



FEATURED SMILES



by
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Dr. Ivanciute earned her dental degree from the Kaunas Medical Academy, Lithuania, in 1994. She then completed a general practice residency at Zalgiris Clinic of Vilnius University, Lithuania. While practicing general dentistry full-time in a private clinic, she also pursued continuing education, taking Master's courses in esthetic direct resin bonding restoration with Dr. Sergej Radlinskij at the Medical Academy of Ukraine.

Dr. Ivanciute is a member of the Lithuanian Chamber of Odontologists and a 2000 Laureate of Lithuania's Competition in the Art of Tooth Restoration. She also is a general member of the AACD and attended the Academy's 2003 Annual Scientific Session in Orlando, Florida. In 2000 she established Ivanciute's Aesthetic Dentistry Center "VivaDens" (www.vivadens.lt) in Vilnius and practices there full-time, specializing in restorative and cosmetic treatment, particularly natural, conservative methods of preserving tooth structure. She also gives hands-on workshops in esthetic direct resin bonding.

This section of *The Journal of Cosmetic Dentistry* is designed to highlight some of the amazing results that AACD members have achieved with their patients. "Featured Smiles" presents only the "before" and "after" 1:2 front smile views as required in the AACD Accreditation protocol, along with a brief narrative about the case. We want to capture the natural beauty of a smile that has been created by our own hands, whether it is with direct resin, or with porcelain in combination with our ceramist's expertise. Your final result should "speak for itself."

A beautiful but shy young woman came to my office for a consultation and, speaking with her mouth half open, told me that she was not satisfied with the gaps in her upper anteriors and the disharmony of the anatomic form of #10 (Fig 1). She also wanted whiter teeth. She did not want orthodontic correction but she inquired about conservative esthetic improvement. A thorough clinical examination revealed excellent periodontal health and home care.



Figure 1: Before.



Figure 2: After.

The fact that both my patient and I wanted to treat her teeth conservatively determined the treatment plan: tooth whitening and direct resin bonding to close the gaps, and lengthening and correcting the form of #10. Because the patient was concerned only with her four front teeth, I did not think to bring out the facial profile of teeth #6 and #11 to better transition into the posterior quadrants bilaterally.

Four weeks before direct resin placement, she underwent a professional oral hygiene procedure and was given whitening trays with Illumine 10% paste (Dentsply DeTrey GmbH; Konstanz, Germany) to use at home. To reproduce the shade, shape, and translucency of her teeth in such a way that they would mimic their original appearance, Dentsply's Esthet•X Micro Matrix Restorative was chosen. Anesthesia was administered. The natural shade of her teeth was D-2, so this was placed on the clean, hydrated tooth. Teeth #7-10 were conservatively prepared without any excess removal of the enamel surface, just roughening

2.0 mm interproximally on the facial and palatal sections and incisal edges. The excess tooth structure on the vestibulo-distal section of #10 was reduced approximately 2.0 mm. A rubber dam was then applied. Total etch and Prime Bond & Bond NT adhesive (Dentsply) were applied and, subsequently, using a free-hand layering technique, Esthet•X was applied in increments. First, the dentin (shade OD-3) was built interproximally, masking the transition from enamel to composite. Then, the palatal enamel and incisal edges (regular body shade D-2) were applied and the vestibular enamel (D-2 and translucent enamel YE+) was shaped. Finally, contact points were created using a translucent matrix band and wedged proximally. After occlusion and articulation were checked, the restorations were polished using finishing strips, and Dentsply Enhance Finishing and Polishing System and Prisma-Gloss and extra-fine Prisma-Gloss pastes.

Immediately after the restoration was completed, the patient looked in the mirror, smiled, and started to

cry in excitement: "This is my dream came true" (Fig 2). My joy in creating this beautiful smile and witnessing the patient's happiness was a great reward in itself. At a recall examination two weeks later, she was still overjoyed and said that the result far exceeded her expectations: now she can show her smile and it feels so good! *Adp*



For more information about this section, please refer to the Submission Guidelines on page 34.

