

INSTAGRAM:
NAKED AND RAW

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Welcome!

First, I would like to send you our warm embrace in this very difficult moment the whole humanity is going through. A situation never experienced before, when we are all aware of what we are learning to be a better human being as soon as this is all over. I, for example, have learned a lot and keep learning everyday, and I now, more than before, value the simplest and most humane things in our lives and families (and, pardon my language, &#%! the rest). Today we bring you one more column about General Dentistry, with no fake news, no deceitful image manipulations, and no generalizations. We try to bring you, our reader, simple and real content after validation by the editorial board of our journal. The cases presented this time are also similar to the ones you have very likely seen before, as they are routine procedures in a dental clinic. A good photo makes us improve and be able to see the details and defects of our work, to understand and change important details and, from a marketing point of view, to amaze our clients, as we bring “before” and “after” photos of treatments, so that our clients understand how we can improve their smile. Enjoy your reading, and see you stronger and more resilient next time, God willing.



THIAGO OTTOBONI

A woman presented with a complaint about the aesthetics of tooth #21. After clinical and radiographic examinations, we planned her treatment with a direct composite veneer restoration.

The treatment sequence and planning of the preparation and performance steps are extremely important.

According to Galip Gurel, Marcelo Calamita and Christian Coachman, a mean 0.3 mm is required for a tooth color to improve one or two shades. Therefore, we used a #4142 diamond depth cutter of the same diameter (KG Sorensen, Cotia Brazil) to obtain a 0.5-mm preparation, and, after that, a #2135 F bur (KG Sorensen, Cotia, Brazil) to join the grooves. The result was a 0.6 to 0.7 mm preparation. At this point, a color-matching test was used to test color and thickness of the restoration before bonding. This test included the teeth that were still fully hydrated, as described in Chapter 6 of the book published by the Brazilian Society of Esthetic Dentistry (SBOE) in 2018. After checking the test result test and placing a rubber dam, we removed the veneer. The steps followed after dentin hybridization were:

1. An opaquer to improve the substrate (Composite System, White Dental, Styleitaliano).
2. A thin layer of Si2 dentin shade.
3. Blue and White pigments (Tokuyama, Encinitas, CA) for opaque halo and translucent effect.
4. A thin layer of E enamel shade (Composite System, White Dental Beauty, Styleitaliano).

Stratification, a simple process, was carried out with pigments, because the area available to work was limited by the minimum possible preparation in this case.

Note: If the veneer used in the color-matching test is removed without any fractures, we may finish and polish it and use the technique developed by Professor Newton Fahl Jr. and bond it with cement after its surface is adequately treated.



EDIT



COLOR CORRECTION



SATURATION



BRIGHTNESS



WARMTH



CONTRAST



ROTATION

VICTOR CLAVIJO E ERIKA CLAVIJO**Clinical case**

A 30-year-old man was seen in the dental office because of trauma during sports practice. His tooth #21 had a crown and root fracture with pulp exposure.

In addition, the tooth appeared slightly elongated due to extrusive luxation. It had a viable remaining root fragment, and the root dimensions were good. On the palatal surface, the fracture was at the bone level. As the patient was a young adult and the tooth was in the aesthetic zone, and as some serious gingival and bone defects may develop if the tooth is extracted prematurely, we chose to try to keep it to “buy some time”.

Emergency visit procedures included rubber dam isolation, cleaning and disinfection of the root canal, application of calcium hydroxide as intracanal medication and provisionalization with a space maintainer. The tooth crown was kept in milk. In the second visit, four days later, the tooth was isolated again and then obturated. An endodontic insert (Helse Ultrasonic, Santa Rosa de Viterbo, Brazil) was used to cut gutta percha 6 mm below the buccal reference of tooth #21, which

was 14-mm long. After filling removal, the root canal underwent selective enamel etching using the self-etching Tetric N Bond Universal (Ivoclar Vivadent, Barueri, Brazil) adhesive. Adhesive excess was removed using a paper point, and then light cured for 60 s. The canal was filled with the Tetric N Flow composite, and the last canal filling layer was prepared with the IPS Empress Direct Dentina BLXL composite (Ivoclar Vivadent, Barueri, Brazil). The crown of the patient's tooth was cleaned, and an orifice was created inside it with a bur. Phosphoric acid and the adhesive were then used for etching, and the crown was later bonded with the IPS Empress Direct Dentina BLXL composite (Ivoclar Vivadent, Barueri, Brazil). After the rubber dam was removed, a suture was applied to the palatal surface, and occlusion was adjusted. After these procedures, the patient was referred to an orthodontic treatment using slow extrusion of the tooth to reestablish biologic width. The purpose of this procedure was to keep his tooth, which had an unclear prognosis, for as long as possible. This would preserve bone and the gingival architecture and ensure that the patient's aesthetic appearance was adequate for social life.

Final considerations

When it is possible to conduct this type of endodontic and restorative treatments, which is indicated for young adults, why not try to keep

the patient's own tooth and delay the need for an implant? If the restorative or endodontic treatment fails, there is still a range of other options available.



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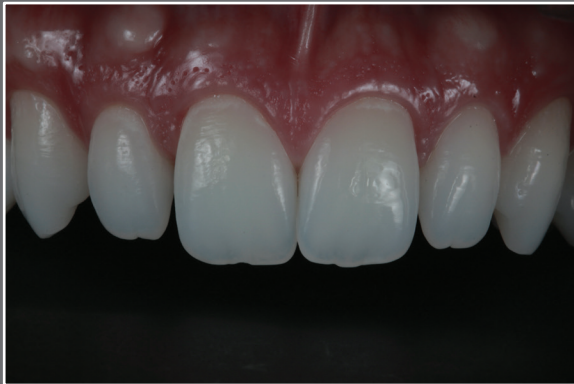
MARCUS PERILO

A patient came to our office to seek for aesthetic correction of conoid lateral incisors and diastemas with which he was unhappy.

After at-home whitening for 30 days, we took photos with a color scale and color map. We decided to follow the sequence below to prepare the composite veneers using the OMI Vita 3-D master shade:

1. XWE enamel shade (3M, Sumaré, Brazil) for the lingual surface.
2. WD (3M, Sumaré, Brazil) opaque halo.
3. CT (3M, Sumaré, Brazil) translucent halo.
4. XWB (3M, Sumaré, Brazil) for buccal and proximal surfaces.
5. XWE (3M, Sumaré, Brazil) for final buccal surface.

For polishing, we used course and medium Sof-Lex discs (3M, Sumaré, Brazil) and water, 12-bladed finishing burs (48L-010, Angelus, Londrina, Brazil), and silicone and diamond polishing spirals (3M, Sumaré, Brazil) with water.



EDIT



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LEANDRO HILGERT

Patient presented with an aesthetic complaint about the color and shape of tooth #11 and diastemas. Ideal changes to his gingival level were discussed with the patient, who decided not to undergo those procedures at that time. Tooth #11 had an endodontic treatment and a large class IV restoration, and its color had a slightly lower value. The treatment included supervised at-home whitening with 10% carbamide peroxide (Whiteness Perfect, FGM, Joinville, Brazil), applied for 2 h to all teeth for three weeks and then only to tooth #11 for two additional weeks. The model was mounted in a semi-adjustable articulator and waxed, taking into consideration the patient's functional characteristics, such as anterior guidance and lateral excursion. Silicone mock-ups were prepared on the waxed model for the planned transference. Figure 1 shows the baseline conditions in the beginning of the restorative phase, after the removal of the restoration from tooth #11. There was no additional preparation. For this case, we

used a simplified nanoparticle composite system (Filtek Universal, 3M Oral Care, Sumaré, Brazil), with colors that have only one intermediate translucent shade, in addition to an opaquer.

In this case, classified in the broad class IV, the palatal wall of tooth #11 and the proximal surfaces were prepared using the XW shade. The central area of the fracture was filled with N AI composite, and the XW shade was again used on the buccal surface layer. Teeth #21, #22, #12, #23 and #33 received additions of the XW shade only. Finishing and polishing discs, a bladed finishing bur and rubber polishing spirals were used for finishing and polishing. Figure 2 shows photos of the clinical case two months after the treatment. Although this short and simplified restorative protocol used only two composite shades and one translucent composite, the result was satisfactory.

We thank Raíssa Carneiro Antunes and Vitor Ramage, graduate students at the Brasilia University (UNB), Brasilia, Brazil, for their support in planning the case.



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