

dental practice with orthodontic braces for 3 years and with overfilled composite restorations from 12 to 22. An initial approach with Digital Smile Design treatment plan was made, from 15 to 25, as she refused to go through another orthodontic therapy. For an economical reason she decided to proceed just with the 4 upper incisors. It was performed a gingivectomy in order to relocate the zenith position and decrease the excess of keratinization of the attached gingiva. Temporary resin composite, Integrity (Dentsply, De Trey, Konstanz, Germany) was used and replaced later by permanent feldspathic veneers (Norikate, Japan). Calybra (Dentsply, De Trey, Konstanz, Germany) cement was used as a permanent cement, Prime & Bond NT (Dentsply, De Trey, Konstanz, Germany) as a bonding agent and conditioner 36 for the etching procedure.

Conclusions

The interdisciplinary team approach is critical to allow in a predictable way, the diagnosis and the treatment plan in order to execute in a conservative way an excessive gingival display case.

- Oral Presentation 37

TITLE: Ortho-conservative treatment of attrition with microimplants and composites

AUTHORS: Gómez-Pérez P, Faus-Matoses V, Faus-Matoses I, Alegre-Domingo T, Faus-Llácer VJ.
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Introduction

Attrition is the weathering of dentition as a result of the occlusal contact between upper and lower teeth. This process may expose the dentinal tubules causing dentinal hypersensitivity. The treatment consists of sealing the dentinal tubules. An interdisciplinary management allows performing a conservative treatment for dentinal hypersensitivity caused by attrition.

Case report

33-year-old woman presented at the clinic complaining of hypersensitivity during chewing on tooth 1.7. After clinical and radiographic exploration, occlusal attrition and compensatory extrusion of tooth 1.7 was observed, being the cause of dentinal hypersensitivity. A conservative treatment through the intrusion of tooth 1.7 with vestibular and palatine microimplants Abs Anchor (Dentos Co, Taegu, South Korea) was chosen. Vestibular microimplant 8 mm long placed on free gingiva,

palatal microimplant 10 mm long placed distal to tooth 1.7 on attached gingiva.

Intrusion was carried out after 6 months. Free interocclusal space was leaved for the subsequent direct composite restoration avoiding the preparation of the tooth. After removing the microimplants, a direct restoration of the tooth using total-etch adhesive XP Bond (Dentsply De Trey, Konstanz, Germany) and composite resin Ceram-X Duo 3 (Dentsply De Trey, Konstanz, Germany) was done.

Conclusions

After an interdisciplinary and minimally invasive treatment, through the intrusion with microimplants and a direct composite restoration, dentinal sensitivity disappeared, satisfying the expectations of both patient and operator.

- Oral Presentation 38

TITLE: Multidisciplinary planning, the importance of diagnosis. A case report

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Introduction

Nowadays, a large number of treatments are interdisciplinary in dentistry, that's why the resolution of a case must involve different experts in different fields of dentistry, one of them will guide the treatment plan according to disease that have to be treated

Case Report

25 years old female patient, attended to Alfonso X el Sabio dental hospital, For "fix her teeth" is presented. Following the complete dental check-up is referred to orthodontic and implantology department assessment of class II/II with 15mm projection, periodontal status and replacement of absences respectively. Finally endodontic assessing is required to possible realization of root canal treatment in mandibular incisors in order to preserve alveolar ridge for future implant rehabilitation alter orthodontic treatment.

Conclusions

The growing demand for dental treatment by adult patients with multiple disease makes interdisciplinary collaboration essential. This collaboration may results in changes on the treatment plan.