



Global Ceram•X Case Contest 2009/10

Introduction to the case

This case presents a juvenile patient with aplasia of the lateral **upper** incisors. The patient **showed up** in the dental clinic suffering from **restricted** phonetics and aesthetics after having completed orthodontic treatment.

By using adhesive technique with composite restoration materials in combination with a pre-impregnated fibreglass ribbon, this case shows a satisfying cosmetic oral rehabilitation.

Before



Juvenile patient (16 yrs old) with aplasia of the **upper** lateral incisors. Situation after orthodontic treatment.

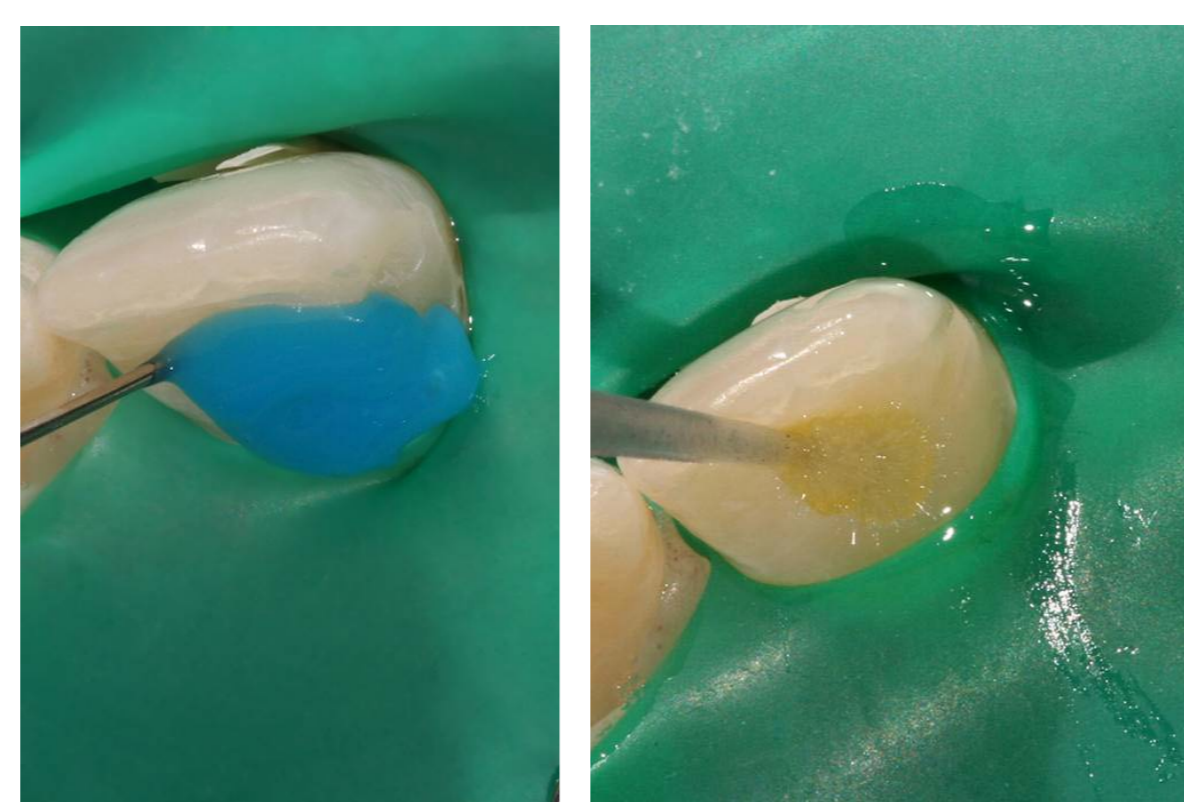
After



Final image one week after direct adhesive restoration with Ceram•X™.



Step 1
Isolation with rubber dam.



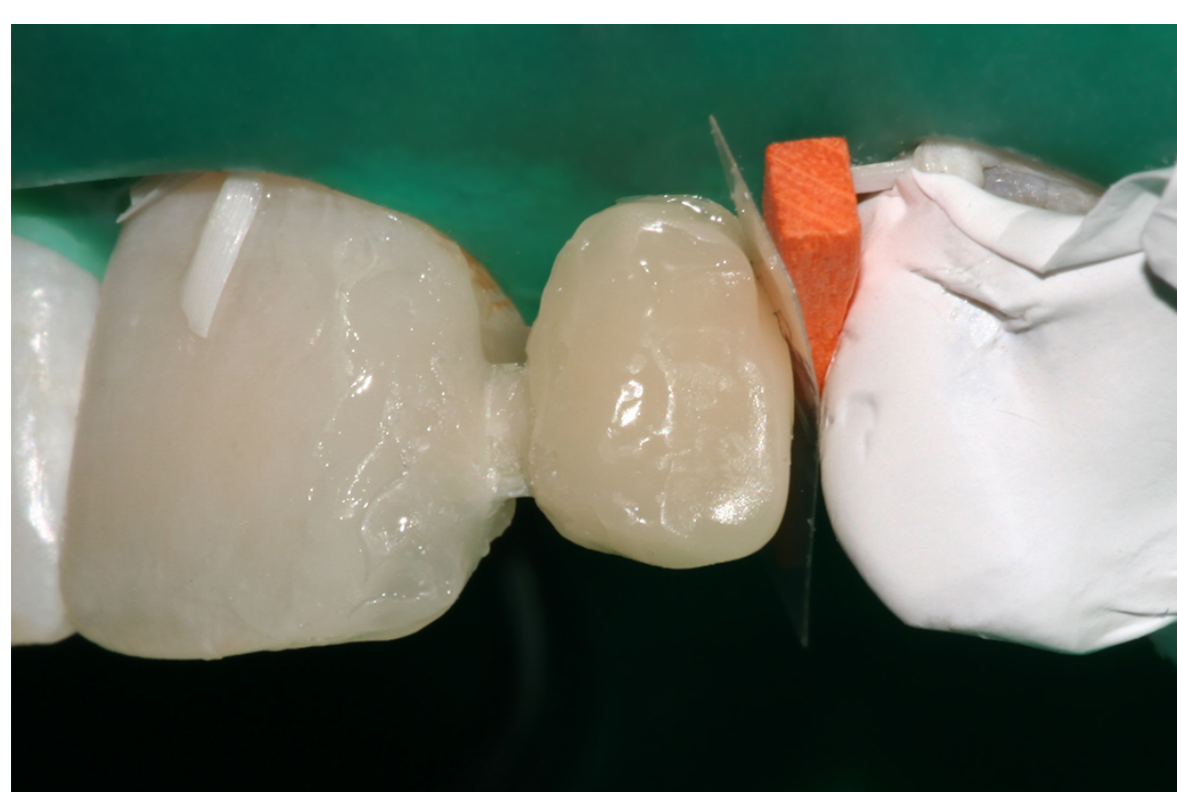
Step 2
Etching (Conditioner 36®) of the central incisor anchor tooth for plane bonding (XP bond®) of a pre-impregnated fibreglass ribbon.



Step 3
Fixed fibreglass ribbon (everStick®C&B, Stick Tech Ltd, Turku, Finland) with x-flow™ A2.



Step 4
Additive remodelling of the tooth-width (distal) of the tooth 21 using Ceram•X™ duo E2.



Step 5
Rebuilding of the dentine core of tooth 22 with Ceram•X duo D2/D3. Fixation of a matrix band and isolation of tooth 23 by using a teflon tape.



Step 6
Reconstruction of the line angles with Ceram•X duo E2.



Step 7
Shaping and polishing with the Pogo® system.



Step 8
Before and after: Completed restoration immediately after polishing the palatal surfaces. The structureless surface enables a better dental hygiene.

Material and method

By using the multicoloured Dentsply Ceram•X™ duo system in incremental application, **several** types of **aesthetic dental restorations** can be performed. Individual tooth appearance can be imitated by dynamic colour variance, malleable consistency, and natural translucent qualities. Ceram•X™ duo allows a completely individual restoration design and offers excellent cosmetic results. The individual steps are presented above.

Discussion and conclusion

In general, treatment options in anterior tooth aplasia are as follows: dental implants, traditional and Maryland bridge works, and finally removable dentures. Our patient was 16 yrs old; bridgeworks and dental implants were not feasible due to the ongoing development of the jaws. We therefore favoured a semi-permanent fibreglass ribbon resin-bonded bridge showing satisfying cosmetic results. Unilateral fixed pontics might be preferred in contrast to bilateral fixed pontics reflecting the ongoing development of the upper dental arch (Hugo, 2003).