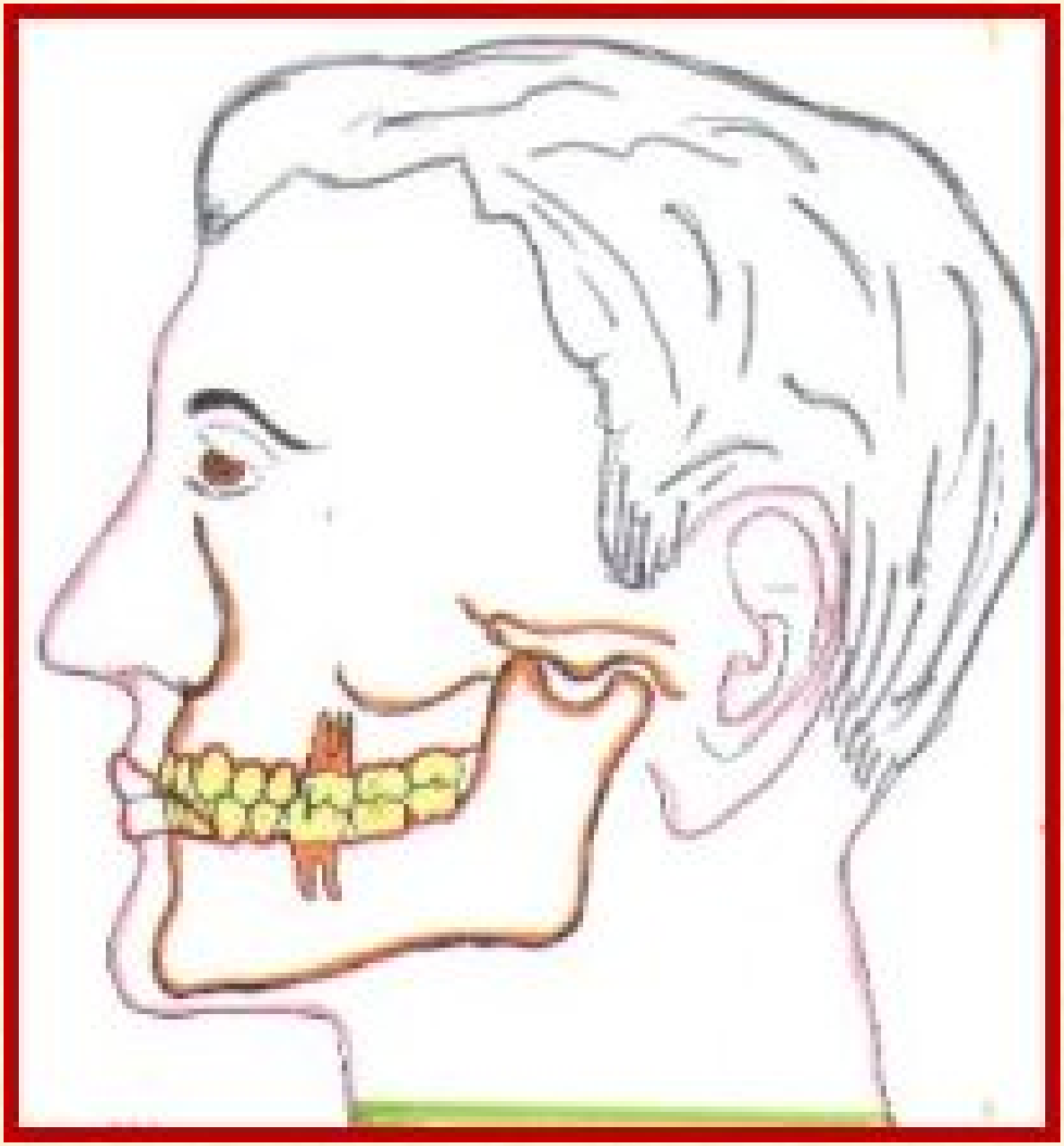
Muffola aperta sezione di lato.



Muffola aperta, sezione di fronte.



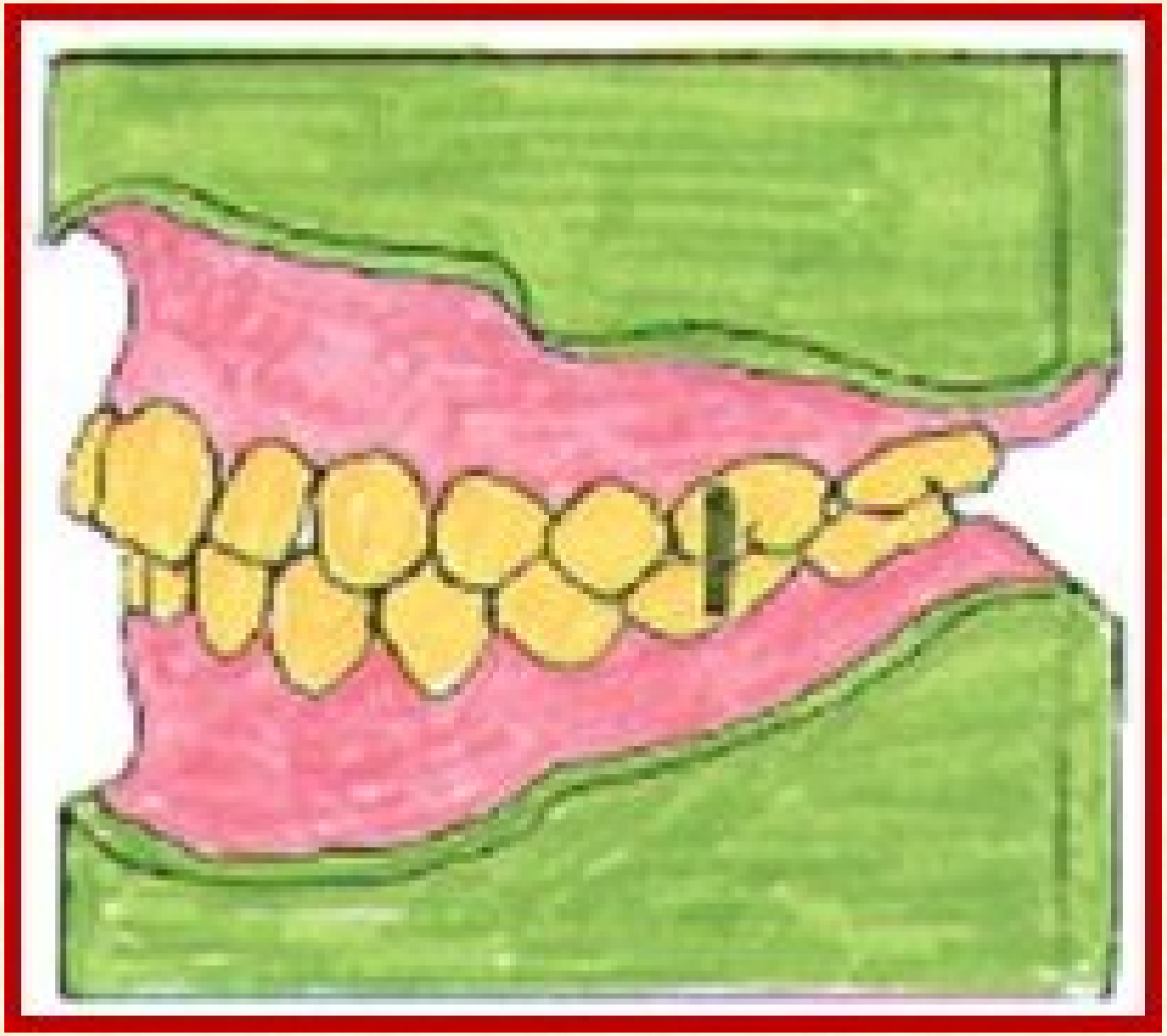
Muffola chiusa con dentiera



ORTODONZIA

Malocclusioni secondo Angle prima classe.

Occlusione dei primi molari normale, anomalie si possono trovare su altri denti.

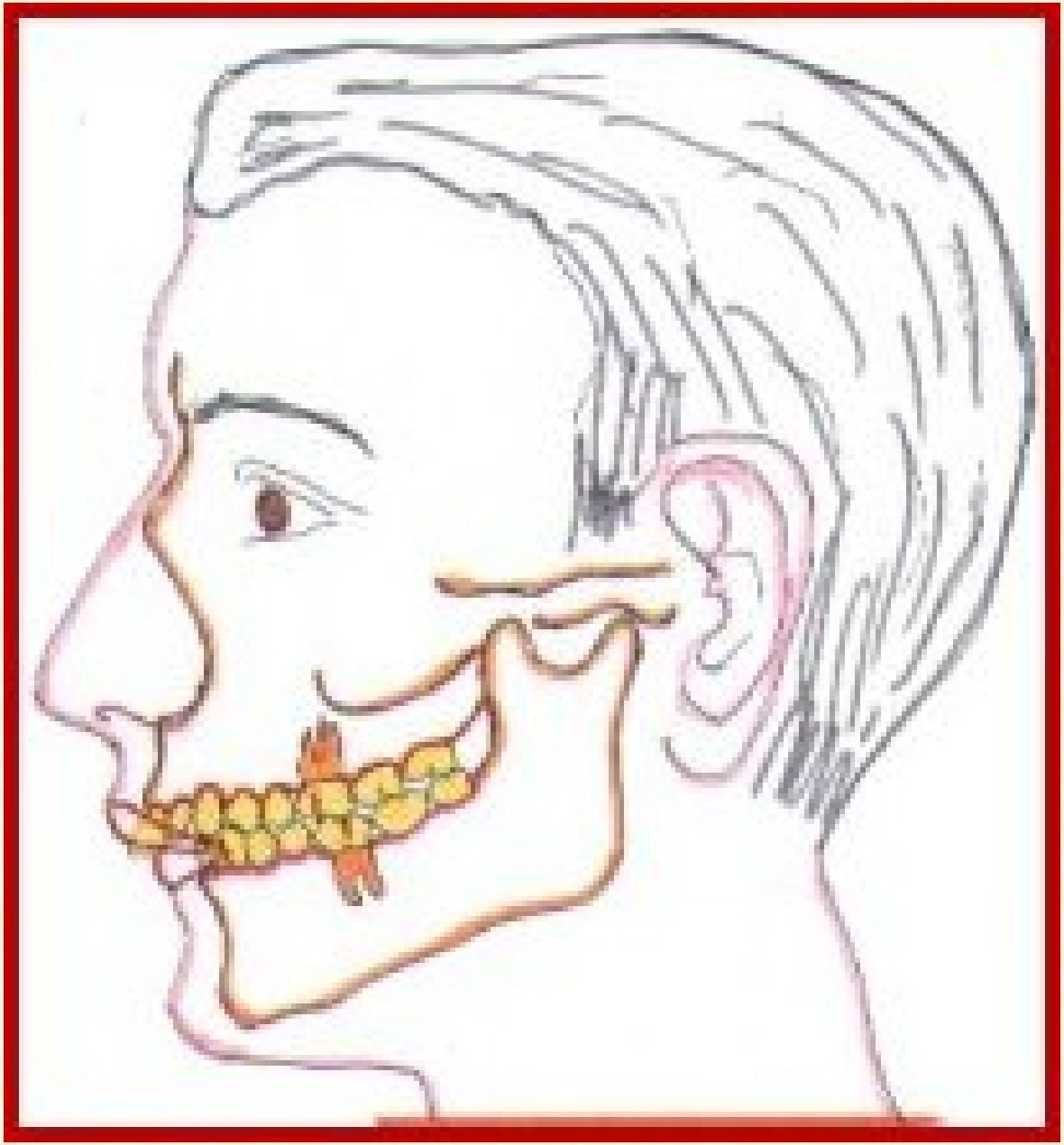


Malocclusioni secondo Angle prima classe.

Occlusione dei primi molari normale, anomalie si possono trovare su altri denti . (Modello)

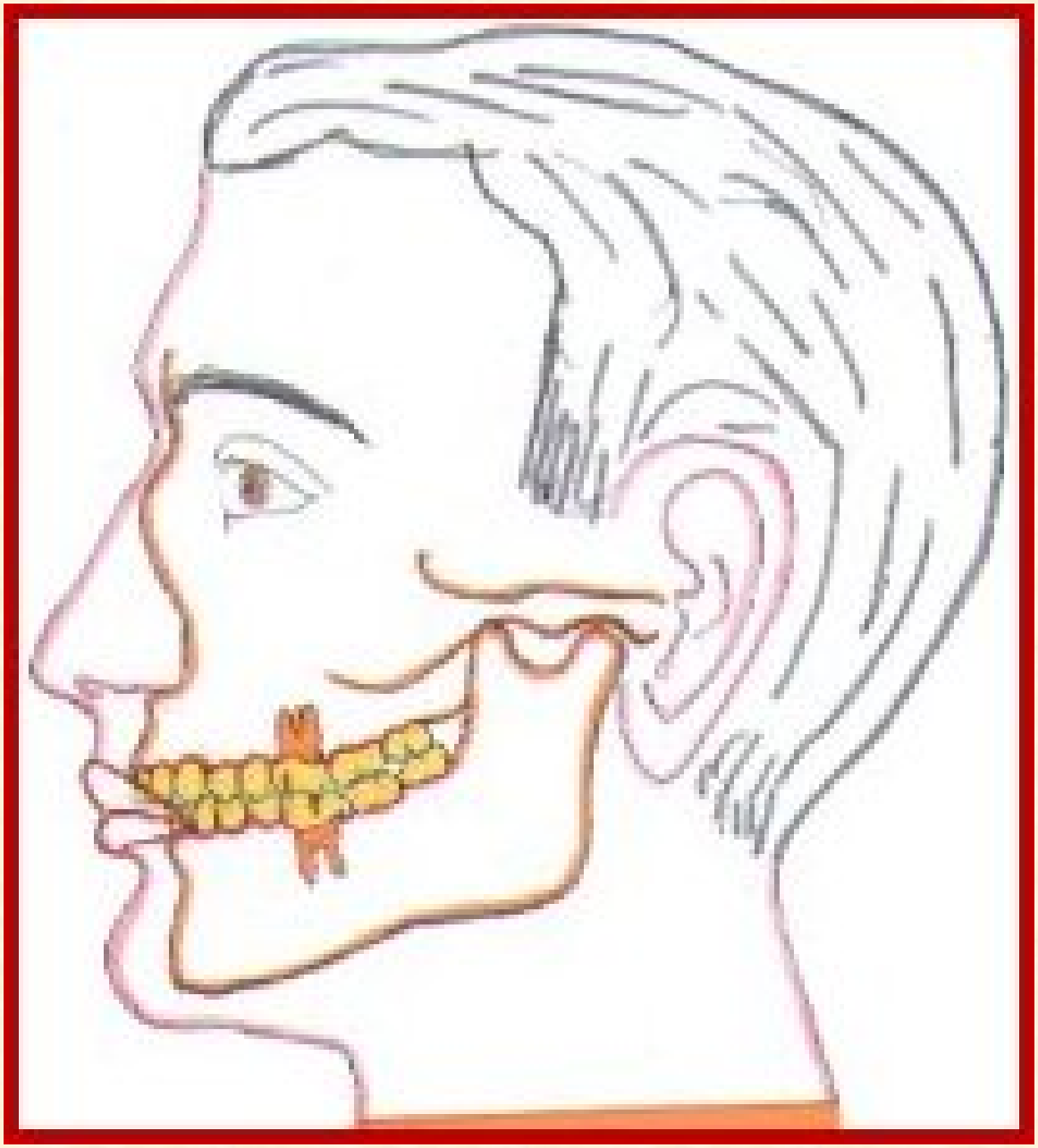
Malocclusioni secondo Angle prima classe.

Occlusione dei primi molari normale, anomalie si possono trovare su altri denti (Modello)



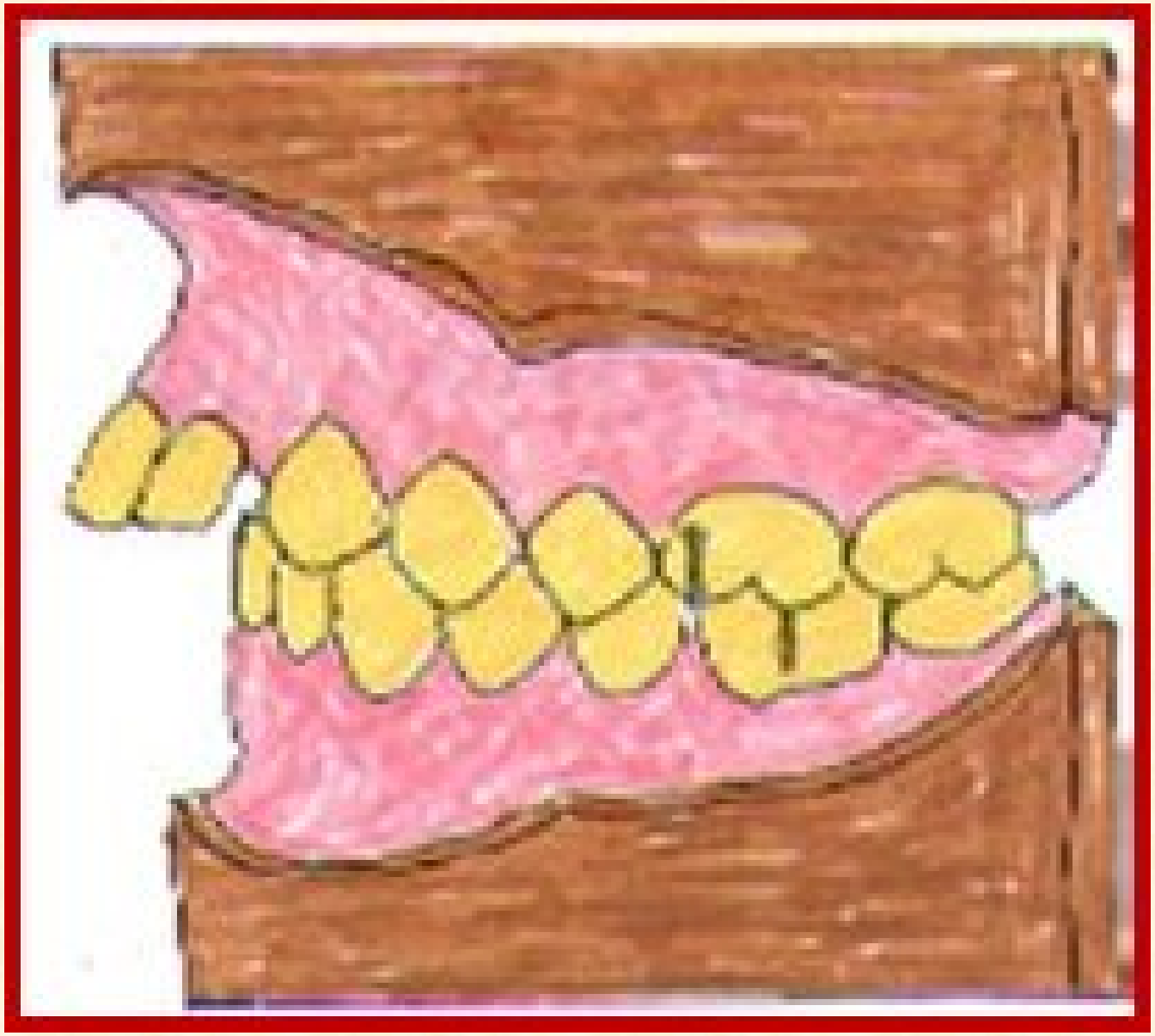
Malocclusioni secondo Angle seconda classe 1a divisione

cuspide del primo molare superiore cade nel solco mesio vestibolare del primo molare inferiore.



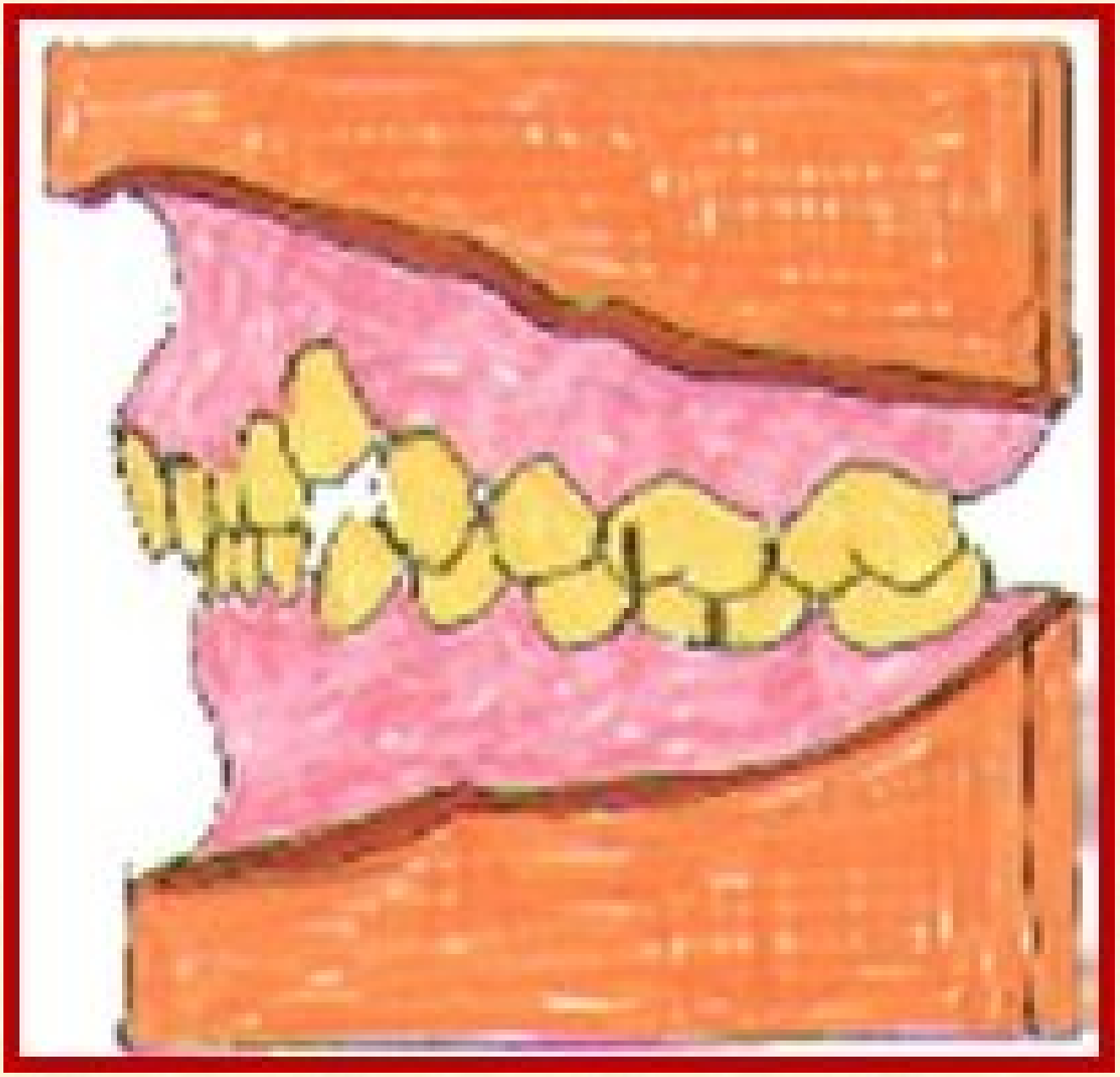
Malocclusioni secondo Angle seconda classe 2a divisione

Ilcuspide del primo molare superiore cade nel solco mesio vestibolare del primo molare inferiore



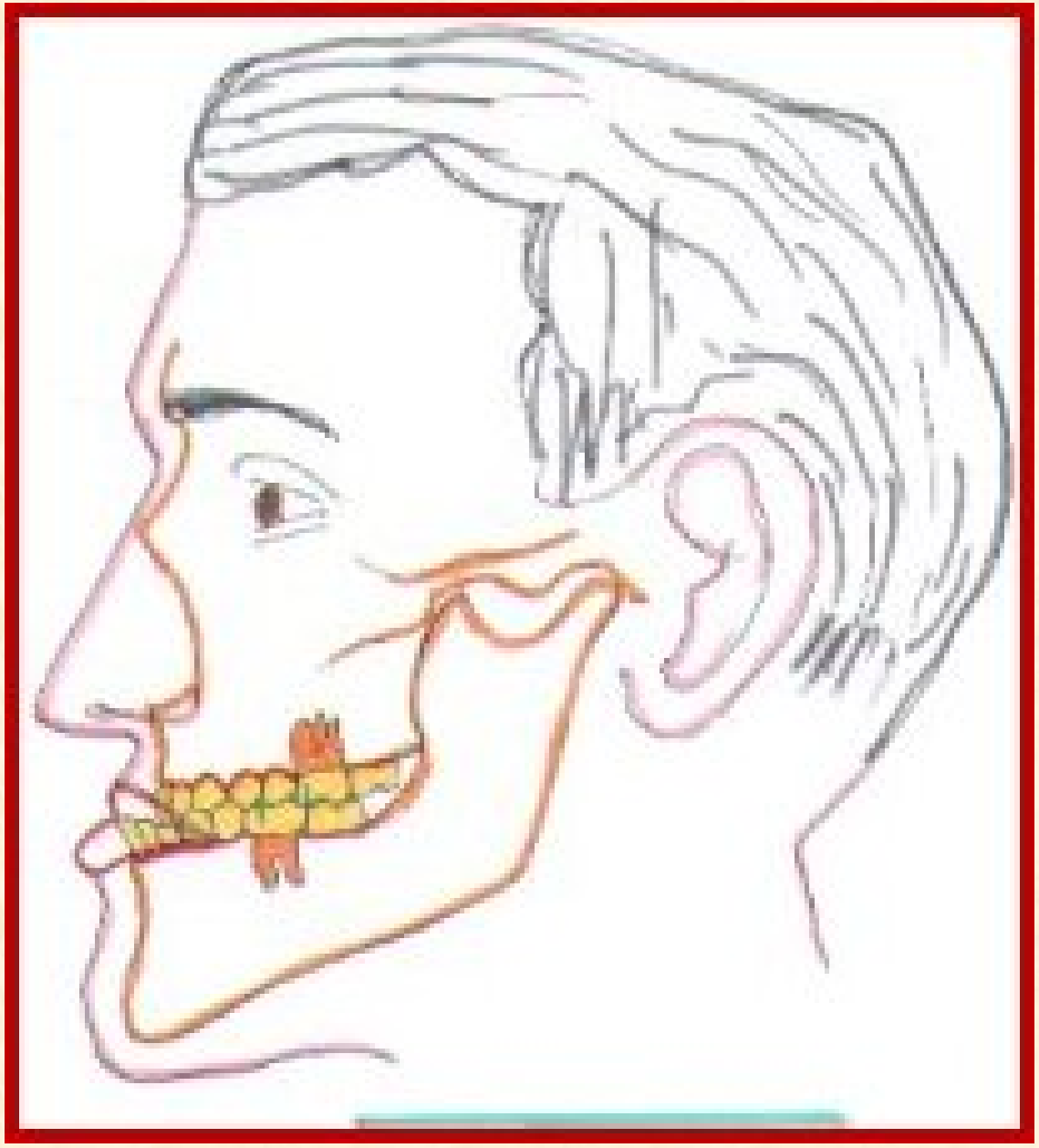
Malocclusioni secondo Angle seconda classe

1a divisione (Modello) .



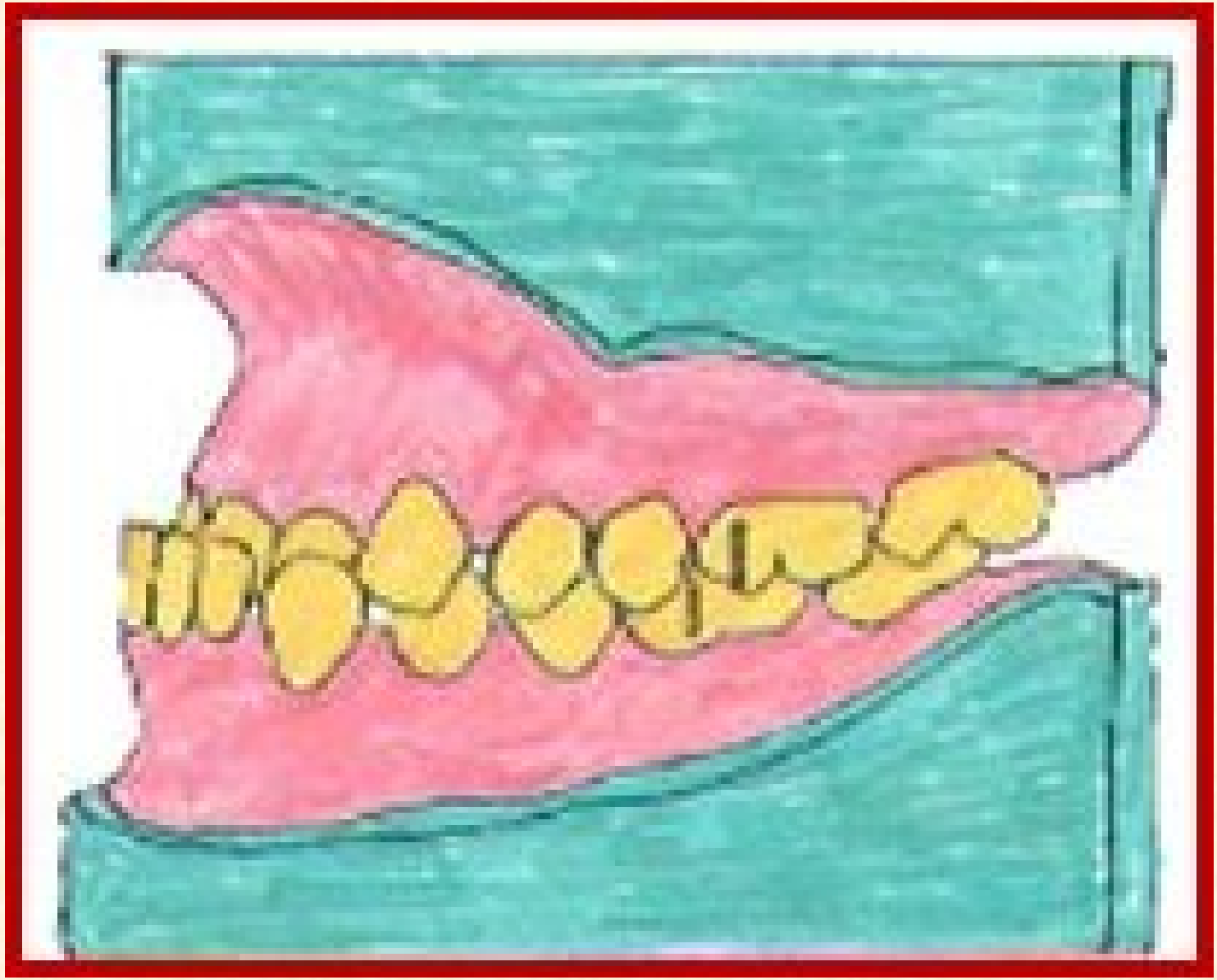
Malocclusion i secondo Angle seconda classe

2a divisione (Modello)

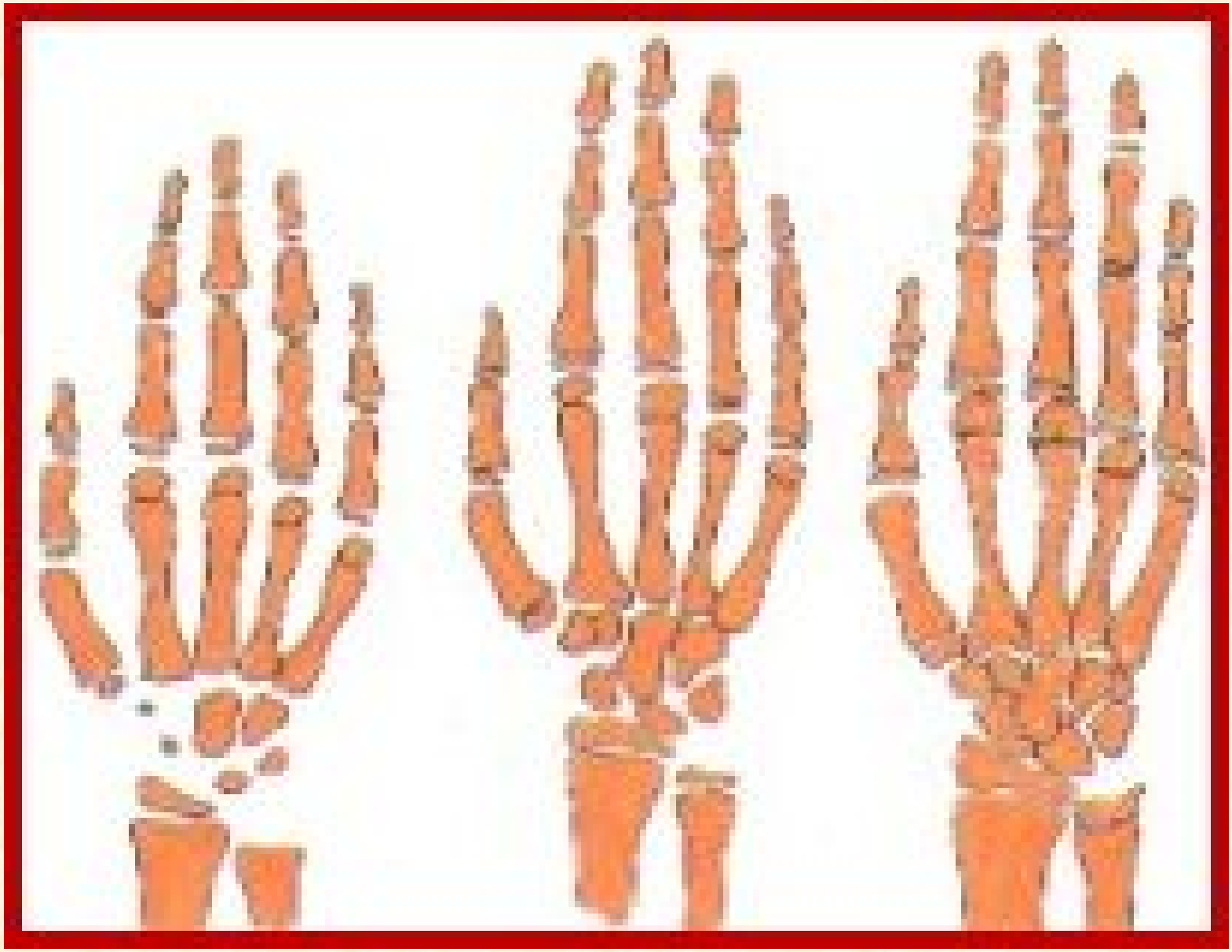


Malocclusioni secondo Angle terza classe

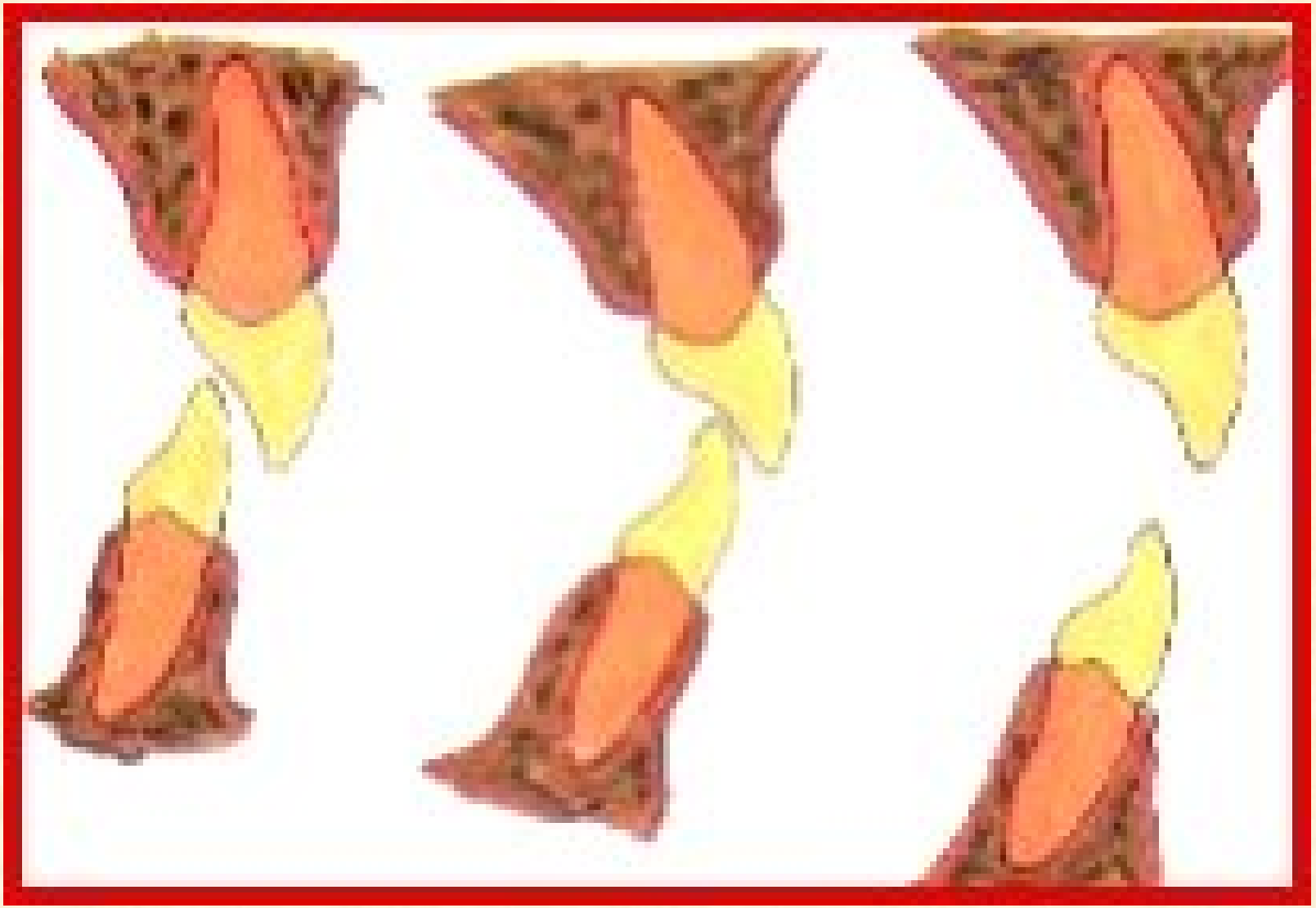
Il cuspide del primo molare superiore cade nel solco mesio distale del primo molare inferiore.



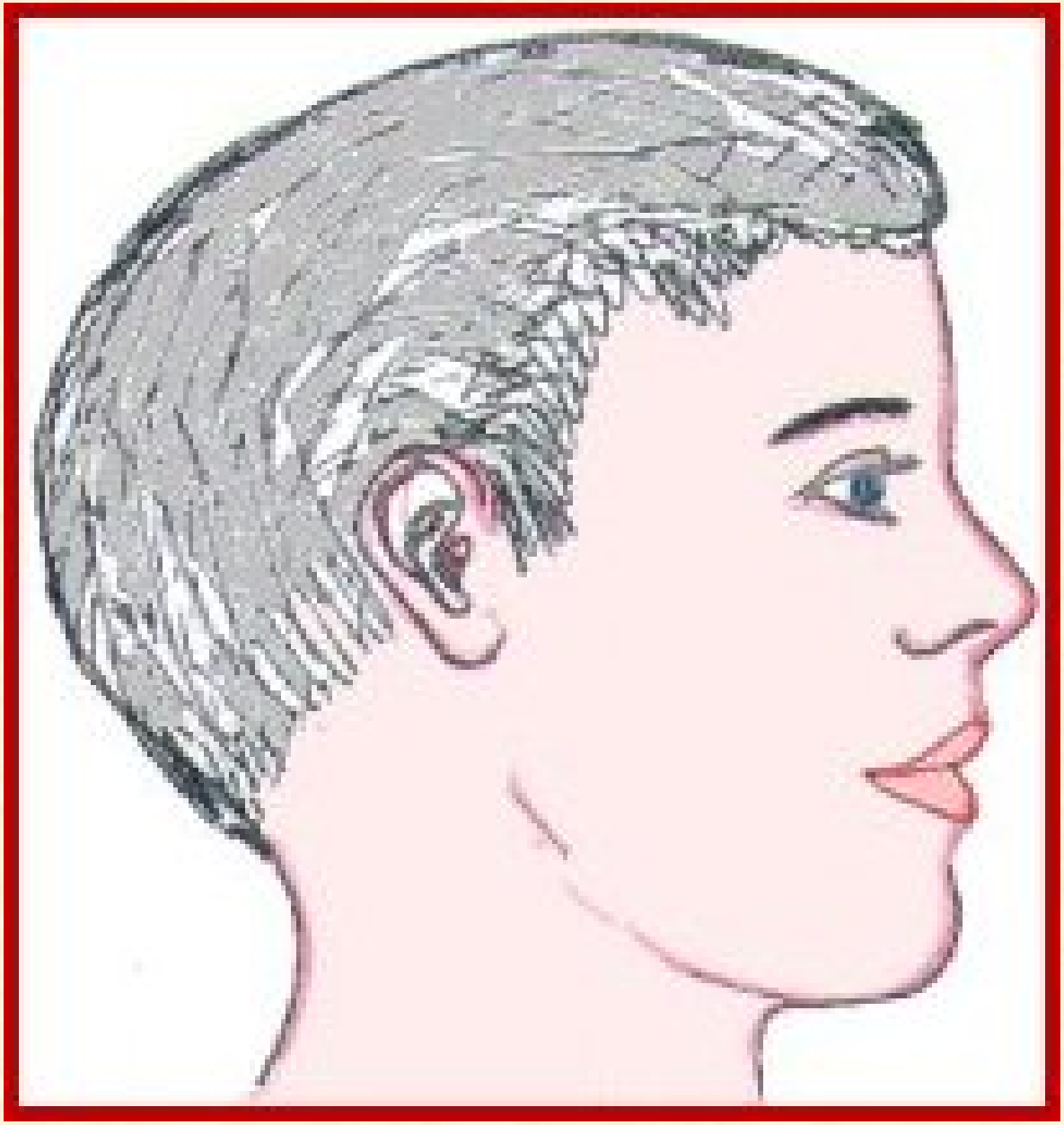
Malocclusioni secondo Angle terza classe modello.



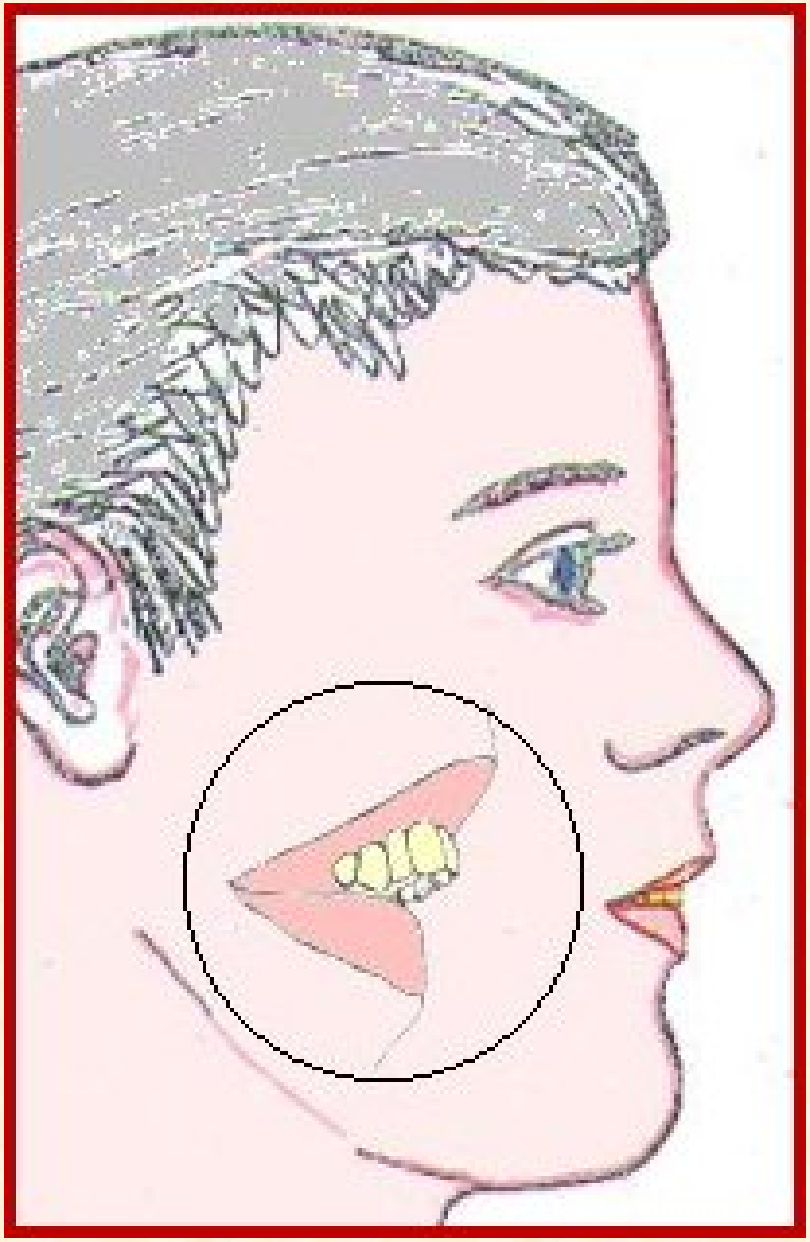
Sviluppo delle ossa del metacarpo.

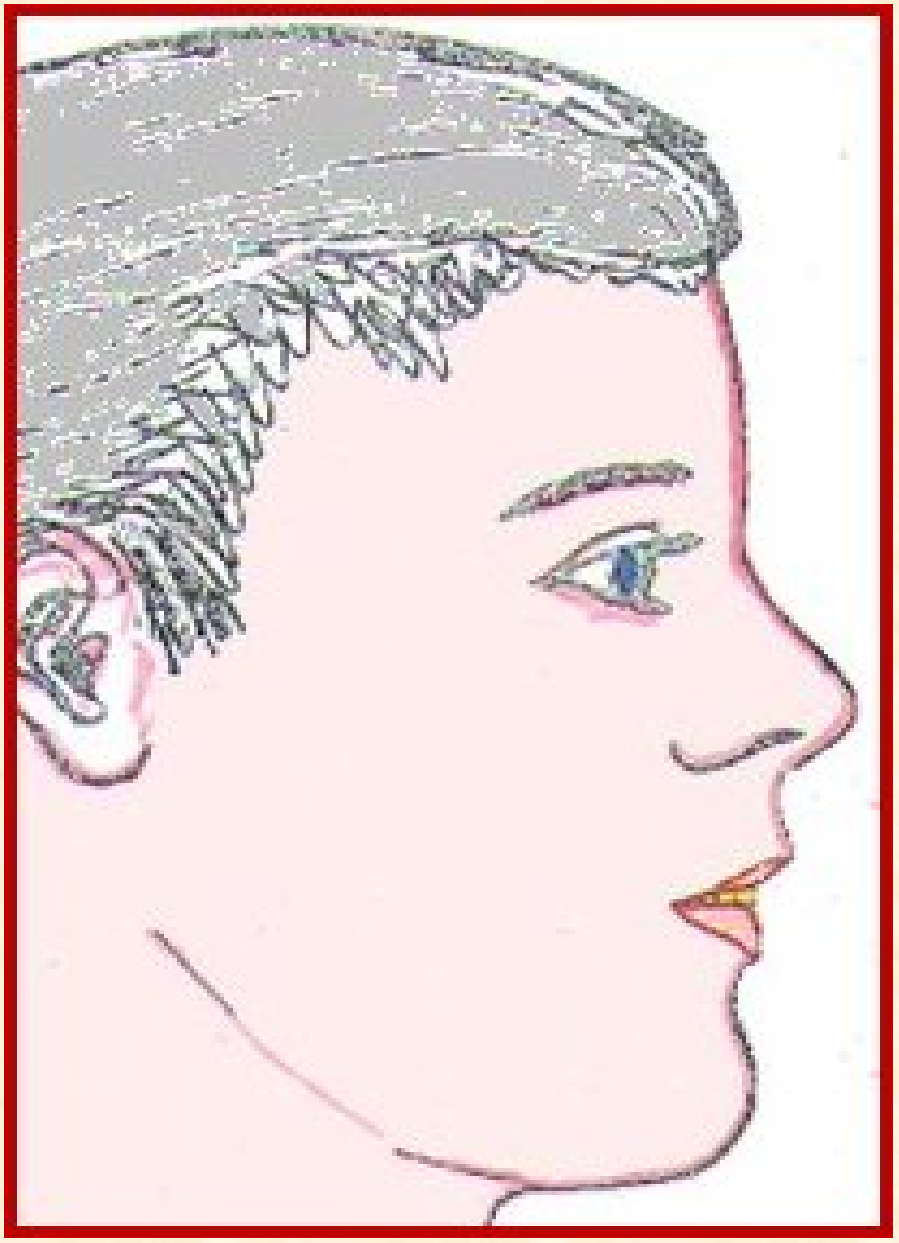


Sovra occlusione morso: Coperto, Normale, Aperto.

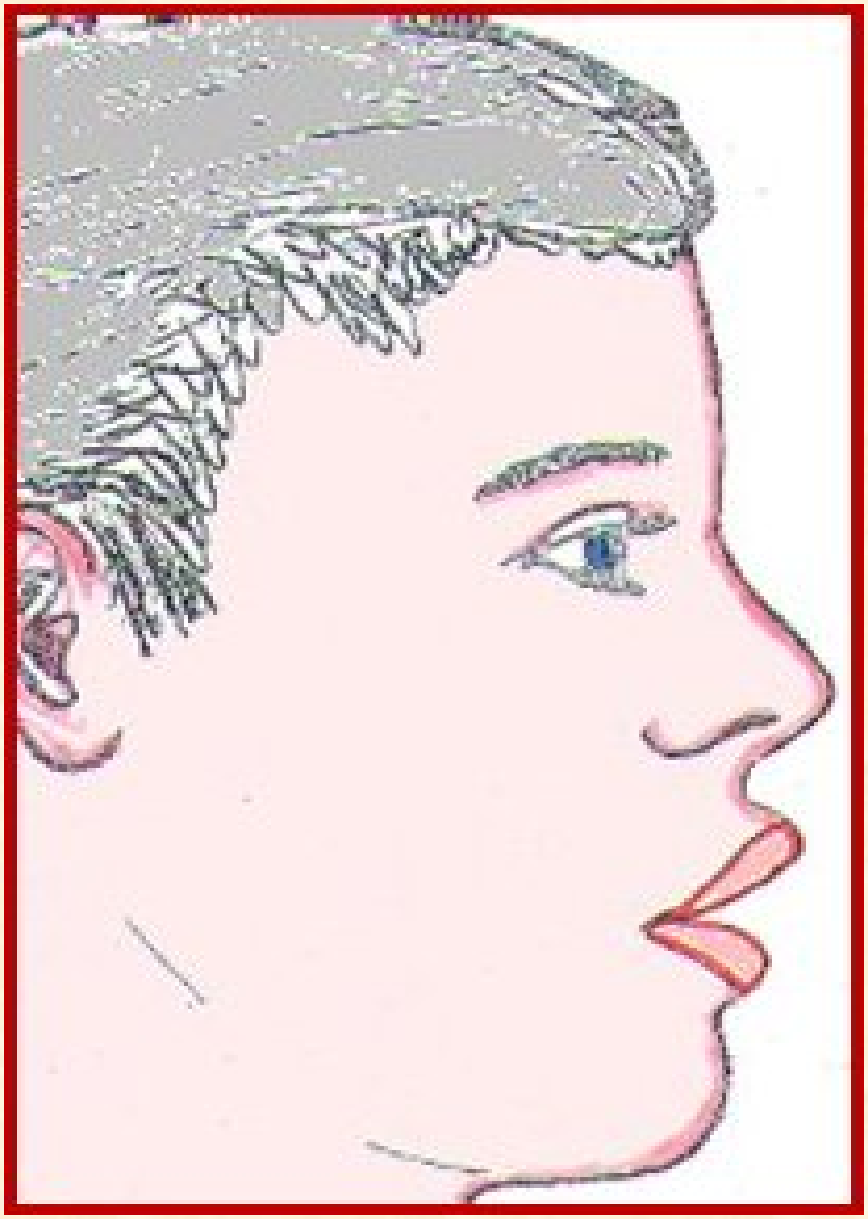


Viso normale.

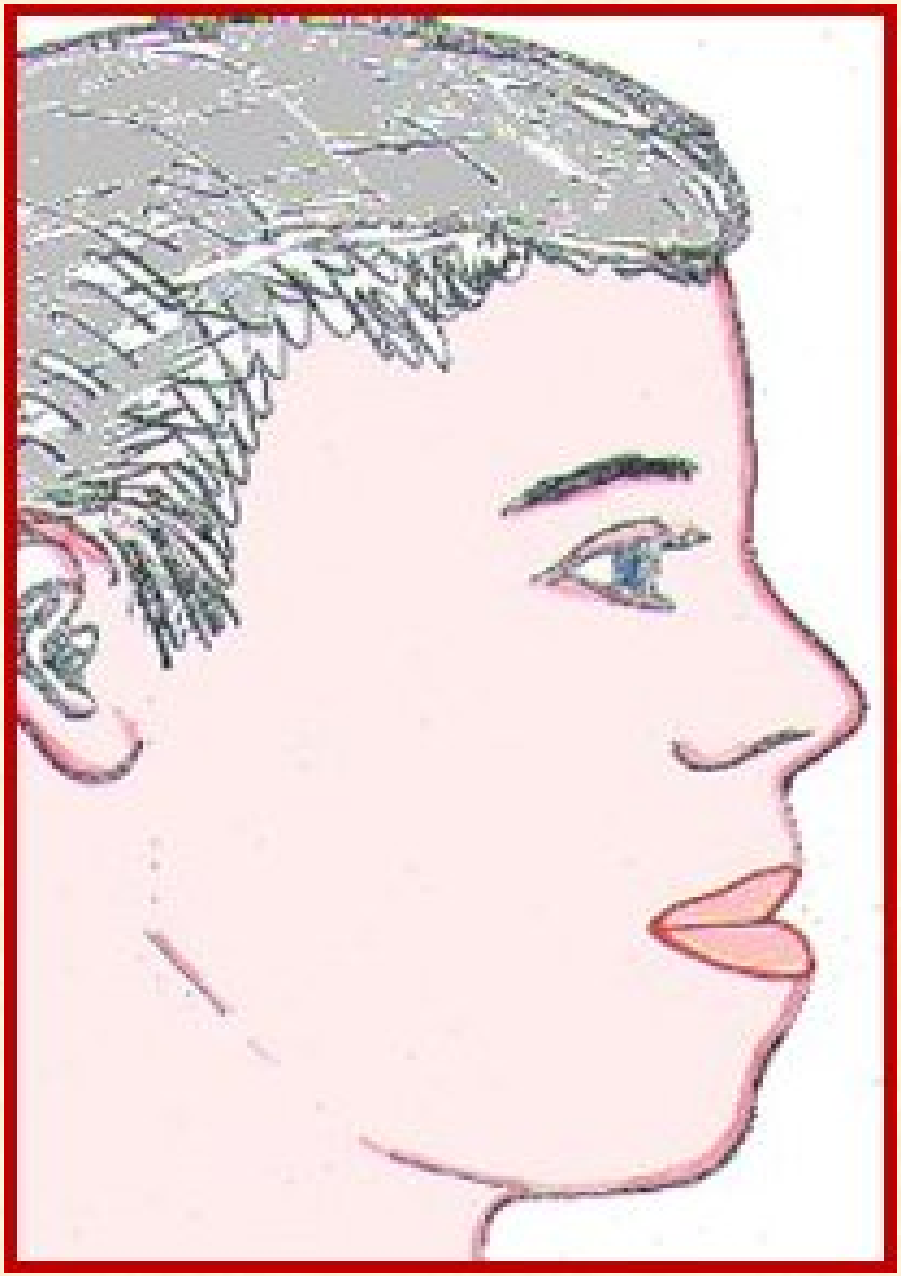




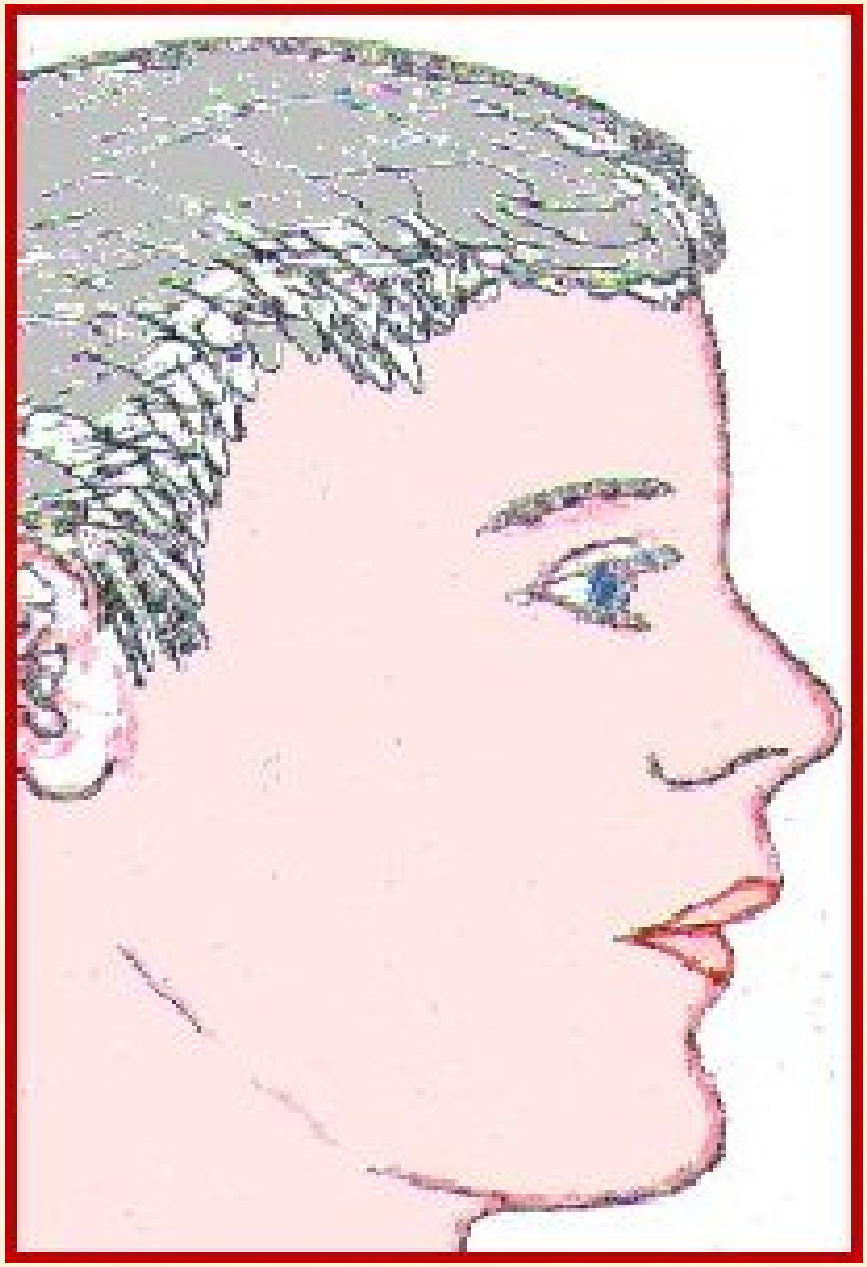
Labbro superiore corto.



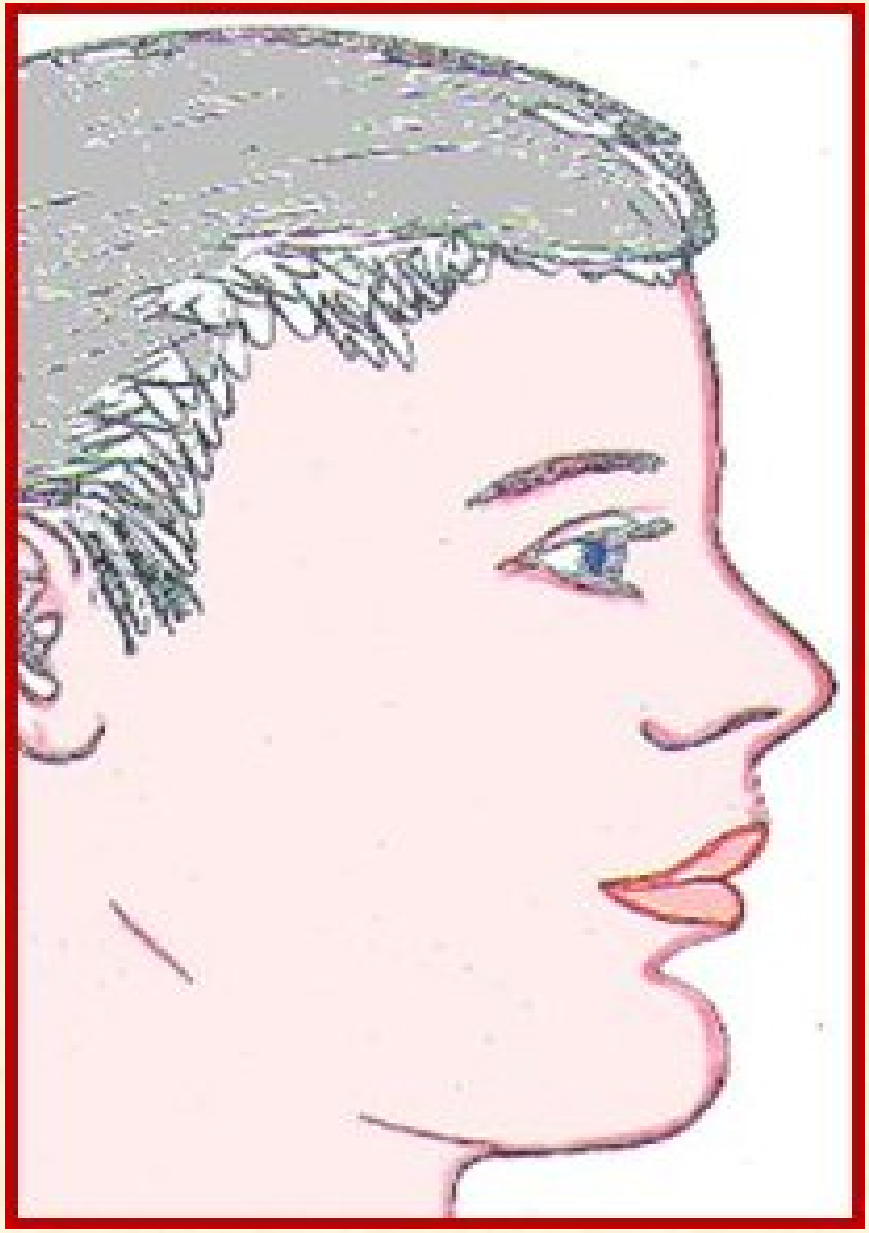
Labbro superiore arricciato



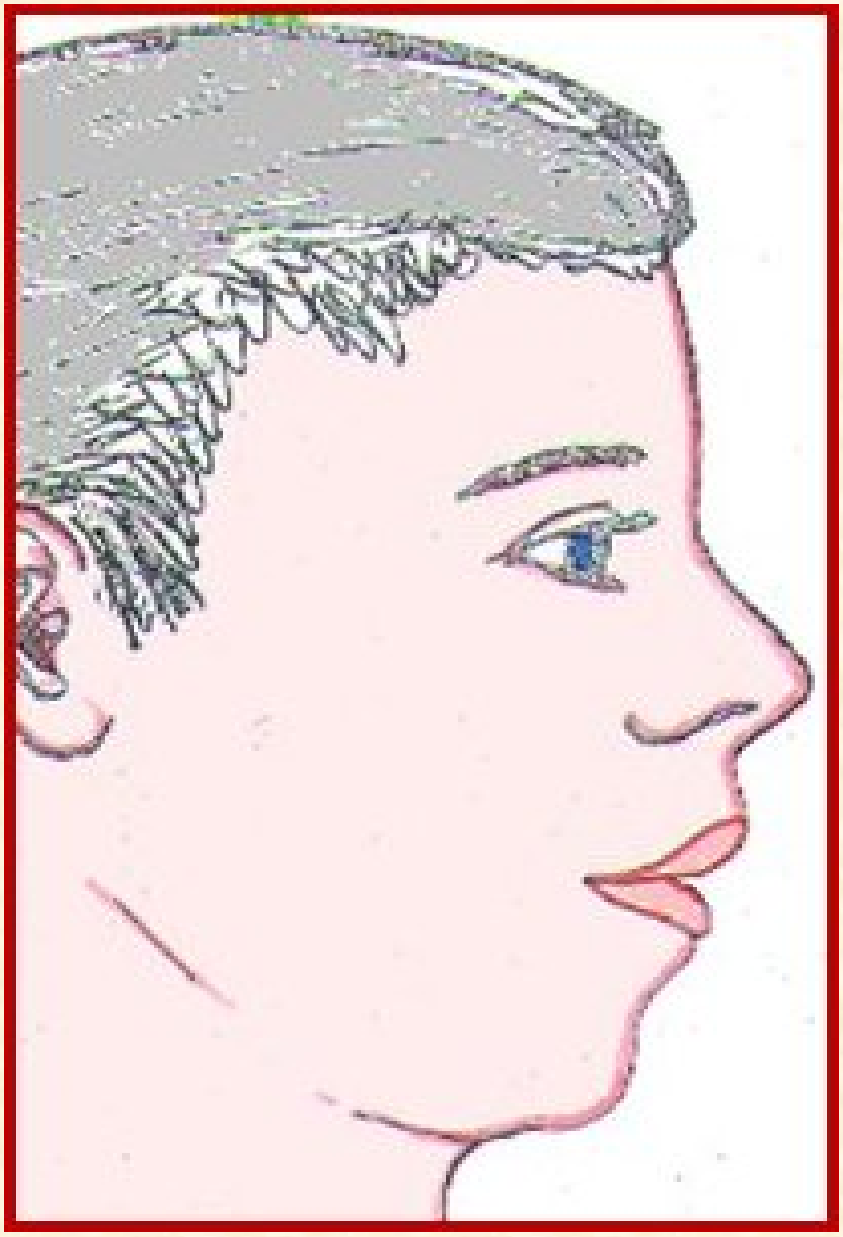
Labbro inferiore spinto anteriormente



Labbro inferiore spostato posteriormente.



Labbro inferiore compresso

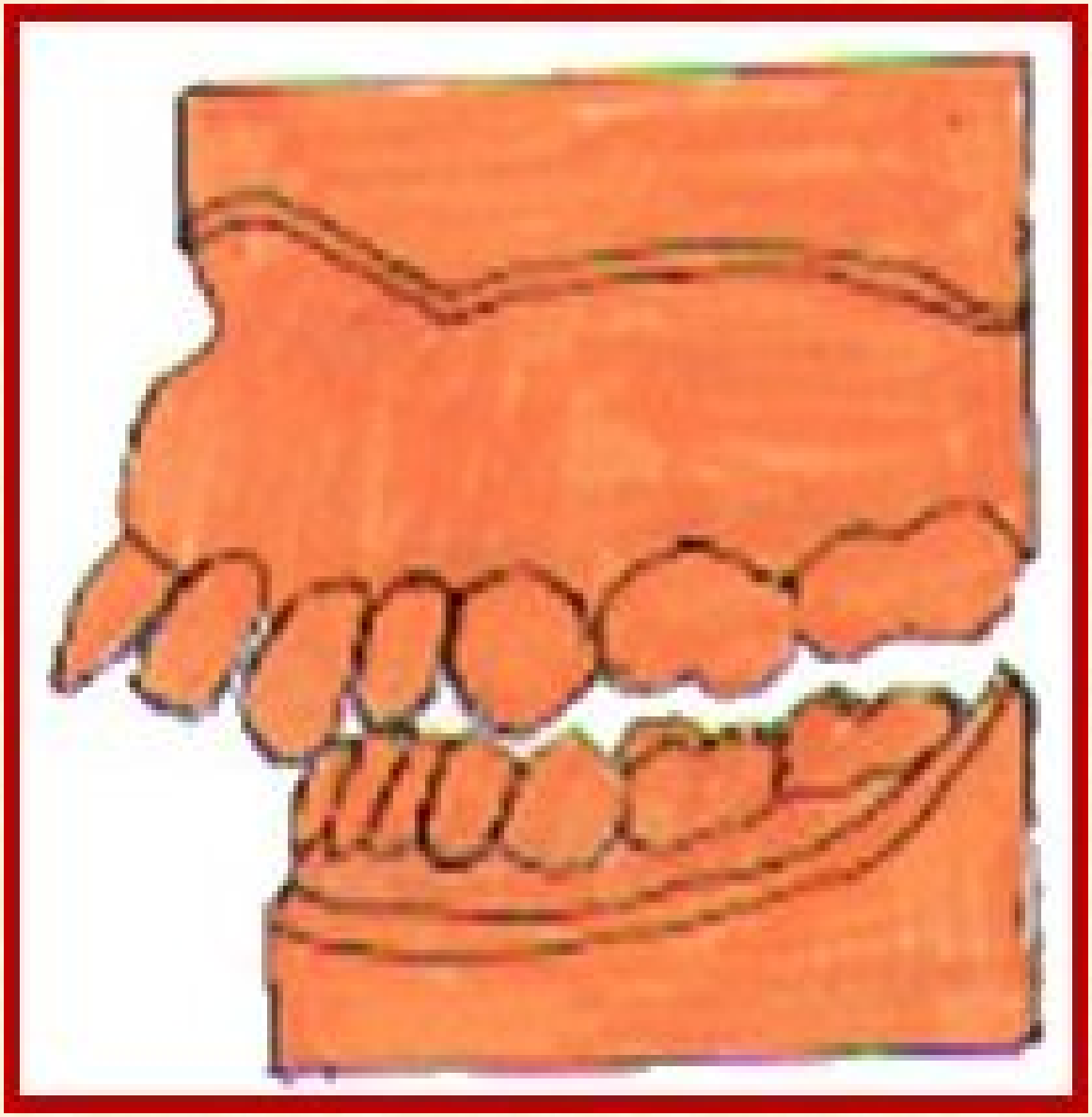


Mento retruso.

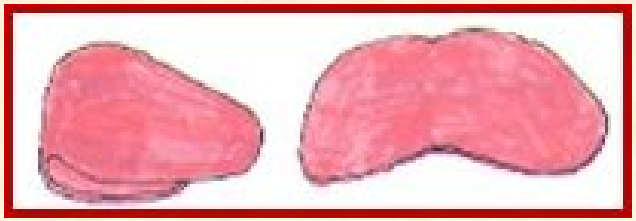
Mento prominente .

Morso **aperto**.

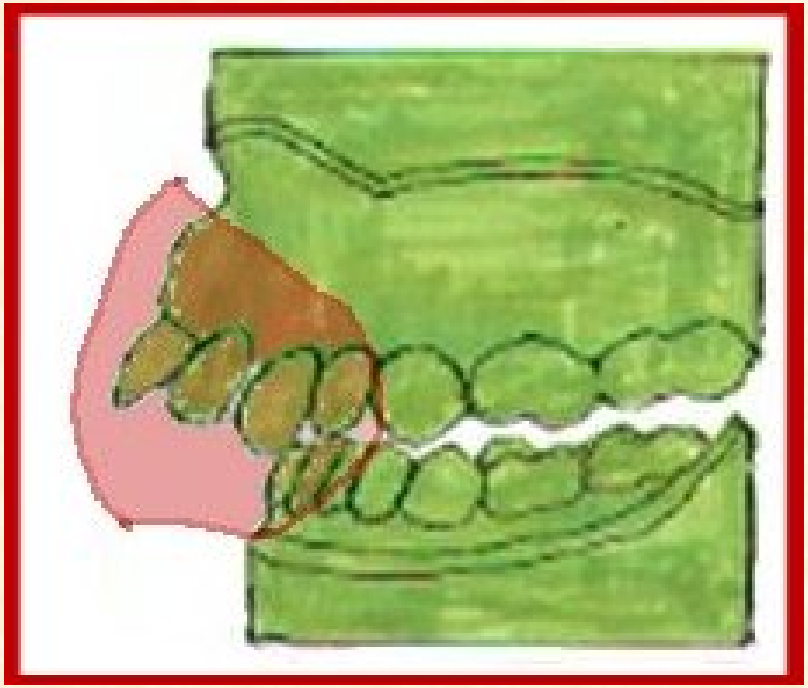
Succhiamento del dito consegue morso aperto.



Modello di morso aperto

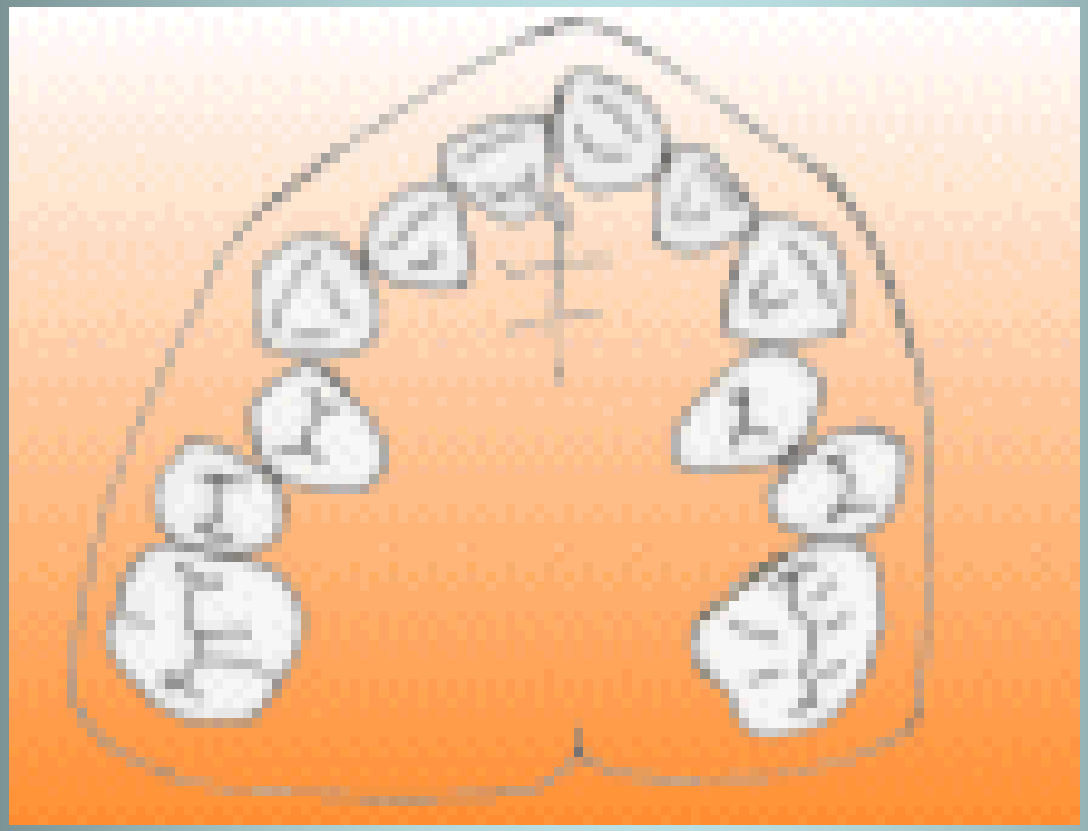


Scudo vestibolare adatto per correggere il morso aperto



Scudo vestibolare su modello per correggere il morso aperto, Protrusione superiore

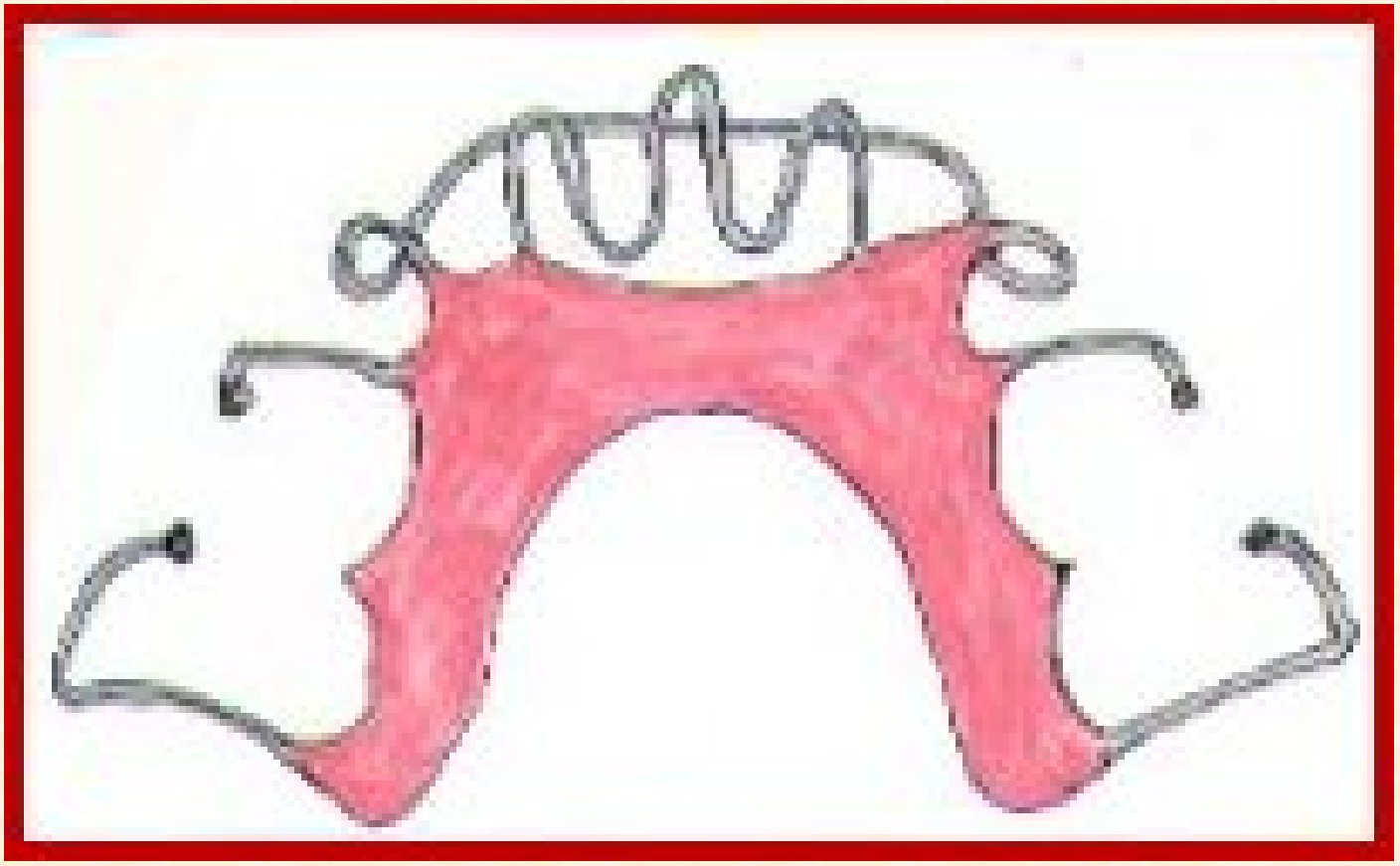
Correzione di morso aperto per mezzo di uno scudo vestibolare



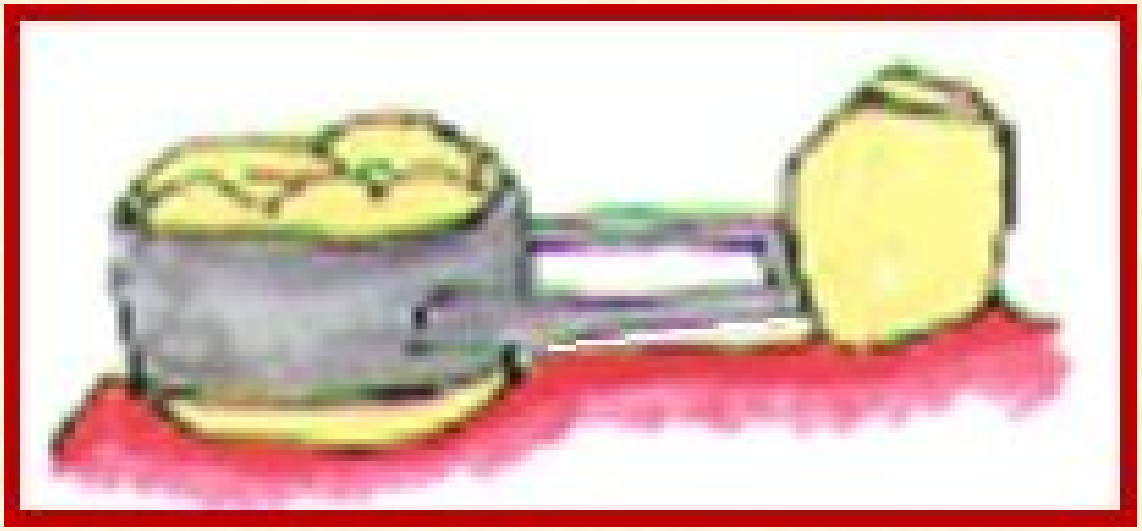
ANIMAZIONE
Ortodonzia

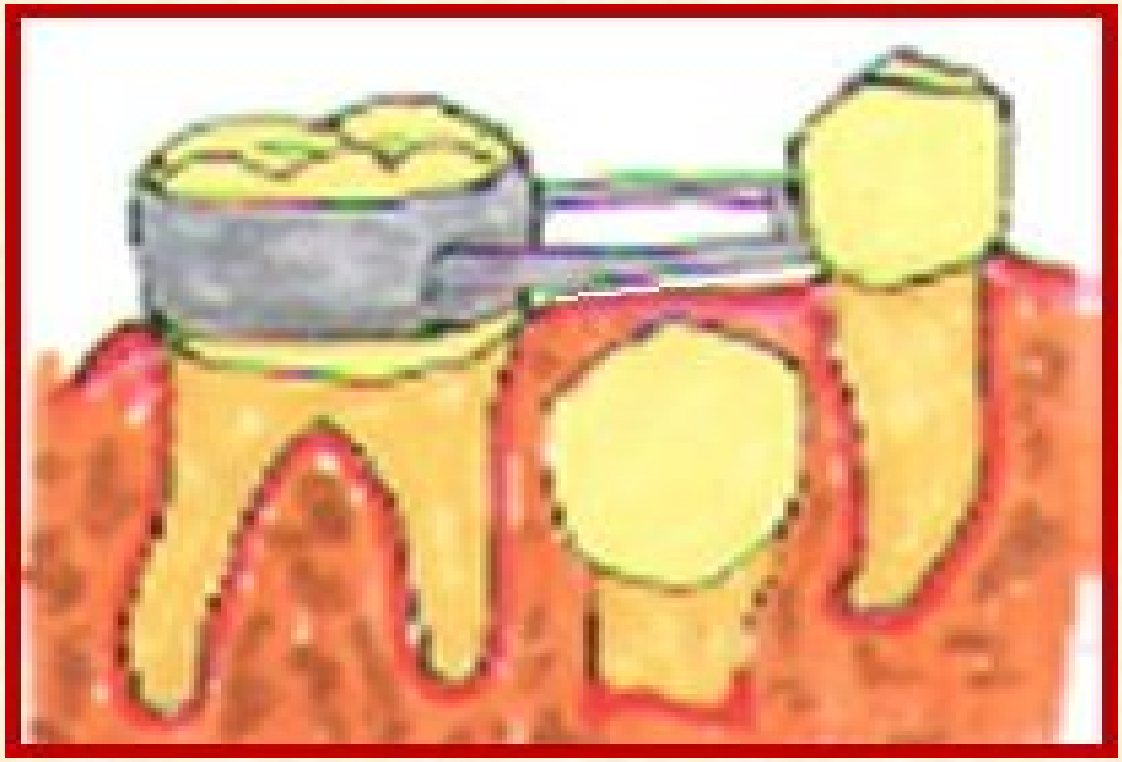
!

Ferule da fissare ai denti molari per correggere il morso aperto.



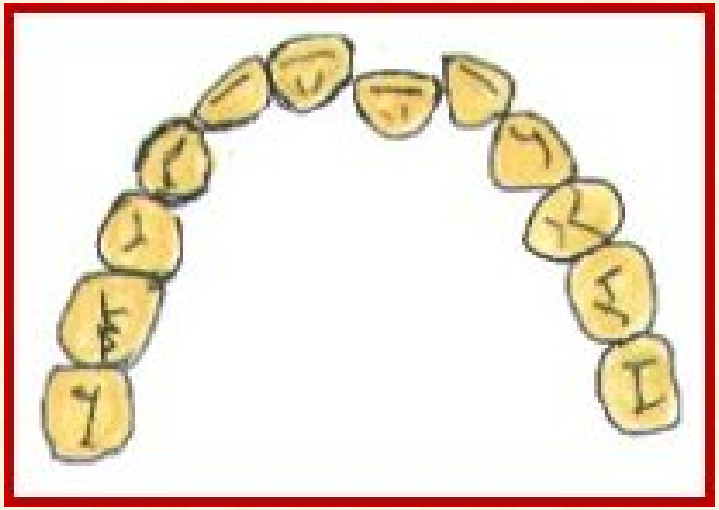
Apparecchio mobile per correggere il morso aperto.





Ferula fissata al dente molare per mantenere lo spazio pr la crescita del dente

. **Dente incisivo centrale superiore in in Morso incrociato**



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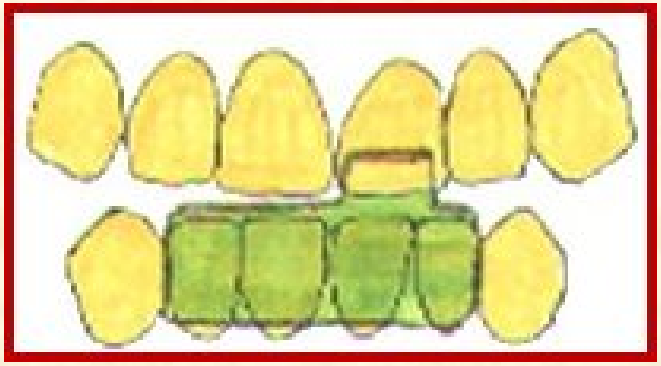
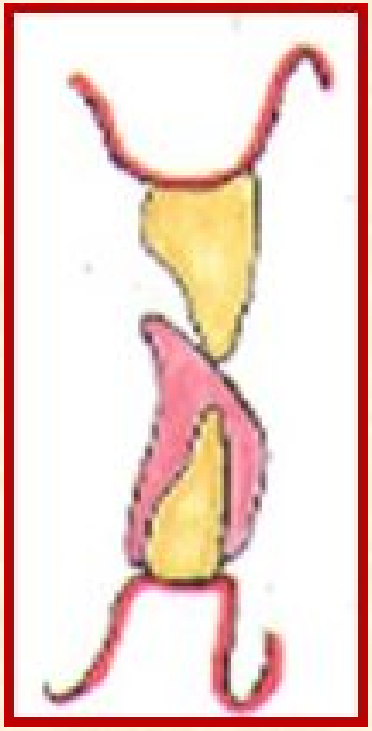
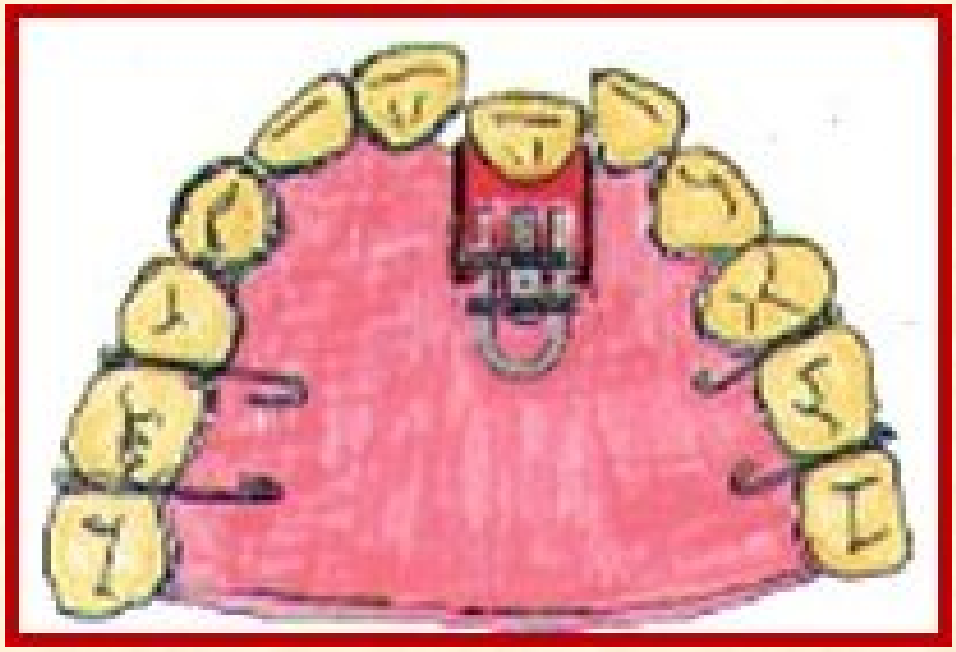


Vista di fronte

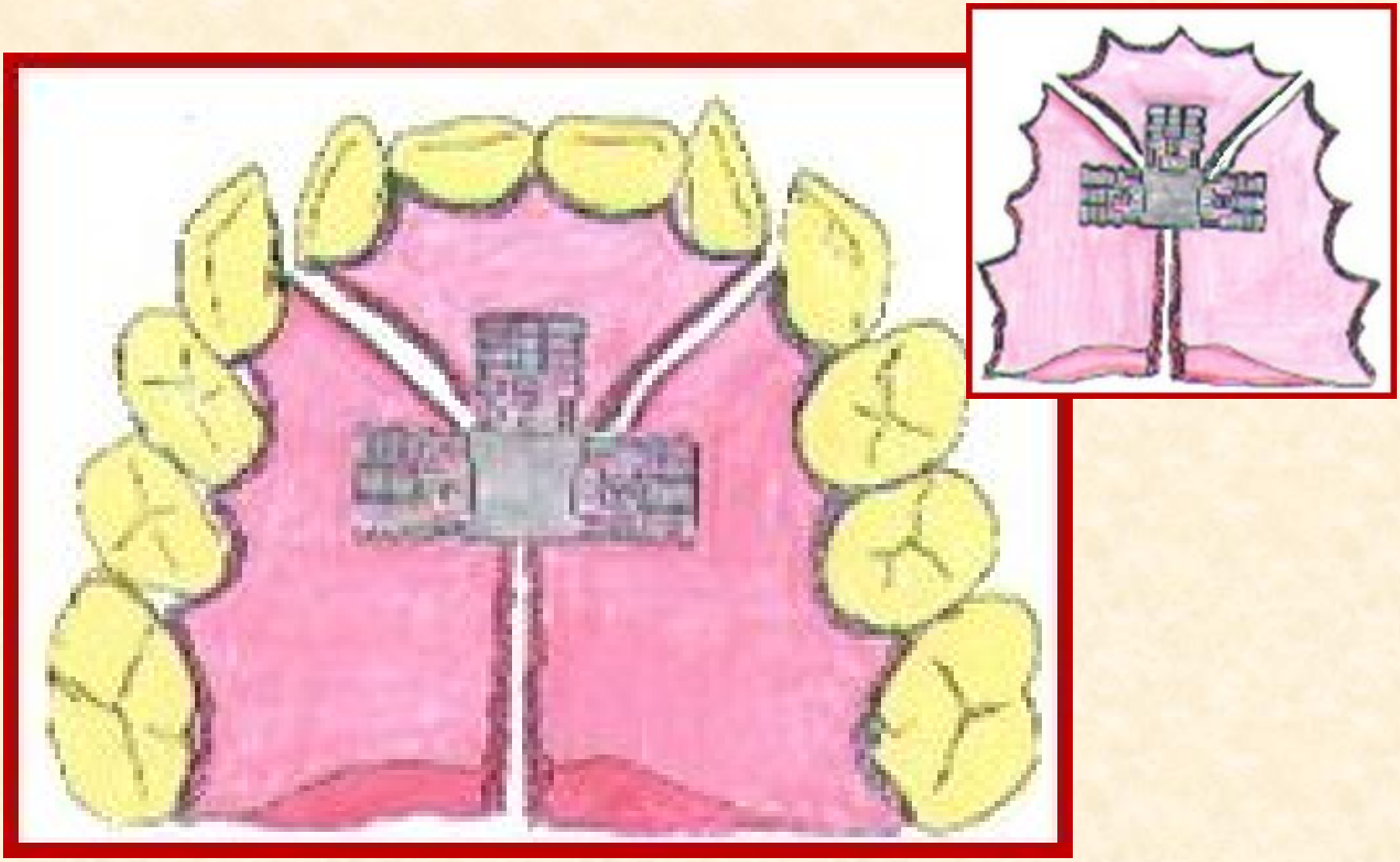


Vista di lato

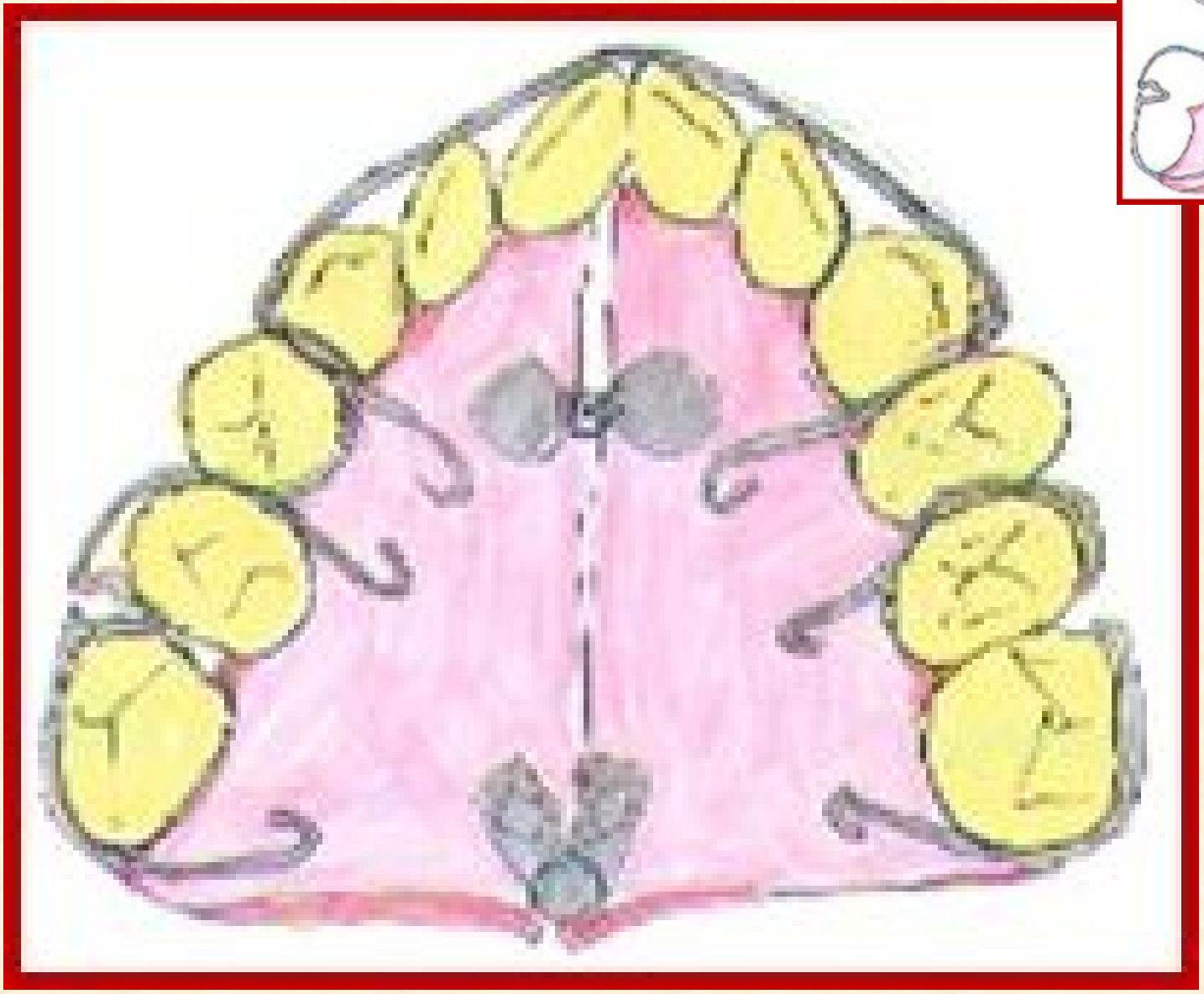


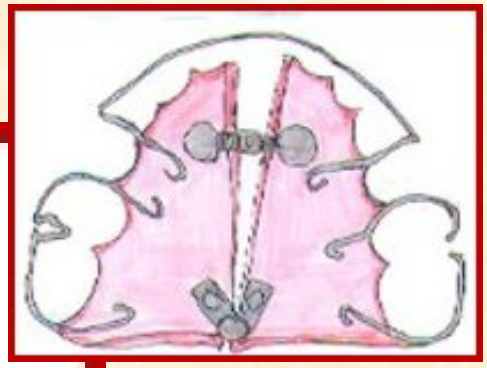
Piano inclinato in resina acrilica fissato ai denti incisivi inferiori per correggere il dente incrociato

Apparecchio mobile in resina con vite di espansione per correggere il morso incrociato anteriore.

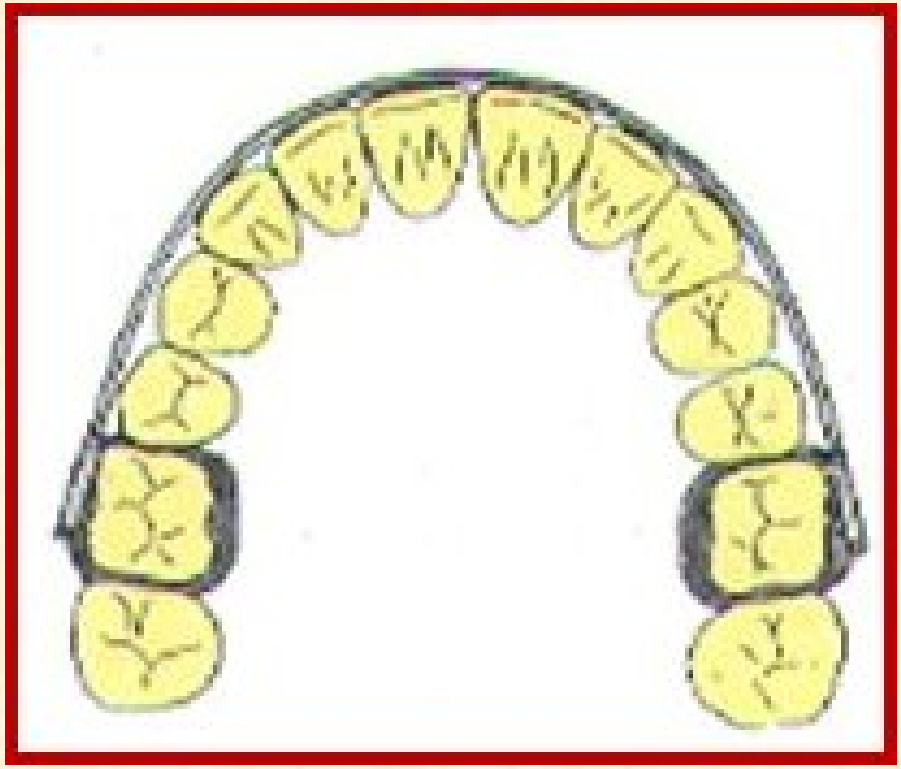


Apparecchio mobile in resina con vite di espansione tridirezionale per muovere gruppi di denti e allargare il palato.



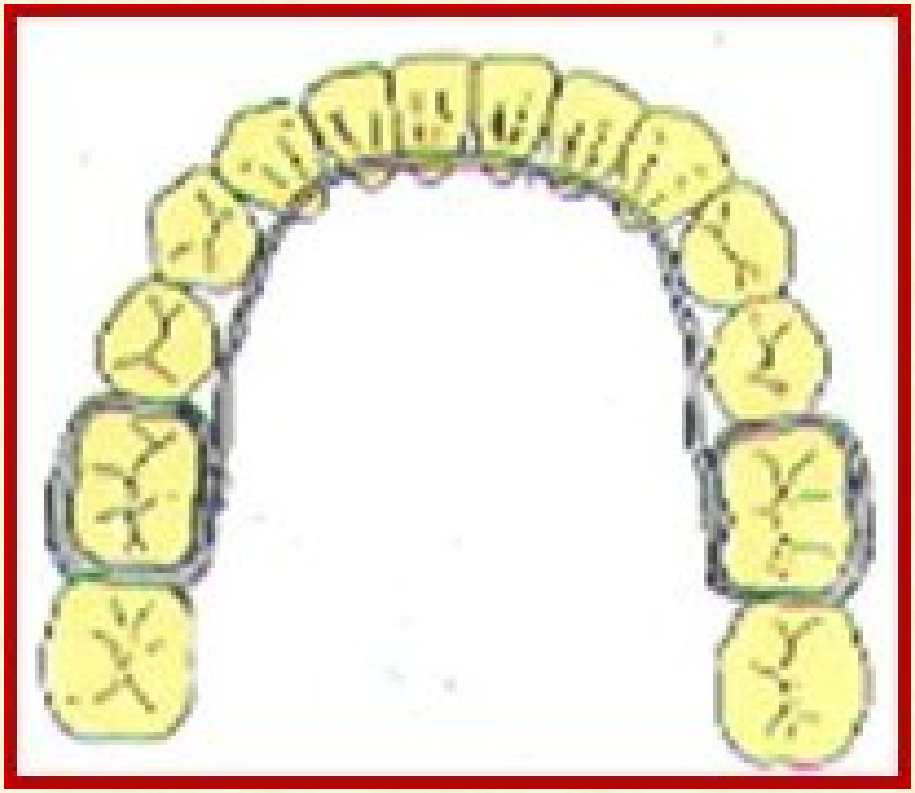


Apparecchio mobile in resina con vite di espansione e cerniera per la dilatazione asimmetrica del palato



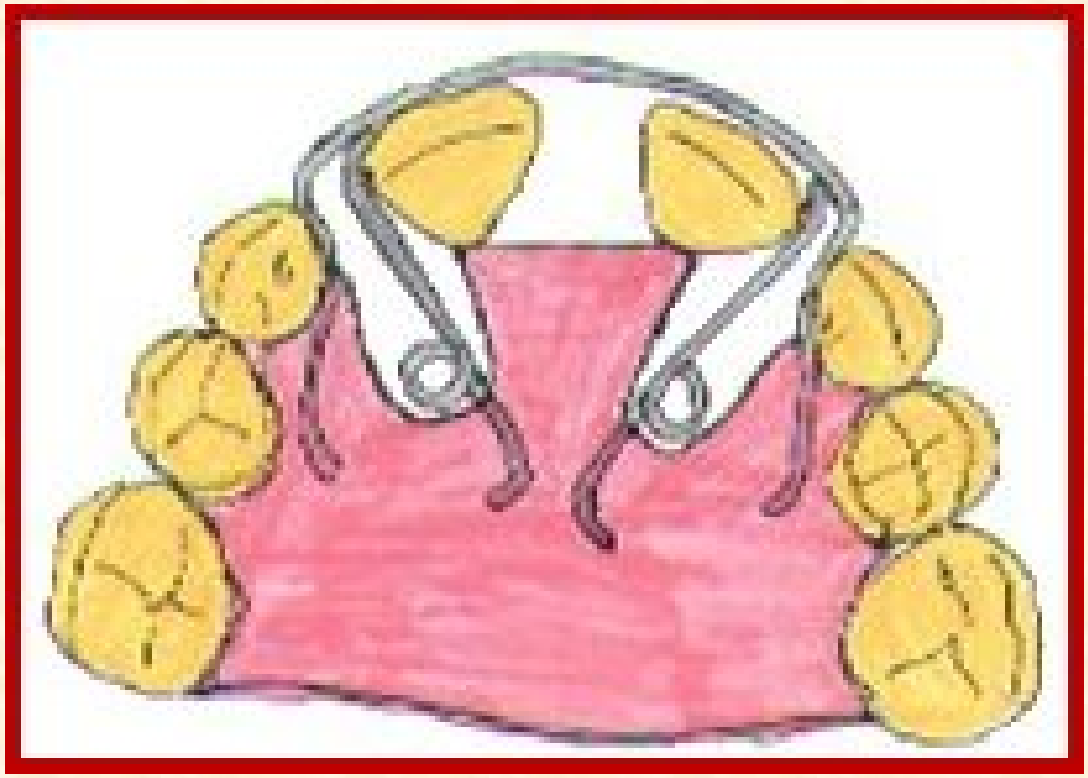
Arco vestibolare superiore fissato ai denti molari con bande.

Arco linguale inferiore fissato ai denti molari con bande.

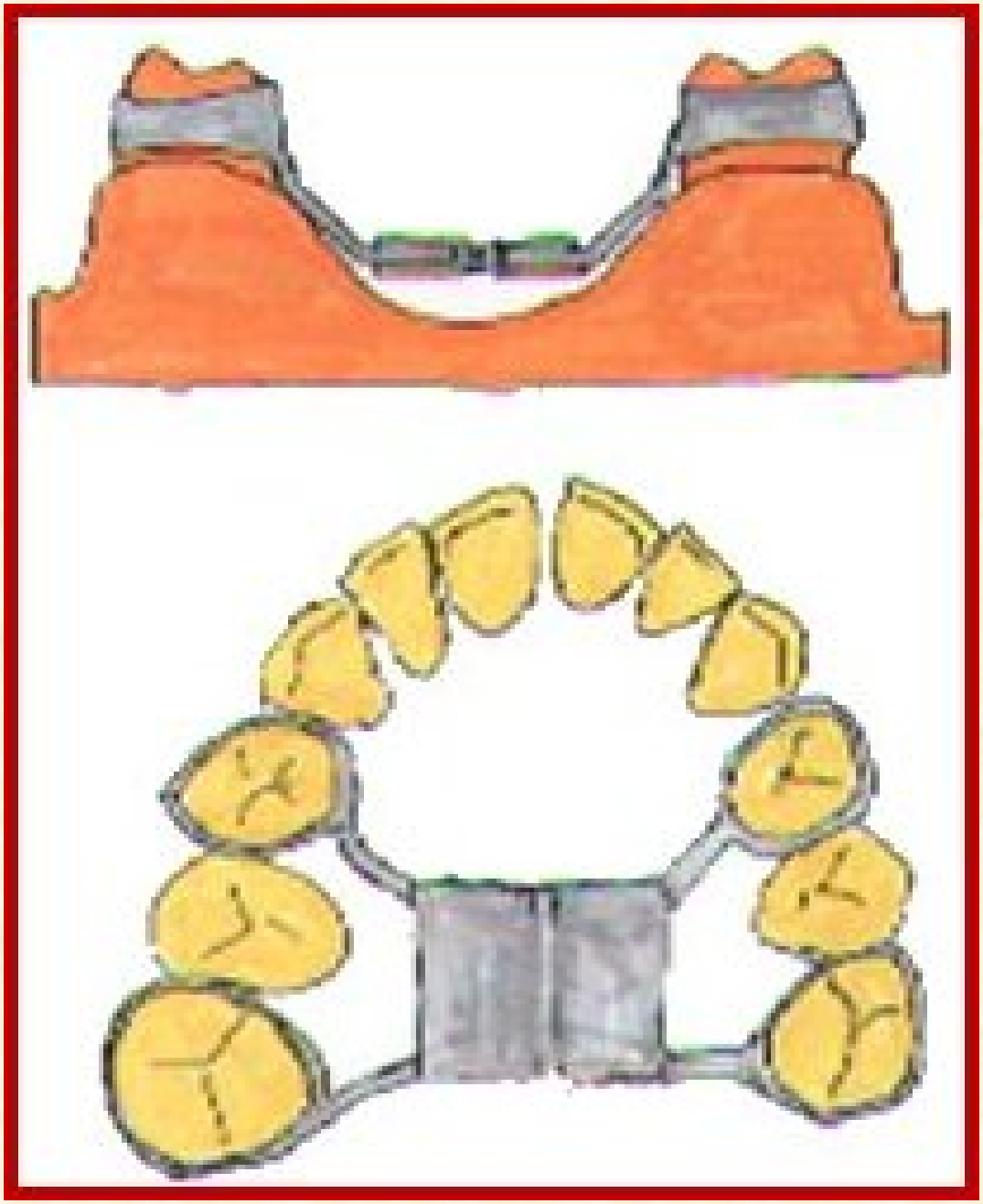


Correzione del diastema.

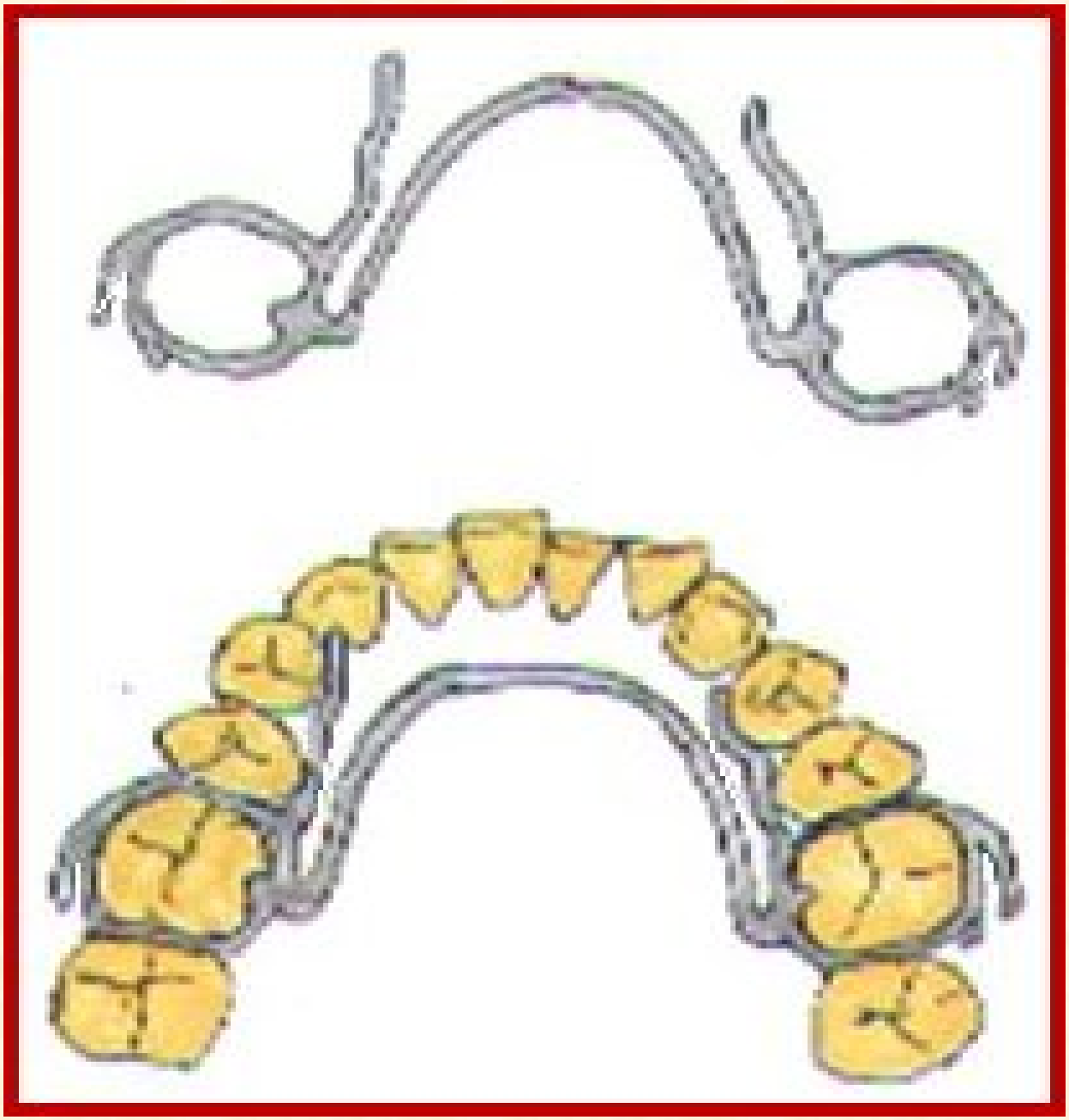
Una guida metallica è fissata e guidata sulle bande per evitare la torsione . Un gommino in trazione avvicina i denti



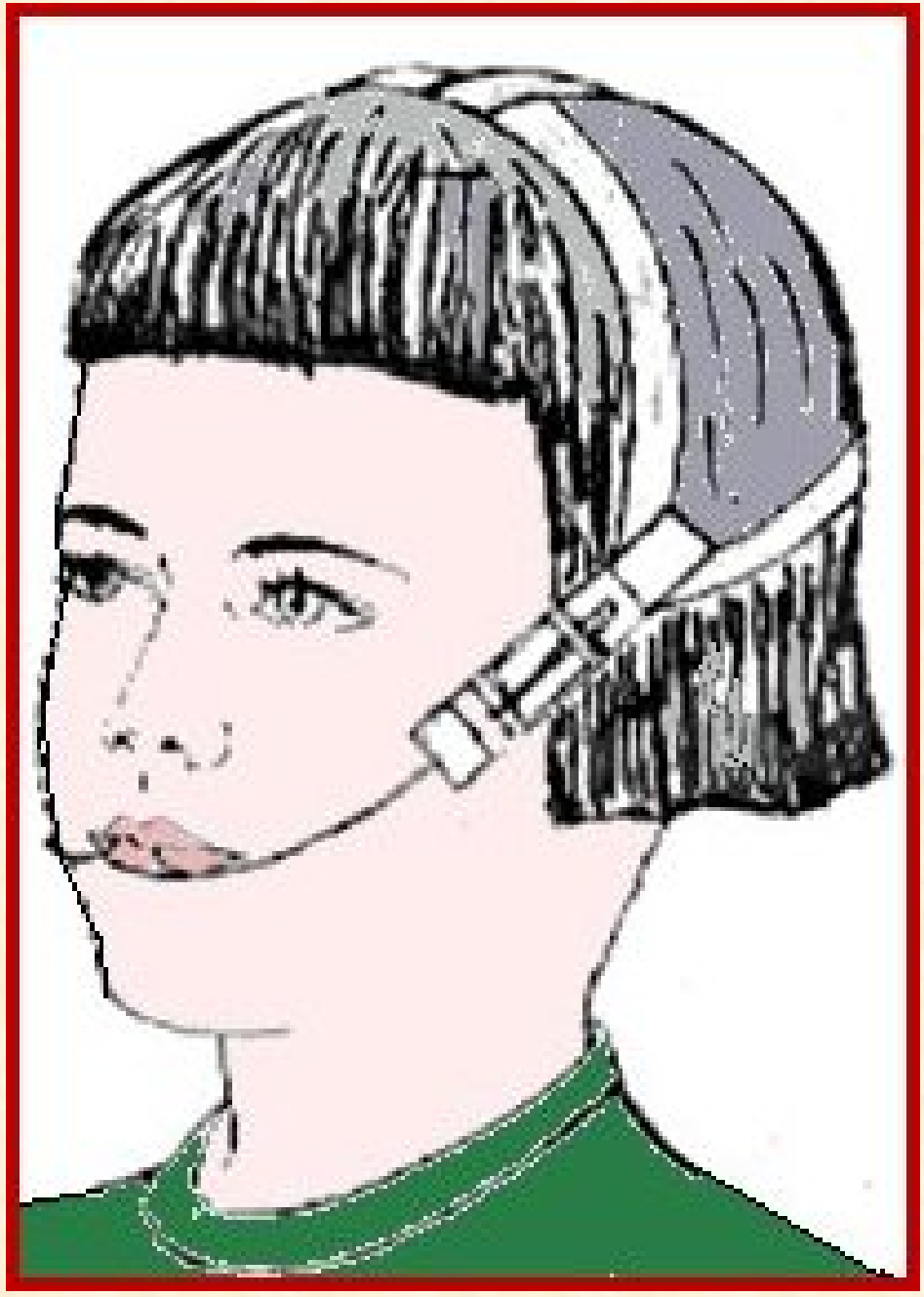
Correzione del diastema con apparecchio mobile. Un arco in filo metallico e la resina guidano i denti che sono avvicinati con due molle indipendenti.

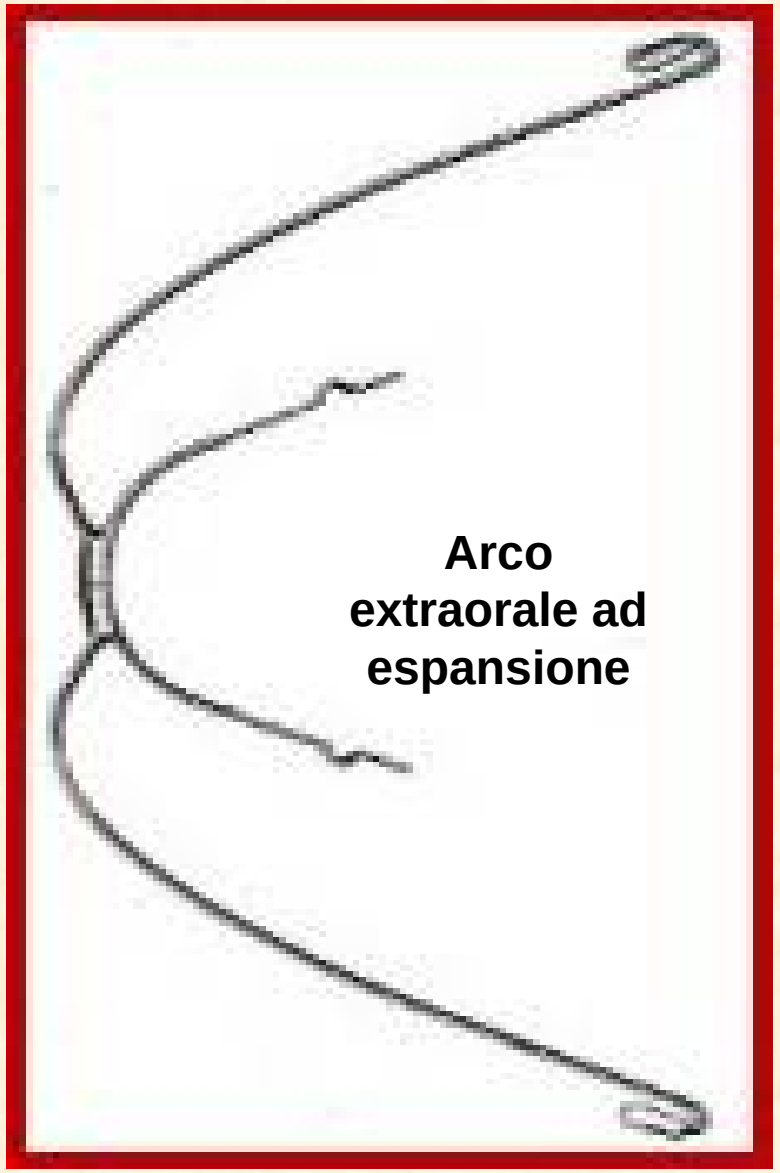


Disgiuntore rapido per la separazione della sutura palatale.

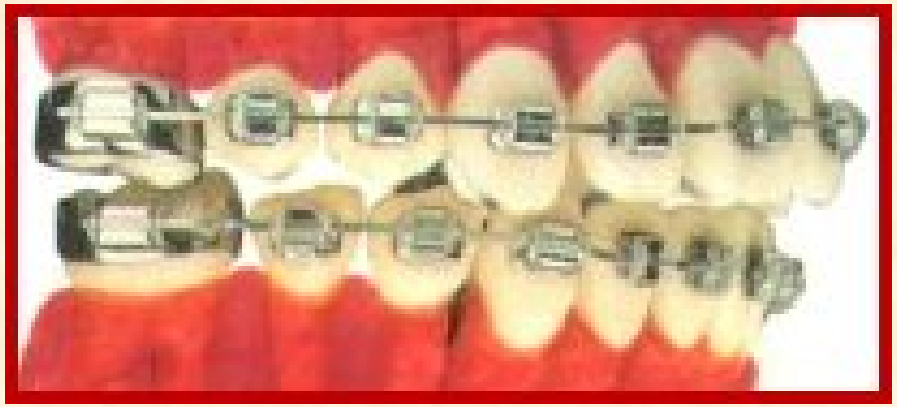


Apparecchio di Crozat.





Cuffia per trazione extraorale.

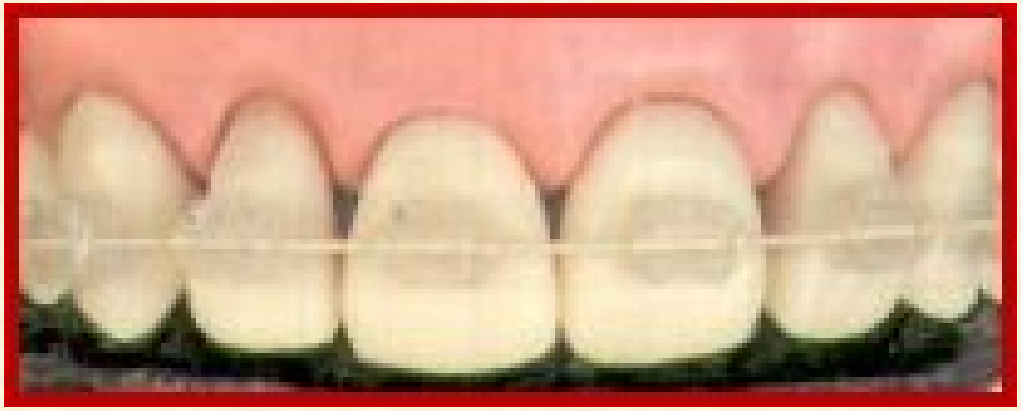


Attacchi in metallo direct bonding

Attacchi

Attacchi in metallo su bande

Bande



Attacchi in resina e fibra di vetro

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