Frontal area

Restorative dentistry III. 5

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Remember!

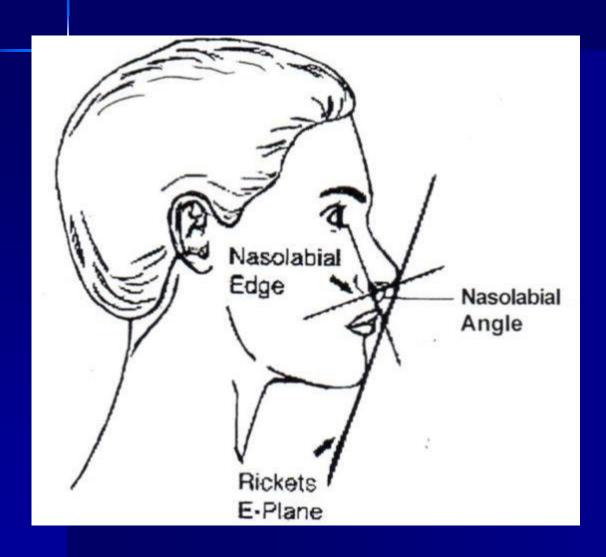
Dentofacial harmony

 Imaginary lines – stuctures must have harmonious in relation to them

 Teeth are in harmony with the face, they can attract our attention and distract it from other structures

Horizontal a vertical lines axis

Profile:



Balance of lip, nose and chip.

Nasolabial angle: 90° – 95 °men 100° - 106° women

Rickets line: 4 mm before upper 2 mm before lower lip

Dentofacial harmony

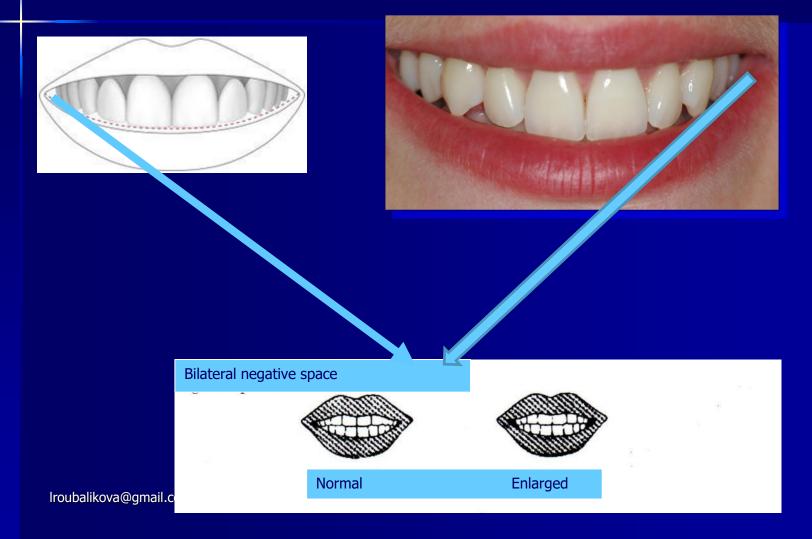
 Imaginary lines – stuctures must have harmonious relation to them

 Teeth are in harmony with the face, they can attract our attention and distract it form other structures

Line of smile

- Connects incisal edges of upper frontal teeth and touches cusps of upper molars. Lower border is lower lip. Line of lower lip is parallel to line of smile.
- Upper central incisors should be in touch with wett part of upper lip.

Line of smile



Horizontal a vertical lines axis

Harmony of the teeth and gingiva

Notice the gingival border in relation to the upper lip





Gummy smile





Rember!

Check always red and white aesthetics!





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Remember!

- Interdosciplinary cooperation:
- Periodontology
- Orthodontics
- Prosthetics

Always take in account

- Patient's requierement
- Possibilities and limits of direct and indirect restorations
- Periodontal considerations
- Orthodontic considerations
- Prosthetic considerations

Direct anterior restorations

- Class III.
- Class IV.
- Class V.
- Correction of orthodontic anomalies

Reading of the colour: natural light

Cervical area: dentin shade
(enamel is thin, dentin core can be easily seen)

By some authors – choice of dentin shade on canines (big dentine core)



Enamel shade

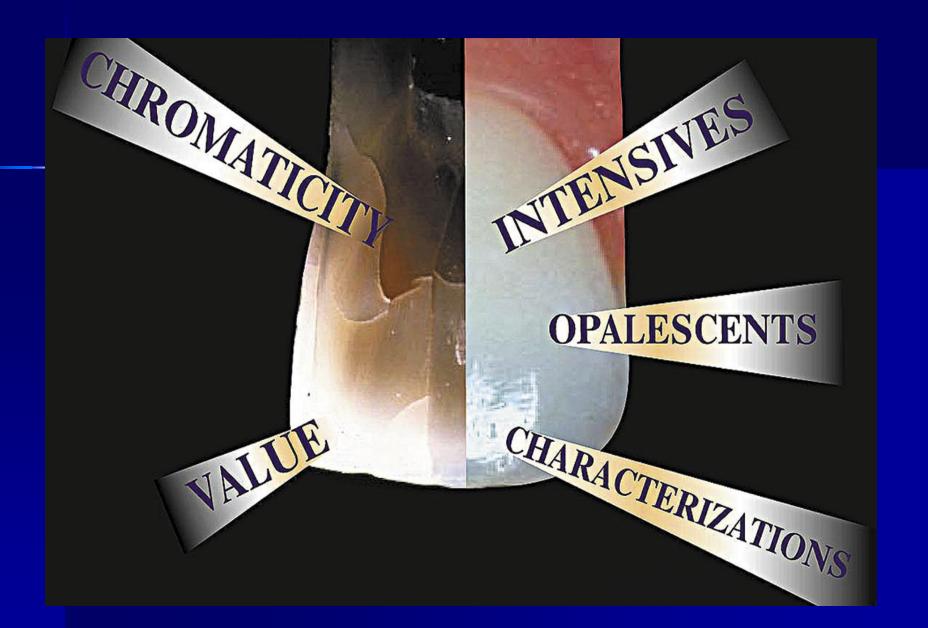
Around the defect, contralateral tooth, age

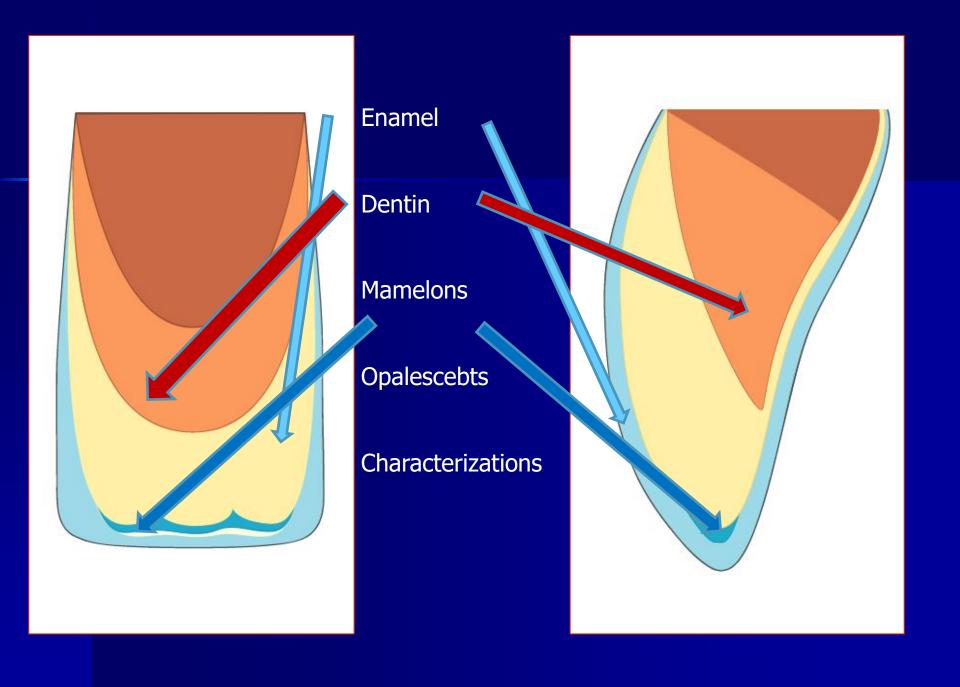


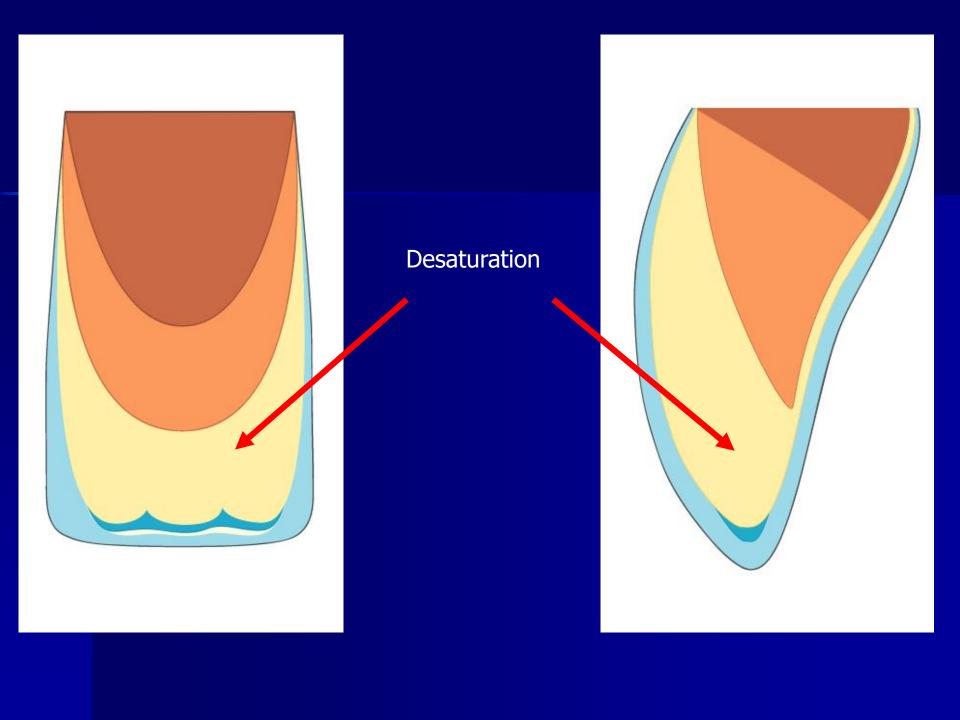
Mammelons and opalescents

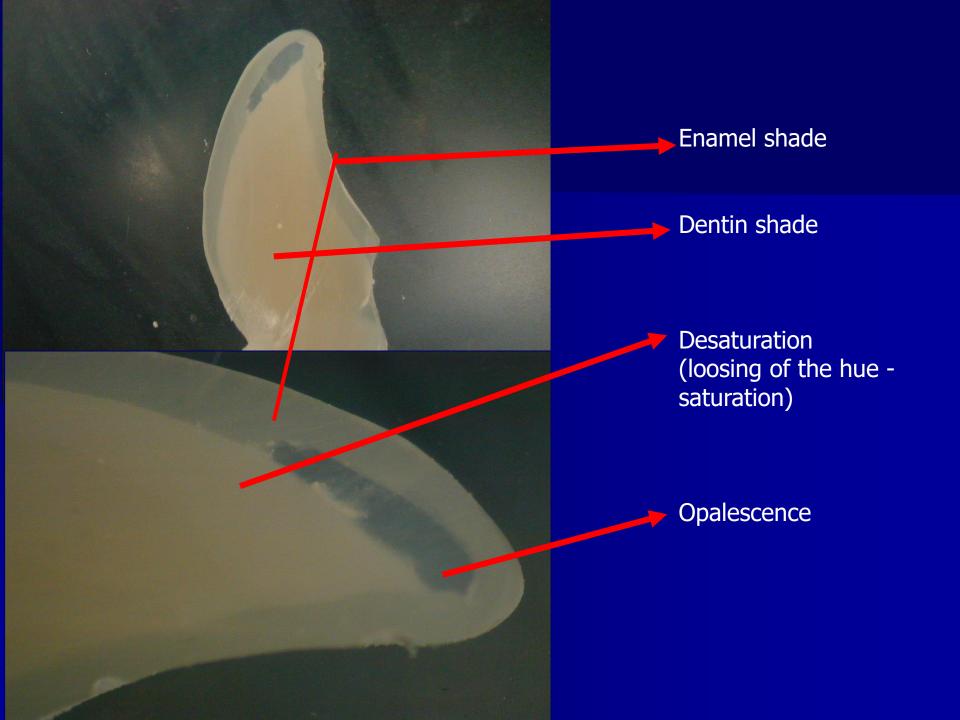
Characterizations















Preparation

- Diamonds standard, fine, finishing with a soft rubber
- Removal of aprismatic enamel mostly yes, in rare cases is not necessary (e.g. diastema closure)









Adhesive procedures

- Acid etching preferable
- Large field of enamel! Good connection.

Layering of composites

- Incremental technique no bulk fill composites!
- Flowables for good adaptation in some cases.
- Work with dentin, enamel and special cases
- Last layer covered with glycerine gel

Finishing and polishing

- Various concepts
- Finishing:

Extrafine diamonds (yellow)

Rubber rotary instruments (prepolishing)

Flexible discs (for "opening" proximal surfaces – overcome between proximal and vestibular surface, optical width.

Finishing and polishing

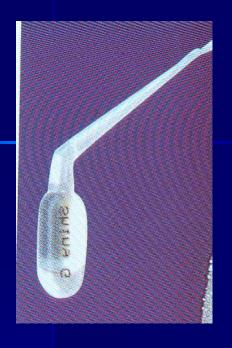
- Polishing with special brushes made of natural material in combination with diamond pastes – 3-5µm first, 1µm after.
- Polishing with special rotary instrument made of felt









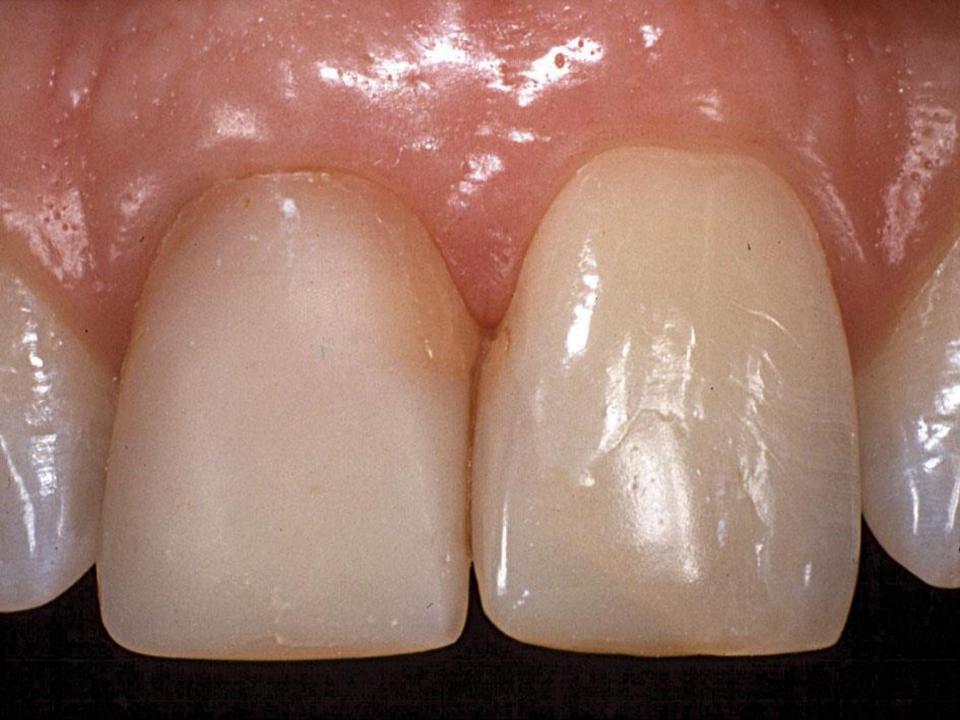














Third class

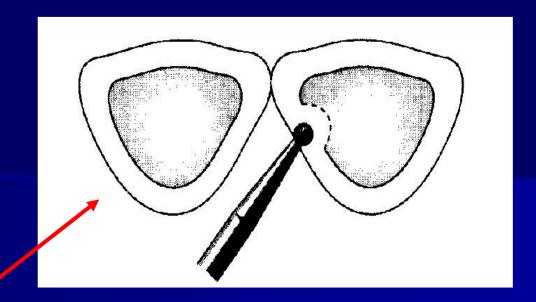










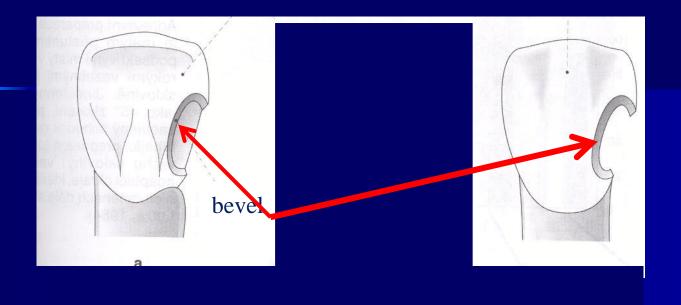


Access:

From the oral side

From the vestibular side





Exposure of prismatic structure

Good marginal adaptation



Layering of composite materials

Cleaning of tooth



Preparation of cavity



Acid etching



Matrix – transparent strip, wooden wedge, bonding



Layering



Layering, polymerization



Removal of matrix



Finishing



Prepolishing



Polishing with the brush and diamond paste 3µm



Polishing with the brush and diamond paste 1µm



Polishing with a rotary instrument (felt)



Final result

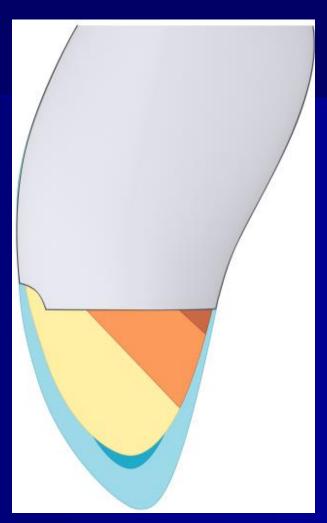


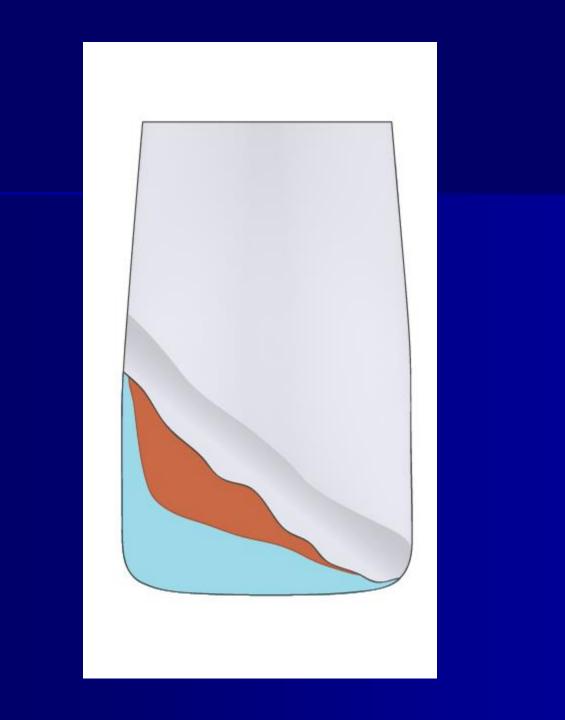
Fourth class

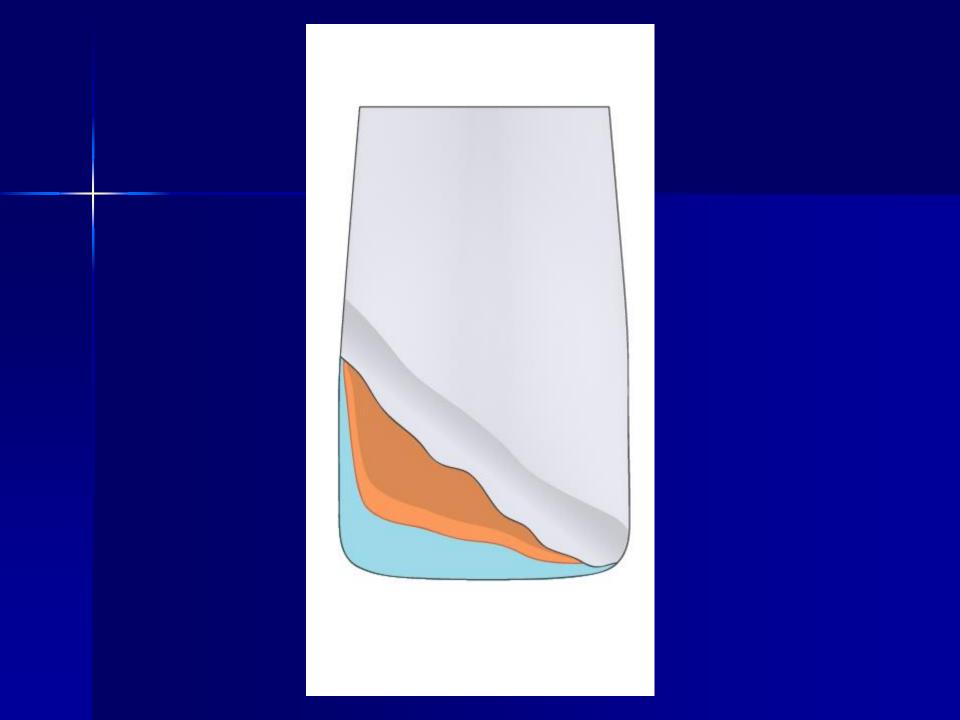
Caries

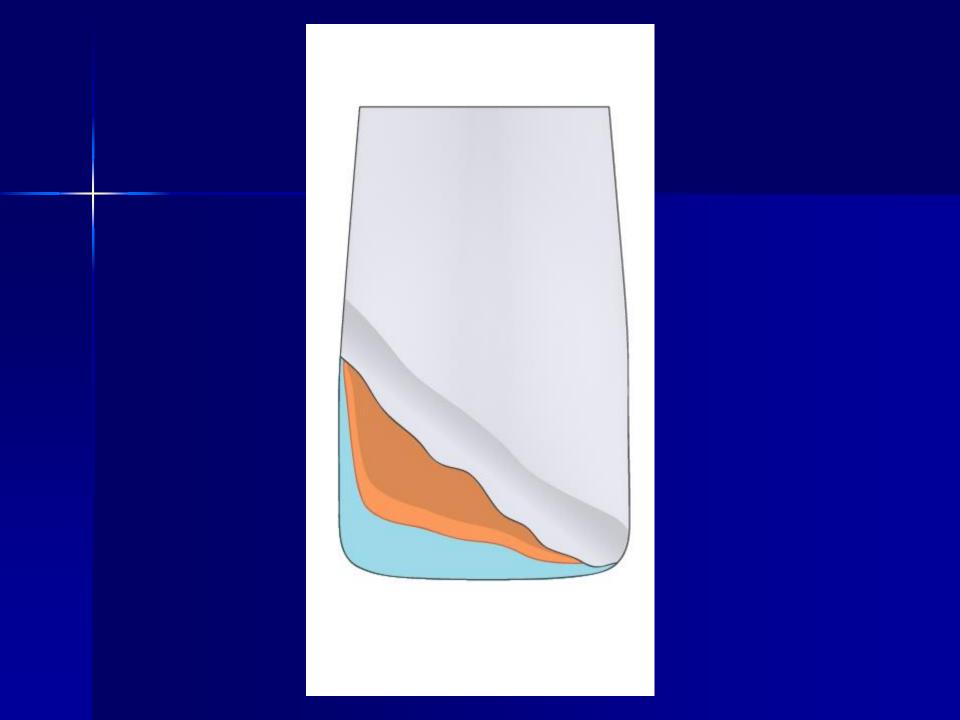
Trauma

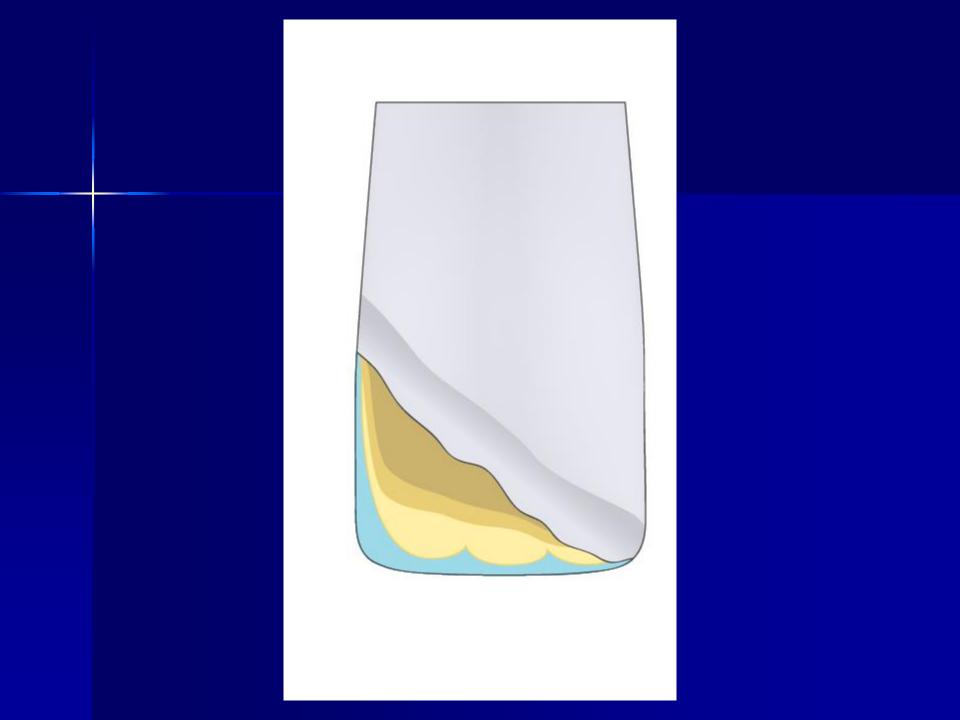


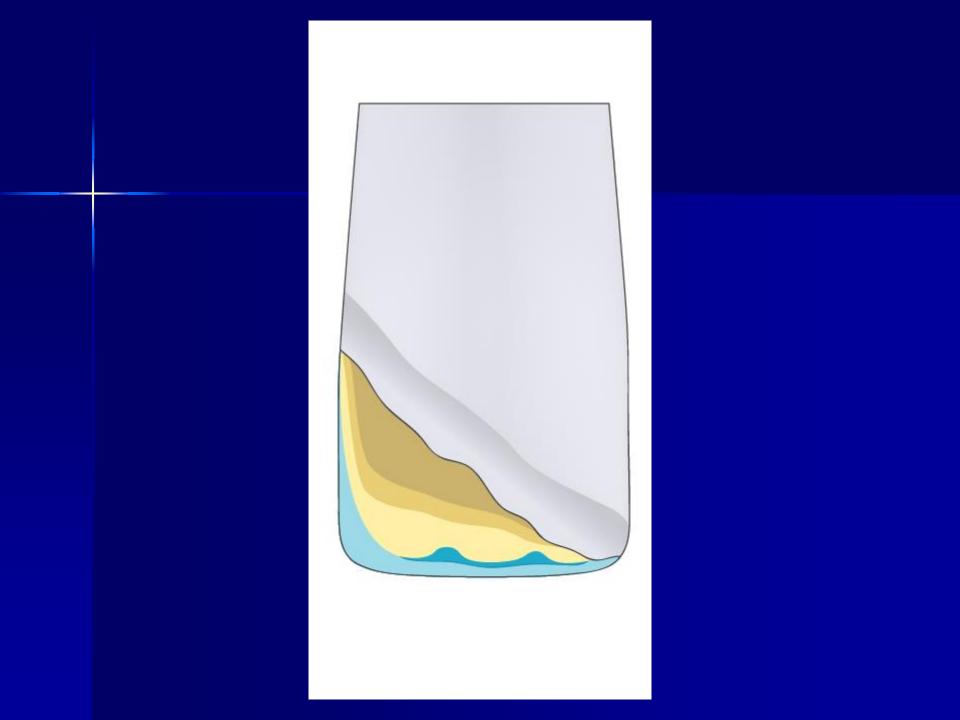


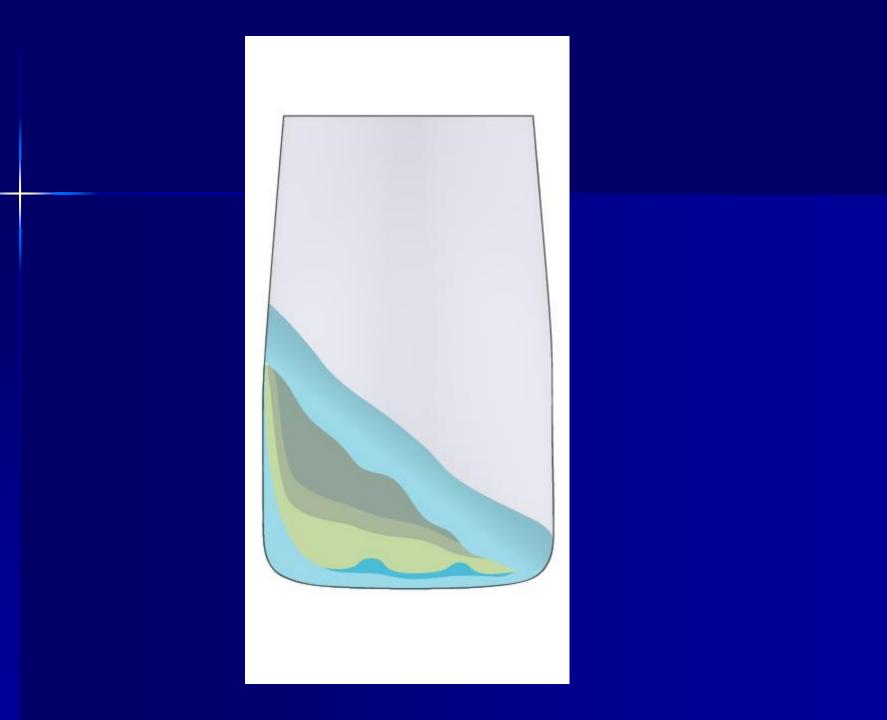


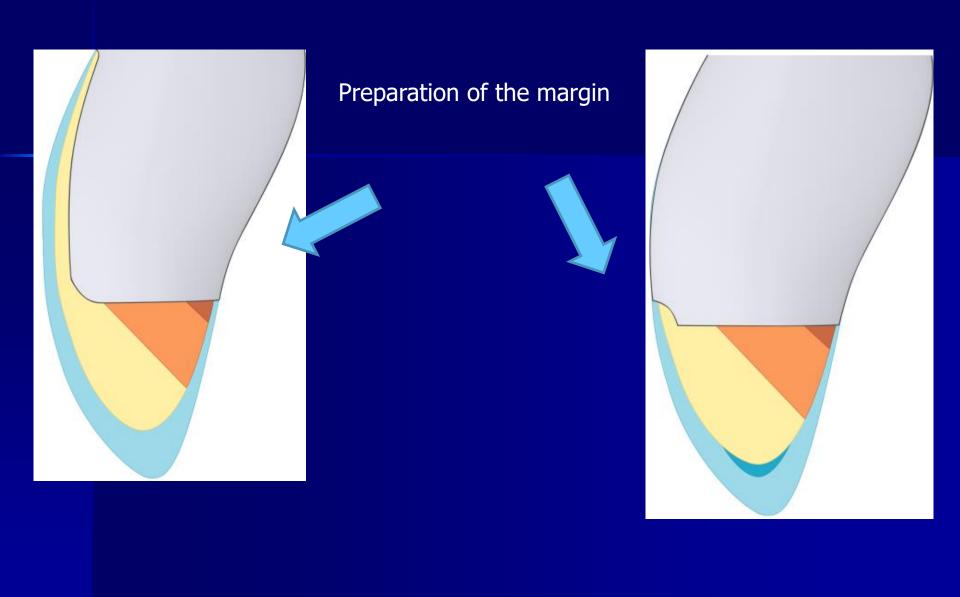












Making the shape













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Making the shape

Position of the palatal wall

Placement of the transparent strip

Layering of the composite material

Making the shape

Position of the palatal wall



Silicone key









Wax up

Silicone key



Mock up



Silicone key



Creation the oral layer - palatally

Location of incisal edge





























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Finger method



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Surface texture











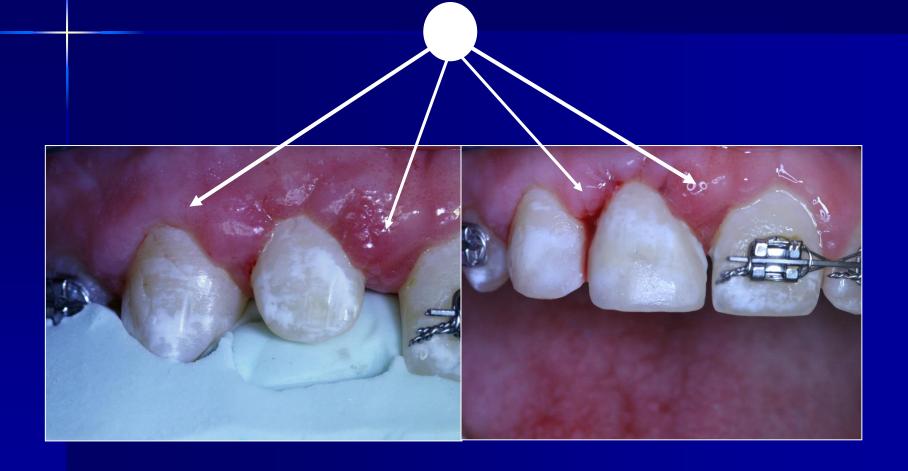
Correction of the shape cooperation with the orthodontists

Complex approach

Hygiene and cooperation

- Intermaxillary relations
- Occlusion
- Articulation
- Soft tissues

Gingival hyperplasia



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Gingival hyperplasia

Improvement of oral hagiene

Tooth brushing (Bass technique)

Gingivoplasty

Microdontia

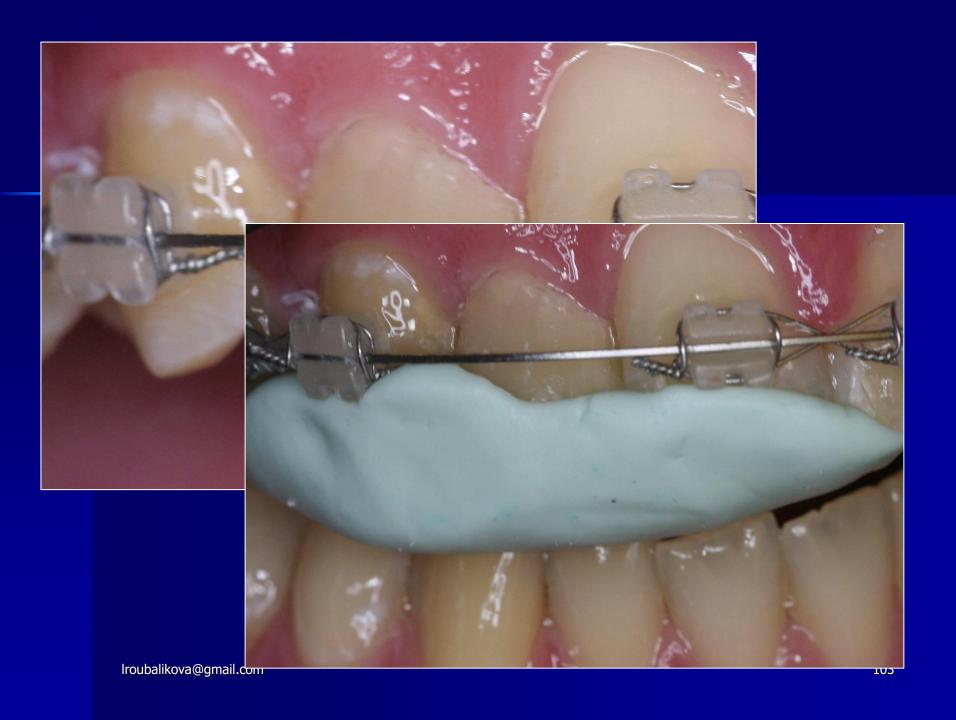


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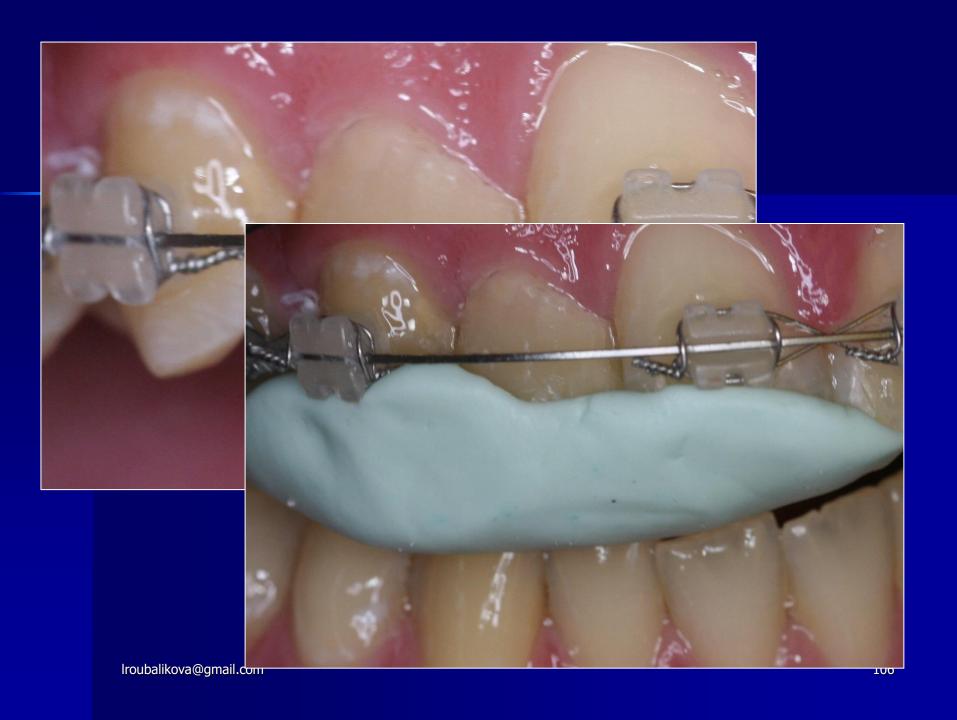
















Correction of the size and shape

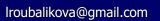












Closure of spaces







Pre op

Mock up







Diastema closure

Orthodontic approach

Restorative approach

Combination

Frenectomy can be also performed

















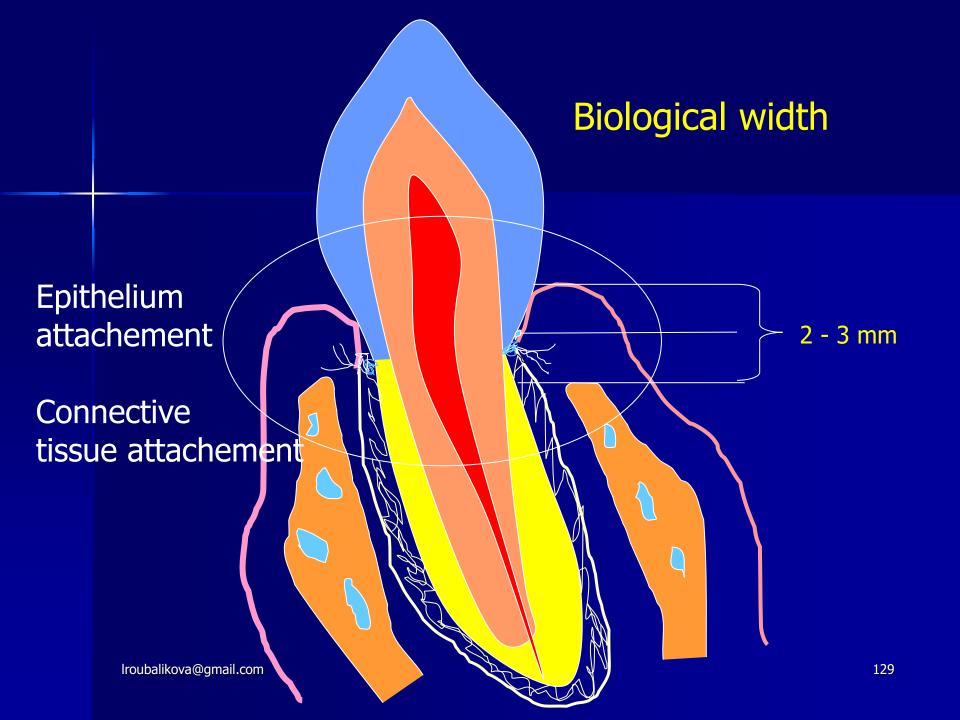
Periodontology

Frenectomy

Gingivoplasty

 Gingivectomy – elongation of the clinical crown

Ostectomy – elongation of clinical crown



Elongation of clinical crown



















Elongation of clinical crown









Reattachement

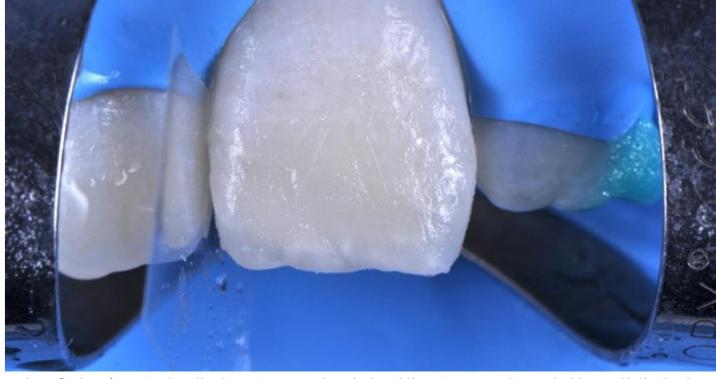


GIUSEPPE MARCHETTI

CLASS IV REATTACHMENT AND RESTORATION WITH ONE SHADE

230 Views - Apr 2017

ST



lmg. 9 - In a few minutes, the two pieces are bonded and the missing part is ended too, with the body



www.styleitaliano.org - CLASS IV REATTACHMENT AND RESTORATION WITH ONE SHADE



Img. 9 - In a few min

Reattachement

- 1. Check the fragment
- 2. Prepare the shallow groove around the defect in the tooth as well ae in the fragment
- 3. Use adhesive procedure
- 4. Attach using flowable and composite filling material

Case report — complex approach



Before the treatment

Case report- complex approach



After orthodontic therapy



Case report — complex approach



Final result

Ceramic restoration