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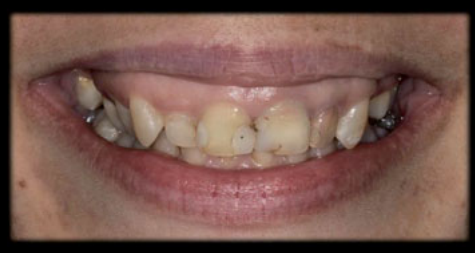
MULTIDISCIPLINARY AESTHETIC REHABILITATION: CLINICAL CASE

CASE DESCRIPTION: A healthy, 36-year-old female patient appeared in the clinic unhappy with the aesthetics of her smile. After a correct anamnesis, clinical, photographic and radiographic evaluation, the diagnosis was made and the treatment plan was delineated:

DIAGNOSIS:

- ✓ Absence of teeth 16, 24 and 26
- ✓ Infiltrated Restorations on teeth 12, 11, 21, 22 and 36
- ✓ Periapical lesions on teeth 11, 21, 22 and 36
- ✓ Upper removable denture
- ✓ Class II division 2 clusion; Overbite increased; Lower attrition
- ✓ Gingival smile;
- ✓ Light upper and lower crowding; Rotation of teeth 24, 17, 27 and 43



TREATMENT PLAN:

1. Endodontic retreatment, internal bleaching and composite resin restorations on teeth 11, 21, 22 and 36 (Fig. 4, 5 and 6)
2. Orthodontic treatment
3. Implant rehabilitation in edentulous spaces
4. Ceramic overlay on tooth 36 (fig 2)
5. Gengivectomy + Feldspatic veneers on teeth 12, 11, 21, 22
6. Removal of dental hypoplasia by vestibular of tooth 13, at the request of the patient (Fig. 14 and 15)

The patient decided that she would not perform steps 2 and 3 of the proposed treatment plan for economic reasons, although the risks inherent in this decision were explained.

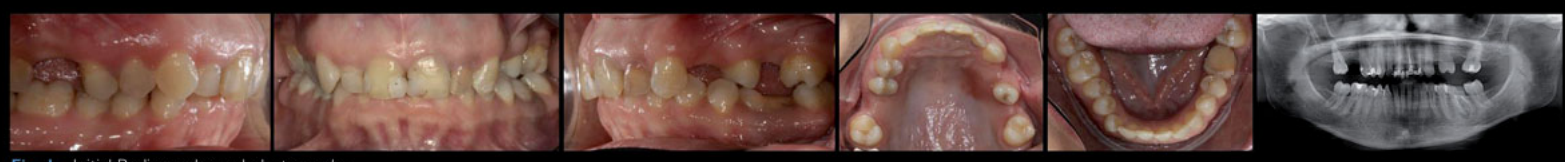


Fig. 1 - Initial Radiography and photographs

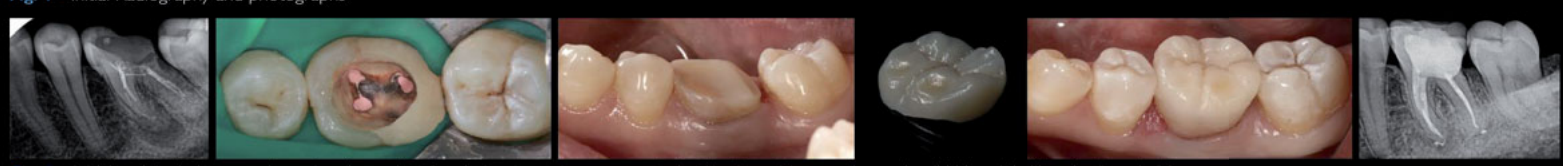


Fig. 2 - Initial and final photographs and radiographs of endodontic retreatment and rehabilitation with ceramic overlay (Lithium Dissilicate) of tooth 36

DISCUSSION: The fact that the patient has not accepted to carry out the entire treatment plan initially proposed may jeopardize the end result and/or the longevity of the treatment. Posterior occlusal instability may result in failure of anterior aesthetic rehabilitation. This was explained to the patient and in order to compensate for this occlusal imbalance, it was proposed to perform a stabilized splint, in order to preserve the rehabilitation performed and the entire joint complex. (1, 3)

Endodontic retreatment and internal bleaching were planned for teeth 11, 21 and 22 (Figure 4), in order to improve the substrate value and to be less invasive in the preparation of these teeth during rehabilitation. In this way, the preparations would remain in enamel and provide better adhesion between ceramic facets and the tooth. (2) Gingivectomy was performed on teeth 11, 12, 21 and 22 (Figure 6) to increase the clinical crown of these teeth and help compensate for the existing gingival smile.

Feldspathic ceramics are the material of choice when we talk about rehabilitation in the anterior sector from the aesthetic, optical and biomimetic points of view (Figure 12). (1, 3)

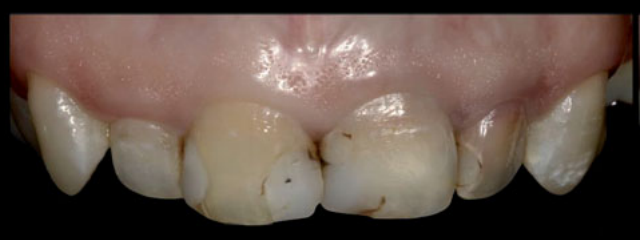


Fig. 3 - Initial close-up

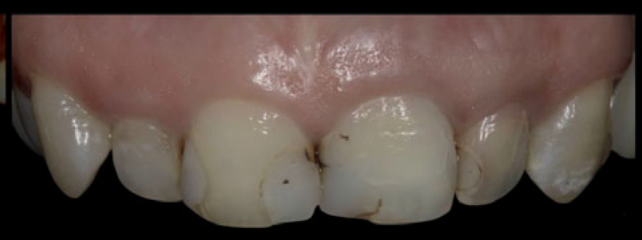


Fig. 4 - After internal bleaching

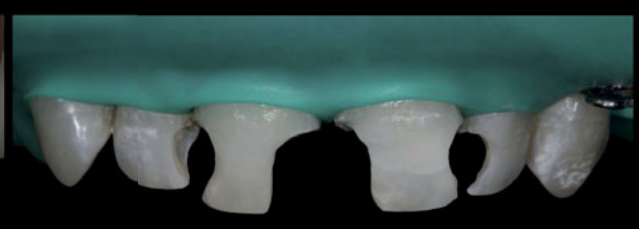


Fig. 5 - Removal of infiltrated restorations of teeth 12, 11, 21, 22

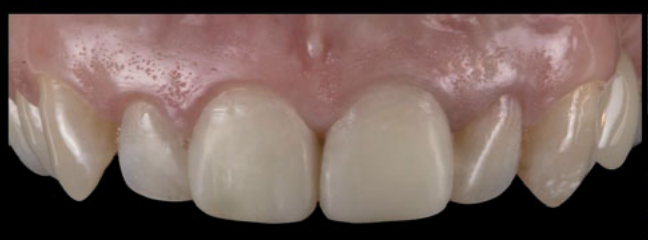


Fig. 6 - Build-up of teeth 12, 11, 21, 22 with composite resin

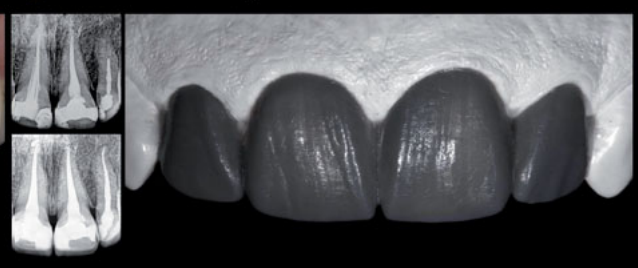


Fig. 7 - Initial and final x-ray of endodontic retreatment of teeth 11, 21, 22 and diagnostic wax-up

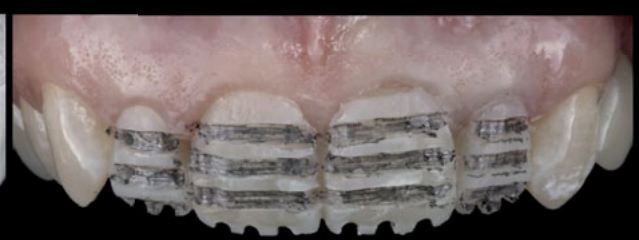


Fig. 8 - Mock-up preparation guide

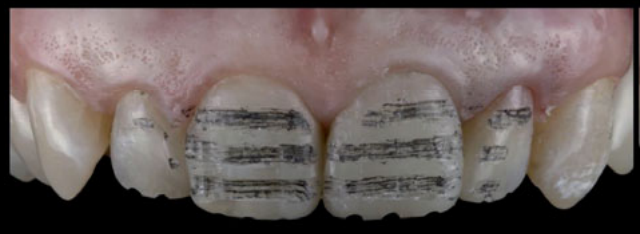


Fig. 9 - Removal of mock-up

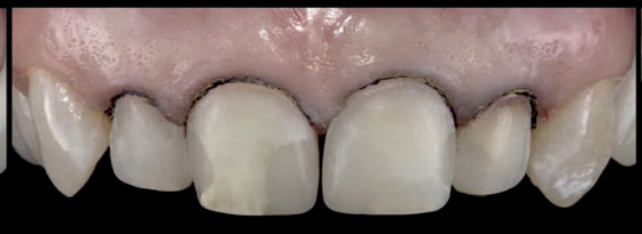


Fig. 10 - Preparation of teeth 12, 11, 21, 22

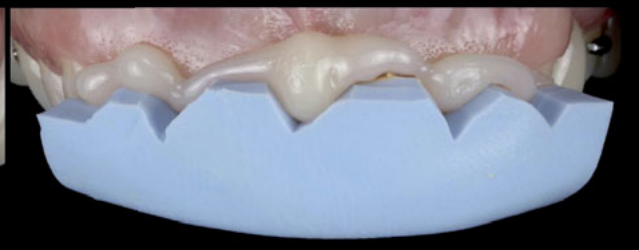


Fig. 11 - Confection of provisionals with silicone guide

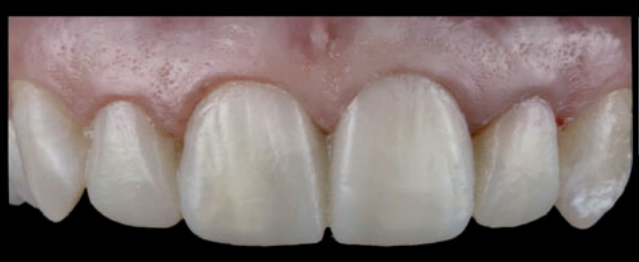


Fig. 11 - Provisonals of teeth 12, 11, 21, 22

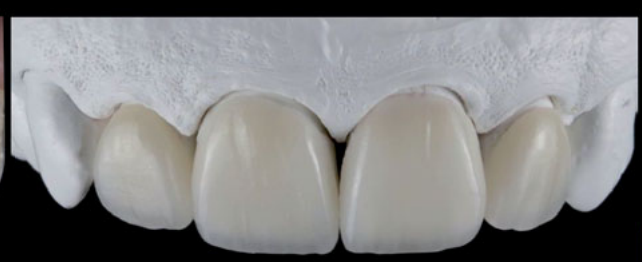


Fig. 12 - Feldspatic veneers of teeth 12, 11, 21, 22

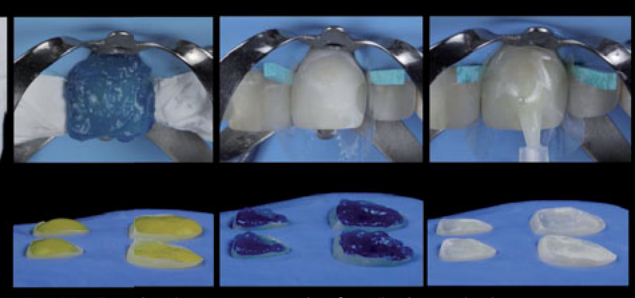


Fig. 13 - Dental and veneer preparation for adhesive method

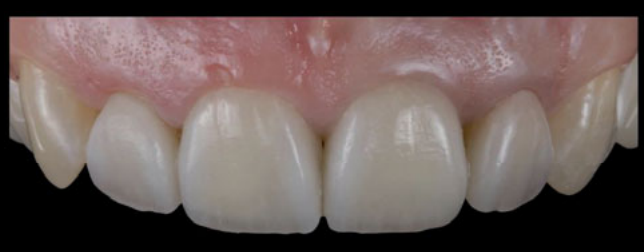


Fig. 14 - Final close-up

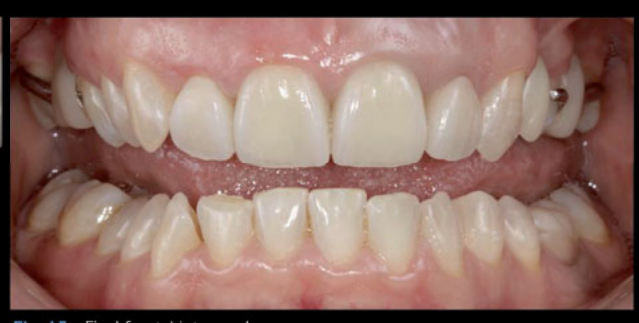


Fig. 15 - Final frontal intra-oral

Fig. 16 - Final smile

CONCLUSION: Although the ideal treatment plan was not done, it was possible to achieve the goals and restore the patient's self-esteem. It was made a stabilized splint, in order to preserve the rehabilitation performed and the entire joint complex. This treatment option does not limit in any way for later, if there is interest on the part of the patient, to perform orthodontics and implant rehabilitation, in order to complete the treatment plan stipulated initially.

(1) Domingo Martin++, Sophie Rozencweig, Amaia Maté et Jaime Valenzuela "The importance of condyle position in the diagnosis, treatment and prevention of TMD", Orthod Fr 2015;86:125–149 ; (2) Magne P., Belser U. "Bonded Porcelain Restorations in the Anterior Dentition: A Biomimetic Approach", 2002, 2003 by Quintessence Publishing Co, Inc
(3) Yen-Wei Chen, Ariel J. Raigrodski "A Conservative Approach for Treating Young Adult Patients with Porcelain Laminate Veneers", J Esthet Restor Dent 20:223–238, 2008