

Dental Veneers: The Conservative Cosmetic Restoration

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ABSTRACT

Veneers are a conservative treatment of unaesthetic anterior teeth. The continued development of dental ceramics offers clinicians many options for creating highly aesthetic and functional dental veneers. This case report presents a 26-year-old female with the chief complaint of protrusion and spacing between her upper anterior teeth who desired minimally invasive atraumatic cosmetic treatment with quick and satisfying result.

Keywords: Aesthetic treatment; Ceramage; composite veneer; dental ceramics; diastema.

INTRODUCTION

Dental veneers are conservative method of treatment for enamel hypoplasia, chipped teeth, diastema closure, correction of anatomically malformed teeth, reshaping teeth, masking stains and converting them into perfectly white and healthy teeth.¹ They are the new facial surface for teeth. They make long lasting pleasing changes to the smile, giving strength and appearance that rivals the natural teeth. The technique is extremely versatile and can be used even to align crowded or protruding teeth, and at times can be used as an alternative to minor orthodontic treatment. Veneers serve as an excellent alternative to porcelain crowns. Dental veneers can beautify your smile by hiding chips, correcting malaligned teeth, and creating uniformity and harmony.² Dental veneers that are made of thin customized material designed to slide over the teeth, look incredibly natural, are long lasting and are relatively easier to place.³ Veneers are extremely life like and hold their brilliance, unlike bonding which might appear bulky and artificial.⁴

The present article presents a series of two clinical case reports treated with Ceramage veneer.

CASE REPORT 1

A 26-year-old female patient reported with the chief complaint of protrusion and spacing between her upper anterior teeth (Figure 1, 2). The patient desired minimally invasive atraumatic cosmetic treatment with quick result. She had consulted various orthodontists previously but did not prefer orthodontic treatment.

On examination, upper incisors were proclined with spacing between them, arch form was asymmetrical anteriorly and gingival recession was present in mandibular left central incisor. Treatment plan was formulated and Ceramage veneers were planned for her maxillary central and lateral incisors to close the diastema and to maintain the arch form. Periodontal consultation was done and extraction of mandibular left central incisor was planned. As it had fair prognosis, it was decided to be extracted and the patient was advised to go for a fixed partial denture to replace the mandibular left central incisor. A thin layer of outer tooth structure (about the same thickness of an eggshell) was prepared to receive veneers (Figure 3). Shade selection was done and an impression of the maxillary arch was made using putty and light body polyvinyl siloxane. Temporisation was



done for the prepared tooth and stone model was sent to dental laboratory. Ceramage veneers (similar to a false nail) were received from the laboratory in a week time (Figure 4). In the second visit, Ceramage veneers were bonded to the prepared teeth using resin cement according to the manufacturer's instructions (Figure 5, 6).

CASE REPORT 2

A 60-year old female patient reported with the chief complaint of worn off teeth, chipped off fillings and spacing between her lower front teeth (Figure 7, 8). On

examination, severely attrited mandibular anterior teeth with stained and broken down old composite restoration was seen. In addition, spacing between the lower anteriors and open bite on canine regions was present. Patient gave a history of repeated fracture of restorations on mandibular anterior teeth and was looking for long-lasting solution for her problem. Ceramage veneers were planned for her mandibular anterior teeth including canine from one side to another in order to close the spaces between them, restore the fractured restorations and to maintain proper overbite.

Tooth preparation was done on all mandibular anterior teeth starting from left canine to right canine to receive Ceramage veneers. Shade selection was done and impression of mandibular arch was made using putty and light body polyvinyl siloxane. Master cast was prepared and was sent to dental laboratory (Figure 9). Ceramage veneers were received from the laboratory in about a week time (Figure 10). The prepared teeth were temporised until the final restorations were cemented (Figure 11). Ceramage veneers were cemented using resin cement on the prepared teeth following the manufacturer's instructions (Figure 12, 13).

The patient always wanted to have a pleasant smile. She did have many episodes of dental treatment for the same problem in the past but the teeth did not look great for longer time. Ceramage veneers were the permanent solution to her problem. By placing Ceramage veneers, we were able to: (i) restore her chipped teeth, (ii) give lifelike appearance to the teeth and (iii) create a more youthful and attractive smile.

DISCUSSION

Ceramage is the material of choice as a dental veneer which combines the advantages of both ceramic and composite.^{5,6} Ceramage veneer is the most popular aesthetic dental technique that brings about dramatic changes in an individual's smile. Like porcelain jacket crown, Ceramage veneer also requires two office visits. During the first appointment, tooth is prepared with the removal of old bonding, if any. Impressions are made, shade selection is done and temporisation is done to cover the prepared tooth. At the second appointment, which is approximately one week later, the Ceramage veneer is

permanently cemented.

Smile can be made more attractive by placing Ceramage veneer on individual's teeth. Ceramage veneers are translucent, thin laminates that can improve the esthetics of the natural teeth in terms of shape, size, color, and by masking the spacing between the teeth. It is commonly used to replace old composite bonding and it can even correct minor tooth crowding and malalignment; thus can be used as an alternative to minor orthodontic treatment. Ceramage veneers are extremely lifelike and hold their brilliance, unlike bonding which often appear bulky and unnatural. Ceramage veneer is a very strong restorative material although it is extremely translucent. Ceramage veneers are permanent restorations that can be expected to last for many years. Also, there are no significant dietary restrictions once they are cemented. Ceramage veneers simply mask the imperfections in patient's 'smile.' Managing severe tooth discoloration requires thorough consideration of various patient factors and treatment to be provided in a logical sequence. The selection of dental veneers should be such that it possesses adequate masking ability.

Ceramage veneer is a minimally invasive cosmetic dental restorative procedure as less tooth surface is prepared to receive the same. They are popular aesthetic dental technique and make a dramatic change in an individual's smile. Dental veneers are solution to perfectly white and healthy teeth. For the first few weeks after the procedure, patient will need to adjust to his/her brand new looking teeth. Of course, it is essential that s/he brushes and flosses regularly. For that permanent confident smile, dental veneer is good alternative.

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