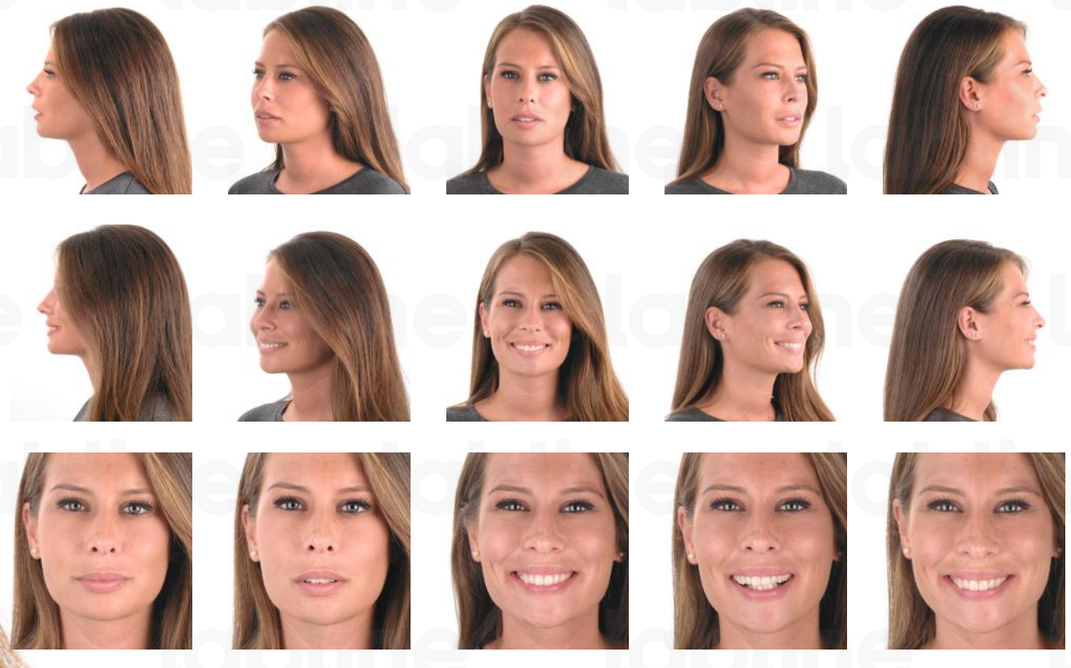
Dr. Federico **Brunner**
CDT. Guglielmo **Parziale**

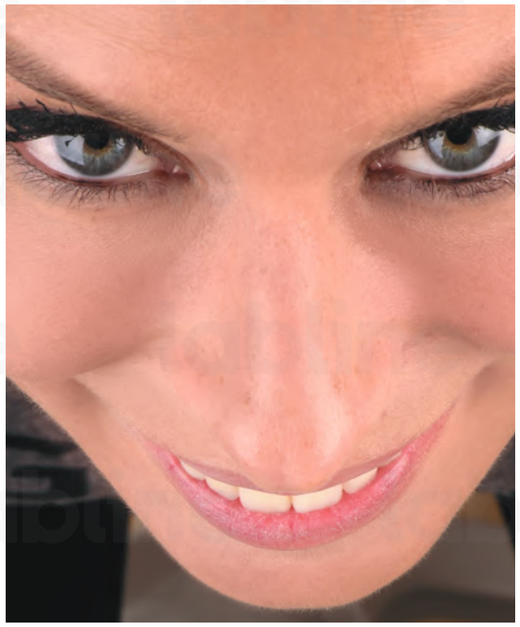
Patient Ana came to us because she was not happy with the previous veneers she had received three years before. Initially, after my examination, the veneers looked good, her gums were in a good condition but, of course, there was room for improvements just like every time a patient comes to me complaining about the previous work done. From the beginning, I considered it as a challenging case. Anyway, the best way to try to reach excellence is to treat every case as the most difficult and challenging case, planning in advance as a smile architect. The challenging part of this case was that the patient was in a hurry, and I do not like to be in a hurry. However, she wanted to have it done in ten days, so the length of time we had was short and the pressure was enormous. The starting point is always the same for us: static facial analysis through photos and dynamic facial analysis through videos, the treatment will be facially driven guided by the face (digital smile design).



Portrait Photos. Extraoral documentation.

SIX TECHNICAL PHOTOS FOR **CONVENTIONAL WAX-UP**

Calibration



Twelve o'clock

Frontal retracted

Frontal wide smile

Design

Profile lips at rest

Profile smiling

Occlusal

CURRENT SITUATION

Initial status

Shade registration

Current situation

INTRAORAL DOCUMENTATION

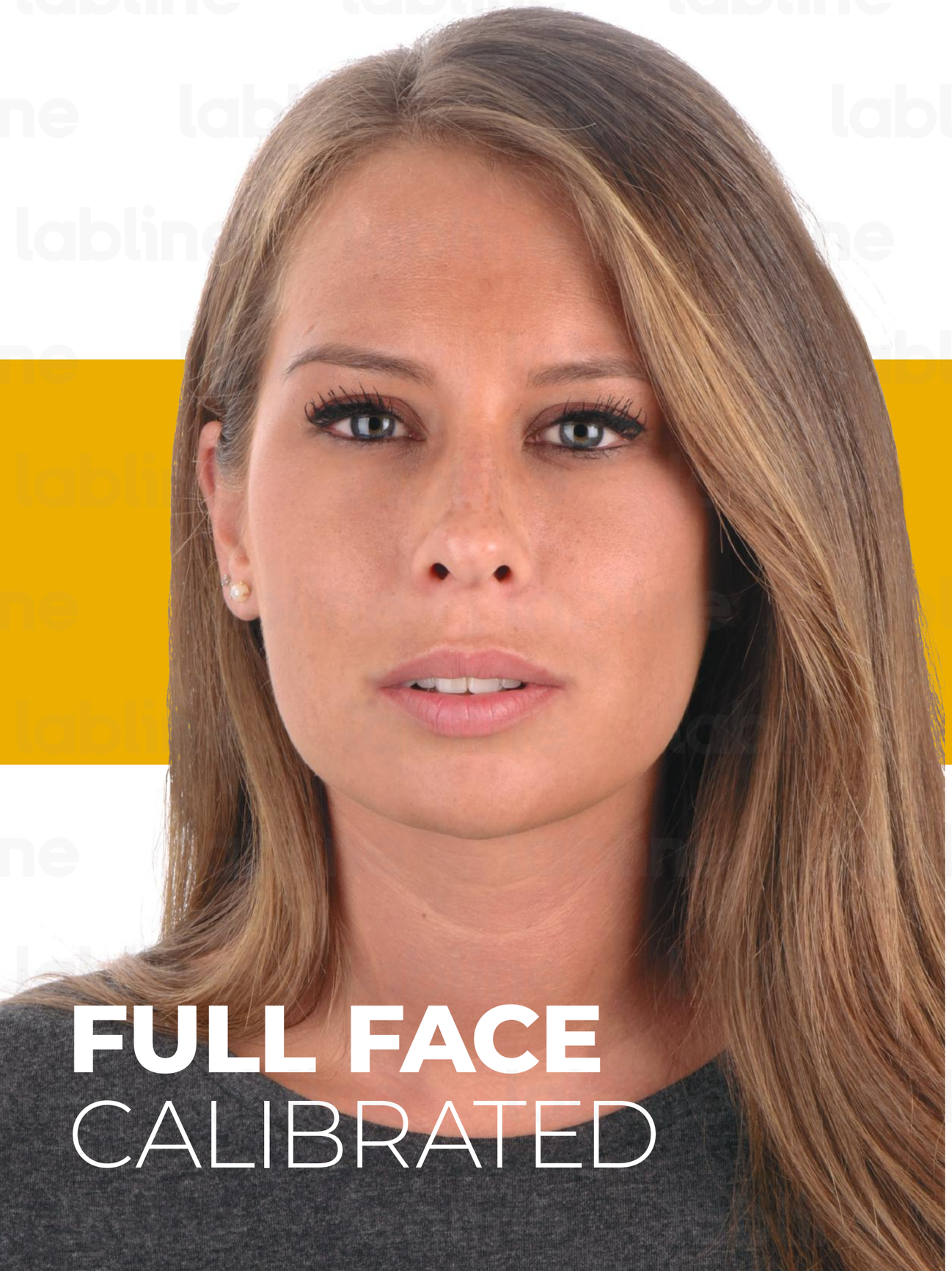
1: Upper maxilla from occlusal view

2: Down mandibular from occlusal view

3: Vestibular from left

4: Frontal view

3: Labial from right



FULL FACE CALIBRATED

TEETH EXPOSURE

Lips at rest close-up

Teeth exposure 4 mm

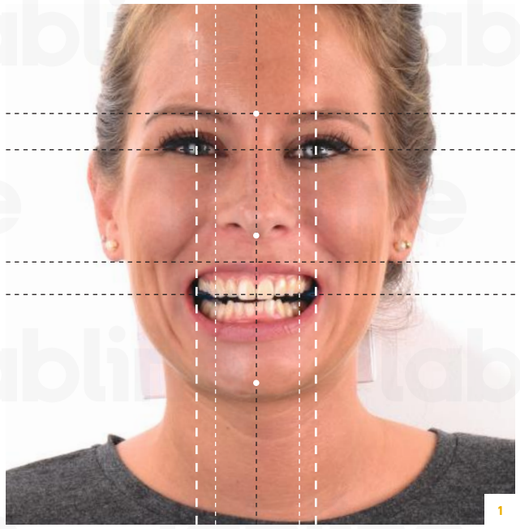
One of the challenges we faced was that the lips support was good, and she was exposing almost 5 mm of upper incisor, so our project told us that the modification we needed to add was very little.

Problematic smile line

It was obvious that crown lengthening would be needed, but the problem was we did not have time. Therefore, during a negotiation with the patient, we explained to her that we needed to lengthen both sides of the upper premolars, and she agreed. The plan was to do the gingivectomy first guided by mock-up, prepare the new margin, take impressions and after the impression, establish the new biological width, (new bone level 2,5 mm from the new margin).

After designing the use of the DSD method, we created a 2D project that it would be sent to the lab technician in order to brainstorm and analyse the case. DSD protocol needs two appointments: the first appointment is to collect information (photos and videos) and the second appointment to the mock-up and presentation of the treatment plan. In this case, because of the lack of time, the mock-up would be done after the veneers were removed and we would take this mock-up as quality control to make the last adjustments.

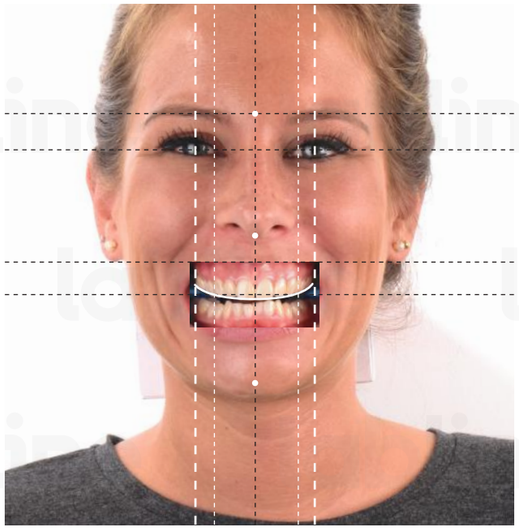
DIGITAL
FACEBOW



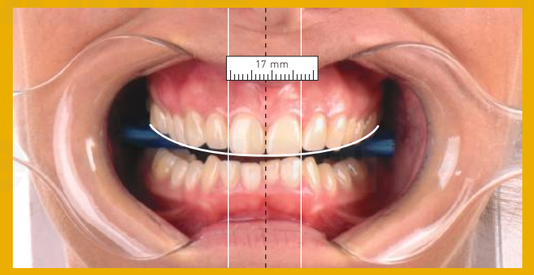
1: Digital Facebow.

2: Close-up: dento labial analysis.

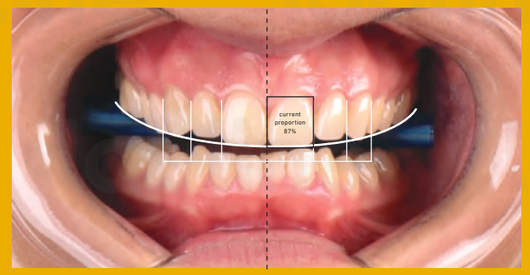
Visualization of anatomic and DSD plains



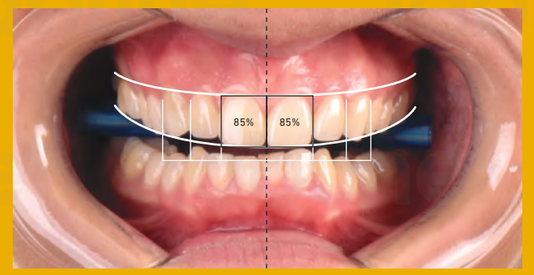
Facial analysis - intraoral calibration.

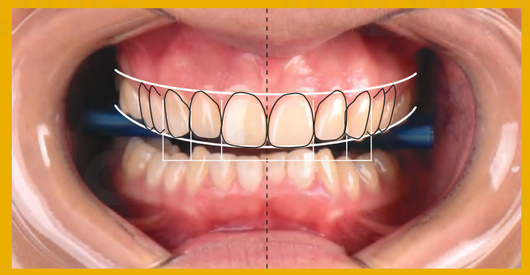


Digital ruler calibration.

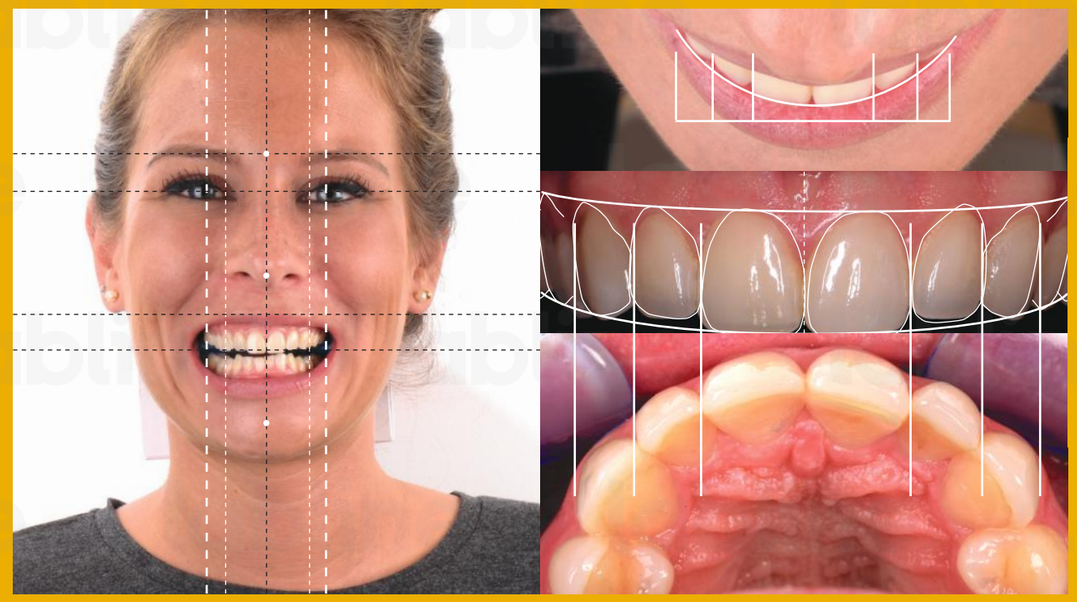


Current proportion 87%

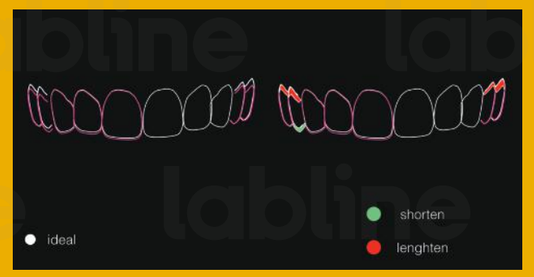




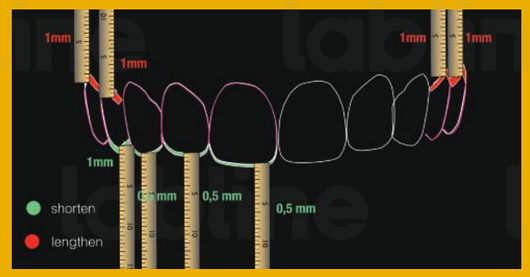
Measurements for DSD



Planning for DSD in a digital view



Ideal, shorten, lengthen



Final mock-up in a DSD plan

We whitened the lower teeth in order to match the future color of the upper teeth because she wanted to have bleaching color.

Philips Zoom: whitening lower teeth

Philips Zoom: whitening lower teeth

There are many things that I learnt from this case. One is if the cementation protocol is done properly, the veneer removal is complicated. The second thing is if substract, cement and veneer are the same colour (A2), the veneer removal will be very complicated. My aim all the time was to keep the remaining teeth untouched.

Mock-up

Mock-up

Mock-up

Mock-up

Mock-up

Veneer removal

Crown lengthening, mock-up guided

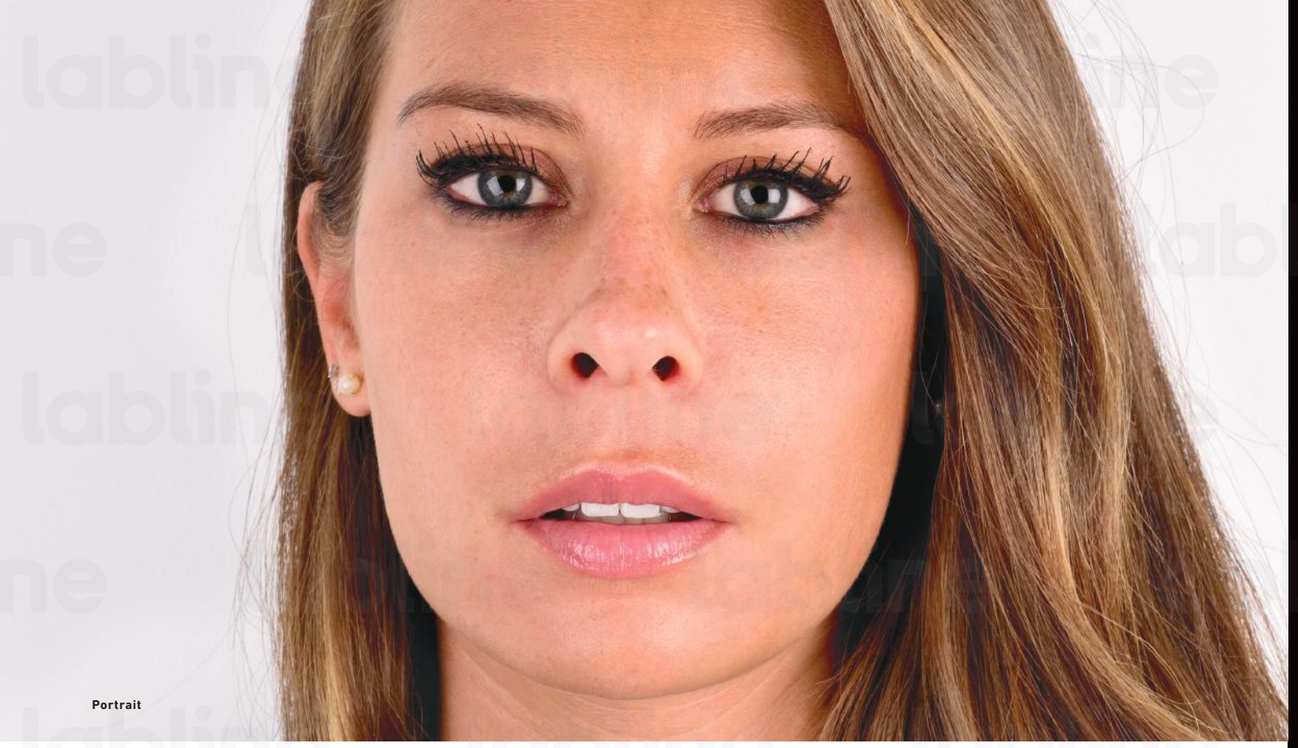
Shade registration of the substrate is always necessary in this case, depending on the future crown shape, colour of the substrate and color of the patients wants to get the lab decisions will be taken.

Determination of the current teeth colour

Mock-up

Gingivectomy was executed guided by mock-up, then the new margin position was established and the impression was taken. After the impression, the bone reduction (new biological width) will be done.

The day after the mock-up, we did a digital facebow doing DSD quality control to make the last adjustments for the final veneers. Also, occlusion was checked.



Portrait

Mock up (DSD quality control)

Mock up (DSD quality control)

The models are mounted in the articulator (SAM 2 PX). In this phase, it is important to have a repeatable condylar position.

Preoperative esthetic evaluation of upper anterior teeth.

WORK **MODEL**

The Geller model was developed to ensure correct adaptation and emergence profile on proximal surfaces.

The silicone guide obtained from the wax-up which will be used during all the layering, finishing and control phases.

LAYERING

The stratification of the ceramic begins with high opacity masses to continue with dentins of different saturation and later to build the incisal area with transparent, opalescent and enamels using the so-called “sandwich technique”.

Opaque Dentin, Dentin

Dentin Transparents

Enamel Opal Effects

Final result on the model

Picture low exposition

Picture high exposition

Before cleaning the restorations from the refractory, one last check with the occlusal plane indicator set used for complete denture setups and cast mountings.

Final result on articulator

Final situation

The day after the mock-up, we used digital facebow technique doing DSD quality control to make the last adjustments for the final veneers. Also, occlusion was checked.

Final result on the model

After the finalization and glaze firing, a manual cleaning was carried out with the rubber gums and diamond paste in order to give a more natural look to the final restorations.

CEMENTATION DAY

Cementation protocol

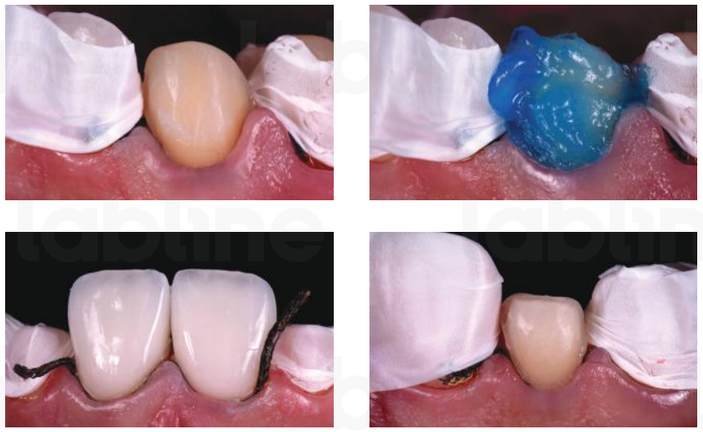
Controll photo

We cemented with Variolink by Ivoclar Vivadent cement.

Dry try-in. No try-in paste

Initial situation the day after the last cleaning and polishing.

We only had the chance to take photos the day after the cementation, because this day she flew home and since a year ago we have not had contact with her.



Isolation of adjecent teeth and prepataion in-mouth for cementation

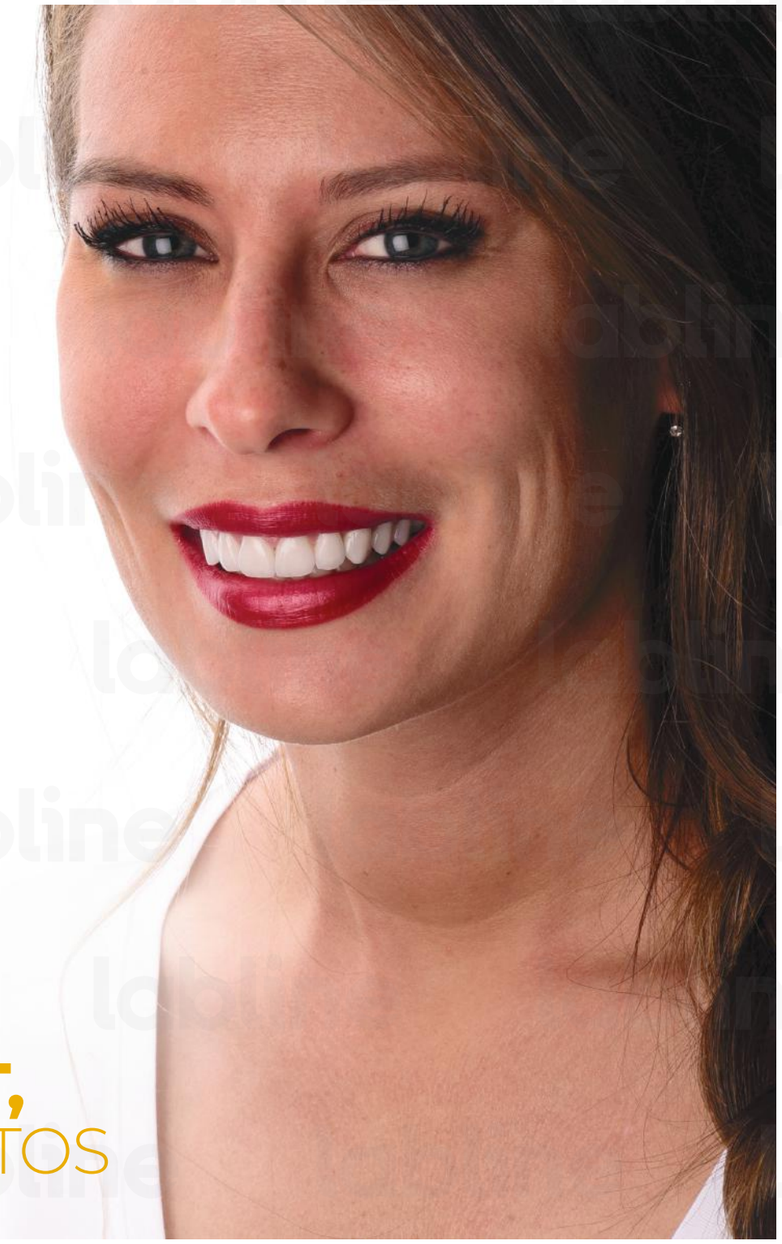
Final result after cementation, in mouth

FINAL CHECK
8 DAYS AFTER
OF CEMENTATION.

Final check of situation

Mock-up

Mock-up



HAPPY PATIENT, LIP PHOTOS

DR. FEDERICO
BRUNNER

Dr. Federico Brunner, Spanish, born in Argentina, moved to Madrid with his family when he was 15 years old, where he finished high school, studying his first university studies at the Faculty of Medicine of the Complutense University of Madrid, and later, finishing his degree in Dentistry in 2001 at the Alfonso X el Sabio University in Madrid.

Federico, eager for culture and to renew and update his professional training, has travelled and travels the world working and specializing. His first trip as a recent graduate was in 2001 to Nicaragua, Central America, collaborating with the NGO Dentistas Sin Fronteras. Subsequently, in his post-university training he has traveled specializing in surgery, implants and dental aesthetics, passing through Havana (Cuba), New York, Boston, Italy, Portugal, Brazil, Miami, Romania, Ukraine, Russia. In 2011 Dr. Brunner left to work in England where he stayed for almost six years.

His dedication and passion for dentistry has led him to be a reference internationally at the international level. Currently Dr. Brunner combines his clinical work in Madrid with international conferences traveling around the world. Your next conferences in 2017 will take you to Houston (Texas), Switzerland, Lisbon, Barcelona, Argentina, Singapore, Norway, Italy.

Dr. Brunner is part of the international team of Smile Designers (DSD), being accredited official DSD Master of the famous method-protocol called Digital Smile Design (Digital Smile Design).

In 2014, he received the prize for the best anterior implant case in England. In 2015 he received the award for the best aesthetic dentist of the year in the United Kingdom.

After working abroad for many years, Dr. Brunner decided to return and re-establish himself in the land that saw him grow up and graduate. He decided to go home and settle down forever in Madrid.

CDT. GUGLIELMO
PARZIALE

CDT. Guglielmo Parziale graduated in 1999 at the IPSIA "A. Casanova" Institute, in Naples Italy.

He has worked in his own laboratory as a technician since 2005 and he has dedicated a large part of his research studying and working on fixed prostheses. His focus is particularly on complex rehabilitation on both natural teeth and dental implants, while mastering "Metal Free" techniques (with disilicate, zirconium, and feldspathic-ceramic). He is specialized in dental veneers and attended in numerous courses with world-renowned experts in this field.

Guglielmo Parziale is also an expert in CAD-CAM digital reproduction and complex digital projects; he has also used the GC INITIAL system for over ten years.

In 2014, he has begun the GC INITIAL pilot lab program, teaching master graduate courses and workshops, mainly in minimally invasive restorations through traditional analogue and digital techniques.

In 2016, his research entitled "Why layering" is published in the prestigious international journal "Denti-Pro Lab Tech".

Since 2017, he has been using the "Creation" ceramic system by Willi Geller.

In 2018, he participated as a speaker at the prestigious course of university specialization of direct and indirect restorations: "Anterior and Posterior" at the University of Campania Luigi Vanvitelli in Naples, Italy.

He is going to be a lecturer at the Master "Direct and Indirect restoration" at the University of Campania Luigi Vanvitelli in Naples, Italy in 2019.

He currently teaches in theoretical and practical courses on minimally-invasive aesthetic reconstructions both nationally and internationally.

Currently, he is working with numerous internationally known doctors in order to create highest quality and aesthetic levels in his dental restorations.