New smile, new life

Snap-On Smile® provides an optimal solution for fast, painless, cost-effective, and beautiful new smiles.

By Drs. Lorin Berland and Sarah Kim Kong

A 50-year-old post-Katrina victim who recently moved to Dallas was interested in a full smile rehabilitation. A native of Louisiana, he was devastated by what he saw and experienced during the aftermath of Hurricane Katrina. He and his entire family lost everything they had worked so hard for their entire lives. The post-traumatic stress he endured caused him to almost completely grind down his once handsome smile, making him unrecognizable as the same person in photographs from just two years ago.

The journey

Before seeing us, he went to several dentists as well as teaching institutions, seeking a solution (Figs. 1-6). After a thorough diagnostic work-up, including a full series of photographs, x-rays, impressions and occlusal evaluation, the patient was presented with several extensive treatment plans.

The planned courses of treatment would cost more than $60,000, take about two years to com-

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OLD SMILE

(1) Close-up of patient’s pre-op smile. (2) Retracted view pre-op. (3) Close-up palatal view. (4) Right lateral and ... (5) Left lateral view. (6) Close-up occlusal view.
Occlusion, shape, and color adjustments are not necessary.

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The plan
Clinical and radiographic evaluation revealed a decreased vertical dimension from attrition and loss of multiple posterior teeth. We suggested building up his chipped anterior teeth, both upper and lower, with bonded composite before taking impressions for Snap-On Smile® (Figs. 7-9). This bonding would serve three purposes. First, it would make his teeth smoother to his tongue. Second, the bonding would provide a stronger and more stable foundation for his new Snap-On Smile®. Last, but not least, the

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Clinician's Comments

Smile rehabilitation

The preparation
The patient agreed that this would also be a prudent step to protect his teeth from further wear. The teeth then were micro-etched and a self-etch primer like All-in-One (Kerr) or Adper Easy Bond (3M ESPE) was placed. We used a microhybrid composite such as Filtek Supreme Plus (3M ESPE) or Premise (Kerr) warmed in a Calset to build up his teeth. Once we bonded his chipped teeth, the patient felt the results with his tongue immediately.

We proceeded to take detailed impressions with regular-set PVS such as Extrude (Kerr) or Virtual (Ivoclar Vivadent), and used the Myomonitor for a TENS treatment. A neuromuscular bite registration with slow-setting material like SuperDent (Darby) was recorded at this position.

We instructed the laboratory to compensate for freeway space. At this appointment, shades for his new smile as well as a smile design based on a photograph of his pre-Katrina smile were selected. The case was sent to the Snap-On Smile Creations laboratory for fabrication.

The delivery
Two weeks later, the patient returned for his new smile. There were no adjustments to the occlusion, shape, or color (Figs. 10-13). Because we were able to identify an anatomically comfortable vertical dimension with a neuromuscular bite registration and clearly commun-
Clinician’s Comments
Smile rehabilitation

This patient has the smile he wanted with minimal pain in a short amount of time.

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He was able to obtain the smile he desired in a timely, painless manner. If the patient pursues a fixed solution in the future, Snap-On Smile® can be used to fabricate transitional restorations or as surgical implant guides, as well as determine the anterior-posterior and vertical position of the mandible at the neuromuscular rest position.

NEW SMILE

Less than a week after receiving his new smile, the fire alarm went off in the patient’s building. He e-mailed to let us know that the only things he grabbed were his dog and his Snap-On Smile®. He even sent us a photograph. This experience was truly a life-changing one for him. He not only has a new smile—now he has a new life (Fig. 16).


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