Case Presentation

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By





Uneven incisal length and a small diastema was clearly noticed.

• A 50-year-old patient came to clinic, complaining from bad smile due to non esthetically restored No. 21 tooth . Discolored composite restoration,



 Intra-oral picture with retracted view of the teeth. As we checked, restoration as they may interfere and that may lead to failure.

occlusion has no problem with the intended tooth. It's mandatory to check occlusion and mandibular jaw movement before doing any anterior

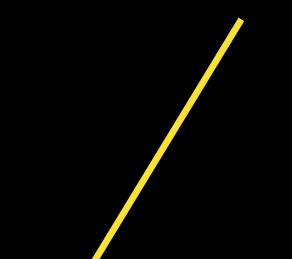


• Retracted view of teeth with contraster.

Translucency area (Bluish)



Higher Chroma area



Tranvers white lines (intensives)



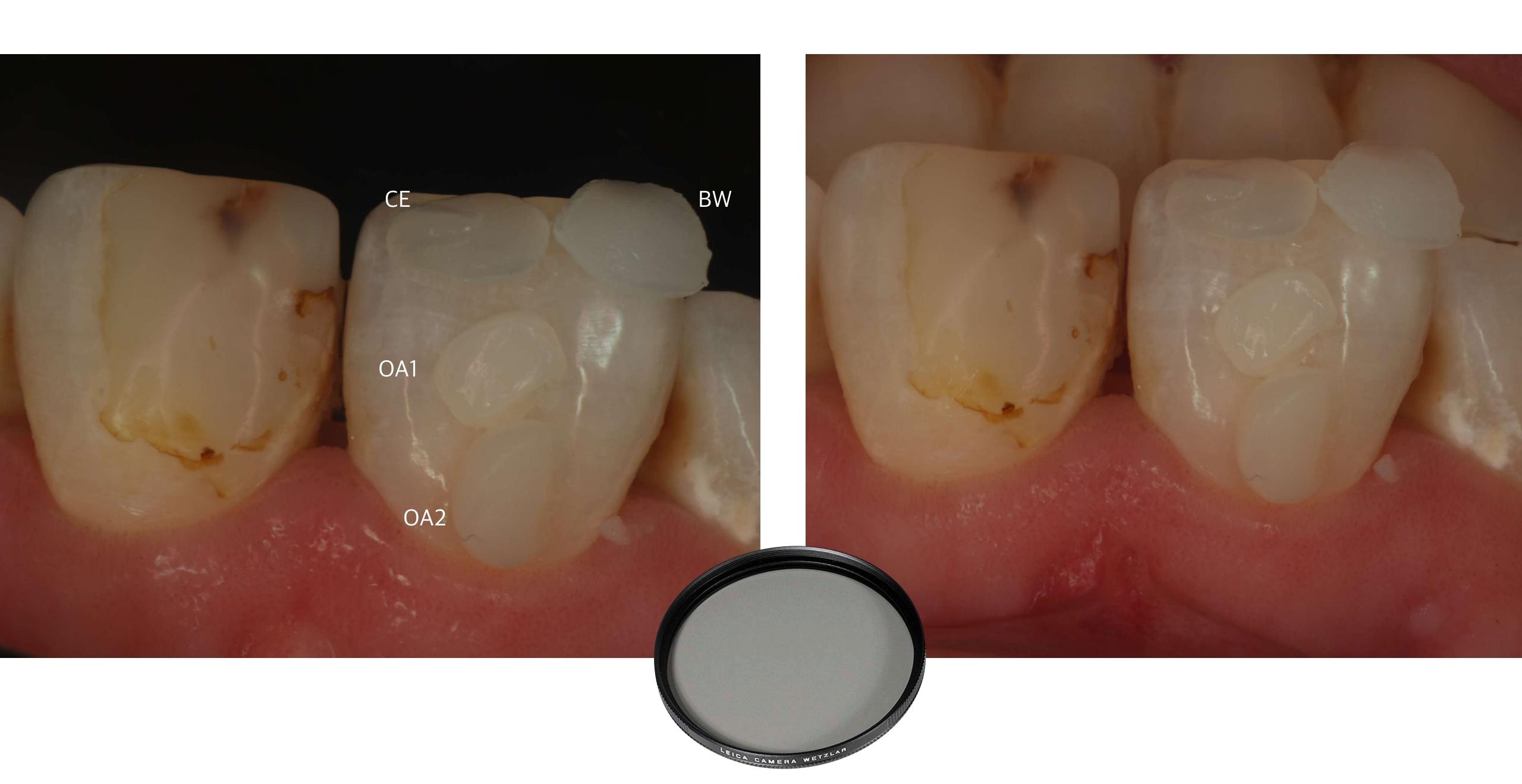
incisal chroma.

• As I always do initially, I analyze the shade, shape and texture of the adjacent brother natural tooth to be mimicked by the new restoration as possible as I can. As shown in this photo, I used Polarizing filter that gives the true color and chroma of teeth. As I analyzed the tooth. It was complicated tooth due to various characteristics in the same tooth . We have intensives (Transverse white lines), proximal translucency and higher



and tooth width in light illusion.

 Then went forward to analyze and draw the outline of the tooth, as well the transitional line angles that play a certain game with light reflection



• Composite buttons technique + Polarizing filter is one of the most effective methods to gain the true shade of tooth .



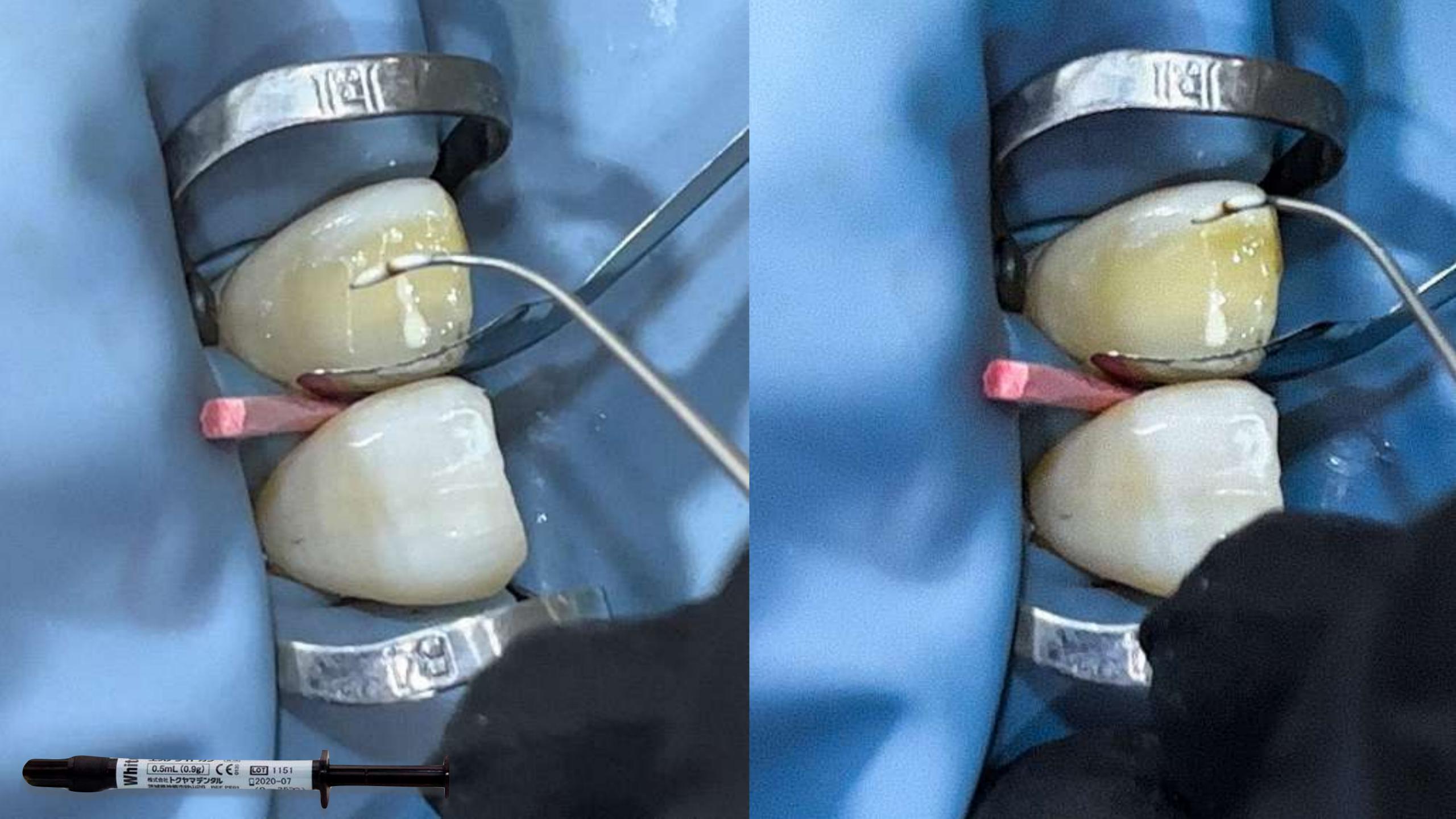
seconds.

 The two centrals were isolated well. Old composite was removed and cavity was sandblasted with 50 micron Aluminum Oxide powder. Then we applied adhesive (Tokuyama Universal Bond) and light cured for 40



 As the adjacent tooth has no incisal translucency, I didn't need a gain more opaque shade. Then **OA1** as dentin layer.

translucent composite to restore the palatal wall. Here I used OPA2 to



 Those white lines of the adjacent tooth can be reproduced by color intensive effect. You need *Fissura* from *LM Arte* to draw the thin transverse lines, and a micro brush to remove the excess.

modifiers from Tokuyama . Estelite Color White was used to gain that





• That translucent area (blue area) needs color modifier as well to be reproduced . Estelite Color Blue achieved the goal .





can reduce the thickness of this final layer even if we applied more chroma of the tooth.

• Final Layer was **OA1** shade, but with a little thickness to maintain the appearance of underlying effects. With finishing and texture making, we thickness of **OA1** shade. The reason I used **OA1** here is to maintain the











contouring, Enhance burs for pre-polishing, initial smoothening.

• Drawing the finishing and re-contouring map with a pencil, can simplify the case and reduce the time of working. Discs from 3M were used for re-Diamond bur for texture making and *Eve twist* for final polishing step.

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though it can be similar as much as possible.

• Final Result 1 week after . You can notice the degree of similarity between the two centrals . As we know, nature is never 100 % reproducible,



Conclusion

a very important role in work results.

• Analyzing the tooth (Shade and shape) can make the case easier in daily work. Composite brand that provides natural shades and various colors, can give you freedom to work comfortably during the treatment procedure and give you confidence to do all the restorations powerfully. Also using proper devices like Polarizing filter can facilitate the whole shade selection dilemma. And finally, giving enough time for case and never rushing, has

References

- Layers: An Atlas of Composite Resin Stratification , Jordi Manauta .
 Modern Operative Dentistry: Principles for Clinical Practice , Charlos
- Modern Operative Dentistry: Print Rocha