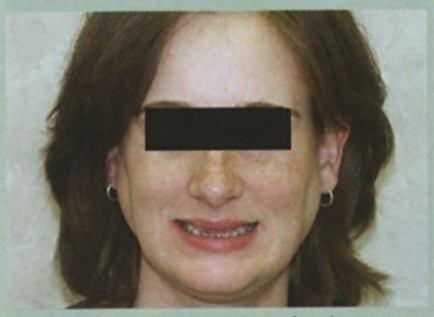

FIGURE 14—Frontal smile – final.

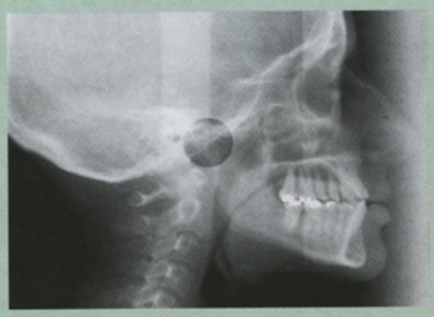

FIGURE 15—Lateral ceph – initial.

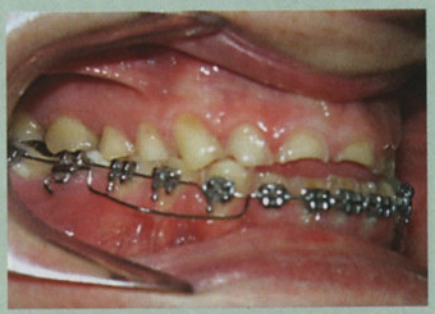

FIGURE 16—Right occlusion – progress.

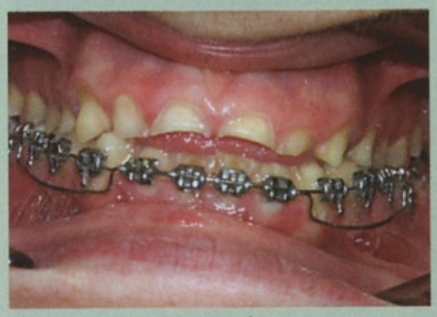

FIGURE 17—Anterior occlusion – progress.

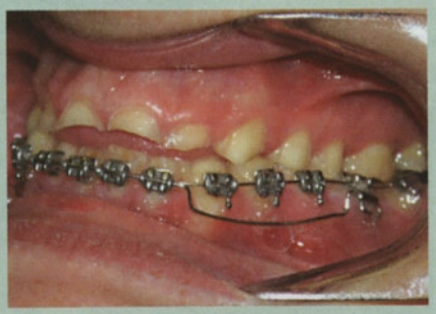

FIGURE 18—Left occlusion – progress.

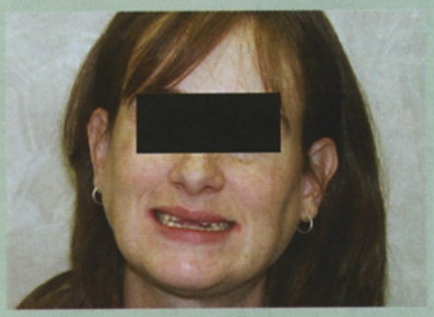

FIGURE 19—Frontal smile – progress.

walls) and cosmetic concerns regarding the length of the upper anteriors.

The crown lengthening procedure was completed by a periodontist under neuroleptanalgesia utilizing intravenous diazemuls 10mgm., fentanyl 50mcgm., glycopyrolate 0.2mgm. and propofol as an infusion. Local anaesthesia was achieved with Astracaine 4% 1:200,000 epinephrine by infiltration over the surgical area. A surgical stent, developed from the original wax up, was used for the crown lengthening procedure (Fig. 22).

GENERAL PRACTICE PHASE

Due to the possibility of recurring bulimia, direct bonding was the treatment of choice over bonded porcelain or full crown coverage restorations of her posterior dentition.

Direct bonding is a simple non-invasive procedure that allowed for

1. Replacement of the circumferential eroded enamel;
2. Elimination of dentin sensitivity;
3. Restoration of the teeth to proper form and function;
4. Less cost but proven long-term results.

The patient presented to me with amalgam restorations intact and they were left untouched to provide a reference for the original vertical dimension of occlusion and the exact relationship of the posterior teeth.

Before proceeding I discussed the technique, advantages, disadvantages and limitations of direct bonding and suggested she try without local anaesthesia. She agreed and if the work were too uncomfortable, then I would administer the local. I routinely work utilizing rubber dam but due to the short tooth height and erosive lesions I chose to use cotton roll isolation

Treatment began with a three-hour appointment focused on the restoration of all posterior teeth on the right side. Between teeth that had extremely tight contacts, a Henry Schein Arcona (USA) needle diamond was used to break the contact and allow for a matrix band to be placed.

Starting with tooth 14, the tooth was banded with a #7 Unitek Matrix Band (California, USA) and held in place with Premier Anatomical Wedges. Etchrite (Pulpdent, USA) was placed first on the enamel and then dentin, left for 15 seconds, rinsed well and left wet. i-Bond (Heraues Kulzer, Germany) was applied as per manufacturer's instructions and cured with the Spectrum 800 light (Caulk Dentsply, USA). Matrixx Anterior Hybrid (AH) (Discus Dental, USA) Shade B1 was placed in increments less than 2mm, molded to shape with Ausculpt gold instruments and cured for 10 seconds at 300nm. Once the tooth was built up the resin was cured on all surfaces for 10 seconds at 800nm then for 40 seconds at 800nm. Final trimming, and polishing was completed