

DISGUIISING A CANINE AS AN INCISOR BY LAYERING IN A CASE OF TOOTH 12 AGENESIS

A young male patient aged 14 and a half came for consultation following his orthodontic treatment. He had agenesis of tooth 12. His orthodontic treatment had consisted of the mesialisation of tooth 13 into the site of tooth 12.

➡ The reason for consultation was the aesthetic issue caused by the morphology of tooth 13 in the site of tooth 12, and significant asymmetry in the patient's smile (fig. 1 and 2). Given the patient's young age, we turned to a therapeutic solution that favoured tissue preservation. This was using a direct method to disguise tooth 13 as tooth 12 by adding composite.

The dental technician first created a wax-up from the plaster model (fig. 3).

After confirming the treatment plan with the patient, we produced a silicone key to use as a guide for assembling the composite on the palatal surface (fig. 4 to 6).

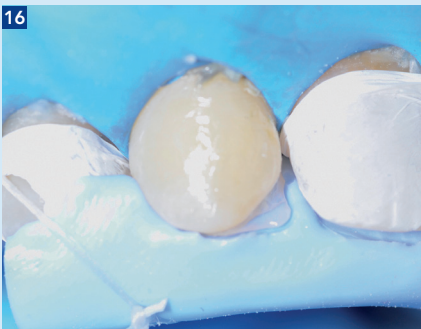
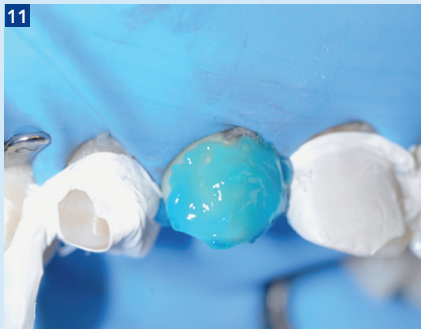
The operative field was implemented over a large area to enable correct positioning of the silicone key (fig. 7 to 9). The adjacent teeth were protected using Teflon tape (fig. 10).

A 37% phosphoric acid enamel etching (DentoEtch, ITENA Clinical) (fig. 11) was then used, followed by rinsing and drying (fig. 12). We then proceeded to apply the adhesive system (Iperbond Ultra, ITENA Clinical) by rubbing the surfaces for 20 seconds (fig. 13), followed by moderate air drying, then light curing for 20 seconds (fig. 14).

The silicone key was put into position and secured by thread using two clamps (fig. 15).

An initial layer (enamel shade) of composite was placed on the palatal surface (Reflectys universal composite, ITENA Clinical) (fig. 16 and 17),





then a dentine mass was placed by layering (fig. 18), then a layer of enamel (E) and finally we used incisal composite (I) to mimic the white marks (fig. 19).

The dental dam was removed, and we checked the MIO, lateral and protrusive movement of the occlusion (fig. 20).

Finally, the restoration was polished (Perfect Polish, ITENA Clinical) (fig. 21).

Final result (fig. 22 to 25).

