A new non-invasive innovation in aesthetic dentistry.

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Received 25 January 2016. Revised 6 February 2016. Accepted 17 February 2016. Published online 20 March 2016.

KEYWORDS:
Aesthetic restoration, Componeer, Fluorosis, Minimal tooth preparation, Veneer

ABSTRACT:
An easy-to-use product. A fantastic solution. A perfected system componeer, direct composite veneers, are a completely new class of veneers. They are manufactured industrially from highly filled Nano-hybrid-composite which ensures excellent homogeneity and stability of the enamel shells. This treatment module provides the patient with an attractive, natural restoration effectively and economically. The purpose of this article is to report a case of generalized fluorosis in a 25 years old girl with its management by a new, noble, minimally invasive procedure involving recently introduced aesthetic material “Componeer”.

INTRODUCTION:
“Componeer” Direct Composite Veneers are a completely new class of veneers. They are manufactured industrially from highly filled nano-hybrid-composite which ensures excellent homogeneity and stability of the enamel shells. The extremely thin veneers (as thin as 0.3 mm) allow a high level of conservation of hard tooth substance during preparation. The shiny and naturally designed surface adds a look of vitality to the restoration.

The novel micro-retentive inner surface increases wettability and ensures a lasting bond. Special conditioning of the veneer is not necessary. All this makes componeer a milestone in veneer technology. Componeer treatment is operator friendly, non—invasive and single appointment procedure. This treatment module provides the patient with an attractive, natural restoration effectively and economically. The purpose of this article is to report a case of generalized fluorosis in a 25 years old girl with its management by a new, noble, minimally invasive procedure involving recently introduced aesthetic material “Componeer”.

CASE REPORT:
A 25 years old girl reported to a private dental clinic “Odonto Care” located in Lucknow on 26th December 2014 with a chief complain of yellowish and ugly looking front teeth. On general examination, the girl was apparently healthy. There was no significant medical history. Intraoral

Figure 1: A: Preoperative picture showing affected region (11 to 14). B: Preoperative picture showing affected region (21 to 24). C: Picture showing anterior bite of the patient. D: Post- operative picture after placement of Componeer in maxillary teeth.
examination revealed general fluorosis of grade I (Nathoo's Classification), Macrodontia with respect to 11 and 21, 12 and 22 were rotated with Class II Ellis fracture (Figure 1 A, B,C). The pulp vitality diagnostic tests showed that all her teeth were vital with no abnormal mobility. A series of Intra-oral periapical radiographs were taken to exclude any pathological sign. A provisional diagnosis of general fluorosis was made. Patient was informed about this treatment and a written consent was taken from the patient. Firstly full mouth oral prophylaxis was performed followed by polishing with pumice using slow speed micromotor hand piece and rubber cup. Proper shape, size and colour of individual teeth was recorded and Componeer veneer was chosen as the material of choice. The Componeer contour and teeth size guide was used to determine the appropriate componeer sizes (Figure 2). For maxillary teeth, “L” size componeer for the central incisors, “M” size for the lateral incisors and “L” size for canine was selected.

The White Opalescence Enamel shade of Componeer was selected and for the dentin composite shade Synergy D6 White Bleach was opted. (Figure 3) Minimal preparation (0.2mm – 0.3mm) was done on labial surface of the tooth involving incisor edge. 35 % phosphoric acid was used to etch the teeth for 30 seconds. The One Coat Bond (Coltene Whaledent, Switzerland) was then applied to the enamel surfaces and before light-curing for 10 seconds per tooth, transparent matrix were placed in the interdental spaces. The Componeer were wetted with One Coad Bond and briefly blow-dried with air, but without light-curing. White Bleach dentine composite was then applied to the fitting surface of each Componeer.

One by one, the componeer were pressed onto the teeth surfaces using the Placer instrument, beginning with the two central incisors. Each componeer was subsequently cured and after that alignment was checked and corrected. The finishing was made by using finest finishing diamond points as well as flexible abrasive finishing disc (Figure 4). Any peripheral defective area was filled using Synergy D6 White Bleach dentine composite resin. A post-operative picture was obtained (Figure 1D).

The patient was re-evaluated after 1 week, 3 months, 6 months and 1 year. The patient was healthy and happy with his aesthetically treated teeth without any complain of sensitivity.

**DISCUSSION:**

In the early1980’s, prefabricated acrylic veneers were introduced as Mastique Laminate Veneer System. Mastique veneers had limited success because of technological limitations and poor surface qualities.1,2 The novel clinical technique described in this paper has the potential for being used routinely to lengthen anterior teeth, to correct mal-positioned teeth, to mask discolorations and to close diastema.3 The technique can be used to restore extensive caries lesions and tooth fractures and to refurbish large old anterior restorations especially when other treatment options are out of reach for the patient.

**CONCLUSION:**

This case report has brought insight certain things about componeers. Componeer, Direct Composite Veneers, are a completely new class of veneers. The advantages of Componeers are:

- Simple in handling
- No/ minimal preparation.
• Single visit.
• Superior Aesthetic results.
• Painless procedure.
• No local anaesthetic prick is required.
• No laboratory work needed.

FINANCIAL SUPPORT AND SPONSORSHIP:
Nil.

CONFLICTS OF INTEREST:
There are no conflicts of interest.

REFERENCES:
