When the Patient Refuses Orthodontic Treatment

Additive direct composite for a patient who declines orthodontics as a treatment option.

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Toof DK
Member Since: 03/19/04
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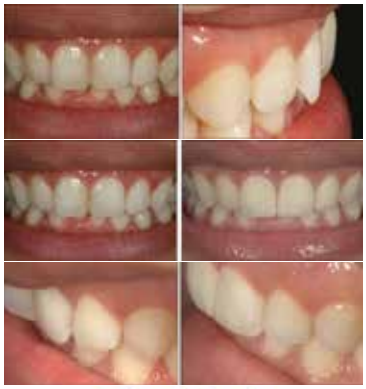
Introduction

Have posted some cases using orthodontics combined with a restorative modality (composite, ceramics). Have even shown some old-school ortho treatment with crochet thread. If orthodontics is indicated and the patient refuses, my next-best option is to perform an additive smile enhancement with direct composite, if possible.

The patient was unhappy with the mesial rotation of her central incisors. She said that it looked like she had a gap or something black between her teeth when she smiled. Ortho was not currently a viable option, and she asked if something could be done.

Additive composite was placed on teeth #8 and #9. The teeth were not drilled.



Left lateral before and after view.

Demonstrating shade match, including value. A polarized view is also added to evaluate shade without spectral highlights.

Right lateral final view. The patient's tooth structure can be observed "peeking out" on the mesio-lingual.

Conclusion

Although not an ideal treatment, it is reversible as there was no reduction of tooth structure. If the patient is able or desires to, orthodontics can be initiated at a later date. ■

MAR 3 2015

satchdds
Member Since: 04/19/02
Post: 3 of 110

Very nice presentation and outcome. To nitpick, a little violet blue to simulate translucency at the incisal would have been over the top. ■

MAR 3 2015

DrJarett
Member Since: 10/22/05
Post: 12 of 110

Bioclear techniques here? ■

MAR 4 2015

Toof DK
Member Since: 03/19/04
Post: 15 of 110

No Bioclear matrix used here. Used straight Mylar for this case. ■

MAR 5 2015

Pedsdude
Member Since: 01/17/12
Post: 17 of 110

Wow! Impressive! I can never achieve a polish like that. Do you mind sharing your polishing technique? ■

MAR 5 2015

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KLDentist
Member Since: 07/23/09
Post: 18 of 110

Wow, that looks great. I do have a question. I know you said there was no reduction of the tooth structure, but did you make the surface rough at all? Thanks. ■

MAR 5 2015

Toof DK
Member Since: 03/19/04
Posts: 19 & 20 of 110

Thanks. For this case, I used The "rock star" three-step polish technique popularized by David Clark.

This is a video of the technique. https://youtu.be/_bt03aAJ8XY

Thank you KLDentist. I did not air-abrade the teeth prior to etching. Only used the Bioclear blaster to remove biofilm, which is not hard enough to abrade the enamel. ■

MAR 5 2015

Dr E
Member Since: 04/18/14
Post: 23 of 110

Very nice! What is the workup for this? Do you get models and do the preps and make a wax-up? Or is this freehand? ■

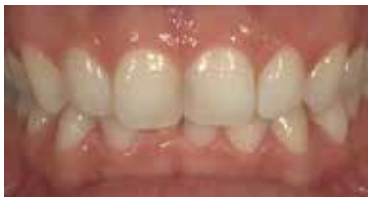
MAR 5 2015

Toof DK
Member Since: 03/19/04
Posts: 24, 33 & 36 of 110

Thank you very much, Dr. E. This case was done freehand with no preparation of the teeth. Given the limitations of the rotated centrals, just tried to make them as symmetrical as possible.

This was done with a single shade of Renamel Microfill. I should be able to get a postop occlusal pic. I see the patient quite frequently. Never took a preop occlusal pic.

That is a great question. The cervical curvature of the matrices would have been "too much" for the interproximal contour between #8 and #9, which has an almost straight profile due to the mesial rotation of the centrals.



It would have been difficult to fit even the most narrow matrix (A-103) between the teeth. In this case, the straight mylar strip was easier to work with. We were not trying to change the interproximal emergence profile. This was done with a single shade of composite. I will not usually layer an additive "instant ortho" case. ■

MAR 5 2015

DrJarett
Member Since: 10/22/05
Post: 39 of 110

I had a simple interproximal caries on triangular-shaped teeth with a black triangle. We were just repairing the caries and not the black triangle, and I tried in a Bioclear matrix and realized, too, that it would be too much and just grabbed a straight Mylar. Came out nice. ■

MAR 6 2015

Toof DK
Member Since: 03/19/04
Post: 41 of 110

Post some pics. I would have asked the patient if the black triangle bothered her or him. If not, then I would have restored it just like you did. If the black triangle was bothersome, I would have used the Bioclear matrix. ■

MAR 7 2015

Fawzia
Member Since: 06/16/08
Post: 45 of 110

Or you could do the additive composite after the orthodontics. In my opinion, treating this case like Dr. Terry with composite would be fantastic. ■

MAR 7 2015

Toof DK
Member Since: 03/19/04
Post: 55 of 110

When doing freehand composite veneers without a stent, this is my starting point to evaluate symmetry and to incorporate patient feedback and desires into the final restorations. At this point, the two gingival cords have been removed and a rudimentary polish has been obtained.

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The patient is seated upright in the chair and the occlusion is addressed. I had added length to the teeth and created a sharp and acute incisal edge with a minimal incisal embrasure. With the patient still upright, I can now shorten the restoration and soften line angles or incisal edges, as well as open incisal embrasures as the patient desires. Will post another example later. ■

MAR 10 2015

kookoo
Member Since: 03/26/09
Post: 58 of 110

Artie, fabulous case. I want to know: Which bonding agent have you used for this case? Do you use self-etch bonding in cases where you don't cut enamel? I used self-etch bonding on anterior teeth of some of my patients without enamel reduction, but patients returned with fractured composite that I had added on tooth surface (composite veneer). But when I replaced them with total-etch technique then there was no problem. What could be the reason in your mind?

My second question is regarding you doing the composite in your present case without cutting enamel; therefore it's reversible. Let us say the patient did not like the results and wanted to remove this composite, then is it hell to remove composite only? I am always afraid of damaging enamel beneath the composite. Will you please share some tips for easy removal of composite in cases where we have not reduced the enamel? ■

MAR 11 2015

Toof DK
Member Since: 03/19/04
Posts: 76, 83, 89, 90 & 94 of 110

The bonding agent was Prime Bond NT for both cases.
I have just taken an incisal pic. One year and one day recall.

Another angle.

That polarized view was taken with a polar eyes filter taken on a twin flash. It is also available for a ring flash as well. I do not believe that there will be a difference in the image if the twin or ring flash is used.

Both pics are a from the one-year (exactly one year and one day) recall of the procedure. Love the polish of a Microfill!

One and almost a half-year follow-up of the case. ■

SEP 5 2015

DoctorEd
Member Since: 09/21/02
Post: 106 of 110

Good adaptation and small increments with short pulse curing will virtually eliminate white lines if the bonding agent used is properly applied. I personally still use ALL-BOND 2. I would not have success without using an A-dec primer dryer to evaporate the acetone solvent after the A and B mixture is applied in several "coats."

If you use an air/water syringe to evaporate the acetone, you need skills I do not have to evaporate the acetone solvent. Without using an A-dec primer dryer the result is usually blasting the acetone/resin mixture off or out of the prepared tooth, resulting in a very poorly formed "hybrid" layer. I could not practice without my A-dec primer dryer handpieces, and continue to use ALL-BOND 2 and many other bonding agents that require evaporation of the solvent. I find it very odd that these simple handpieces are rarely found in dental offices that place composite restorations. ■

SEP 15 2015

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Patient Refuses