

AESTHETICS IN MODERN DENTISTRY-CLINICAL CASE

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Abstract: This article reveals a clinical case of a patient who presented into our dental clinic hoping to restore the functions of dental apparatus, especially the physiognomy, which causes an ugly smile. Full mouth rehabilitation consisted of performing several bridges and crowns, which finally led to the desired result for both the physician and the patient.

Cuvinte cheie: estetica dentară, microproteza

Rezumat: Articolul dezvăluie un caz clinic al unui pacient care s-a prezentat în ambulatoriul nostru de specialitate în speranța refacerii funcțiilor aparatului dento-maxilar, în special a celei fizionomice, acesta nefiind mulțumit de zâmbetul său. Reabilitarea orală completă a constat în realizarea mai multor punți dentare și microproteze, care în final au dus la rezultatul dorit atât de către medic, cât și de către pacient.

INTRODUCTION

For a complete and correct oral rehabilitation, all maxillary functions must be restored properly. Along with masticatory function, which is the most important one for both the patient but also the doctor, an important role has the function of phonation and therefore esthetic function.(1,2) In recent decades, the importance of a physiognomic feature is increasing, more patients being more concerned about the look of their teeth and smile.

Thus, the aesthetic requirements of patients are increasing, the opportunities to meet these requirements are growing and in terms of dentists and the dental technician, these requirements becoming more easily achievable due to technological developments and the development of dental materials industry.

Currently, to achieve aesthetic standards, for the patient is no longer a problem or an isolated case but, with suitable material and advanced technology this goal can be achieved easily.(2,3) Maybe, the only obstacle in the way of perfect restorations in terms of physiognomic is the economic and financial situation of the patient.(4,5)

CASE REPORT

Patient, M. V., aged 32 years presented a year ago in our specialized dental clinic for complete oral rehabilitation and especially for restoring the upper front group in order to improve aesthetics.

When examining the oral cavity in the dental office, the patient had multiple cavities, bacterial plaque, dental tartar, tooth discoloration due to non vital teeth, poor oral hygiene

Treatment began by conducting a hygiene by scaling and professional brushing and cleans surfaces between the teeth with dental and profile with specific bicarbonate solution. Because the patient was not satisfied with the initial colour of his teeth, we decided to carry out a professional bleaching of the front lower canine-canine group (3.3.-4.3.). Bleaching was done only on these dental units because the superior frontal group presented cavities and incisors were not vital or presented

enamel cracks and fractures. Bleaching made enamel whiter up to three shades of the VITA Classical

The following treatment steps included the development of metal-ceramic bridges in the sides of the dental arch. Endodontic treatments were performed at the level of the restored dental units as dental caries were large and cleaning the altered dentin led to the opening of the pulp chamber and thus to treat the pulp.

Digital ortopantomographic image before restoring the front group (figure no. 1) reveals endodontic treatments and metal-ceramic restorations.

In the lateral jaws teeth crowns were made singular and separated. Surgically we removed from the granulomas from the apex of premolars 1.5. 2.4. Old bridge metal-ceramic aggregated 1.4.-1.5.-1.6. was removed because it was not properly adapted marginally well was removed and the metal crown from wisdom teeth 1.8. In this way the vertical dimension of occlusion has been stored and kept.(6)

In order to complete oral rehabilitation, we accomplished in the first phase separated crowns from the lateral maxillary teeth left, then two lateral metal-ceramic bridges in the lateral mandible. This is the stage in which we asked one new panoramic radiograph, which is shown in figure no. 1.

Figure no. 1. Orthopantomography digital image made after the restoration of the lateral mandibular groups and maxillary right lateral group



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CLINICAL ASPECTS

Treatment continued by restoring right jaw teeth by performing endodontic treatments and preparation kept restorative abutments on teeth 1.4., 1.5., 1.6., 1.8. On the tooth 1.7., we made a composite filling, thin tooth being the end of treatment the only one on the maxillary arch that was not enhanced by a crown.

Socio-economic considerations have guided treatment so the front top was the last restored by individual crowns. Figures no. 2 and 3 reveals the patient's smile before restoring the front group and a detail of tooth discoloration from the teeth due to these cracks, non vital tooth and acrylic crown on tooth 1.2.

Figure no. 2. Patient's smile before restoring the front group



Figure no. 3. Particulars of upper front dental units



The last stage of the treatment was the preparation of abutments on superior frontal canine-canine group performing endodontic treatment of teeth and prosthetic field impression in order to achieve individual crowns. Figure no. 4 reveals the preparation for final restoration of teeth before impression.

Figure no. 4. Preparation of prosthetic abutments



The patient had a provisional acrylic prosthesis for 10 days during which we realized checked crowns' metal part adaptation

After completion of the treatment of front group by metal-ceramic crowns, we have cemented them provisional for 7 days with special cement without eugenol, during which we checked the perfect occlusion/bite and periodontal integration of these crowns

Figure no. 5 reveals the patient smile after final cementation and its aesthetics.

After treatment, the patient declared himself very pleased and promised to come for periodically check once a year.

Figure no. 5. Final aspect of aesthetic smile



In order to maintain proper oral hygiene, we recommend to the patients to use besides toothpaste and mouthwash, dental floss and a mouth shower 2 times a day which will clean interdental spaces, thus maintaining oral health for a long time.

CONCLUSIONS

1. Aesthetics has become today one of the main reasons of patient's addressability to dentists.
2. Ceramic crowns especially individual ones on each tooth (where possible) restore the natural appearance of the teeth and have a good periodontal integrity.
3. Whitening dentistry becomes a standard procedure to improve the smile even in complex and combined oral rehabilitation: natural teeth, teeth filled with composite-teeth restored by crowns.
4. Recital guides the socio-economical times and duration of treatment and the possibility of restoring the high esthetic dental materials such metal-ceramic, zirconia ceramic or ceramic flooring.
5. Beautiful smile and high aesthetic dentistry once restored, will cause patients to be more attentive to their oral hygiene and empowers them to submit periodic checks in dental clinics.

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