For patients with Bruxism, BiteSoft™ provides a means to effectively manage the condition and offers peace of mind knowing that their investments are adequately protected.

Case Presentations

Patient I:
The patient presented with both skeletal and occlusal disharmony, an anterior open bite, as well as bilateral posterior cross-bites—a condition described as “long-face syndrome” (Figure 1). A comprehensive treatment plan was developed to include a consultation with an oral surgeon regarding orthognathic possibilities, an orthodontist for orthodontic therapy, and a specialist for restorative prosthodontics. After much deliberation, the patient opted for a less invasive treatment plan without surgical intervention.

Using functional and aesthetic waxups and the appropriate preparation guides, the teeth were as minimally prepared as possible. All existing restorations and decay were removed, and provisionals were fabricated. The provisionals enabled the patient to provide personal input regarding function, phonetics, and aesthetics (Figure 2). After one or two days, at the postoperative visit, the temporaries were evaluated by both the clinician and the patient. At that time, any concerns regarding color, shape,
or comfort were discussed and adjustments were made. An impression was then made of the provisional to provide the master ceramist with a guide for the final restorations. In addition, digital photographs, as well as documentation of the lengths of the anterior six dentition, were obtained and forwarded to the laboratory.

The final result provided a stable bite, as well as aesthetic enhancement, and improved speech. The complete makeover, using minimally invasive techniques and materials, resulted in a dramatic change, both facially and functionally. The goal of correcting a severe malocclusion, tooth disharmony, and “long-face syndrome” had been accomplished with minimal discomfort and biologic change. Finally, a BiteSoft™ Thermo-lined Anterior Splint was fabricated as a necessary adjunct for long-term occlusal protection and stability (Figure 3).

**Patient II:**
A young female patient presented with five-year-old bonded restorations, and now desired treatment to close spaces and change the shape of her teeth (Figure 4). Due to the steep overbite and worn lingual and incisal edges, occlusal equilibration was performed followed by lingual wrapping of her anterior incisors. After minimal tooth preparation, pre-existing restorations were removed and the gingival tissue was recontoured. The placement of 10 porcelain laminate veneers resulted in a fuller, wider, more balanced smile and produced a dramatic change in the shape of her lips and her face (Figure 5). Due to the patient’s history of moderate Bruxism, a BiteSoft™ Dual-laminate Anterior Splint appliance was prescribed as a cost-efficient method to preserve the integrity of the porcelain veneers (Figure 6).

**Conclusion**
Through the advances of aesthetic dental procedures, materials, and technology, the future promises to be even more innovative and exciting, with extraordinary yet predictable results. In cases of occlusal disharmony and pathologic Bruxism, the use of anterior splints (ie, BiteSoft™) can aid in long-term comfort and success.

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