

SMILE HARMONISATION WITH GINGIVOPLASTY AND DIRECT COMPOSITE RESIN VENEERS

LUNA 2 | LUNA FLOW | SUPER ETCH | ZIPBOND | RADII XPERT



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Unicesumar College
Composite Resin in Anterior Teeth: The Complete Protocol (Renato Voss Rosa)
Academy Upsell Veneers (Renato Voss Rosa)
Academic League of Prosthetics and Restorative Dentistry
Hands-on: Diastema Closure (Leticia Helena Kreutz Rosa)
Hands-on: Lip Filling (Karina de Lima)
Pharmacology Course with Emphasis on Dentistry in Practice (Júlia C. R. Durscki)
Botulinum Toxin Immersion (La Vie Clinic)

CASE REPORT:

A 26-year-old male patient presented to the clinic with aesthetic dissatisfaction regarding his anterior teeth due to their size and the presence of diastemas. After clinical examination and treatment planning, gingivoplasty of the lateral incisors and the placement of direct composite resin veneers from canine to canine were chosen.

Absolute isolation and ligatures were performed for better control and visualization of the operative field, along with the use of metal matrices whenever necessary to delimit the teeth involved. Acid etching was performed with 37% phosphoric acid **Super Etch** (SDI), ensuring proper adhesion to teeth 13 to 23, further enhanced by the use of **Zipbond Universal Adhesive** (SDI). Veneer fabrication began with the palatal shells using **Luna 2 I** resin (SDI), establishing the construction of contact points and the area to be filled. To ensure an integral structure without bubble entrapment, **Luna Flow LV** resin shade A2 was applied at the junction between tooth and palatal shell, and light-cured with **Radix Xpert**. Next, the distal and mesial ridges of all involved teeth were established using **Luna 2** shade A1, predefining the mirror areas. Then, **Luna 2 OA2** resin (SDI) was applied to create the dentine layer and its natural effects, such as delineated mamelons. Pigments and Flow Translucent resin were added to connect the mamelons with the incisal edge. Finally, a single layer of **Luna 2** resin shade A1 was applied to the vestibular surface, followed by finishing and polishing.



Fig1 Initial smile aspect, showing the reduced tooth size and presence of diastemas, especially between the central incisors and between lateral incisors and canines.



Fig2 and 3 Gingival aspect of lateral incisors before and after gingivoplasty with electrosurgery, ensuring a blood-free operative field.



Fig4 Absolute isolation and ligatures in place.

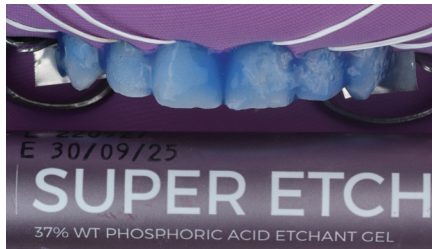


Fig5 and 6 Application of 37% phosphoric acid [Super Etch SDI] to anterior teeth and immediate aspect after etching.



Fig7 Aspect of teeth after application of Zipbond Universal Adhesive (SDI), ensuring proper adhesion for subsequent resin stratification.



Fig8 and 9 Fabrication of palatal shells with Luna 2 I resin [SDI], guided by a previously planned palatal matrix.



Fig10 Placement of Luna Flow LV resin shade A2 at the junction between tooth and palatal shell, preventing bubble entrapment.



Fig11 Light curing with Radii Xpert SDI curing unit, ensuring proper polymerisation and, consequently, long-term durability of each composite resin layer.



Fig12 Construction of distal and mesial ridges from teeth 13 to 23, establishing contact points and preforming the mirror areas to be stratified.



Fig 13 Increment of Luna 2 OA2 composite resin (SDI) to create a detailed dentine layer that naturally integrates with the original dentine.



Fig 14 Placement of Flow Translucent resin over the dentine layer to merge it with the incisal edge, avoiding bubble incorporation. Pigments were also used at this stage, creating a more natural final result.



Fig 15 Aspect after placement of a single layer of Luna 2 resin shade A1, completing the enamel layer stratification.



Fig 16 and 17 Final smile transformation after finishing and polishing. Aesthetic improvement is evident compared to the initial condition, with regularisation of tooth size and closure of diastemas.

PRODUCT REFERENCES



LUNA 2



LUNA FLOW LV



ZIPBOND



SUPER ETCH



RADII XPert