Examiners' Commentary

Case Type I: Achieving an Ideal Smile Design

Creating a naturally ideal smile design that fits the patient's face is a complex task that requires detailed communication and cooperation between the clinician and the laboratory technician.

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N umerous factors play a role in the creation of an ideal smile design when utilizing six or more restorations. Preparation design, choice of restorative material, and, most importantly, detailed communication with the laboratory technician can produce restorations that result in a natural-looking smile.

When employing indirect restorations to enhance a patient's smile, close communication between the dentist and the laboratory technician regarding the restorations as well as the patient's existing teeth is one of the keys to success.¹ The clinician also must convey various other tooth characteristics, including ideal incisal edge placement, overall teeth shape, line angles, and desired interproximal embrasures. In many cases, the use of diagnostic wax-ups and putty matrices can aid in this communication.²

According to the AACD's Guide to Accreditation Criteria, the ultimate test of Case Type I is whether the candidate can utilize six or more maxillary indirect restorations to create an ideal smile design, taking into consideration both pink (gingiva) and white (tooth) esthetics.3 Case selection also plays a major role in the success of Case Type I. Although aspects of single-tooth dental anatomy are important, the main criteria focus on characteristics of the contralateral and adjacent teeth and the smile as a whole. From the examiners' perspective, Dr. Sinclair rose to the challenge. Creating a naturally ideal smile design that fits the patient's face (Fig 1) is a complex task that requires detailed communication and cooperation between the clinician and the laboratory technician. Dr. Sinclair demonstrated that achieving excellent results did not occur by chance.



Figure 1: Postoperative frontal view (1:10); the overall smile design was ideally natural.

No case is perfect, however, and the examiners observed the following flaws:

• Criterion #87: Are contralateral teeth in harmony in terms of size, shape, and position? The examiners expressed a concern regarding contralateral disharmony of #6, #7, #10, and #11 (Fig 2).



Figure 2: Postoperative retracted frontal view (1:2); contralateral disharmony of #6, #7, #10, and #11.

This case is a good example of what constitutes success in the Accreditation process: carefully choosing the best patient for the case type, taking the time and necessary steps to utilize proper clinical technique, and communicating effectively with the laboratory technician to obtain a naturally ideal smile design. Dr. Sinclair clearly achieved a very positive outcome for his patient.

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References

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Disclosure: The author did not report any disclosures.