Internal whitening of UL1
Jacob Krikor shares his experience of teeth whitening when it comes to incisors

Challenges faced
I have to admit that I tried the internal whitening a few times in the past with varied results where some teeth did not respond at all. I relate this to blocked dentine tubuli or discolorations that are very tough to remove with whitening agents. Some of the successfully whitened teeth discoloured again over time albeit not to the same extent as they were before the treatment.

The long-term success of internal whitening can be disappointing even when using a stronger 30 per cent hydrogen peroxide to whiten the teeth. In this study, the short-term results proved very successful aesthetically, but in the long-term the success rate falls below 50 per cent. It also demonstrated how the procedure is associated with a risk of external root resorption. The use of sodium perborate mixed with water was recommended so the aesthetic outcome is still acceptable and the potential for resorption may be minimised.

You can also read more about internal whitening in one of my favourite books, Bonded Porcelain Restorations in the Anterior Dentition, A Biomimetic Approach, by Dr Pascal Magne and Prof Urs Belser.

If you want to share your tips and tricks with your colleagues, just go to the knowledge bank on www.odoni.com and leave your comments on this case or publish your own cases.

About the author
Jacob Krikor graduated from dental school (Odontologen) in Gothenburg, Sweden in 1998. After working in general practice in Sweden for two years, he moved to the UK and now has his own practice in Bexhill-on-Sea. He is especially interested in cosmetic dentistry and has been in general practice since graduating. Jacob is also the founder of two websites: www.asksyourdentist.com for patient information and www.odoni.com, which was created to make life easier for dental professionals. To contact him, email drjacobkrikor@odonti.com.

Fig 1
Discoloured UL1

Fig 2
Successful whitening of UL1

It’s very important to inform the patient that the treatment outcome is unpredictable and that the tooth may need veneering in the future after all.

The cavity was filled with a cotton pellet saturated with Opal-Escence 10 per cent Carbamide Peroxide gel. A temporary filling sealed the cavity. The patient was scheduled to come back after a week for evaluation.

A week later, the result was very satisfactory (Fig 2). The temporary filling was removed and the cavity was cleaned properly with water to remove any whitening gel remnants. It was then filled with the lightest shade composite I had after etching and bonding the inner walls of the chamber. And the patient was very pleased about the quick transformation of the discoloured tooth.