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Esthetics in and with All-ceramic Restorations

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Poster Award

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Introduction

It is possible that in the near future all-ceramic systems for single crowns and fixed partial dentures (FPDs) may replace standard porcelain fused to metal restorations (PFM). The esthetic and biocompatible advantage of all-ceramic systems has become quite clear. Several clinical studies demonstrate the success, especially for ceramic frame systems that are generated by CAD/CAM systems.



Fig. 1: Preparation of teeth 11 for veneer and 12 with all-ceramic post and core crown restoration.



Fig. 2: Adhesive attached veneer at tooth 11



Fig. 3: After the insertion of the Procera ® all-ceramic crown at tooth 21.

Objectives

Preparation for All-ceramic Systems

The preparation principles applied in all-ceramic systems are comparable. The margin should be precisely determined either by a modified shoulder and rounded internal angles or a chamfer. The tooth preparation should have a taper of 6° to 10°. All contours ought to be smoothed and rounded. The removal of the tooth structure correlates to the manufacturer's guidelines. All-ceramic systems with zirconia core need similar preparation which is used in porcelain fused to metal restorations (PFM).



Fig. 7: PFM Bridge restoration with insufficient margins on the teeth 12 to 21.



Fig. 8: Preparation of the teeth for a zirconia all-ceramic restoration.



Fig. 9: After the insertion of the Cercon ® all-ceramic bridge.

Material and Methods

CAD/CAM Systems and Indication

Nowadays dentists and dental technicians can choose from a great variety of all-ceramic systems. The planned restoration determines the proper ceramic system. Ceramic frame systems based on zirconia are suitable for anterior and posterior restorations. As the result of these strong ceramics it is possible to make three or more unit FPDs.



Fig. 4: Teeth 13 and 12 with multiple and extensive insufficient composit restorations.

Fig. 5: Set-up of the teeth 13 and 12 with quartz fiber posts, composit and preparation.

Fig. 6: One week after the insertion of the Cercon ® all-ceramic crowns.

Preparation guidelines for all-ceramic systems

system	margin	axial reduction mm	incisal reduction mm
Empress ® 1	shoulder internal rounded	1,0 - 1,5	2,0
Empress ® 2	dto.		
In-Ceram ®	chamfer, shoulder int. rounded	1,0 - 1,2	1,5
Procera ® AllCeram, AllZirkon	chamfer	0,8 - 1,5	1,5 - 2,0
Cercon ®	shoulder int. rounded, chamfer	1,0	1,5 - 2,0
Cerec ® InLab In-Ceram ® Zirkonia	shoulder int. rounded, chamfer	1,0 - 1,2	1,5
Lava ®	shoulder int. rounded, chamfer	1,0 - 1,5	1,5 - 2,0

Results

Semi sintered zirconia vs. hot isostatic pressed zirconia

The introduction of CAD/CAM systems introduced the possibility of producing dental restorations from materials of extreme hardness and flexural strength. Pre-sintered zirconia is used by manufacturers like DCS ®, Decim AB ® and Digident ®. The milling process is extremely time consuming, due to the subtractive procedure. It is even technically possible to make up to twelve or more unit FPDs.

Chalk-like, semi sintered zirconia is firstly shaped by milling and then condensed by heating. The shrinking rate of the over dimensioned ceramic frame is 20-30%. The duration of the sinter process is about 8 hours. Several studies show that the flexural strength falls back to 500 MPa due to the embrittlement and fatigue of the pre and semi sintered ceramic. Long-term assessments are still needed for evaluation.



Fig. 10: Insufficient and unesthetic PFM restoration of the teeth 14 to 16 and 17.

Fig. 11: Try in of the DCS ® all-ceramic bridge framework and a single crown coping.

Fig. 12: After cementation of the DCS ® bridge and crown with a glasionomer cement.

Fracture resistance and incidence

The durability depends on the flexural strength of the used materials. Ceramic with low flexural strength of 200 MPa must be adhesively cemented and can only be used for inlays, veneers and partial crowns. For premolar crowns and anterior bridges a minimum flexure rate of 400MPa is required. Extremely high flexural strength of more than 1000 MPa, provided by zirconia, can even be used for posterior crowns and multi unit FPDs.



Fig. 13: Preparation of the teeth 11 and 12 for Procera ® all-ceramic restorations.

Fig. 14: Try in of the restoration. Individualized Balance ® abutment of a

Fig. 15: After the insertion of the Procera ® all-ceramic crowns on teeth 12, 11 and Ankylos ® implant in regio 12. 21.

Flexural Strength of All-Ceramic Systems

IPS Empress ® 1	150 Mpa	Inlays, veneers and single crowns
IPS Empress ® 2	400 Mpa	single crowns on premolars
In-Ceram ® Alumina	570 Mpa	and up to anterior 3 unit FPDs
In-Ceram ® 30% zirconia 70% alumina	700 Mpa	
Lava ®	>1000 Mpa	posterior 3 and 4 unit FPDs
Cercon ®	>1000 Mpa	
Digident ®	~1200 MPa	12 and more unite FPDs
DCS ®	~1200 MPa	

Discussion and Conclusion

- The natural appearance and translucency of the all-ceramic systems makes esthetics in dentistry more achievable.
- Zirconia allows a higher range of indications and multi unit FPDs.
- Ceramics with flexural strength below 200 MPa must be adhesively cemented.
- Accurate preparation methods are necessary.
- FPDs manufactured with CAD/CAM processes made of zirconia could replace the conventionally produced FPDs as long as the production is economical.
- First results of studies at our Institute show great promise for the use of all-ceramic systems based on zirconia frames.

Literature

1. Andersson, M., Razzoog, M. E., Oden, A., Hegenbarth, E. A., and Lang, B. R., Procera: a new way to achieve an all-ceramic crown. *Quintessence Int.* 29 (May 1998): 285-296.
2. Arikō, K., Evaluation of the marginal fitness of tetragonal zirconia polycrystal all-ceramic restorations. *Kokubyo Gakkai Zasshi* 70 (June 2003): 114-123.
3. Bonnard, P., Hermans, M., Adriaenssens, P., Daelemans, P., and Malevez, C., Anterior esthetic rehabilitation on teeth and dental implants optimized with Procera technology: a case report. *J. Esthet. Restor. Dent.* 13 (2001): 163-171.
4. Carinci, F., Pezzetti, F., Volinia, S., Franciosi, F., Arcelli, D., Farina, E., and Piattelli, A., Zirconium oxide: analysis of MG63 osteoblast-like cell response by means of a microarray technology. *Biomaterials* 25 (January 2004): 215-228.
5. Edelhoff, D. and Kern, M., Vollkeramik von A bis Z für Praktiker. *Zahnärztl Welt* 2003 112 (2003): 276-281.
6. El-Ebrashi, S., Lang, B. R., Razzoog, M. E., Yaman, P., and May, K., Fracture Resistance of Ceramic Crowns by Coping/Die Fit. *J Dent Res* 73. (1999).
7. Giordano, R., A comparison of all-ceramic restorative systems. *J. Mass Dent. Soc.* 50 (2002a): 16-20.
8. Giordano, R., All-ceramic restorative systems: alumina-based core systems. *J. Mass Dent. Soc.* 51 (2002b): 30-35.
9. Kelly, J. R., Clinically relevant approach to failure testing of all-ceramic restorations. *J. Prosthet. Dent.* 81 (June 1999): 652-661.
10. Kugel, G., Perry, R. D., and Aboushala, A., Restoring anterior maxillary dentition using alumina- and zirconia-based CAD/CAM restorations. *Compend. Contin. Educ. Dent.* 24 (August 2003): 569-72, 574, 576.
11. Lauer, H. C., Vollkeramische Restaurationen in der Hand des Generalisten. *zm* 93 (2003): 1096.
12. Luthardt, R. G., Sandkuhl, O., and Reitz, B., Zirconia-TZP and alumina--advanced technologies for the manufacturing of single crowns. *Eur. J. Prosthodont. Restor. Dent.* 7 (December 1999): 113-119.
13. Neiva, G., Yaman, P., Dennison, J. B., Razzoog, M. E., and Lang, B. R., Resistance to fracture of three all-ceramic systems. *J. Esthet. Dent.* 10 (1998): 60-66.
14. Oden, A., Andersson, M., Krystek-Ondracek, I., and Magnusson, D., Five-year clinical evaluation of Procera AllCeram crowns. *J. Prosthet. Dent.* 80 (October 1998): 450-456.
15. Odman, P. and Andersson, B., Procera AllCeram crowns followed for 5 to 10.5 years: a prospective clinical study. *Int. J. Prosthodont.* 14 (November 2001): 504-509.
16. Oilo, G., Tornquist, A., Durling, D., and Andersson, M., All-ceramic crowns and preparation characteristics: a mathematic approach. *Int. J. Prosthodont.* 16 (May 2003): 301-306.
17. Ottl, P., Piwowarczyk, A., Lauer, H. C., and Hegenbarth, E. A., The Procera AllCeram system. *Int. J. Periodontics. Restorative. Dent.* 20 (April 2000): 151-161.
18. Pröbster, L., Four year clinical study of glass-infiltrated, sintered alumina crowns. *J. Oral Rehabil.* 23 (March 1996): 147-151.
19. Razzoog, M. E., Lang, L. A., and McAndrew, K. S., AllCeram crowns for single replacement implant abutments. *J. Prosthet. Dent.* 78 (November 1997): 486-489.
20. Segal, B. S., Retrospective assessment of 546 all-ceramic anterior and posterior crowns in a general practice. *J. Prosthet. Dent.* 85 (June 2001): 544-550.
21. Sorensen, J. A., Choi, C., Fanuscu, M. I., and Mito, W. I., A clinical trial of all-ceramic crown restorations. *Pract. Proced. Aesthet. Dent. Suppl* (2003): 33-38.
22. Sturzenegger, B., Feher, A., Luthy, H., Schumacher, M., Loeffel, O., Filser, F., Kocher, P., Gauckler, L., and Scharer, P., Clinical study of zirconium oxide bridges in the posterior segments fabricated with the DCM system. *Schweiz. Monatsschr. Zahnmed.* 110 (2000): 131-139.
23. Weigl, P. and Heidemann, D., in *Praxis der Zahnheilkunde - Endodontie* Urban & Fischer, 2001, pp. 241-276.
24. Zeng, K., Oden, A., and Rowcliffe, D., Flexure tests on dental ceramics. *Int. J. Prosthodont.* 9 (September 1996): 434-439.
25. Zitzmann, N. U., Marinello, C. P., and Luthi, H., The Procera Allceram all-ceramic system. The clinical and technical laboratory aspects in the use of a new all-ceramic system. *Schweiz. Monatsschr. Zahnmed.* 109 (1999): 820-834.

Abbreviations

FPD - fixed partial dentures

PFM - porcelain fused to metal restorations

CAD - computer-aided design

CAM - computer-aided manufacturing

This poster was submitted by Axel Bauer.

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Introduction

It is possible that in the near future all-ceramic systems for single crowns and fixed partial dentures (FPDs) may replace standard porcelain fused to metal restorations (PFMs). The esthetic and biocompatible advantage of all-ceramic systems has become quite clear. Several clinical studies demonstrate the success, especially for ceramic frame systems that are generated by CAD/CAM systems.



Fig. 1: Preparation of teeth 11 to 14 and 12 with all-ceramic post and core crown restoration.

CAD/CAM Systems and Indication

Nowadays dentists and dental technicians can choose from a great variety of all-ceramic systems. The planned restoration determines the proper ceramic system. Ceramic frame systems based on zirconia are suitable for anterior and posterior restorations. As the result of these strong ceramics it is possible to make three or more unit FPDs.



Fig. 4: Teeth 13 and 12 with multiple and extensive insufficient compact restorations.

Fig. 5: Setup of the teeth 13 and 12 with quartz fiber posts, compact and preparation.

Fig. 6: One week after the insertion of the Cerec® all-ceramic crowns.

Preparation for All-ceramic Systems

The preparation principles applied in all-ceramic systems are comparable. The margin should be precisely determined either by a modified shoulder and rounded internal angles or a chamfer. The tooth preparation should have a taper of 6° to 10°. All contours ought to be smoothed and rounded. The removal of the tooth structure correlates to the manufacturer's guidelines. All-ceramic systems with zirconia core need similar preparation which is used in porcelain fused to metal restorations (PFMs).



Fig. 7: Relyt edge restoration with integrated margins on the teeth 12 to 21.

Fig. 8: Preparation of the teeth 11 and 12 for Pocel® all-ceramic restorations.

Fig. 9: After the insertion of the Cerec® all-ceramic bridge.

Fracture resistance and incidence

The durability depends on the flexural strength of the used materials. Ceramic with low flexural strength of 200 MPa must be adhesively cemented and can only be used for inlays, veneers and partial crowns. For premolar crowns and anterior bridges a minimum flexure rate of 400 MPa is required. Extremely high flexural strength of more than 1000 MPa, provided by zirconia, can even be used for posterior crowns and multi-unit FPDs.



Fig. 10: Preparation of the teeth 11 and 12 for Pocel® all-ceramic restorations.

Fig. 11: Try-in of the respective individualized bicolor® abutment of a Antek® implant in stage 12.

Fig. 12: After the insertion of the Pocel® all-ceramic crowns on teeth 11 and 12.

Flexural Strength of All-Ceramic Systems

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Fig. 10: Incisal and gingival PFM preparation of the teeth 14 to 16 and 17.

Fig. 11: Try-in of the DCS® all-ceramic base framework and a single class V coping.

Fig. 12: After cementation of the DCS® base and cover with a glassceramic cement.