The Treatment Sequence that should change Cosmetic Dentistry says Tif Qureshi

"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 treated! 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 way to choreograph a smile.

Case and Diagnosis

This 52-year-old patient complained about the "crooked look" of her smile. The patient was aware of what her teeth then bleach and bond. Some still do go further, but at least by then their teeth are straight and we can use truly minimal and almost no prep veneers to improve the aesthetics further.

Most of the time, once we are ¾ through alignment and start to bleach it becomes very clear that simple bonding is all that will be needed to create a very aesthetic smile that previously would only have been achieved with aggressive veneer preps.

The case outlined below is a typical case of a patient who once wanted and considered having porcelain veneers. Instead she opted to align her teeth then bleach and bond.

We then needed to assess the actual amount of space needed. Inman Aligner cases should be planned carefully to ensure the case is suitable and also to understand how much space needs to be created. This can be done with models using Hanchers technique. The SpaceWize tm crowding calculator was used to assess the patient in the chair. An occlusal photo was taken with a mirror and the upper central incisors measured with digital calipers to help calibrate the software.

The occlusal photo is uploaded and the calibration tooth details entered. The mesial distal widths and this is described as the Required crowding was present. This may be seen less than expected when looking at the occlusal photo, but because the lateral incisors are advancing forward, this will actually create space.
18 hours a day, Studies [13,14] 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 35-45 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 the missing incisal outline. The teeth were then polished with discs, pega sticks and flexibuff discs. The patient initially was not keen to have centrals that were longer than the laterals so a fairly flat smile line was created. One week later she returned and asked for another 1.5mm of central incisal length. This was again provided by adding more Venus. At the same visit a wire retainer was bonded in place from canine to canine. (12,15)

Results
This patient achieved a result in just 15 weeks that she had only previously thought possible using ceramic veneers in this approximate time.

‘This patient achieved a result in just 13 weeks that she had only previously thought possible using ceramic veneers in this approximate time.’

Her teeth are far better placed and restorative dentistry should not have to be done.

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

Acknowledgements

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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, U A E. The conference was well attended by 500 dentists from all over U A E. 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 Gabriele (France)
- Dr Sinan Hamadeh (Germany)
- Dr Souheil Housaini (U A E)

The conference was inaugurated by Dr. Hans van der Elst, Expert in Dental X P 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
- Lazer 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. Hussaini, President, Chairm an of scientific committee - Continuing Dental Education Implant Dentistry - Study Consortium (II-SC), spon- sored 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, U A E 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 appre- ciated 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.

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