Editor's Note: We are pleased to present a profile in this issue covering the 2011 Full Mouth winning case from last year's IACA competition.

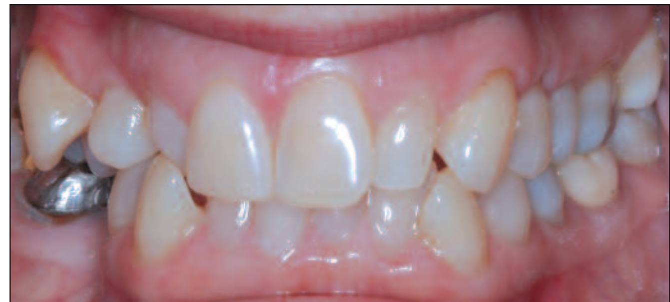
"This female patient first came to us with some very strong esthetic concerns. She was very unhappy with her own smile and overall dental health. The owner of her own advertising firm, she was often "in the public eye", so a beautiful smile was a key aspect of her working life. Having seen a variety of the past patient portraits we had published, she was very interested in how we could "give her the smile she wanted".

We started off, as we always do, with a discussion of her wants and desires and a full clinical exam. During that examination, I realized very quickly that I would be "unraveling a tangled mess". She was missing some molars, one posterior crown (#30) had fallen off, there were caries evident, she had some facial asymmetry and she was experiencing neuromuscular symptoms with definite 'clicking and popping' in her joint along with TMJ pain. Her canine (#6) was actually between #4 and #5 (as you can see in the Before photos) with its roots tangled in amongst the roots of those teeth.

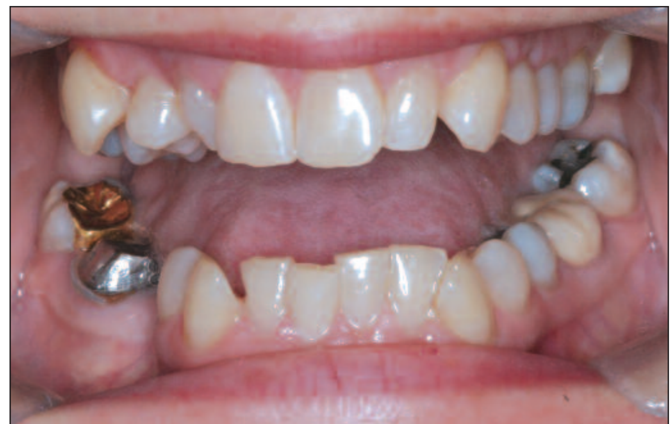
Following the clinical examination, we suggested a three-phase treatment plan: the first phase was to stabilize her dental situation so we could eventually properly evaluate her bite. We started off by placing a permanent crown on tooth #30, replacing the one that had fallen off and restored the caries evident throughout. Then we had to extract tooth #6 given its location and clinical situation. She was absolutely opposed to orthodontic treatment, stating "No braces" whenever it was suggested. While this hampered our efforts to fully correct her mid-line in the final result, we were able to get her to wear a Removable Expansion appliance on her upper arch (although her compliance was not the greatest). The patient finally did agree to the use of Invisalign to correct her anterior crossbite. This was critical in avoiding the extensive preparation that would have been required otherwise.

Once all of this was accomplished, we were able to take the

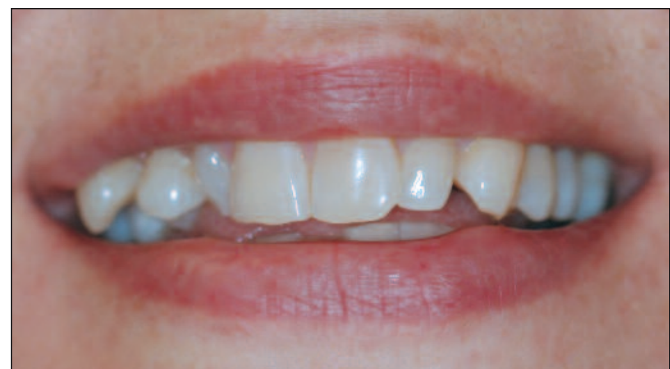
Full face before.



Retracted pre-operative smile – closed.



Retracted pre-operative smile – open.



Close-up of pre-operative smile.

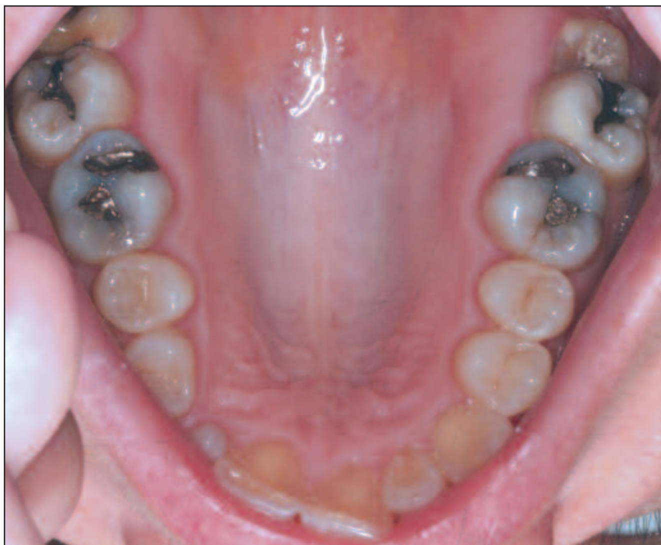
K-7 and TENS devices to determine her comfortable bite position. A Lower Fixed LVI Orthotic, fabricated from a Myobite, was placed to correct the patient's jaw alignment and to calibrate proper vertical positioning. The orthotic was placed and remained in position for 5 months. At that point, we checked the patient's revised bite on the K7. Both the patient and I were satisfied with the new bite, everything was in alignment, the symptoms had disappeared and she was comfortable.

Aurum Ceramic/Classic prepared a Diagnostic Wax-up as per their ACCES™ system, showing the patient her new smile. She was insistent on a very light shade, tracing back once again to her strong dissatisfaction with the shade of her original natural smile. Her upper arch was prepared first and finished following the recommended LVI protocol for esthetic reconstruction with the Aurum Ceramic/Classic Advanced Esthetic (AE) Team providing the Prep Indices, Bite Stent and Siltec Provisional Stent. All measurements were carefully maintained as we proceeded to restore the case.

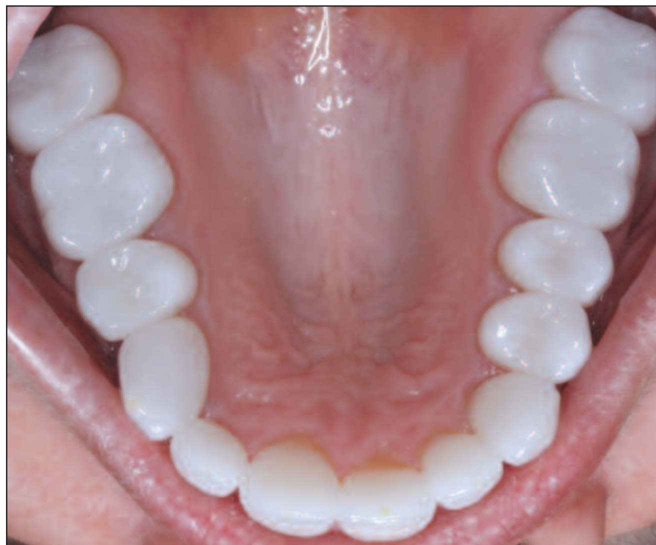
All 28 teeth were restored at one appointment. The upper arch was restored with IPS e.max® crowns and IPS Empress® veneers, all beautifully crafted by Aurum Ceramic/Classic. We actually chose to move the #5 bicuspid to the canine position, changing the shape of the restoration to improve the overall appearance of her smile. Her lower arch was restored with IPS e.max crowns and a Contessa™ Zirconia bridge #28 - #30 (to replace her missing #29). Aurum Ceramic/Classic matched the shades beautifully, you really can't tell which is IPS e.max and which is porcelain.

The patient has been extremely happy with the final result both neuromuscularly and esthetically. In fact, she has sent us a veritable torrent of gifts for the office. We must have received 20 to 30 boxes of different types of foodstuffs since we placed the case."

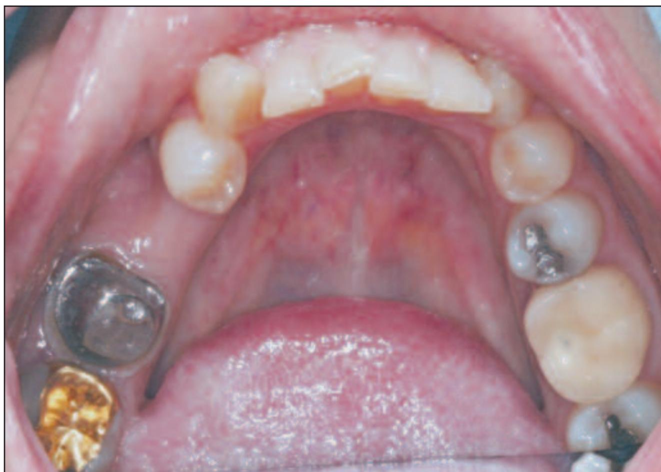
Dr. Michael Adler



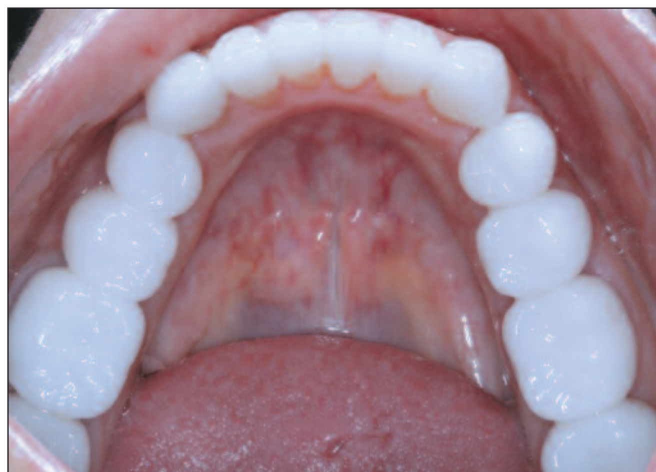
Pre-operative upper arch.



Restored upper arch.



Pre-operative lower arch.



Restored lower arch.

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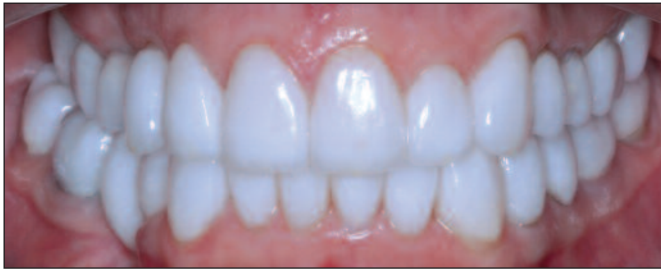
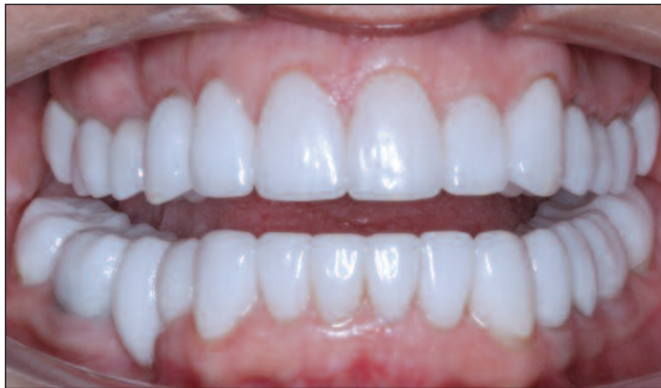
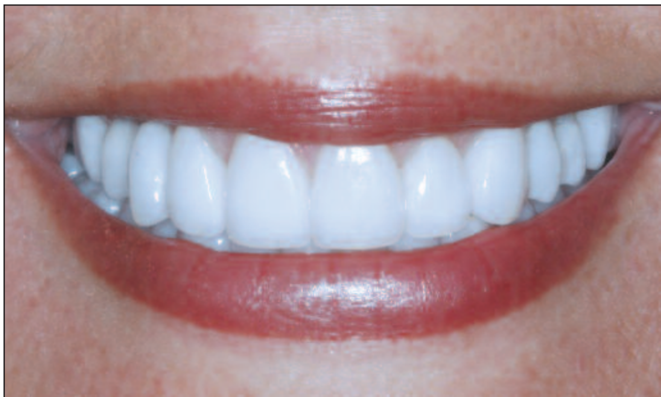


Retracted restored smile – closed.



Retracted restored smile – open.



Close-up of new natural smile.

Full face After.

Restorations fabricated by Aurum Ceramic/Classic.

Dr. Michael Adler graduated from Georgetown University Dental School in 1987. He went into Public Service on a Navajo Reservation after graduation, later going into private practice in Boulder, CO. Initially focusing on General and Cosmetic Dentistry, Dr. Adler has seen his practice evolve strongly towards Neuromuscular treatment over the past few years. He has taken extensive Post Graduate Training at the Las Vegas Institute for Advanced Dental Studies including CORE I – VII; Occlusion I - III; Anterior and Posterior Aesthetics; Bonding; K-7 Training; CARP; TMD: Developmental Diagnosis; the Physiologic Approach to Treating OSA and Full Mouth Reconstruction. Dr. Adler has also completed the neuromuscular orthodontics curriculum and attained his LVI Fellowship in 2010. He is a Fellow of the ICCMO and a member of the AACD, IACA, ADA and the Colorado Dental Association.