

THE REHABILITATION OF A SMILE

Functionally and Aesthetically



INTRODUCTION:

One of the dilemmas facing today's restorative dentist is how to rehabilitate the severely worn, mutilated dentition.

Excessive wear generally is a prelude to occlusal, functional, and aesthetic instability. "The challenge to the dental profession, as a whole, is when to restore, how to intercept the problem it presents, and what treatment modality will best accomplish the most stable and best aesthetic result."

We have undertaken what we consider to be a severely unstable dysfunctional occlusion. With the help of the master ceramists at Frontier Dental Laboratories, all ceramic Empress® restorations have given us the ability to restore an almost hopeless situation to virtual functional and aesthetic health in less than two weeks.

COMPREHENSIVE EXAMINATION:

This 52 year old male presents with a chief complaint of, "I hate my smile and I have no bite. My dentist does not know what to do". The examination included 1) Full mouth digital x-rays 2) Upper and Lower study models 3) Face-bow transfer 4) Aesthetic/Functional wax-up 5) Bite registration in Centric Relation and subsequent articulation.

The patient's occlusion, phonetics, and aesthetics were carefully evaluated in the planning stage. A mock up of incisal length using light cured composites was performed in order to establish proper length of centrals to be incorporated into the wax-up.

The problem list noted:

- 1) Severe tooth wear
- 2) Loss of vertical dimension
- 3) Lack of incisal guidance
- 4) Premature contacts in lateral excursion
- 5) Lack of canine guidance
- 6) UR bridge with pontic

- 7) Discrepancy in gingival heights
- 8) Canines in lateral position congenitally missing laterals

RESTORATION PHASE:

The restoration phase consisted of various multiple restorations. All ceramic crowns, bridges and veneers were fabricated. All materials were pressed ceramic Empress® restorations. The key was to restore vertical dimension and subsequently required "raising the bite" for prosthetic convenience as well as functional rehabilitation.

The entire arch created multiple asymmetrical problems. The neck of #7, which is actually a canine, was prepared to depress it and create root contour. We recontoured #8, 9, and 11 with a diode laser. A low smile line helped to mask out slight gingival discrepancies.

POST-OP TEMP VISIT:

The patient, with the guidance of the doctors, was able to participate in the final aesthetic result evaluating the smile: length, width, color, as well as





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Dr. Larry Rosenthal, a pioneer in cosmetic dentistry, is known as the "dentist's dentist" by his peers, and is regarded as the authority in aesthetic dentistry. He has performed one-day "smile makeovers" on thousands of patients including Donald Trump, Chae Seungry, Matt Dillon, and Natasha Richardson.

Dr. Rosenthal is famous for his porcelain veneer process and his signature scalpel-free "cosmetic smile lift" giving the patient a more youthful appearance. He is Director of The Aesthetic Advantage aesthetic continuum at NYU, Palm Beach, Indianapolis, and London.



MICHAEL A. APA,
D.D.S.

A graduate of NYU College of Dentistry, Dr. Michael Apa is Dr. Larry Rosenthal's partner in The Rosenthal Group. Through conservative, non-invasive cosmetic dental procedures, the Rosenthal Group positively impacts patients' overall appearance and self-confidence.

Dr. Apa is a clinical instructor for The Aesthetic Advantage aesthetic continuum at The Rosenthal Institute at NYU College of Dentistry. He has also served as the Director of the Aesthetic Honors program at NYU.

tooth morphology (square, round, etc.). The decision in wanting "white teeth" was discussed, and a toned down compromise was accepted by both doctors and patient. The patient understood, via the provisional restorations, that gingival discrepancies would exist in both canine areas. We all felt that this aesthetic variation would not compromise the final result.

INSERTION:

Using both light-cured and dual-cured cements under split rubber dam technique, full arch cementations were performed (maxillary arch first). Prior to insertion, all restorations were tried in with water. All margins were checked and the try-in phase was digitally photographed and shown to the patient. Upon approval, the cementation phase began. The key to successful cementation is the Rosenthal Aesthetic Advantage protocol of total clean up prior to curing. Using mostly hand instruments and minimal rotary finishing instruments, the restorations were polished and occlusal adjustment phase was begun. After the lower arch was inserted, functional excursive movements were refined in order

to ensure a protected, balanced occlusion.

POST-OP CEMENTATION VISIT:

Within 48 hours, the patient returned for a functional, phonetic and aesthetic re-evaluation. Speech was checked with F, V and S sounds. Occlusal prematurity was corrected in centric, anterior, and lateral excursions. Finally, aesthetic recontouring was minimally performed to create a balanced facial aesthetic appearance. A soft/hard combination nightguard was fabricated to help preserve all ceramic restorations. The patient was instructed to wear it every night. At six month recall, the patient was occlusally re-evaluated and periodically maintained by our advanced hygiene maintenance program.

CONCLUSION:

This case, which appeared to be extremely difficult both aesthetically and functionally, has maintained itself without any technical adjustments for two years. The patient has said he has a "new lease on life, feels 20 years younger, and just loves his smile." What he previously believed impos-

sible is no longer a miracle, but a true reality. We call this, "The Simple Makeover."

It is the most rewarding aspect of our daily dental lives. We must emphasize that in these types of cases the patients are warned of potential failure such as cracks, chips, or de-bonding. Yet, surprisingly, we seldom find this to be the case.

We would especially like to thank Garrett Caldwell and Brent West of Frontier Dental Laboratories for their tireless efforts in helping us to achieve superior results in both our practice and our hands on courses at the Rosenthal Institute/Aesthetic Advantage Worldwide.

Additional thanks to Master Ceramist Kent Hallmeyer and the entire Frontier Dental Laboratory team for being the consummate professionals and true artists who make our daily efforts worthwhile. Good luck and much success to all of you.

For more information on The Rosenthal Institute/Aesthetic Advantage "Hands-On" courses and lecture schedules contact Jackie Pastore of Aesthetic Advantage: 212-794-3552 or email Jackie@rosenthalgrp.com. ■

