CASE REPORT

Restoring Maxillary Lateral Incisors with Ceramic Laminate Veneers: An Esthetic Challenge
Naisargi Shah, Jyoti Nadgere, Tulika Khanna

Abstract
The restoration of anterior teeth with diastema usually presents an aesthetic and functional problem. Such defects were usually treated by orthodontic treatment, composite veneers, porcelain veneers or full crown coverage. Many teeth that could have been saved with the use of a conservative laminate veneer are destroyed by full crown reduction. When properly executed, porcelain veneers for cosmetic dentistry are the best option. The case presented in this article illustrates the preparation and restoration of maxillary lateral incisors with pronounced spaces due to microdontia with porcelain laminate veneer.

Key words: Diastema Closure, Porcelain Laminate Veneer, Microdontia

Introduction
The presence of diastemas between teeth is a common feature found in anterior teeth. These diastemas usually distort pleasing smile by diverting observer’s attention to these spaces instead of overall composition of the facial features. In addition to midline diastemas, the spaces between the anterior teeth are common. Ceramic laminate veneers can provide a fairly good treatment option in such case. A difficult clinical situation encountered by esthetic dentist is to restore one or two anterior teeth. If all the anterior teeth need to be restored, an acceptable esthetic result is relatively easy to achieve because all restored teeth will match one another. However restoration of one or two teeth is a definite esthetic challenge.

Case report
A 35 year old female with complaint of spaces between her upper front teeth on both sides reported to the Department of Prosthodontics, MGM Dental College And Hospital, Kamothe. She presented herself with average facial features with ovoid facial form and convex profile. Her smile showed gaps between her maxillary central incisors and lateral incisors on both sides. Intraoral examination revealed the diastemas clearly on both sides with right side being more prominent. Size discrepancy between central incisors and lateral incisors were also observed. Right lateral incisor was rotated mesiolabially. Radiograph showed no bone loss around anterior teeth. Diagnostic impressions and study models were prepared. On evaluation of width and length of all anterior teeth and positioning of anterior teeth into the normal arch form it was decided to restrict the veneering sonly 2 lateral incisors instead of all 6 anterior teeth(Figure 1). Mock preparation was done on the cast to correct the rotation of #12 and diagnostic wax up was done. Patient was explained the treatment plan & her consent was taken to go ahead with it.

Clinical procedure
Silicon index was prepared on the cast and tried in the patient’s mouth. The rotation of #12 was corrected with tapered diamond. Silicon index was checked again for the fit and clearance. Further preparation for ceramic laminate veneers was done by conventional technique. Gingival displacement was done. Impressions were made with putty and light body addition silicon (Exaflex;G.C). Shade was selected with optimum care. Impressions, study
models with diagnostic wax up and silicone index all were sent to laboratory. Temporary composite veneer was bonded with spot etch technique. On second visit, veneers were tried for shade match, occlusal interferences, shape, size, smile line, margin fit, etc. After necessary correction, veneers were sent to laboratory for final finishing and glazing. Finally the ceramic veneers (IPS Emax) were bonded to the prepared teeth with self adhesive resin cement (Rely X; 3M). (Figure 2).

**Discussion**

Ceramic veneers are obviously the most popular choice of treating patients with diastemas in anterior teeth. Proper smile analysis might give an option of all 6 anterior teeth veneers for better results. Restricting veneers to only lateral incisors was a difficult task. The blending of the ceramic veneer color with color of the cement and the underlying structure is very important. Color match requires significant artistic ability and patience on the part of both the dentist and the technician. Though orthodontics might be the ideal treatment option, required time for the same and expenses are the reasons for both the dentist and the patients to try the other treatment options. Orthodontics was also ruled out as complete space closure would not have been possible due to microdontia of lateral incisors. Direct composite veneers can also be prepared. Ceramic laminates give better color stability and wear resistance as compare to direct composites. No preparation veneers can also be tried in such cases.

**Conclusion**

Though restoring one or two teeth with ceramic laminate veneers is a difficult task, it can be carried out with a careful Treatment planning. Restoring diastemas with ceramic veneers is a well known treatment modality and this treatment enhances both esthetics as well as patient's smile.

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