



Bonding of ceramic veneers

By **O. Etienne** and **B. Cournault**, France



Prof. Olivier Étienne is Assistant Professor and Head of the Prosthetics Unit of the Faculty of Dental Medicine in Strasbourg (France). He is Doctor of Odontological Sciences (PhD) and devotes his research to surface characteristics and their interaction with biological tissues. His clinical practice focuses on complex prosthetic rehabilitation and aesthetics, on natural teeth and on implants. Alongside his academic activity, he has been working in a private practice for 20 years. Author and co-author of several publications and books (including "Aesthetic Ceramic Bonded Restorations" (in French), Ed. CdP, 2016) as well as of numerous articles and briefings on the topics of cosmetic and implant dentistry, he actively participates in various continuing education societies and is involved in Post-University Degrees in implantology and smile design.



Dr. Bérangère Cournault is a dentistry student in the 6th year at the Faculty of Dental Medicine in Strasbourg (France).

In recent years, the use of aesthetic bonded ceramic restorations has been favoured because of the aesthetic demand of our patients as well as our profession's concern to promote minimally invasive procedures¹. Among these restorations, veneers are mostly associated to the aesthetic improvement of the smile and the techniques of tissue preservations².

The fragility and detachment of these fine pieces of ceramics remain the main sources of apprehension of practitioners despite excellent results reported in the many clinical studies published to date^{3,4}. Admittedly, a low rate of failure is still relevant, but the understanding of the phenomena and the clinical criteria influencing the result either positively or negatively enabled to systematise the entire procedure in a better way. Among the criteria reported as determinants, the respect of an exclusive enamel bonding is essential. Indeed, the enamel can be easily etched and its composition, mainly mineral, does not make adhesion difficult as hydrated dentine can do. Hence, when the bonding system is wisely selected, the ceramic-enamel bond can reach adhesion values greater than the natural dentinoenamel junction.

In order to preserve the enamel tissue of the vestibular surfaces, several authors have proposed clinical procedures based on the analysis and preliminary composed aesthetic treatment plan. The use of silicone keys to control the reduction⁵ to the transfer the treatment plan through a mock-up^{6,7} are approaches that limit the preparation to the bare minimum. Then, the respect of a strict bonding protocol ensures the durability of the final result.



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