## FEATURED SMILES



by Nelson Howard, D.D.S.

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by Hugh Flax, D.D.S.

Dr. Hugh Flax received his D.D.S. degree from Emory University in 1983, after which he completed a hospital-based general practice residency at the V. A. Hospital in New Orleans, Louisiana. His fulltime practice in Atlanta, Georgia, focuses on functional appearance-related conditions and advanced laser dentistry. Accredited by the AACD in 1997, Dr. Flax also is a member of the ADA, AGD, and the L.D. Pankey Alumni Association. He is an editorial board member of The Journal of Cosmetic Dentistry and co-chairs the AACD Concierge Committee for 2003-2004. He and his practice have been featured in various magazines, including Good Housekeeping and Cosmopolitan; as well as in The Atlanta Business Chronicle.

This new section in The Journal of Cosmetic Dentistry is designed to highlight some of the amazing results that AACD members have achieved with their patients. This section will feature only the "before" and "after" 1:2 front smile views as required in the AACD Accreditation protocol, along with a brief three-paragraph narrative about the case. We want to capture the natural beauty of a smile that has been created by our own hands, whether it is with direct resin, or with porcelain in combination with our ceramist's expertise. Your final result should "speak for itself."

For more information about this section, please refer to the Submission Guidelines on page 49.

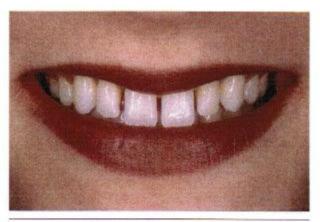


Figure 1: Case #1, before.



Figure 2: Case #1, after.

## CASE #1

This woman was not happy with the appearance of her smile after orthodontic treatment. Her teeth were very narrow and there were spaces between all the front teeth (Fig 1). She wanted a more beautiful smile with no spaces between her teeth. She was planning a career in television journalism and felt that her smile affected her chances for success. Her periodontal health was excellent and her gingival architecture required just minor corrections due to asymmetrical heights of contour. The existing hue of her teeth was in the B-1 shade range and she wanted her final result to be in a similar range.

As the patient's smile zone displayed her upper front 12 teeth, with the first molars having large mesial-occlusal-buccal-lingual amalgam restorations, the ideal treatment plan consisted of 12 Empress® multiple layered porcelain veneer crowns (Ivoclar Vivadent; Amherst, NY). Empress was chosen because of its exceptional esthetic beauty. After minor electrosurgical recontouring to create a symmetrical gingival harmony, the upper 12 teeth were prepared to ideal requirements. Custom Instatemp\* (Sterngold; Attleboro, MA) provisional restorations were placed for her to assess and preview the envisioned result. The final restorations were placed using RelyX" ARC DC shade A-1 cement (3M ESPE; St. Paul, MN), following a strict adhesive protocol. An occlusal guard also was fabricated to protect her teeth against possible nighttime bruxing.

The final results more than exceeded both the patient's and the clinician's expectations. The esthetic realism of the porcelain restorations mimicked natural enamel and created an incredibly beautiful result. The patient was absolutely thrilled with her beautiful new smile and exhibited a newfound confidence that dramatically improved her selfesteem. It's no wonder she can't stop smiling now (Fig 2)! 湯

Case featured by: Nelson Howard, D.D.S, San Marcos, CA; Lab Tech, Julie Nichols, C.D.T, Escondido, CA.



Figure 1: Case #2, before.

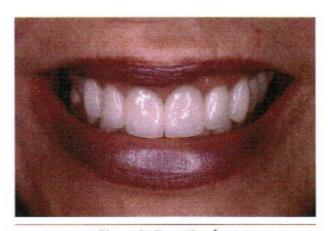


Figure 2: Case #2, after.

## CASE #2

This woman was not happy with her smile and with how dark her teeth looked (this darkness made her look older than she was) (Fig 1). She did not like how crooked her lower front six teeth were and desired a more natural and beautiful smile with straight lower teeth. Her periodontal health was excellent; her gingival architecture was ideal and did not require any modification prior to treatment. There were existing porcelain veneers on her upper central incisors that looked monochromatic and dull. All posterior teeth had existing crowns,

which, aside from a lack of esthetics were clinically acceptable.

After a complete evaluation of her existing dentition, an ideal treatment plan was formulated. By restoring all 28 teeth with a combination of maxillary anterior multiple layered Empress 2 crowns, lower anterior Empress 1 multiple layered veneers, and posterior porcelain-to-gold crowns with porcelain margins, her new smile would be recreated to the standards she desired. All Empress restorations were placed using RelyX ARC DC shade A-1 cement, following a strict adhesive protocol. Her posterior crowns were placed with RelyX Vitremer luting cement. An occlusal

guard also was fabricated to protect her teeth against possible nighttime bruxing.

All of the patient's and the clinician's esthetic and restorative goals were more than exceeded by the final outcome. She continually receives compliments on her stunning smile and on how beautiful and natural her teeth now appear. Her whiter smile actually lights up her face, complementing her facial beauty (Fig 2).

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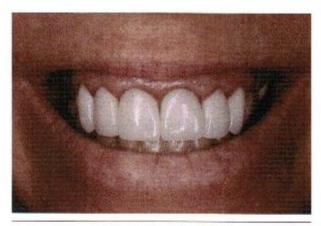


Figure 1: Case #3, before.

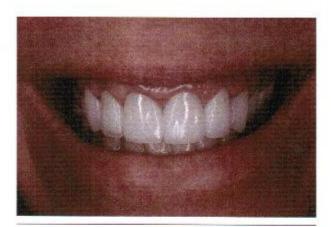


Figure 2: Case #3, after.

## CASE #3

This patient initially presented for a consultation on esthetic options for her tetracycline-stained teeth. She subsequently sought another consultation about her condition. The woman returned to my office 18 months later with the result shown in Figure 1. Her front eight teeth had been crowned and she was very selfconscious and unhappy about how she looked. Her gum tissues were extremely swollen around these crowns and her teeth looked very bulky, over-contoured, and unnatural. She felt like she had "big white ugly horse teeth" and was afraid to smile. Her previous dentist (whom she had chosen because he was less expensive) had told her this was "the best cosmetic dentistry available today." She now wanted a better, more natural-looking smile that she would not feel self-conscious about.

After a comprehensive evaluation, a treatment plan was formulated and presented to the patient. This ideal plan consisted of 28 Empress 2 crown restorations to predictably conceal the severe tetracycline staining on all her teeth. Due to financial limitations, the patient initially could treat only her maxillary anterior and posterior 12 teeth (she would eventually complete the rest of the treatment plan over a period of time). The existing crowns were removed and periodontal therapy was completed, followed by six months of tissue healing. Due to the extensive gingival inflammation around all her previous crowns, multiple provisional restorations with Instatemp were fabricated during this prolonged healing time to promote tissue healing. Twelve Empress 2 allporcelain multiple layered crowns were subsequently completed and cemented with RelyX Vitremer luting cement. The post-cementation tissue response to her restorations was excellent, as demonstrated in Figure 2.

Her new smile reflects how great she now feels about her teeth. Her new teeth look exquisitely natural, her gum tissue is completely healthy, and she is always smiling. Her wish for a better-looking smile has now been achieved; she says it was well worth the nine months it took to restore her appearance, confidence, gingival health, and smile.

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