Hybrid ceramics in practice
A CAD/CAM material for patients with functional disorders
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The treatment of patients with functional disorders is a challenge for dentists. The extent to which VITA ENAMIC (VITA Zahnfabrik, Germany) with its dentine-like elasticity may be a suitable material for treating patients with bruxism is described in this article. Although reconstructions with VITA ENAMIC are still experimental for this indication, I have already implemented them experimental for this indication, with VITA ENAMIC they are still experimental for this indication, I have already implemented them experimental for this indication.

Initial situation
The 48-year-old patient had suffered for ten years from severe temporomandibular joint pain and headaches, resulting in depression, which had led to his inability to work. Numerous visits to the dentist and treatment attempts (including occlusal splinting) had brought no relief. The patient had rejected the corrective jaw surgery recommended for the existing Class III skeletal abnormality owing to the uncertain therapy outcome. Figures 1 to 3 show the initial situation.

Preliminary treatment
After the patient’s referral to our clinic, we first tried to stabilise the occlusion via a reversible correction of tooth position. The optimal length of the incisal edges, the occlusal plane, and the horizontal and vertical dimensions were determined with a maxillary bite registration in wax (Fig. 4). It was shown that, through an elevation of the vertical dimension by 8 mm, a correction of the Angle Class III relationship was possible.

For the long-term evaluation, a PMMA splint for permanent use was fabricated on the basis of the bite registration (Figs. 5 & 6). Ten hours after its insertion (Fig. 7), the patient reported, with tears of joy, that he was pain-free. This situation has been maintained for the wear time of two years.

Material selection
Only after successful elevation of the vertical dimension were the permanent restorations fabricated. The objective was to preserve the healthy tooth substance, pre-warmed composite filling material was used.

When tried in, they exhibited a high-precision fit, and the patient was very satisfied with the shade; therefore, the adhesive bonding was performed immediately. In order to create an invisible transition to the tooth substance, pre-warmed composite filling material was used.

Summary
With the integration of the VITA ENAMIC restorations (Figs. 12–14), the patient’s self-confidence increased and he took up a new profession. This example shows that the non-invasive treatment concept presented can achieve outstanding results, leading to a significant increase in quality of life, even in patients with extreme functional problems.

Fig. 1: Initial situation. — Fig. 2: The extra-oral examination showed a reduced lower third of the face. — Fig. 3: Intra-oral examination: Situation at maximum intercuspation. — Fig. 4: Step-by-step determination of the optimal vertical dimension. — Fig. 5: Frontal view of the therapeutic splint of PMMA on the model. — Fig. 6: Occlusal view of the therapeutic splint on the model. — Fig. 7: The splint in the patient’s mouth. — Fig. 8: Superimposition of the data sets of digital moulding with and without the splint. — Fig. 9: Virtual design of the individual tooth restorations using superimposed scans. — Fig. 10: Occlusal view of the restorations fabricated from VITA ENAMIC on the model. — Fig. 11: Frontal view of the restorations on the model. — Fig. 12: Situation immediately after integration. — Fig. 13: Occlusal view of the maxilla. — Fig. 14: End result.

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