

Composite bonding

Nikhil Sethi introduces a composite bonding case to resolve chipping on the edges of a patient's front teeth



Nikh Sethi qualified in 2009 from Kings College London. After finishing his masters in aesthetic dentistry also from Kings, he has gone on to really enjoy composite bonding and smile makeovers.



Figure 1.



Figure 2.

This patient attended with a history of heavy manual tooth brushing and chipping on the edges of his front teeth from nail biting, a habit which has now stopped.

His main concerns were the rough edges on the surfaces and edges of the front teeth and the gaps (diastemas) between his canines.

After examining the occlusion and surface wear it was determined that the cause was a mixture of attrition, abrasion and nail biting.

Our aim was to keep treatment as conservative as possible, whilst improving the colour, surface form and length of the front six teeth and to close the diastema.

After discussions with the patient, a course of tooth whitening was completed using White Dental Beauty 6% hydrogen peroxide for four weeks at two hours per day.

After a period for hydration and colour stabilisation for two weeks, the patient was then booked for anterior bonding. Rough edges were smoothed, and the surface was disclosed to identify biofilm. This was then easily removed with air abrasion using 27 micron aluminium oxide powder after rubber dam application.



Figure 3.



Figure 4.



Figure 5.



Figure 6.



Figure 7.

The enamel was etched for 30 seconds, washed, dried and a one bottle adhesive system (Scotchbond, 3M) was used and light cured.

The surfaces were then restored with Estelite Asteria A1b to rebuild length and surface wear. This was light cured for 60 seconds per surface using an air blocker (glycerine)

A polishing protocol was completed with fine diamonds and ASAP polishers (Clinicians Choice).

The final photos show a four-week review after a period for hydration and gingival healing. The patient was very happy with the result and diastema closure.



Figure 8.

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