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Figure 1: Case #4, before.



Figure 2: Case #4, after.

CASE #4

A severe gagger and extreme dental-phobic, this 6-foot, 3-inch former football player was referred to me by one of our most loyal patients. Just trying to get basic diagnostic records required the use of sedative hypnotics and topical anesthetic, as well as a high level of teamwork. Clinical examination revealed severe wear and fremitus of many anterior teeth (Fig 1). No muscular or temporomandibular joint pathologies were noted. Canine guidance was minimal due to tooth positioning. Periodontally, tissue and bone were sound. Surprisingly, considering this patient's strong protective gag reflex, the posterior teeth had all been crowned over the years and were well-maintained. Esthetically, the patient had several diastemas and enamel chipping, as well. Tooth color was a Vita C4.

After reviewing waxed-up diagnostic models, an esthetic treatment plan was developed to place porcelain laminate overlays on the 20 anterior teeth (10 upper, 10 lower), following functional equilibration of the bite. The material chosen was Authentic porcelain (Microstar: Atlanta, GA), because of its warm natural colors and strength when bonded to tooth structure. An element critical to this reconstruction was having the patient "test drive" his new smile using prototype bis-acryl provisionals; this allowed us to fine-tune functional and esthetic requirements (it also acted as a great customer service tool by allowing the patient and his wife the opportunity to provide input to the final smile design). All the restorations were carefully bonded using rubber dam isolation. Besides improving access and the final bond strengths, the shield also provided an element of safety for the patient, whom we had consciously sedated.

The final results were truly inspiring, as the patient exuded more confidence and made major changes in his life. Furthermore, he became a vocal ambassador for cosmetic dentistry and our practice (Fig 2). 3/2

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