Clinical

Global Ceram • X Case Contest 2008/2009

In the Dentsply 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 University of Birmingham, School of Dentistry student Gregory Souster’s presentation.

A 19-year-old female patient attended complaining she was unhappy with an amalgam filling on her lower right first molar. The filling was visible when she smiled and laughed, making her feel self conscious.

Ceram•X™ Duo was the composite of choice. It was easy to handle and sculpt thus resulting in a restoration that the patient was very happy with.

Material and method
- Dentsply 34 per cent Phosphoric acid etchant
- Dentsply Prime and Bond®NT
- Ceram•X™ Duo shades D1, DB and E1

Discussion and conclusion
Patient was very happy with the result. The material provided a restoration that was contoured nicely to the shape of the cusps and gave an excellent aesthetic result. The use of a translucent enamel shade resulted in a far more natural appearance.

Photograph of the amalgam filling the patient was unhappy with. Some ditching was also present.

Final image of the composite filling which replaced the unsightly amalgam filling.

Before

After

Step 1
Occlusal image of the lower right first molar. The filling was leaking at the mesial aspect and there was also some ditching around the margins.

Step 2
Rubber dam was placed to isolate the tooth. The filling was removed along with a small amount of caries.

Step 3
Phosphoric acid etchant was applied for 15 seconds to the enamel and dentine. Prime and Bond® NT was applied and cured.

Step 4
Ceram•X™ D1 and DB dentine shades were placed in incremental layers and cured. 1mm space was left for the enamel shade.

Step 5
Ceram•X™ E1 enamel shade was placed in the cavity, sculpted to the contour of the cusps and cured.

Step 6
Composite finishing burs were used to define the fissure pattern and shape the restoration.

Step 7
The rubber dam was removed and the patient’s occlusion was checked.