

Let's go for another edition of real life dentistry. Just like your routine, mine and many other colleagues are "hard", with many appointments, problems and daily achievements, always trying to do the best for our patients in all aspects.

The funny thing, or sad, is that "perfect teachers" of social networks (it's a good thing they're a minority) only make wonderful cases, never make mistakes and their photos and cases are so full of details and perfections that we can often even understand manipulation in photography to create opalescent halos, among other details. Well, here, you already know: the clinical cases before and after are really the way they came out of the machines, with some details to improve, to show in the most real way possible for you, dear reader. I hope you enjoy another issue of this amazing journal.

See you soon. Best Regards, and God Bless you all.



## THIAGO OTTOBONI

Patient with unprepared resin veneers arrives at the clinic to perform a repair due to a fracture.

A complete repair protocol in composite resin was performed, using a diamond tip 2200, sprinkling and creating a light bevel, blasting with aluminum oxide 50  $\mu$ M for 5 seconds, at an average distance of 5mm, washing and drying, application of the adhesive system, without polymerization, insertion of the composite resin and final polymerization.

After finishing, finishing, final polishing and repolishing of the other elements were performed.



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**MARCELO GIORDANI**TPD: **CRISTIANO SOARES**

Case planned for correction of dental size discrepancy through feldspathic ceramic laminates.

Reverse planning was performed, through diagnostic waxing, testing and approval of mock-up, followed by adjustment (preparations) and cementation of the laminates.



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**GUSTAVO GIORDANI**

Planning was performed with previous tomography with a lip retractor to diagnose the cement–enamel junction for gingival plastic surgery with diagnosis of altered active eruption, with excess bone and gingival. Gingival plastic surgery was performed with the association of osteotomy and osteoplasty to anatomize the volume, with flap to improve the smile, dental proportion and gingival architecture, all dependent on the cement–enamel junction, because natural teeth do not require restorations.



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**MARIO SANTANA, JULIANA SANTANA E LEONARDO BOCABELA**TPD: **CRISTIANO SOARES**

A male patient, 39 years old, dissatisfied with the smile, due to tooth 11 being grayed, because the metallic substrate (MFN) could not be masked by the ceramic, becoming grayish; he had already performed the work with 5 different experienced DPTs since the fracture of the tooth in youth. Zr coping was performed, completely sealing the metal (MFN); from then on, ceramics were applied, seeking the natural balance of the patient's tooth - a great challenge, due to the rich natural characteristics of the adjacent teeth.

Dentistry is more predictable when you have good planning, talented professionals and commitment to treatment. In this way, we achieve a dentistry of excellence.



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Suggestions for the manipulation of color, cutouts, background fill and occlusal plane adjustments using Photoshop and Lightroom, by Adobe®.

Photo manipulation: Júnior Bianchi



**THIAGO OTTOBONI<sup>1,2</sup>**

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