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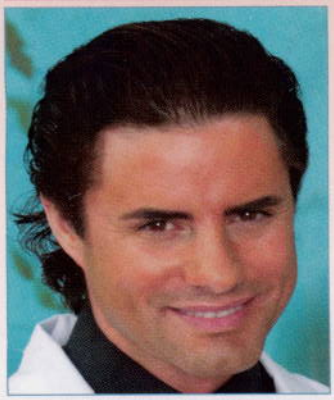

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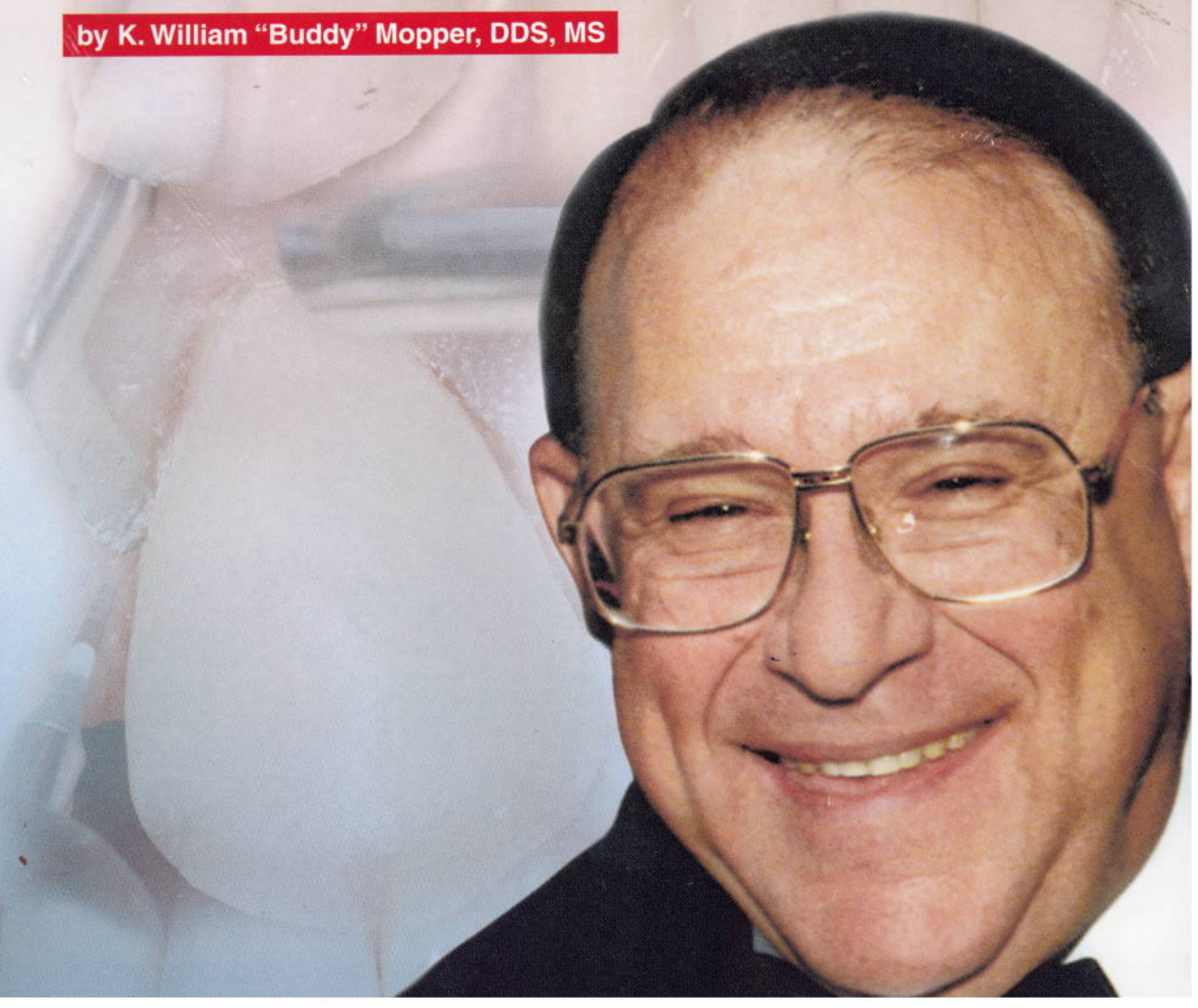

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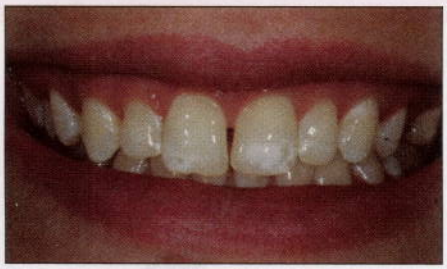

Figure 4. Preoperative, 1:1 smiling.

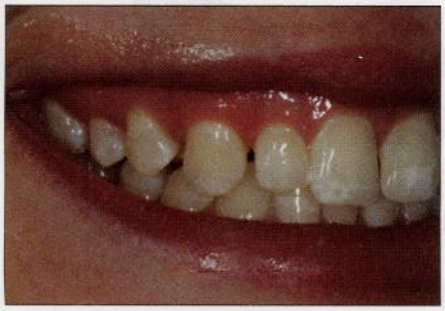

Figure 5. Preoperative, 1:1 smile, right lateral.

if we look at the width of this patient's cheekbones and jawline in comparison to the width of her smile, a negative space is immediately seen by the eye (Figures 4 to 6). The final treatment plan was to place ceramic veneers on teeth Nos. 4 to 12. An all-ceramic inlay would be done on the deciduous first molar, in combination with some soft-tissue modification using a diode laser (Biolase).

Preparations and Impressions

Before beginning any preparation, we must be able to visualize the final result. To help accomplish this, one can request a diagnostic wax-up accompanied by a preparation model and preparation guides. To begin, bulk reduction to establish arch form was done (Figure 7). The goal is to bring the patient right side (tooth Nos. 4 to 7) apically by reducing from the incisal and gaining tooth structure apically with the diode laser. After bulk reduction, all soft-tissue modifications were performed (Figure 8). Once this was done, the margins were finished while keeping in mind placement of interproximal elbows for optimal aesthetics, the path of insertion, the occlusion, and a slight subgingival placement of the preparations between teeth Nos. 8 and 9 in order to properly close the diastema (Figure 9). At this point, temporaries are usually fabricated from a silicone putty (Sil-Tech [Ivoclar Vivadent]) stent made from the diagnostic wax-up, giving the practitioner another chance to check for sufficient reduction. In this case, a wax-up was not fabricated for this patient.

After preparation, it is important to obtain clean, high quality impressions. Tissue management is a key factor in obtaining a great impression. In this case we chose a cordless retraction technique (Expasyl [Kerr]), which is an easy technique to perform. Expasyl was placed in the sulcus of the prepared teeth and then the provisionals were seated on top of the teeth. This helps to push the Expasyl putty-like retraction material further subgingivally. After 5 minutes, it was rinsed thoroughly away exposing clean margins with no bleeding and thereby providing a clean field for easily obtaining the final impression. A polyvinyl siloxane (PVS) impression material (Take 1 Advanced [Kerr]) (light body) was then syringed around the margins and a tray loaded with a heavy-bodied PVS impression material (Take 1 Advanced [Kerr]) was seated.

Temporization

Provisionals can be a template and guide for both the ceramist and the patient to use. The patient should have a clear vision of what the final result is going to look like. The ceramist must also be able to have an understanding of the length, width, line angles, and overall shape of the smile (Figure 10). The doctor should spend adequate time shaping the provisionals as anatomically correctly as possible, working out the occlusion, phonetics, and aesthetics in detail to ensure a predictable outcome (Figure 11).

Color is a very subjective issue. We used the lightest color temporary material was [Zenith/DMG]) about an OM3 shade guide. If tone down the in the ceramic. we request a OM3. Landma final shade of t hair, and eyes tion will deter and the last fa trend is back t rather than th that we have s

After this i ered, we took ir models of the measured the sionalized cent set of digital pl als in place, nose-chin, full views. Finally, the laboratory prescription.

Deliver

The provisiona residual debri ment was thor laminate vene water to verify (Figure 12). Cl truest color to quested. Colore to either brigh

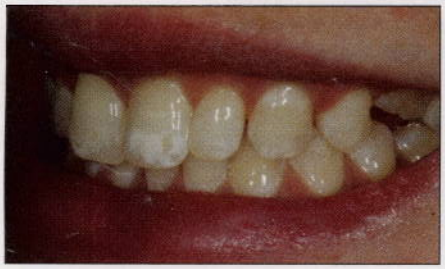

Figure 6. Preoperative, 1:1 smile, left lateral.

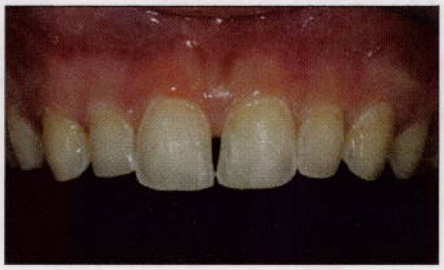

Figure 7. Preparations showing bulk reduction.

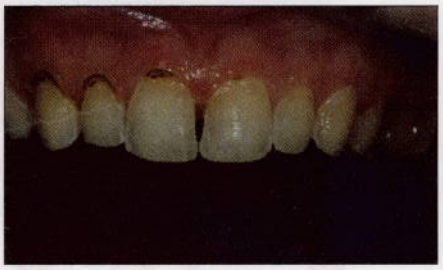

Figure 8. Soft-tissue modification has been performed with a diode laser (Biolase).

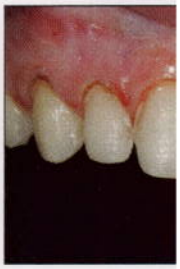

Figure 9. Complet

Figure 10. Full-face provisionals.

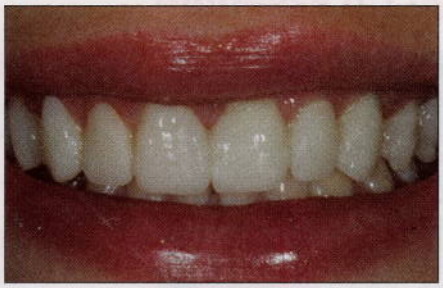

Figure 11. 1:1 smile provisionals.

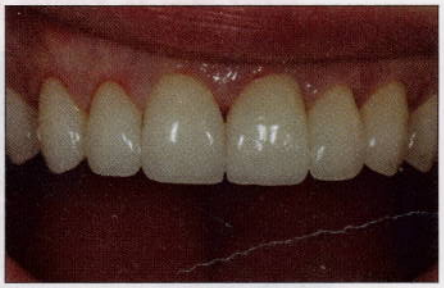

Figure 12. Water try-in of the final porcelain restorations.

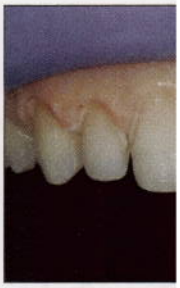

Figure 13. Isolati cedures is provide

final veneers. In this case, we used a light-cured resin cement (NX3 [Kerr]) because of its ease of manipulation and reported long-term color stability. We used light-cure cement for everything except tooth No. 13, which required a dual-cured resin cement since it had an inlay component in its design. All the final insertions were done under a rubber dam in order to secure a dry working field (Figure 13). Acid etching and the application of a desensitizer (GLUMA [Heraeus Kulzer]) was performed. Next, priming (Opti-Bond Solo Plus [Kerr]) of the teeth was done according to the manufacturer's instructions. The resin cement was then applied to each veneer, seated, and the excess was subsequently removed. All of the veneers requiring the use of a light-cured material were seated first (Figure 14), and tacked at margin. Following this, the inlay for tooth No. 13 was seated with a dual-cure cement. Next, all the restorations were cleaned interproximally and the final light curing was completed. The veneers were stripped and polished, and all the margins were finished. Finally, the occlusion was carefully examined to ensure there were no interferences and that guidance was captured.

CONCLUSION

Results can be consistently achieved as long as your approach is systematic in restoring these cases. The goal should be a pleasing result that satisfies the patient's desires and achieves a balanced occlusion for longevity. As we become more confident in our approach, we can then start to focus on the details of making teeth appear and function as natural teeth. This should be the end goal of the practitioner (Figures 15 to 17).✦

Acknowle
The author
Larry Rose
and patien
and Jason
his contin
work.

Dr. Apa currently practices with the Rosenthal-Apa Group in New York City, New York, where he focuses solely on aesthetic and restorative dentistry. In 2000, he founded NYU's Aesthetic Dental Society in association with the American Academy of Cosmetic Dentistry. He also completed the one-year honors program at NYU in Aesthetic Dentistry. Upon graduation he was the recipient of the American Academy of Esthetic Dentistry Award and the American Association of Oral and Maxillofacial Surgeons Dental Implant Award. In 2007, he was awarded the Outstanding Young Cosmetic Dentist Award by the AACD; the first award ever given for achievements in the first 5 years of practice. Dr. Apa is an instructor at New York University College of Dentistry, a senior instructor for the continuing education seminar Aesthetic Advantage, and also teaches his techniques of Facial Aesthetic Design na