Clinical images

Higher specialty of fixed and removable prosthodontics

Case 1

55 years old female presented to the clinic complaining of bad aesthetics in her anterior teeth, patient had general mild attrition, lower mild crowding and abfractions in lower premolars (Figure 1 & 2). Primary impression was taken with alginate (palgat, 3M-Germeny) and sent to the lab for diagnostic wax up. Patient was satisfied with the mock up appearance, and wanted to carry on with PLV (porcelain laminate veneers) procedure. A lighter shade was chosen with the patient's contribution. A 0.5 mm supra gingival finish line was prepared for all anterior teeth except for premolars with abfractions, the finish line was extended below the gingival line (Figure 3). No local anesthetic during preparation. An impression was taken using a stock tray with additional silicon putty and wash (elite HD+, Zhermack- Germany). (IPS e.max, Ivoclar vivadent-USA) laminate veneers were made in the laboratory, tried in the patients mouth then sent for sand blast with aluminium oxide of 50 microns (Figure 4). (Rely x veneer cement, Zhermack-Germany) resin cement was used for cementing following the manufacturer's instructions (Figure 5–6). Finishing and polishing were done 3 Days later, then the patient was fitted with a night guard.

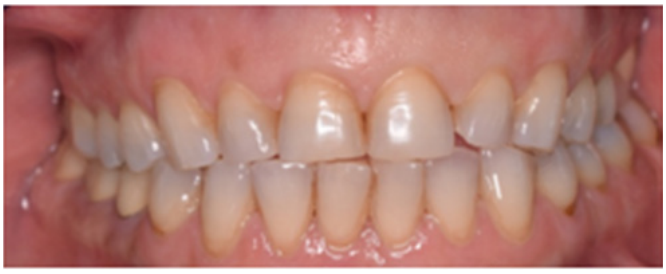

Figure 1

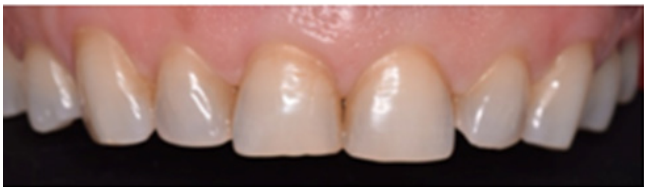

Figure 2

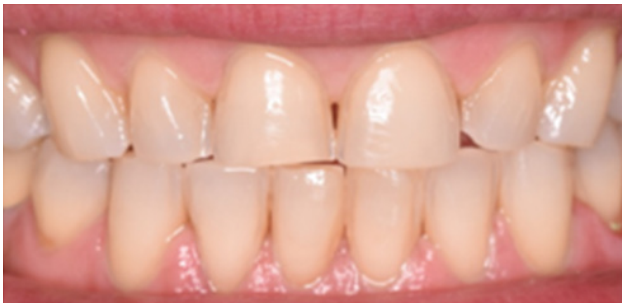

Figure 3

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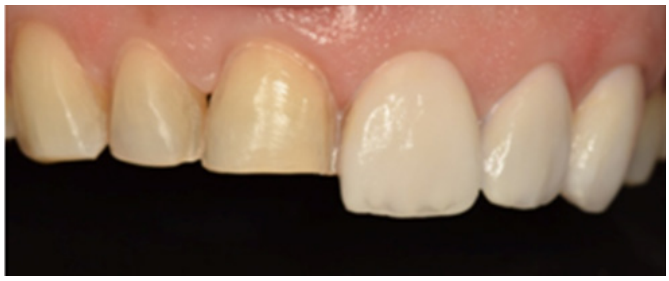

Figure 4

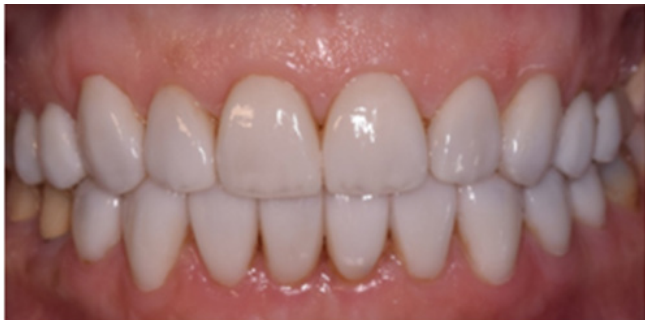

Figure 5

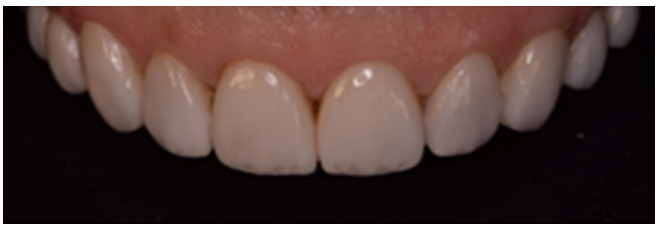

Figure 6

Case 2

A 24 years old non smoker male presented to the clinic complaining of stained anterior teeth, which he had veneered with composite 1 year ago. Patient has deep bite and class 1 occlusion (Figure 7). Primary alginate impression was taken for diagnostic wax mock up purposes. Patient was satisfied with the mock up appearance of upper six anterior teeth, and wanted to carry on with PLV (porcelain laminate veneers) procedure. Shade was taken with the conventional method plus the digital Vita shade. A diamond chamfer was used to remove the existing composite revealing the underlying enamel, yet in few areas of the upper right central and lateral there were carious lesions which were removed as well and restored with composite, a supra gingival preparation with incisal bevel. Impression was made in a stock tray with additional silicon putty and wash (elite HD+, Zhermack- Germany). (IPS e.max, Ivoclar vivadent-USA) laminate veneers were made in the laboratory, tried in the patients mouth then sent for sand blast with aluminium oxide of 50 microns (Figure 8). (Rely x veneer cement, Zhermack-Germany) resin cement was used for cementing following the manufacturer's instructions finishing and polishing were done 3 Days later (Figure 9).

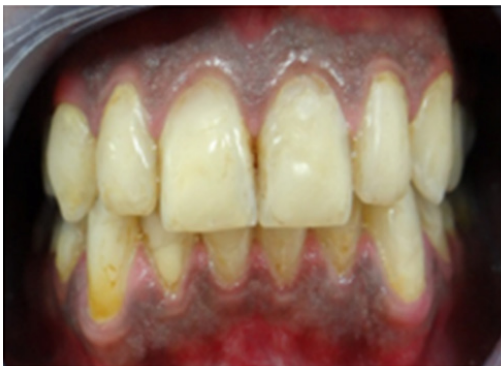

Figure 7

Figure 8

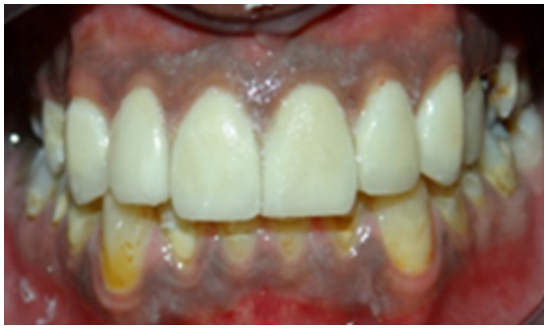

Figure 9

Case 3

28 year-old male presented to the clinic with spacing in the anterior teeth and rotation in the upper central incisors (Figure 10). Patients was given the option of orthodontic space closing and aligning and refused it due to its time consuming nature and cost. An alginate impression was taken and a diagnostic mock up made and shown to the patient. An index was taken and acrylic resin temporary veneers were made to mark the most protruded part of the centrals (Figure 11 & 12). Patients was satisfied with the appearance and wanted to carry on with the porcelain laminate veneers. An overlap veneer design was made with 0.5 supragingival chamfer finish line, impression was taken with a stock tray with additional silicon putty and wash (elite HD+, Zhermack-Germany) (Figure 13). No local anesthetic agent or retraction cords were used. (IPS e.max, Ivoclar vivadent-USA) laminate veneers were made in the laboratory, tried in the patients mouth then sent for sand blast with aluminium oxide of 50 microns (Figure 14). (Rely x veneer cement, Zhermack-Germany) resin cement was used for cementing following the manufacturer's instructions. Finishing and polishing were made 7 Days later (Figure 15).

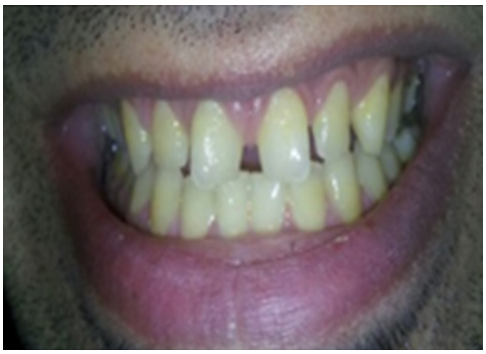

Figure 10

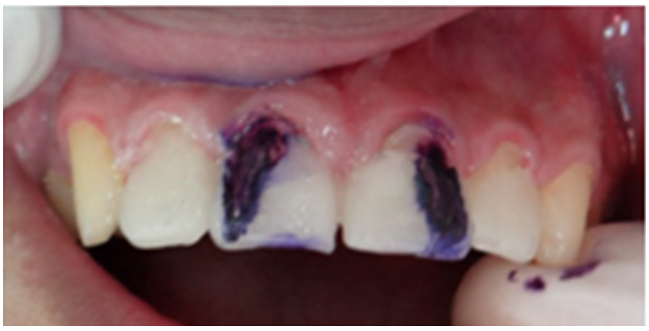

Figure 11

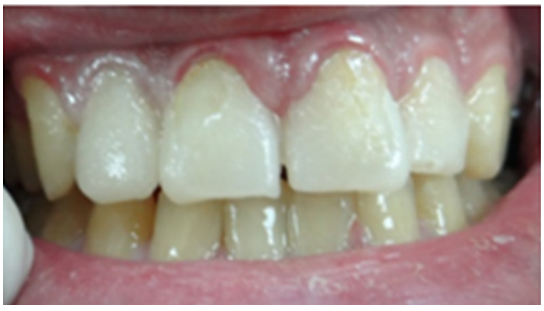

Figure 12

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DOI: 10.15406/jdhodt.2017.06.00201

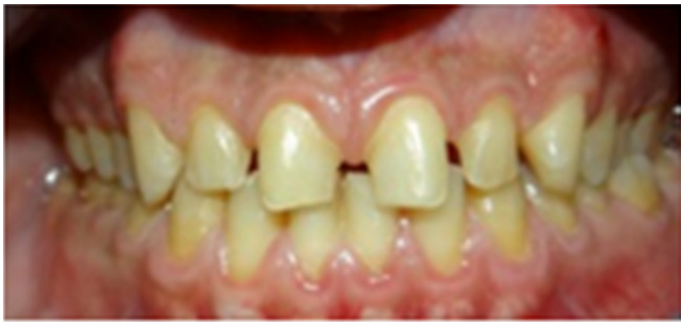

Figure 13

Figure 14

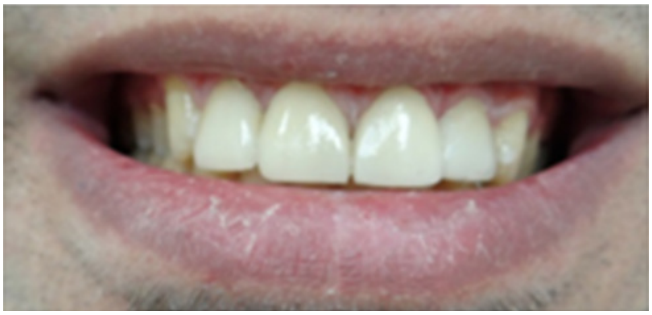

Figure 15

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None.

Conflicts of interest

The authors declare that there is no conflict of interest.

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