

Examiners' Commentary

Truly a Smile Design Case

Clinical Case Type I: Six or More Indirect Anterior Restorations

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Accreditation Case Type I is truly a smile design case. The final restorations all need to look proportional and must enhance the patient's smile. The dentist is responsible for ensuring the gingival health is ideal, the soft tissue is even and symmetrical, the teeth are in alignment, the occlusion is correct, all the appropriate specialty referrals have been made, and everything is planned in advance of treatment. Then Case Type I becomes a "marriage" between the laboratory technician and the dentist to create a lifelike, natural smile that meets the Accreditation standard of excellence. In this case, the final result was worthy of Accreditation.

As with all Accreditation cases, this case was not perfect. Some of the examiners' comments were as follows:

- Criterion 42: *Is the labial anatomy (primary, secondary, and tertiary) appropriate? Are there three planes for the labial contour of the central incisor?* Facial surface of the canines are slightly convex.
- Criterion 61: *Is margin placement and design appropriate? Are the margins visible?* Visible margins at distal #9, mesial #7, #10, and facial #11.
- Criterion 72: *Is gingival architecture appropriate (in all views) and in harmony with smile design?* Papilla blunted between #9 and #10.
- Criterion 86: *Is the cervical/incisal tooth length symmetrical from right to left?* Tooth #9 is higher than tooth #8.

When preparing the veneers, the mesial facial margin is often the most difficult to cover; do not forget to prepare into the "interproximal elbow." This will eliminate the visible, dark margin. In evaluating this



Figure 1: Right lateral 1:1 view shows widened cervical contour of #6 and #7.



Figure 2: Left lateral 1:1 view depicts a short crown length for #11 and wide space resulting in #10 and #11 appearing wide and bulky.

case, the smile looks great from all the frontal views. However, as this is a minimally prepared case, the side views (both right and left) show that the canines and laterals (#6, #7, #10, and #11) look a little bulky (Figs 1 & 2). This probably could have been solved with the necessary tooth reduction, pre-restorative orthodontics (##10-12 area), crown lengthening at #11, and narrowing some of the cervical contour of #6, #7, #10, and #11. This case creates the illusion from the frontal views that all the contours and proportions of the teeth are correct. When the patient looks in the mirror, the teeth look normal and well proportioned. Sometimes we need to create a little “magic,” and Dr. Vu did just that!

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