Cuspid-and anterior-guided occlusion achieved with Cerinate® Porcelain withstands test of time

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Fourteen years ago, this 59-year-old patient presented with significant wear of his enamel, showing exposed dentin and cupping in the incisally-eroded areas (Figs. 1, 2, 3). As he aged, he had lost cuspid guidance so his teeth no longer separated in lateral and protrusive occlusion causing wear on the incisal edges of his anterior teeth from lack of disclusion. You are probably seeing more of this condition now as the baby boomers in your practice age.

This patient had maintained his teeth extremely well. He had a Class I occlusion in correct centric function. Among our treatment options for severe wear were temporary and permanent occlusive pads, metallic or metal-fused-to-porcelain crowns and, in some cases, endodontic treatment. For this patient, bonded porcelain was used to establish cuspid-guided occlusion. This new approach in the treatment of severe wear also provided the best and most durable esthetic result.

The first step in restoring the original, youthful appearance and function and in stopping further wear was to prepare the mandibular cuspids by shaving the enamel on the labial to allow for approximately 1 to 1.5mm of space between the mandibular cuspid and the maxillary cuspid. Then, a 1 to 2mm clearance was created between the maxillary and mandibular anterior teeth by removing tooth structure solely from the incisal labial of the mandibular teeth and the lingual of the maxillary teeth (Figs. 4, 5). This created a knife-edged incisal surface. Neither the maxillary nor the mandibular teeth were shortened.

Porcelain laminates were bonded on the labial of the mandibular cuspids. The maxillary cuspids were then lined on the lingual side with porcelain (Fig. 6). Once the porcelain pieces were placed, the patient closed in lateral and it was obvious that contact was made only between the mandibular cuspid and the maxillary cuspid, porcelain to porcelain.

The remaining porcelain veneers were placed, lengthening the teeth approximately 2mm (Fig. 7). The centric closure remained at original vertical. Uniform, harmonious contact was obtained in centric (Figs. 8, 9). There were no margins and one could observe natural tooth structure in the gingival area with gradual transition in the emergence profile. Minimal or no reduction of the tooth structure was made (except to create clearance between the mandibular and

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maxillary teeth) and anterior disclusion was obtained to compliment cuspid guided disclusion (Figs. 10, 11, 12). Figure 13 shows immediately after. Fourteen years later, the Rembrandt Veneers made of Cerinate Porcelain have performed well (Fig. 14). A few of the veneers (lower anterior) have been replaced due to natural wear. Wear of the natural tooth structure has been stopped and the teeth were strengthened.

Dr. Robert Ibsen practices dentistry in Santa Maria, CA and is the Founder and President of Den-Mat Corporation that provides dentists with products that preserve, restore and enhance teeth without excessive cutting, drilling and tooth removal. The firm, established in 1974, has over 400 employees and currently serves over 86,000 dentists nationwide. Den-Mat also is a leader in providing dental education programs and seminars throughout the world.

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