The Treatment Sequence that should change Cosmetic Dentistry says Tif Qureshi

患者的微笑在三个月内改善。

治疗的进行。

讨论。“改变美容牙科”可能看起来是一个巨大的目标，但它已经非常清晰地从讲课和积极的反应中显现出来。Dentists see the logic in it very quickly and can also see how, with some education, they can employ a safe, low risk technique that they know their patients will want and will massively change their approach to cosmetic and aesthetic dentistry. They also understand that there is a massive market of patients who will accept this kind of non-invasive-treatment happily.

We have all seen how bleaching can affect a smile. We know how much bonding can improve aesthetics and tooth anatomy. Now that alignment is potentially so simple, these three disciplines have been brought together to create results that easily challenge traditional veneer based smile makeovers. And, if the three treatments are combined with some thought, it is possible to massively improve a patient’s smile in around three months.

All of a sudden the six-10 unit veneer case used for a smile makeover can look ridiculous and be seriously in danger of becoming over-treatment. There are always situations where ceramics are highly appropriate, such as in wear cases or in major reconstructions, but for anyone with good quality intact enamel, I believe this kind of treatment represents a far more ethical, patient centric approach.

This is because I believe the way smile design is approached, and perhaps even taught, is wrong. The final outcome, for what is aesthetic is important. Golden proportion ideals, tooth width length ratio, gingival zeniths etc all together create something we know to me almost mathematically correct. The problem is that most dentists’ experience their smile design education attached to a lecture or course based on veneer dentistry. As a result dentists will naturally think this to be the only and perhaps fastest way to achieve a “perfect smile”.

If we assess a patient’s smile and try to preview an end result at the first consult, using imaging software, a wax up or even a preview try in, we are not really letting the patient see their teeth improve. At different stages to see if their expectations are being met along the way.

The smile design rules are there, but how many patients if they see their teeth improving with alignment then bleaching and then bonding, would actually then take another step with porcelain and some tooth destruction to achieve total perfection? In my experience, very few.

Case and Diagnosis

This 52-year-old patient complained about the “crooked look” of her smile. The patient was aware of what a smile makeover could achieve, but wanted to achieve something without damaging her teeth.

On examination several problems existed. Firstly her teeth were medically unsatisfactory. This creates aesthetic issues immediately. Large unsightly emargements were made worse around the canines. The incisal edge of the instanding lateral teeth to ensure the palatal widths are simply drawn on the occlusal photo is up-loaded and the calibration tooth details entered. The mesial dis-tal widths are simply drawn on the occlusal photo to make sure the Inman Aligner treat-ment is always the front 6 teeth. The software calculated the total of the mesial distal widths and this is described as the Required space. An ideal curve is then plotted with the software with the proposed final position. This is made with occlusion, aesthetic and function taken into con-sideration. The curve can be manipulated easily with the software and this gives us the Available space. The difference between these two measurements is calculated automatically and this is the amount of space that needs to be created to achieve the final result.

As can be seen in the Spa-cetime tracing, 3.1mm of crowding was present. This gives the opportunity to ensure the stripping is far more anatomically respectful than using bars or heavy discs.

Critical Inman Aligner treatment uses progressive anatomic-ally respectful IPR. Despite calculating the amount of crowding present, the IPR is never car-ried out in one go, IPRs strips or discs. This gives the opportunity to ensure the IPR over several visits again only performing a little at a time. It was decided that an Inman Aligner with incorporated expander would be used to treat the case. Incorporated expanders are a useful tool to create space supplementary to IPR or as an alternative. They must not be expanded beyond 2.5mm and only supply a temporary degree of space to allow the anterior to align. The small degree of posterior expansion will always re-tape and the midline can even be unwound after the anterior teeth have been aligned. Each turn produc-es 0.25mm of space.

Treatment sequence

The Inman Aligner was fitted at the next appointment. Instructions were given and only a small degree of IPR was performed over the front teeth (0.1mm per contact).

No IPR was performed initially around the centrals because with the degree of crowding it would be easy to miss the contact point. Instead the teeth are stripped strategically and progressively. We re-lease a little room to advance labially and the anterior teeth to align then we re-perform IPR over several visits again only performing a little at a time.

This massively reduces the risks of excess space formation, gouging or poor contact anatomy. The contacts are smoothed and the fluoride gel is applied each time. Composite anchors were also placed on the palatal incisal edge of the instanding lateral teeth to ensure the palatal hard tissue has engaged correctly.

The patient was also shown how to turn the midline screw. She was instructed to do this once a week and did this for seven weeks, but was seen every 2-5 weeks to check progress and re-perform a little IPR if necessary.

The patient was instructed to wear the Inman Aligner for 16-
18 hours a day. Studies (3,4) show that this is far less likely to cause root resorption and the Inman Aligner is highly effective even with the Aligner out eight hours a day. This allows better hygiene and patients can also function with day-to-day activities more normally.

After nine weeks the laterals were already getting close to the proposed position and the centrals were de-rotating nicely.

At this point with Inman Aligner treatment we often start to bleach. Impressions are taken even though the result is 25 per cent from finished.

Sealed, rubber trays are made and careful instructions are given to the patient.

While the patient is highly concentrated on using the Inman Aligner, they are always highly receptive to using bleaching trays. It adds greatly to motivation and often means they achieve a far better result. Discus Dental Day White is used so that the patient only needs to wear the bleaching trays for 33-45 minutes a day. The patient was happy with the degree of whitening achieved.

It was becoming highly apparent to the patient at this stage that she would only need some final edge bonding to achieve a very aesthetic result.

The patient whitened for two weeks. At week 11, alignment with the inman aligner was almost complete. A single clear aligner was used to correct some minor spacing and also to help bring the right canine into line. After using the Inman Aligner, canines are far more receptive to movement with clear aligners.

At week 15 the incisal edges from canine to canine were only slightly roughened. No local anaesthetic is required with this simple additive bonding.

Venus from Heraeus Kulzer was used in dentine and enamel shades in B1 was used to build up any damage done to the teeth other than truly minimal and anatomically respectful IPR. Her teeth are far better placed for future ceramic restorations if necessary.

She commented that she was worried that with veneers, she would have lost the natural character of her teeth, but by using ABB, this was retained and we just made her own teeth more beautiful.

**Discussion**

Any dentist offering cosmetic and restorative dentistry should be aware of all developing techniques. Many patients in the UK are choosing this approach and are demanding it in their practices. This approach is becoming common with dentists who offer cosmetic solutions, so not offering it and only offering ceramic solutions could result in potential consent issues.

The simple fact is that once a dentist is educated in the advanced use of an Inman Aligner, this kind of treatment is far simpler and less risky than treatments where large amounts of tooth structure are removed and where there is a heavy reliance on porcelain for the final result. Being able to align and bleach simultaneously adds huge value and increases motivation tremendously.

Long-term predictability is far better and the patient doesn’t enter a restorative cycle that can easily worsen the long-term prognosis.

Patients are also far happier because the treatment is more affordable, and they understand the benefits of reducing long term risk by aligning, bleaching and bonding. Compared to the traditional methods of providing ideal smile design, ABB represents a radical and arguably revolutionary change in the way cases like this are approached.

A far more truly conservative result that actually respects the opinion of the patient at different stages means that heavy arch form preparations, with aggressive tooth removal just to line teeth up to allow space for veneers, could soon become a thing of the past.

**Disclosure.**

Dr. Qureshi runs hands on courses with Dr. James Russell and Dr. Tim Bradstock-Smith and lectures on the Inman Aligner worldwide.

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**Course Information**

Information about course dates and training can be received from www.straight-talks.com or www.inmananalytic.com. Alternatively telephone Caroline Cross on +44202252509 email info@straight-talks.com

Tiff Qureshi will be speaking at the AAD Conference “Esthetics Meets Orthodontics” on 25 - 27 September 2010 at the Hilton London Metropole. To register, visit www.aacd.org

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Dentistry of the 21st Century

A one day Continuing Dental Education Program titled “Dentistry of the 21st Century” was conducted by German Dental Oasis, DHCC on 15th October at the Movenpick Hotel in Dubai, UAE. The conference was well attended by 300 dentists from all over UAE. The conference hosted by the GDO brought together 5 international speakers who are specialists in different fields of Dentistry. The experts who took up various sessions on that day were as follows:

- Dr Hans Van Der Elst (Germany)
- Dr Tarun Walia (India)
- Dr Matthias Gabrielle (France)
- Dr Sinan Hamadeh (Germany)
- Dr Souheil Housaini (UAE)

The conference was inaugurated by Dr. Hans van der Elst, Expert in Dental XP one of the biggest Dental Websites in the US and Clinical Director of the German Dental Oasis in Dubai Health Care City. He was the first speaker of the day and dealt with two topics during the course of the day, viz:

- Piezosurgery in Dentistry
- Laser Treatment in Dentistry

Dr. Tarun Walia, Assistant Professor, College of Dentistry, Ajman University of Science & Technology, delivered the a comprehensive presentation on ‘Clinical decision making in Pediatric dentistry – A simplified Approach’ as the second lecture of the day. Dr Tarun stressed on the importance of behavior modification in the management of anxious children seeking dental care. He also explained about the various options available to the practicing dental surgeons for restoring grossly carious primary maxillary incisors where majority of the clinical crown is lost due to dental caries. Indications and placement techniques of more durable & esthetically acceptable tooth colored crowns was described in detail to the participants. They were also shown the clinical procedure of placing esthetic restorations, particularly resin modified glass ionomer restorations in different clinical situations.

Dr. Souheil R. Housaini, President, Chairman of scientific committee - Continuing Dental Education Implant Dentistry - Study Consortium (II-SC), sponsored by Temple University - department of periodontology and oral implantology, Philadelphia, USA and an affiliate society of the ICOI, USA. He is also associated with the Study Club of Oral Implantology (SCOI), Emirates Medical Association, UAE and delivered the third lecture of the day on the topic ‘Cosmetic Dentistry Clinical Cases’.

The participants were satisfied with the motivating and informative lectures conducted during the day as this was evident from the participants’ feedback collected at the end of the day. The sessions were greatly appreciated as an evaluation of the feedback from all participants, showed an average score of 4.1 out of 5 for informative program and Lectures.

The GDO looks forward to the next event on the 14 and 15th of January, 2011.