A time-saving procedure to create natural esthetics in posterior restorations

By Ivoclar Vivadent AG

A flowable bulk-fill composite complements the existing Tetric N-Ceram Bulk Fill. For many years, the universal composite Tetric N-Ceram has been proven successful in restorative dentistry. As part of the ongoing development of restorative materials, a further innovation is now launched on the market: Tetric N-Flow Bulk Fill.

The new flowable composite complements the mouldable Tetric N-Ceram Bulk Fill composite. In essence, Tetric N-Flow Bulk Fill is based on the composition of Tetric N-Ceram Bulk Fill. The material is applied as a bulk fill base in Class I and Class II restorations, just like the existing version, it can be light-cured in large increments of up to four millimetres.
Composite lies in the Aessencio technology. This technology causes the translucency of the material to decrease from 28% to approx. 10% during polymerization. In combination with the highly reactive patented Ivocerin light initiator, the Aessencio technology enables composite increments up to a thickness of 4 mm to be cured, while at the same time a low dentin-like translucency can be maintained, allowing, among other things, discoloration of tooth structure to be masked. This property makes Tetric N-Flow Bulk Fill the ideal companion for Tetric N-Ceram Bulk Fill, which features an enamel-like translucency. Tetric N-Flow Bulk Fill should be covered with a load-bearing composite (e.g. Tetric N-Ceram) before it can be applied without a capping layer.

Ivocerin light initiator and Aessencio technology

Another strength of the new composite lies in the Aessencio technology. This technology causes the translucency of the material to decrease from 28% to approx. 10% during polymerization. In combination with the highly reactive patented Ivocerin light initiator, the Aessencio technology enables composite increments up to a thickness of 4 mm to be cured, while at the same time a low dentin-like translucency can be maintained, allowing, among other things, discoloration of tooth structure to be masked. This property makes Tetric N-Flow Bulk Fill the ideal companion for Tetric N-Ceram Bulk Fill, which features an enamel-like translucency. Tetric N-Flow Bulk Fill should be covered with a load-bearing composite (e.g. Tetric N-Ceram) before it can be applied without a capping layer.

Time savings of up to 55% User studies have shown that clinicians can save up to 55% of the time required for the incremental technique if they use a bulk fill material (with Tetric N-Flow and Tetric N-Ceram). For restorations up to a thickness of 4 mm to be cured, while at the same time a low dentin-like translucency can be maintained, allowing, among other things, discoloration of tooth structure to be masked. This property makes Tetric N-Flow Bulk Fill the ideal companion for Tetric N-Ceram Bulk Fill, which features an enamel-like translucency. Tetric N-Flow Bulk Fill should be covered with a load-bearing composite (e.g. Tetric N-Ceram) before it can be applied without a capping layer.

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THE NEW IMAGING PLATE SCANNER:
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Direct Restorative in treating function and aesthetics

By Dr. Jan van Lierop

Do we always respect the true role of the anterior dentition? Or do we get caught up in the creation of beauty to the disadvantage of function. In this clinical case we show how the understanding of the entire occlusal complex is critical in establishing a beautiful and stable long-term result. By first creating stable anterior and canine guidance we can protect the dentition and the restorations, adding to long-term stability of both.

Understanding

When faced with obvious aesthetic shortcomings (as in Figure 1) we have to guard against getting caught up in the obvious. Often by looking closer we can identify the true underlying cause. Here the signs of abstraction, loss of posterior support through molar erosion and the lack of canine guidance (Figure 2 and 3) had played a critical role in the eventual wear and chipping of the anterior teeth (Figure 4), part of the initial aesthetic complaint.

Function

To establish a stable aesthetic result, it is essential that we stabilize the occlusion first. This was achieved by systematically restoring the palatal anatomy of the anterior teeth (Figure 5 and 6) using direct restoratives (Filtek™ Supreme XTE A2B) thereby creating total occlusal contact and stability (Figure 8).

3 months after the occlusion had been stabilized, anterior aesthetics was created following a digitally designed plan (Figure 9). By transfering the digital plan to an analogue model we could create stents to guide in the aesthetic restoration (Figure 10). By using Filtek™ Supreme XTE (shade A2D and A2) in a layering technique a beautiful result was achieved (Figure 11 and 12). Realizing the ultimate goal of achieving protective function and long-term aesthetics.

Aesthetics

To establish a stable aesthetic result, it is essential that we stabilize the occlusion first. This was achieved by systematically restoring the palatal anatomy of the anterior teeth (Figure 5 and 6) using direct restoratives (Filtek™ Supreme XTE A2B) thereby creating total occlusal contact and stability (Figure 8).

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

Figure 9

Figure 10

Figure 11

Figure 12

Filtek™ Supreme XTE Universal Restorative material name in MEA region is Filtek™ Z350 XT Universal Restorative.

Professional development with 3M™ Health Care Academy


By 3M

The Dentistry in Practice event held in Warsaw in May, offered through the 3M Health Care Academy, was dedicated to all dentists seeking practical tips to solve daily problems in their practices. Throughout the event participating international dental practitioners had the opportunity to share their most successful techniques and newest science that allows dentists to overcome their everyday challenges.

Science in and around us

The International Science Knowledge Solutions Expert Meeting in Warsaw hosted 20 specialized sessions led by 20 experienced dental professionals within Central Eastern Europe and Middle East and Africa Region. They explored and discussed how science is driving evolutions in dentistry and how it can be applied to one’s daily work. The sessions covered clinical cases and innovative technologies that make it easier to find solutions for better clinical outcomes as well as improve the safety, health and comfort of the patient.

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Dr Jan van Lierop is a private practitioner in Hout Bay Dental Studio clinic in Cape Town, South Africa. After graduating from the University of Stellenbosch in 1999, Dr Jan van Lierop spent some time in private practice in the Netherlands and United Kingdom. He achieved his PDD in Aesthetic dentistry at the University of Western Cape (Cape Town), and is completing an MSc in Restorative Dentistry at the same University. He is also a visiting lecturer at the University of the Western Cape’s post graduate restorative departement. His primary interest lies in the use of direct restoratives, in particular their use in the conservative treatment of dental erosion and tooth wear.