Dear Reader,

Happy New Year for 2013! May you always have health and happiness in your life.

2012 was very busy for the MICD team. We travelled to various places in Asia to promote the MICD concept and slogan, “Enhancing smiles with minimal biological cost”. Our team was invited to many countries to deliver lectures and to conduct hands-on training. It is very gratifying for me to observe that the take-up of the MICD concept around the world has increased rapidly.

I have applied the MICD concept to the majority of worn smile redesign cases that I have treated. Worn smiles may have a negative impact on patients’ psychology, health, function and aesthetics. I have noticed in my practice that the demand for treatment of worn smiles has increased dramatically over the past decade, and I think that other dentists have probably observed this too. A combination of factors such as chemical erosion, abrasion, para-functional habits and occlusal prematurities are major causes of worn smiles. Redesign of worn smiles is one of the most complex clinical situations in dentistry and requires detailed examination and evaluation of the patient’s diet, history, eating disorders, behaviour factors, para-functional habits, and complete analysis of teeth, muscle, joint and airway (TMJA) harmony, and meticulous treatment planning to achieve the desired function and aesthetics with minimal biological cost.

There are various clinical techniques in oral rehabilitation. Conventional methods use full-coverage crowns that require aggressive tooth preparation and generally have high biological, financial and time costs. However, with the advancement of science and technology in adhesive restorative materials and the availability of digital occlusal analysis technology that can measure precisely different clinical parameters of the underlying force components in a dynamic state, clinicians can treat even complex oral rehabilitation in non or minimally invasive ways so that the biological cost of the treatment can be drastically reduced.

In my practice, I use resin composites in the majority of worn smile redesign cases and I follow the MICD full-mouth rehabilitation protocol, which has four logical clinical steps: 1. develop anterior aesthetics and guidance; 2. establish posterior teeth supports; 3. customise case finishing (aesthetic and force finishing); and 4. recheck para-functional habits.

Once I have restored the smile aesthetics and built up the posterior teeth supports, I customise case finishing. First, I perform the necessary aesthetic finishing, as it is visible to others and can be most appreciated by the patient, then in order to harmonise the occlusal force component I perform digital occlusal analysis and the force finishing of the case. The final step entails rechecking for the absence or presence of para-functional habits (bruxism and clenching) by asking the patient to wear a BruxChecker for three to four nights. After this period, if grinding patterns are visible on the BruxChecker, I always suggest wearing a thin night guard to the patient. I think the reader will find these simple clinical steps for redesigning worn smiles with minimal biological cost useful.

In this new issue of cosmetic dentistry, we have gathered a variety of quality clinical articles. I hope you will enjoy reading them.

Yours faithfully,

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