Examiners' Commentary

Case Type I: Achieving Excellent Results with Six Indirect Veneers

The goal is for the patient to feel comfortable and confident when smiling.



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ACD Accreditation Case Type I (six or more anterior indirect restorations) is unquestionably a smile design case. The restorations should look natural, and the smile line should evenly follow the border of the lower lip. The goal is for the patient to feel comfortable and confident when smiling.¹

To achieve an excellent result with Case Type I, there must be effective communication between the restorative dentist and the laboratory technician. This communication should start early in the process so the technician can see the case before any tooth preparation is done. The dentist should take Accreditation photos, create study models, and evaluate the gingival health and position. The laboratory can do a diagnostic wax-up to give the dentist an idea where the teeth should be placed and how they should be anatomically shaped. The wax-up can also be helpful for designing temporary restorations that mimic the shape of the final restorations. This gives the patient a chance to approve the final restorations and get used to their contour, shape, and position. Conversely, if the temporary restorations do not feel or look good to the patient, they can easily be contoured and reshaped until the patient is comfortable. The chances of the patient being satisfied with the final restorations are therefore significantly improved (Figs 1 & 2).2,3

Dr. Hull did a commendable job of restoring teeth #6-#11 with porcelain veneers. There was excellent communication with the laboratory technician, and the dentist, the technician, and the patient were all extremely satisfied with the results.



Figure 1: The preoperative frontal smile view (1:2) shows uneven and discolored bonding that did not look natural.



Figure 2: The diagnostic wax-up provides valuable information for the creation of proper tooth shape and form.

As in all Accreditation cases, however, the results were not perfect, and the following flaws were noted by the examiners:

- Criterion #43: Have the line angles been properly developed? One of the examiners felt that #6 and #11 were slightly bulky.
- Criterion #67: *Is the tooth preparation inappropriate or excessive?* One of the examiners believed that the tooth preparations were excessive.
- Criterion #71: *Is the periodontal health optimal?* Several of the examiners noted that there was minor tissue inflammation.



Figure 3: The postoperative frontal smile view (1:2) shows a very attractive and natural-looking smile.

Gingival health is one of the most common reasons why points are deducted in Accreditation cases. This reflects the importance of maintaining, or even improving, the health of the gingival tissues. Overall, Dr. Hull did a fine job, and his case was worthy of passing Accreditation (Fig 3).

References

- American Academy of Cosmetic Dentistry (AACD). A guide to Accreditation criteria. Madison (WI): AACD; 2014.
- Hastings JH. Laboratory communications: essential keys to exceptional results. J Cosmetic Dent. 1998 Winter;13(4):22-30.
- Peyton JH. Truly a smile design case. J Cosmetic Dent. 2014 Spring;30(1):30-1. jCD



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