

COMMENTARY

A CONSERVATIVE APPROACH FOR TREATING YOUNG ADULT PATIENTS WITH PORCELAIN LAMINATE VENEERS

Cherilyn G. Sheets, DDS *

In an era of aggressive cosmetic treatment of even young dentitions, it is refreshing to see a paper that illustrates the principles of conservative long-term treatment planning and sequencing, incorporating retreatment as the patient ages. The authors illustrate this principle with two clinical examples of esthetic restorations that were treatment planned to meet the long- and short-term functional, biologic, mechanical, and esthetic needs of each patient. Thoughtful unique treatments that specifically addressed the patient's problems were utilized. The first patient illustration was of a young man entering middle age. The second patient is a young attractive female patient just entering her 20s.

In case one, the authors provided a logical treatment sequence that followed basic prosthodontic protocols: a comprehensive examination, an occlusal analysis that identified the pathologic wear of the anterior teeth, and an ultimate diagnosis of attrition caused by nocturnal bruxism. In conjunction with this diagnosis, the authors evaluated the patient's esthetic concerns and needs. A diagnostic wax-up was made to confirm and refine the initial treatment plan. From the diagnostic wax-up, a direct composite-resin esthetic provisional guide was fabricated that allowed the confirmation of the intraoral esthetic and phonetic parameters prior to doing irreversible treatment. While performing the restorative preparations, sectioned silicone indexes of the final diagnostic wax-up were used to ensure that the veneer preparations were conservative and designed for the specific needs of each tooth. Great care was taken to produce porcelain veneer restorations that were compatible with the patient's structural and functional needs. The provisional restorations subsequently provided an intraoral esthetic and phonetic final template. The patient was protected during the provisional stage with a soft vinyl guard and after the final restorations with a heat-processed acrylic protective occlusal splint to provide a damping effect during bruxism. The final result showed an anterior dentition that was restored conservatively, esthetically, functionally, and biologically. The surrounding tissues responded well to the porcelain veneer supragingival margins that were visually undetectable.

The second case addressed one of the most heart-wrenching situations for a young adult, that of root resorption of the maxillary central incisors subsequent to orthodontic treatment. Again, the authors follow a systemic analysis of the patient's needs/desires, her dental relationships as compared with an ideal, and her expected longevity. Once a potential treatment plan of dental implants was suggested, the overall esthetic implications of her high lip line, unstable interdental papilla, and thin scalloped gingival tissues (thin biotype) were evaluated. The authors chose the prudent treatment observation with no treatment for 1 year. When the patient was stable at the yearly evaluation, a more conservative, less invasive treatment plan was instituted that resolved the esthetic concerns of the patient while stabilizing the weakened teeth. The treatment provided conservative acrylic/wire splinting of the maxillary four incisors, a single porcelain veneer to mask the discolored areas of the left endodontically treated central incisor, and preservation of tooth structure for as long as possible. This conservative, thoughtful approach produced a less invasive, more esthetic result than the initial concept of implant replacement of her two central incisors. It also minimized the biologic and psychologic trauma to the patient and provided for more treatment options in the future of this young patient's lifetime.

Because of the growing sophistication of today's global public who are educated to understand the power of an attractive smile, an increasing number of patients seek esthetic dental treatments. With this opportunity to improve a patient's oral health and esthetics also comes a responsibility to do no harm. Additionally, when we are working with a patient who has multiple decades of life ahead, we know that future dental treatments will be required as a result of fatigue failure of the materials and tooth structure.

This article highlights the responsibility of all treating dentists to protect the young patient's dentition for any future retreatment needs by making sound, conservative treatment choices early in their lifetimes that are appropriate for the situation. The authors nicely illustrated the role that porcelain veneers can play in providing this kind of service.

**Private practice, Newport Beach, CA; executive director, Newport Coast Oral Facial Institute, Newport Beach, CA*

Copyright of Journal of Esthetic & Restorative Dentistry is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.

Copyright of Journal of Esthetic & Restorative Dentistry is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.