

COMMENTARY

Anterior Space Management: Interdisciplinary Concepts¹

N. BLAINE COOK, DDS, MSD*

I am dismayed how often I see esthetic restorative cases presented in dental publications where the clinician has placed ceramic crowns or veneers on almost every tooth. Then I view the pretreatment photos and wonder why such invasive treatment was considered when vital bleaching and perhaps minor resin bonding may have sufficed. Unfortunately, the patient pays an enormous price in unnecessary treatment fees and loss of precious tooth structure. To the contrary, the current case presentation by Dr. Ittipuriphat and Dr. Leevailoj is remarkable. What a marvelous illustration of the esthetics that can be achieved following a well-conceived, conservative, multidisciplinary restorative treatment plan.

Specific principles that contributed to a successful treatment outcome:

- 1 A primary key was the clinician's ability to collect necessary data during a thorough dental examination including smile analysis. The importance of the diagnostic wax-up cannot be overemphasized. The clinician and patient had a clear understanding of the expected outcomes prior to the initiation of treatment.
- 2 The utilization of non-restorative dental disciplines can often facilitate and enhance restorative results. In this case, esthetic crown lengthening and minor orthodontic tooth movement allowed the clinical crowns to be of optimal size and proportion, resulting in a pleasing and harmonious smile. If the restoring dentist is not comfortable performing these procedures, then referral to the appropriate specialist is indicated.
- 3 The clinician's understanding of smile design and tooth proportions. The "Golden Proportion" is probably the tooth proportion theory most cited during discussions on smile design. The current case utilized the Recurring Esthetic Dental proportion. In reality, several different tooth proportion models have been proposed. These are considered "guides" rather than hard and fast rules, and no one tooth proportion model is appropriate for every situation. Ultimately, the clinician and patient must make the final determination concerning the harmony and balance of the proposed tooth proportions utilizing the diagnostic wax-up. In addition, resin composite can be judiciously placed in an acetate vacuum-formed matrix fabricated from the diagnostic wax-up and inserted in the mouth for a mock-up of the proposed treatment. Please note that the 2007 study by Dr. Ward cited in this article provides a great review of various tooth width proportion models.²

It is obvious that Dr. Ittipuriphat and Dr. Leevailoj were in total control of this case due to their attention to detail throughout all phases of diagnosis, planning, and treatment. They are to be commended for a truly outstanding multidisciplinary esthetic case.

REFERENCES

1. Ittipuriphat I, Leevailoj C. Anterior space management: interdisciplinary concepts. *J Esthet Restor Dent*. DOI 10.1111/j.1708-8240.2012.00515.x.
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*Clinical Associate Professor and Director, Graduate Operative Dentistry, Restorative Dentistry Department, Indiana University School of Dentistry, 1121 W. Michigan St., Indianapolis, IN 46202, USA

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