Comprehensive guidelines for contemporary anterior esthetic bonded restorations

Restorative dentistry is a minimally invasive procedure. This motto was a particularly demanding target for many decades but could be reached much easier today due to the major improvements of most restorative materials. The success of ultrathin bonded restorations, iconic technique of modern dentistry, requires above all an adequate treatment plan. For this purpose, the general practitioner uses digital techniques of analysis (objective and emotional) of the smile and of the esthetic design. It should include an appropriate dental photographic record as well as diag-nostic casts and diagnostic wax-ups. A well-prepared mock-up facilitates a comprehensive and essential communication with the patient and the ceramist. Such a process points out the clinical and various problems to overcome.

In case of layering composite restoration, we will focus on a rigorous spectrometric research studying the different opacities and translucencies of the current composite brands. Through this study and a classification based on opacity, we will propose an appropriate protocol that takes into account the thickness of the layers and the final value of the restoration.

In case of veneering indirect ceramic, a thin porcelain shell is bonded to a minimally prepared tooth surface or a non- prepared tooth with dental adhesives and luting composites. Today it is unacceptable to sacrifice sound enamel to create space for artificial restorative materials. Bonding techniques associated with novel laboratory techniques have significantly evolved, especially the capacity of new ceramics to mask dark areas even with small thickness.

We will study, in a vitro investigation, the ultra-structure between enamel and ceramic in the less retentive cervical area with different bonding adhesives and we will compare the results obtained with a direct composite veneer restoration.



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