



Bob Bosman Elst graduated in 1991 as a dental technician. While working at his own independent dental lab in Belgium, he has continuously been working on expansion and developing innovative techniques for the dental industry. Over the years, he has participated in more than 40 master-courses including those from Brusch, Tyszko, Calgaro, Adolphi, Galle, Hegenbarth, Sieber, Polansky and many more, either as a lecturer or as an active participant. His work has been recognized by many in the field. In 2007, Bob won the '3rd Prize worldwide' (in the category 'Young Ceramics') during the world tour of Nobel Biocare in Las Vegas. He came in as the 1st European of all participants of this highly reputable event. He set up a helpdesk for dentists covering all aspects on implant-supported restorations and porcelain. In 2017, he became a trainer of the GC Europe Campus, where he found a perfect forum to share his passion and experience.



Marco Tuds graduated as a dentist at KULeuven (Belgium) in 1991. He completed his Postgraduate in Aesthetic and Prosthetic Dentistry in 1994. For 12 years, he was a part-time associate at KULeuven with complex rehabilitations as his major research topic and participated to various multicenter studies. In 1996, he started a multidisciplinary private practice, specialised in complex rehabilitations, which he is still running to date. In 2004, he obtained a Master of Science in Dentistry Implantology at NY Montefiore Medical Centre (USA). In 2008, he opened a Look-over-Shoulder Training Facility for dentists focusing on implantology, 3D technology, CAD/CAM and 3D guided surgery. He is the founder of the BIOMET 3D Guided Navigator©system. Since 2015, he is a staff member at the Department of Periodontology and Implantology at UGent. Here, he is currently preparing his PhD dissertation on 3D guided surgery under the promotorship of Prof. H. De Bruyn.

Full Digital workflow with a twist

Drs. Marco Tuds and CDT Bob Elst, Belgium

A male 61-year-old patient was suffering from severe wear, which can be classified as attrition, abrasion and erosion depending on its cause. The entire smile line was lost and even became negative (Fig. 1). The patient was a real extravert smiling person, hence a new nice smile would impact his future social life. The destructive wear of his teeth caused already several endodontic treatments and TMJ dysfunction caused by the loss of the vertical dimension with caused tense and tired muscles.

Severe tooth wear caused morphological change of occlusal tooth, decrease of vertical dimension, pulp pathology, occlusal disharmony and change the masticatory function. In this condition, more complex therapies are needed such as endodontics, periodontics, and full coronal coverage.

A digital impression was made and the master model was printed. A digital wax-up/mock-up was made in Exocad, using the 'Digital Smile Creator' module. A standard length of 10.8 mm and width of 8.4 mm was used like described by Mauro Fradeani. This set-up was for this patient's biotype a really nice starting point. The idea was to verify the integration because the vertical dimension had to be increased with several mm and the patient wanted to rejuvenate his smile inconspicuously, so as natural as possible in addition to all the comfort of a balanced occlusion.



Fig. 1: Smile before treatment.



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