INSTAGRAM NAKED AND RAW
I hope you are well! For new readers, our column deals with showing clinical cases via Instagram posts, through which we were able to expose the clinical reality of direct restorations with restorative flows. I hope you enjoy reading and seeing the cases, manage to get something good for your clinical routine. These cases were not manipulated in an image treatment software and show reality, with twin flash photographs and a soft box studio, but with no attempt to deceive a colleague or patient.

Take care: much of what we see on social media or dental photographs are images created to achieve “perfection”, manipulating and directing results that may not exist for real.

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CASE 1

Surgery: Gustavo Ottoboni
TPD: Willy Clavijo
Temporary: Thiago Ottoboni

Digital planning using the smilecloud.com library to create the teeth design, in order to improve the ratio between white and red aesthetics. After 2D planning, we performed the intraoral scanning and sent the files to TPD Willy Clavijo, from Dental Lab 101°, who created the digital waxing with the Smilecloud library, designed the provisionals with the margins of the central incisors exactly at the height planned in the aesthetic increase of the clinical crown and the lateral ones with the appropriate design to receive the connective tissue graft to improve gingival staining, due to the darkened root. Sent to the dental clinic to speed up the flow, we performed the 3D printing of temporary teeth, using Wilcos’ W3D printer and Yller resin color B1, and finished and polished them, with American Burrs rubbers and Lucida Diashine polishing paste of Italian style.
CASE 2

Dentist: Marcelo Giordani
Dentist and laboratory phase: Flavia Giordani

The replacement of element 11 of a ceramic single crown with a metallic core was performed by a pure ceramic milled crown Empress Multi BL3 and made up by the Dr. Flavia Giordani, customizing in mouth.

Case performed in a single session.
CASE 3

Dentist: Fabio Fujiy
Ceramist: Fabio Fujiy

Cases in young patients with erosions and aggressive wear caused by various factors have been increasingly common in our offices. It becomes clear that prior diagnosis to help this patient will be increasingly necessary. However, some questions arise: What about those cases in which the preventive maintenance was not carried out and the damage is already underway? What must be done? How must be treat it?

According to the professional’s experience, knowledge and common sense, we can have some types of approach with regard to the solution.

In this case, my recommendation was the use of veneers laminated in stratified feldspar porcelain, returning mainly two factors:

1. Enamel lost throughout the tooth; and
2. Previous functional balance, restoring lost guides.