As everyone knows, most dental patients are very aware of the way their teeth look when they smile. Beautiful teeth have become much more attainable, and clinicians are very willing to educate people about their personal possibilities. With this in mind, patients will explore their options when they want to make changes. Sometimes, it may take a while for a patient to be ready to move forward, but when he or she decides, it is usually with a designated timeframe in mind.

In the case presented, a young lady in her early twenties was missing her laterals, teeth Nos. 7 and 10. She had been wearing a partial denture for years, but was tired of its presentation and her discomfort. Her other complaints were: a large youth, she knew exactly what she needed to do to correct her teeth. In fact, implants had been considered but a visit to an oral surgeon determined that with her bone structure, implants were not an option. Her dentist noted her tissue condition to be fair, and at his recommendation, she underwent laser surgery to recontour the ridges. She had no known allergies. At a later date, the dentist was able to accompany her to the laboratory for a custom shading appointment before preparation of her six anterior teeth. Her questions and concerns were addressed at that time, with the technician and the dentist both present to respond.

CASE PRESENTATION
Preoperatively, the patient presented with discoloration and decalcification throughout (Figure 1). With her partial denture in place, the gaps between teeth Nos. 7 through 9 were slightly less noticeable. The occlusal view of the patient’s mouth (Figure 3) underscored the patient’s need for a change. One aspect of note is that the canines were too protrusive outwardly and needed to be reduced in the technician’s wax-up design.

When fabricating the patient’s treatment plan wax-up, the technician gave definition and symmetry to her teeth by addressing the problems noted (Figure 4): the size differentiation between teeth Nos. 7 and 10, and the pronunciation of the canines, which needed cutting back slightly to create an even and harmonious appearance.

As an adult with career decisions to be made and no longer under the constraints of extreme youth, she knew exactly what she needed to do to correct her teeth. In fact, implants had been considered but a visit to an oral surgeon determined that with her bone structure, implants were not an option. Her dentist noted her tissue condition to be fair, and at his recommendation, she underwent laser surgery to recontour the ridges. She had no known allergies. At a later date, the dentist was able to accompany her to the laboratory for a custom shading appointment before preparation of her six anterior teeth. Her questions and concerns were addressed at that time, with the technician and the dentist both present to respond.

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The smile view shows the desired bright color with a subtle hint of the patient’s orange hue showing.

After firing, the crowns were checked with index putty. (Figure 10) With the patient back in the dentist’s chair, the temporaries were removed using OptiClean™ (Kerr Corp, Orange, CA). After this had been accomplished, one of the patient’s three-unit zirconia bridges was shown to advantage on a mirrored image. (Figure 11). Cervical translucency modifier from Initial™ Zr (GC America, Inc, Alsip, IL) (Figure 12) would help to create the proper hue. After firing, the technician again checked the incisal room against the wax-up’s index putty (Figure 13). To finish and properly contour the restorations, the technician applied glaze and gave himself a draft of his plan by applying two different marker colors to the teeth: orange to indicate where to create lobe, and black for crafting a secondary convex/concave shape to mimic natural teeth (Figure 14).

After this had been accomplished, one of the patient’s three-unit zirconia bridges was shown to advantage on a mirrored surface (Figure 15). The symmetry, hue, translucency, shape, and harmony of color would be reviewed after both bridges were tried in the patient’s mouth.

With the patient back in the dentist’s chair, the temporaries were removed using OptiClean™ (Kerr Corp, Orange, CA). The bridges then were placed permanently using RelyX™ Unicem (3M ESPE). The retracted posttreatment photograph (Figure 16) shows that symmetry was achieved. Through decreasing lateral size while increasing canine size and translucency for incisal edge coloring, the illusion of perfect symmetry was accomplished. The natural-smile posttreatment photograph (Figure 17) shows a bright but subtle hint of her orange hue in the final color, which blended perfectly with her adjacent teeth. The final portrait photograph shows a beautiful young woman who has corrected function and no longer needs or worries about her partial denture and the appearance of her teeth (Figure 18).

Figure 17 The smile view shows the desired bright color with a subtle hint of the patient’s orange hue showing.

Figure 18 Posttreatment smile in portrait view.

CONCLUSION

In this case, longevity, as well as cosmetic issues, had to be considered. The patient required proper build-up to her case framework, margin, and design, especially in the interproximal areas of her teeth. The technician was able to achieve the desired result because of the consideration given to the two bridges’ understructures and the porcelain layering technique used, with putty-perfect incisal edge positioning. All of the issues that needed correcting—symmetry, shape, size, lobe, contouring, occlusion, and increasing incisal height—were accomplished through constant communication and direction from the patient, dentist, technician, and the Advanced Milling Center.

The confidence a patient will gain from a new and corrected smile is reward enough for all of the hard work that goes into case preparation and planning. In this case, the author found it especially gratifying to help a young woman who

DISCLOSURE

To Come