

ORIGINAL RESEARCH PAPER

Dental Science

SMILE DESIGNING: A CASE REPORT

KEY WORDS: Smile Designing Golden Proportion, Dentogenics

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BSTRACT

Looking good and beautiful is the art, which not only applies to the physical appearance but to our teeth also. Various techniques and procedures to increase the looks, personality not ends with the built but also with how a person's teeth looks, this gave birth to a technique called "SMILE DESIGNING" by which a person can look beautiful as well as feel good and confident in his or her personality. Various concepts such as golden proportion, dentogenics etc. Describe how the anterior teeth should be placed, and match in colour and proportion to the natural teeth and to give the natural appearance as close as possible without being detected by anyone known and unknown. This paper describes the aesthetic rehabilitation and smile designing of a patient with porcelain fused to metal crowns who presented with a problem of discoloured and proclined maxillary anterior and mandibular anterior teeth.

INTRODUCTION

Beauty lies in the eyes of the beholder a famous proverb by Plato proves the desires of human being to look and feel beautiful from male to female, in modern times when looking beautiful is of utmost important. The face of a person should look at its best, therefore dentistry has undergone a wide transformation in its techniques and procedures to deliver aesthetics as per the requirement of the individual, a mild proclination of maxillary anterior teeth drives the patient to the dentist for its correction by orthodontic treatment but there are times when achieving the desired result is impossible due to relapsing of the treatment or due to any other reasons. Then the requirement of a prosthodontist is indicated, modern knowledge of the dentist is of utmost importance to correct the facial profile of the patient as well as the smile. This paper presents a case of a 48yr female patient with mild proclination of the maxillary anterior teeth as well as the discolouration of maxillary and mandibular anterior teeth.

CASE REPORT

A 48yr old female patient reported to the Post graduate department of Prosthodontics of sardar patel dental institute of dental and medical sciences lucknow, with a mild proclination of maxillary anterior teeth and discoloured maxillary and mandibular anterior teeth, on examination it was found that the patient had underwent orthodontic treatment many times since the age of 12yr but the treatment relapsed after few years and she wanted a definite treatment for her proclination as well as for her discoloured anterior teeth, lower central incisors were grade I mobile and were wire splinted. The patient wanted to get rid of the wire in her mouth because it was interfering with tongue. So the case was studied and was decided that the patients mobile teeth were to be extracted, the remaining teeth to be restored with porcelain fused to metal crowns from canine to canine in the maxilla as well as in the mandible. The maxillary teeth were prepared with more reduction on the buccal areas of the teeth as compared to palatal areas, intentional RCT were performed for the required teeth, similarly in mandible teeth were reduced more on the labial side as on the lingual side, on completion a heavy chamfer margin was given on the buccal and labial aspects of the maxillary and mandibular teeth and thin shoulder was given on palatal and lingual aspects of maxillary and mandibular teeth. A double step impression was taken with the heavy and light body addition silicone material after retraction of the gingiva with the retraction cord, wax up and coping trials were performed and final prosthesis was delivered to the patient.

DISCUSSION

The treatment is not always what the clinician wants but what the patient desires, this lead us to treat the patient with porcelain fused to metal crowns. In an era of all ceramic restorations, we treated the patient with the pfm crowns as the socio economic status of the patient did not allow the usage of all ceram crowns. The goal is to restore the maxillary anterior teeth in harmony with the adjacent tissues as well as the facial appearance.[1] However, there is little scientific data in the dental literature to use as a guide for defining the proper size and shape of anterior teeth or determining normal relationships for them and the adjacent tissue[2]. The wire splint and the mobile teeth were removed as the wire was impinging the gingiva as well as causing plaque and calculus deposition. The treatment of the dentist usually revolves around what the patient wants with considering the end result of the treatment in benefit of the patient. Excessive reduction of the tooth is not advised and should be limited to the enamel but in this case the reduction of the tooth structures went beyond the enamel into the dentine to reshape the teeth according to the desired facial profile of the patient. The strength of pfm crowns is much more as compared to any other material as well as provide the near to natural appearance of the crowns to the natural teeth. The heavy chamfer margin on buccal and labial aspect of the teeth provided a sufficient bulk to the porcelain and thin shoulder margin provided sufficient space for the metal. One can use resin or conventional luting agents for cementation as the colour of the cement will not affect the shade of the crown[3]

CONCLUSION

The treatment by the dentist should not be bound to certain materials because of their aesthetic value but should be according to the patients' socio-economic status, as all ceram would have given best aesthetic as compared to pfm in the anterior region but a well fabricated pfm crowns are not far behind in aesthetics. The final result of a treatment should always bring a smile on the face of the patient in a budget in his or her reach. The results achieved in this case indicate the potential value of the metal free ceramic system in creating restorations with excellent marginal fit and aesthetics.[4]

PHOTOGRAPHS



Pre Operative Maxillary Arch



Angle's Class I molar relation





Maxillary and mandibular Coping Trial



Final Prosthesis Frontal View



CLASS I Molar Relation Maintained.

References

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