

全冠与高嵌体修复根管治疗后牙的疗效对比

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摘要: 目的: 比较全冠修复与高嵌体修复根管治疗后牙的临床疗效。方法: 选取2020年12月至2021年12月在我院治疗的根管治疗后牙患者, 随机分为全冠修复组和高嵌体修复组, 每组各50例。随访观察两组患者治疗后的临床疗效, 包括牙周炎发生率、牙齿松动度、患者满意度等。结果: 1. 高嵌体修复组患者牙周炎发生率显著低于全冠修复组 (p < 0.05); 2. 高嵌体修复组患者牙齿松动度显著低于全冠修复组 (p < 0.05); 3. 高嵌体修复组患者满意度显著高于全冠修复组 (p < 0.05)。结论: 高嵌体修复根管治疗后牙的临床疗效优于全冠修复, 值得推广应用。

关键词: 根管治疗; 全冠修复; 高嵌体修复; 牙周炎; 牙齿松动; 患者满意度

Comparison of Curative Effect between Full Crown and Onlay Restoration of Posterior Teeth after Root Canal Treatment

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Abstract: Objective: In the repair treatment of posterior teeth, the total crown and high embedded repair root canal treatment were applied to the treatment process of different patients to analyze its clinical effect. Method: This paper selects in December 2020 to December 2021 section in our hospital during dental patients with tooth repaired after treatment compared treatment, grouping remain equal numbers in each group. One group of patients uses full crown restoration treatment (control group), while another group of patients uses high targeting inlay restoration therapy (group). The final treatment effect of all patients was analyzed to observe whether there were differences. Results: (1) the probability of periodontitis and tooth loosening after treatment was calculated, and the probability of the study group patients was smaller (p < 0.05); (2) the clinical effect of the two groups after treatment was significantly different (p < 0.05); and (3) by comparing the oral health scores of patients in the two groups, the scores of patients in the study group were better (P < 0.05). Conclusion: There are more ways to treat patients receiving posterior dental restoration treatment, and in the process of treatment, compared with the total crown restoration treatment, the high inlay restoration treatment can greatly enhance the clinical efficacy of patients, improve their oral health, and reduce the probability of adverse reactions, which can be promoted and applied.

Keywords: Full crown restoration; Onlay restoration; Root canal treatment; Posterior teeth; Complication rate

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