An innovative adhesive luting protocol
All-ceramic anterior crowns (IPS e.max Press lithium disilicate) placed with Monobond Etch & Prime

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Anterior crowns come in many different variations, from purely functional to highly aesthetic, depending on the requirements and means of the patient, the skill of the dental technician, availability of materials, and preparation and cementation procedures used. Many anterior crowns considered to be aesthetic in the past no longer meet the demands of today’s patients. The example detailed in this article is a case in point.

When she presented to our practice, the 20-year-old high school graduate wished to have the crowns on her two central incisors replaced (Fig. 1). At the age of 14, she had sustained anterior tooth trauma that apparently damaged the mesio-incisal part of the incisal edges of both teeth. The dentist she had consulted at that time restored her teeth with porcelain-fused-to-metal (PFM) crowns. Even though the extent of the trauma can no longer be assessed, today’s alternative—in light of the patient’s young age in particular—would most probably have been a direct composite restoration.

Figure 2 shows the two central incisors in detail from the labial aspect and Figure 3 shows an incisal view. The crowns did not exhibit any functional defects. As a result, the main treatment aim was to improve the aesthetic appearance of the anterior teeth as requested. Subsequently, the patient was informed about the treatment procedure, in particular about any possible additional preparation requiring the removal of tooth structure, as well as the cost involved.

The treatment was begun at a separate appointment. The restorations were fabricated by the dental laboratory of Hildegard Hofmann (Mainz, Germany). Pressed all-ceramic IPS e.max lithium disilicate (Ivoclar Vivadent) crowns were selected for this case, since they are the first choice for this type of indication. This has been confirmed by numerous clinical studies, including the recently published German S3 Clinical Practice Guidelines on ceramic restorations.

The teeth were anaesthetised at the placement appointment. The crowns were removed and the bonding surfaces were carefully cleaned with ultrasound and a fluoride-free cleaning paste. Since the new Monobond Etch & Prime (Ivoclar Vivadent) had been chosen as the luting material, the crowns were tried in with the corresponding try-in pastes. An immediate match to the adjacent and the mandibular anterior teeth was achieved with the Neutral shade. No adjustments were necessary with regard to a lighter (light) or darker (Warm) shade of the luting composite. We attributed this excellent match to the dental technician having selected the shade at the chairside. The extra expense of this step far outweighs the inconvenience of having to make numerous adjustments or new restorations because of a shade mismatch.

**Conditioning of the crown**

Saliva and residue of the try-in paste were removed (Ivoclear Vivadent) from the crowns before they were conditioned. It is advisable to fabricate a “handle” to allow the inner crown surfaces to be conditioned without having to touch the crown with the fingers. In this case, the crowns were attached to a brush holder with a light-curing provisional composite. This handle also allowed the crowns to be placed with ease during the luting procedure. As an alternative, an OptraStick (Ivoclar Vivadent) could have been used. Hydrofluoric acid etching of glass-ceramic and subsequent silanisation has been an accepted conditioning method for decades. The newest studies confirm its effectiveness. It even generates a strong bond on state-of-the-art ceramic materials such as hybrid ceramics. An acid concentration of 5% has been established, which represents a reasonable compromise according to the latest research.

The new Monobond E+P (Ivoclar Vivadent), which was introduced at the 2015 International Dental Show, is a conditioning material based on ammonium polyfluoride. The product is actively scrubbed on the ceramic bonding surface. The reaction of the silane and the acid etched ceramic surface and produces a rough etching pattern. Even though this pattern is not as pronounced as that of conventional 20 seconds etching with 5% hydrofluoric acid, the bonding results achieved in both cases are comparable. The enlarged surface created in this way helps to activate the ceramic bonding surface.

The restoration is subsequently rinsed to remove the ammonium polyfluoride and its reaction products. The reaction of the silane and the activated glass-ceramic then begins. A thin layer of chemically bonded silane remains on the ceramic after its distribution with blow air. This product, therefore, combines the steps of hydrofluoric acid etching and silanisation and it even appears to render cleaning with Ivoclear superficial. The currently available in vitro data justifies using this new product with due care to replace the hydrofluoric acid etching and silanising method. Even though it has not been shown to improve the bonding values in relation to the established references, negative effects on the adhesive bond have been found to date either. Moreover, since the adhesive bond to glass-ceramics is considered to be the most unpredictable interface in the bonding process of indirect restorations, no clinical irregularities are to be expected.

In the case presented, the crowns could even have been placed by conventional or self-adhesive means. The loss of retention would have been as unlikely as the occurrence of a ceramic fracture due to inadequate adhesive support. Figure 6 shows one of the two crowns after Monobond E+P and Vivadent had been rinsed off and the surface dried with blow air.

**Cementation of the crowns**

Variolink Esthetic DC was used for the adhesive cementation of the...
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crows. As this luting system is a full adhesive, sufficient moisture control must be ensured. Owing to the equi-gingival preparation margin, the healthy condition of the gingiva and the excellent cooperation of the patient, the placement of a rubber dam was not essential. Therefore, cotton roll isolation was used to seat the crowns. Two retraction cords (Ultradent Products) were placed to prevent any contamination with subgingival fluids (Figs. 7 & 8).

The bonding surfaces were cleaned with a fluoride-free prophylaxis paste. Next, Adhese Universal adhesive (Ivoclar Vivadent) was applied from the pen applicator (Fig. 9). The remaining thin enamel margin was not etched, in order to prevent any gingival bleeding. Adhese Universal was scrubbed into the conditioned tooth surface for >20 seconds as stated in the directions for use. According to the manufacturer, this time should not be reduced, as it is not sufficient to simply paint the adhesive on to the tooth surface. Next, the adhesive was dried with blown air until an immobile, glossy film was left. The adhesive was then light cured for 10 seconds (Fig. 10).

Since the universally compatible adhesive forms a considerably thinner film than does Heliobond (Ivoclar Vivadent), for example, it can be light cured without encountering any subsequent problems of fit or bite.

Conclusion

It takes quite a bit of courage to use innovative products and procedures, such as those described in this article. Adequate clinical data is not yet available, let alone the much-needed long-term studies. Nonetheless, a start must be made somewhere. For those dental practitioners who would like to be rid of hydrofluoric acid sooner rather than later, the described self-conditioning glass-ceramic primer may offer a viable option.