In the Dentistry Global Ceram-X Case Contest three UK students came out on top and were put forward to the global final. In this issue we take a look at Barts and The London, Queen Mary’s School of Medicine and Dentistry (UK) student Reena Wadia’s presentation.

Introduction to the case

46 year old male presented with tooth surface loss due to a combination of dietary erosion and attrition, which had resulted in loss of vertical dimension of his anterior teeth. The patient was concerned about the appearance of his teeth, however he reported no sensitivity. All teeth tested positive when vitality tested.

I used an intra occlusal record in the retruded arc of closure and a facebow to articulate his study casts on a semi-adjustable articulator. Upon assessing the models and the amount of freeway space, it was decided that he had adequate space to allow composite restorations and a diagnostic wax up was produced to the new vertical dimension.

Material and method

I restored the teeth using Ceram-X duo shade C4, by combining shades D4 and E2. I created a palatal index from the diagnostic wax up and used this as a guide for the palatal and incisal aspects of the anterior teeth to be restored. The teeth were etched and Prime&Bond NT used prior to placement of the composite. The composite was placed using a layering technique, and polished with composite finishing burs and Sof-Lex discs.

Discussion and conclusion

Ceram-X duo was very easy to use and had excellent handling qualities, it was non-sticky and achieved a good aesthetic result. It was also advantageous in the treatment of this case as it is an adjustable material with good wear properties allowing a non invasive treatment approach. The use of 2 separate shades for enamel and dentine resulted in a more natural looking restoration.

A successful outcome

New impressions were taken and a diagnostic wax-up of 12, 11, 21, 22 was provided and shown to the patient. A silicone matrix was made from the wax-up and used to rebuild the incisors with Miris composite resin to demonstrate the possible final appearance after the provision of veneers.

The patient was delighted with the result achieved with the composites and postponed the veneers.

We had achieved full restoration of anatomical form of 12, 11, 21, 22 using an anterior guidance to give posterior disclusion. The upper right lateral incisal edge is slightly longer as this was the patient's preference and in harmony with anterior guidance to give posterior disclusion.

In conclusion, this case highlights how Clearstep can be incorporated into a smile-design treatment plan to promote more conservative, minimally invasive restorative procedures.

About the author

Dr Andrew Croston qualified from Leeds University Dental Hospital in 1990 and spent his first year working within the hospital service extending his knowledge in the fields of restorative and surgical dentistry before entering private dentistry. He has worked at Leeds City Dental Care for the last 16 years and has undertaken an extensive programme of post-graduate training to ensure that he remains at the forefront of cosmetic smile design, dental implants and non-surgical facial procedures. He has a special interest in both dental and facial cosmetics and is a member of both the British Academy of Cosmetic Dentistry (BACD) and the International Association of Advanced Facial Aesthetics (IAAFA).

He has helped transform the smiles of thousands of patients and would urge anyone who doubts they would benefit from a great smile to think again or ask one of his satisfied patients how much their confidence has improved after treatment. To contact him, call 0113 270 5020.

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