



# Aesthetic Rehabilitation and Comprehensive Management of a Case with Advanced Dental Destruction

The oral rehabilitation of patient M.P. Through an integrated treatment plan guided by functional analysis, the real needs of the patient and modern prosthetic principles, we were able to restore a complete smile: stable, harmonious and predictable in the long term.

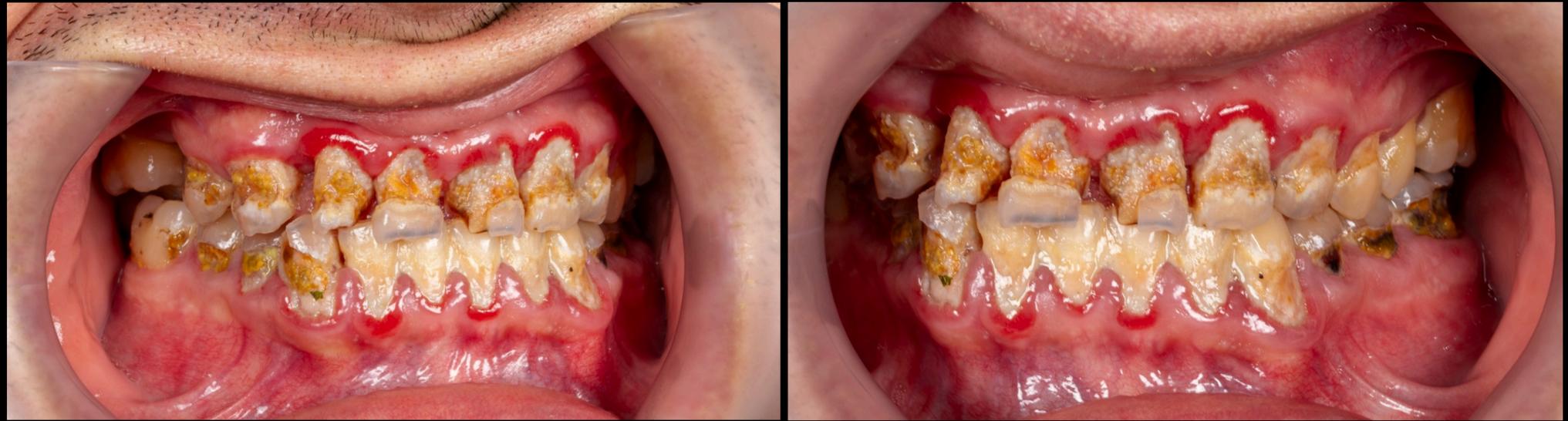


## Introduction – Patient Presentation

- Young patient, male, 26 years old, urban environment, motivated by the desire for a major aesthetic improvement.
- From the clinical interview, a lifestyle with high-risk factors for oral health became evident, including:
  - daily consumption of approximately **3 liters of carbonated soft drinks**,
  - smoking history of **two packs per day**.His daily routine also included prolonged screen time, which further encouraged unhealthy habits (frequent snacking, increased soda intake).
- Long-term poor oral hygiene, infrequent dental check-ups.
- Symptoms: gingival bleeding, halitosis and compromised aesthetics leading to reduced social interactions.



**Initial situation**

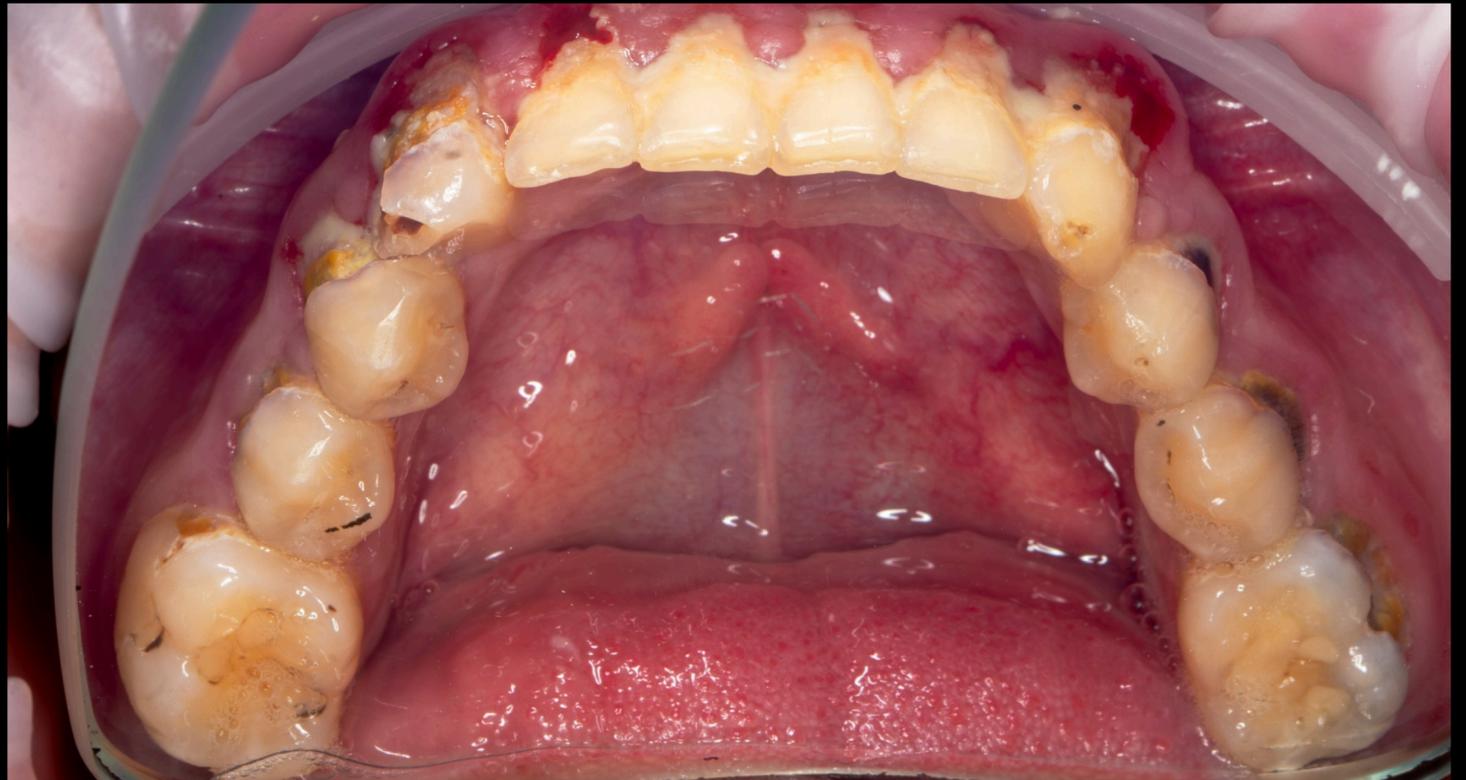


- Severe gingivitis with bleeding on probing, marginal gingival inflammation, and heavy bacterial plaque load
- Significant supragingival and subgingival calculus deposits
- Multiple dental cavities (cervical, proximal, occlusal)
- Marked, generalized extrinsic discolorations
- Dental erosions
- Missing teeth: **15, 17, 27, 37, 47**
- Dental malpositions

**Severely compromised aesthetics:** color, shape, contour, texture, alignment

**Compromised functionality**

**Periodontal status compromised, requiring intensive initial therapy**





**Initial Orthopantomogram**



## Stage 1 – Objectives of the Initial Therapy

The initial therapy aimed to achieve:

- significant reduction of bacterial load
- elimination of supra and subgingival plaque and calculus
- control of gingival inflammation
- establishment of the prerequisites for a correct diagnosis and a complete treatment plan
- motivating the patient and increasing awareness of the severity of the situation

### Procedures performed:

Supra- and subgingival scaling, ultrasonic debridement, airflow, manual debridement in difficult-to-access areas, professional brushing and personalized oral hygiene instruction.

## **Immediate results after the first hygiene session**

### **Significant reduction of dental plaque**

### **True visualization of carious lesions**

After removal of deposits, the following were revealed:

- multiple cervical, proximal, and occlusal dental cavities
- extrinsic discolorations and demineralization areas
- dental abrasion

**The gingival architecture and smile line became visible, allowing assessment of:**

- gingival zenith
- tooth shape
- coronal height and width
- dental malpositions





**Intraoral and extraoral photographs after initial periodontal therapy**

## Stage 2 – Removal of Carious Processes and Partial Reconstruction

### Objectives of this stage:

- - removal of carious tissues
- - restoration of coronal structure

### Procedures performed:

Isolation with rubber dam, removal of carious processes, endodontic treatments on teeth **13, 12, 11, 21, 22, 23, 36, 45**, coronal reconstructions with composite resin to prevent fractures during the transitional phase.

**Creating the prerequisites for the aesthetic and functional rehabilitation phase**

**Obtaining a clean dental architecture for final analysis and planning**



## Stage 3 – Final Prosthetic Plan

**STAGE 1** – Analog Wax-Up: redefining dental proportions, establishing coronal lengths, achieving dental symmetry

**STAGE 2** – Direct Mock-Up: aesthetic testing, validation of vertical dimension of occlusion, phonetic testing, patient feedback, occlusal plane adjustments

**STAGE 3** – Tooth preparation

**STAGE 4** – Final Impressions: full-arch digital scan, occlusal registration with jig, transfer of information to the laboratory and provisional restorations

**STAGE 5** – Definitive Restorations: full-arch crowns and E-max veneers

**STAGE 7** – Cementation: complete bonding protocol, occlusal adjustments, final finishing and refinements

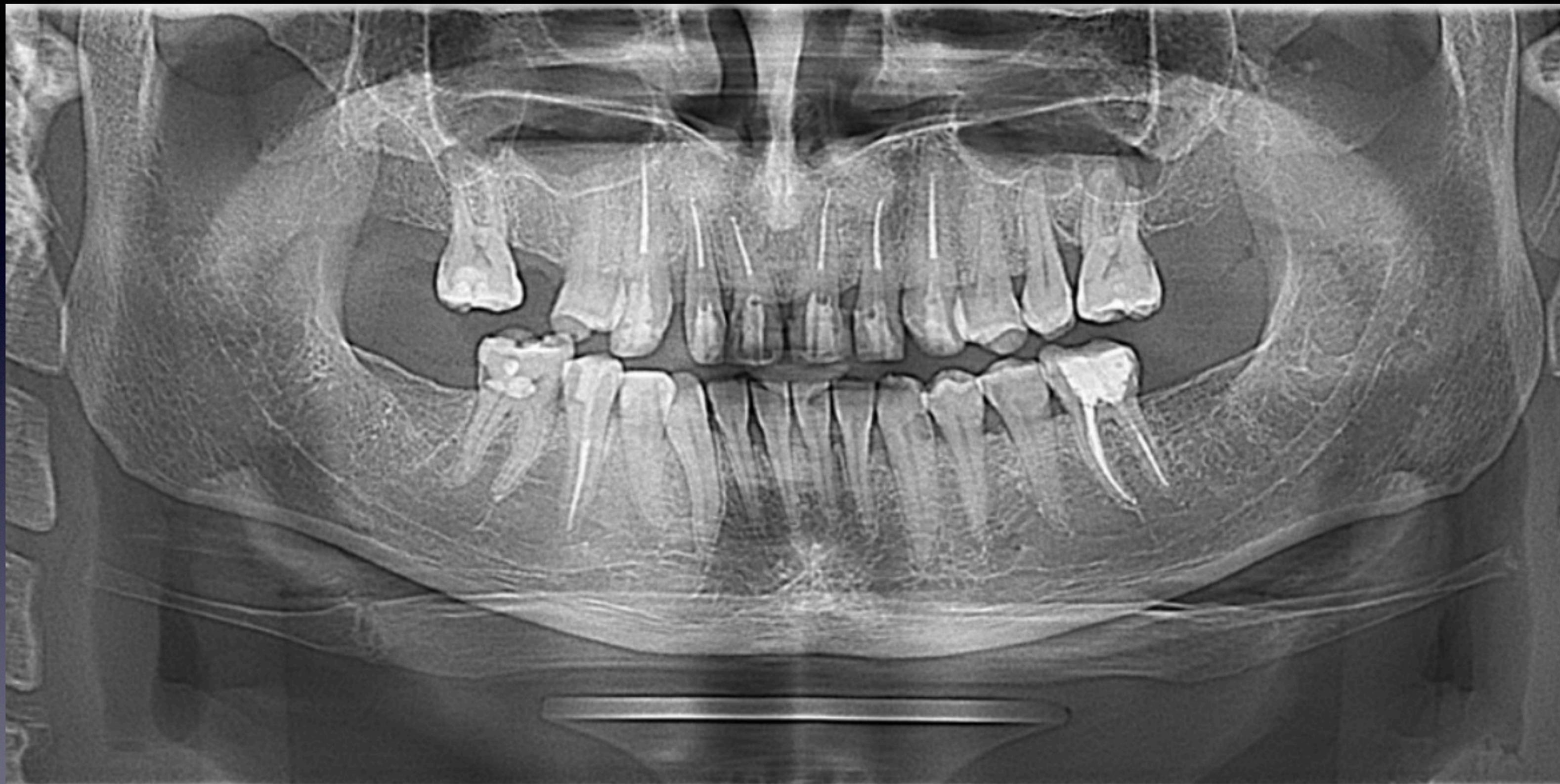
**STAGE 8** – Protection and Maintenance

- nocturnal splint
- periodic check-ups
- professional hygiene every 3 months during the first 12 months



**Data acquisition - analysis of the collected data - motivational analog wax-up - aesthetic and functional motivational mock-up - tooth preparation stage - impression stage and fabrication of provisionals**





**Post-endodontic treatment orthopantomogram**



**Tooth preparation stage for crowns and veneers**



Frontal view



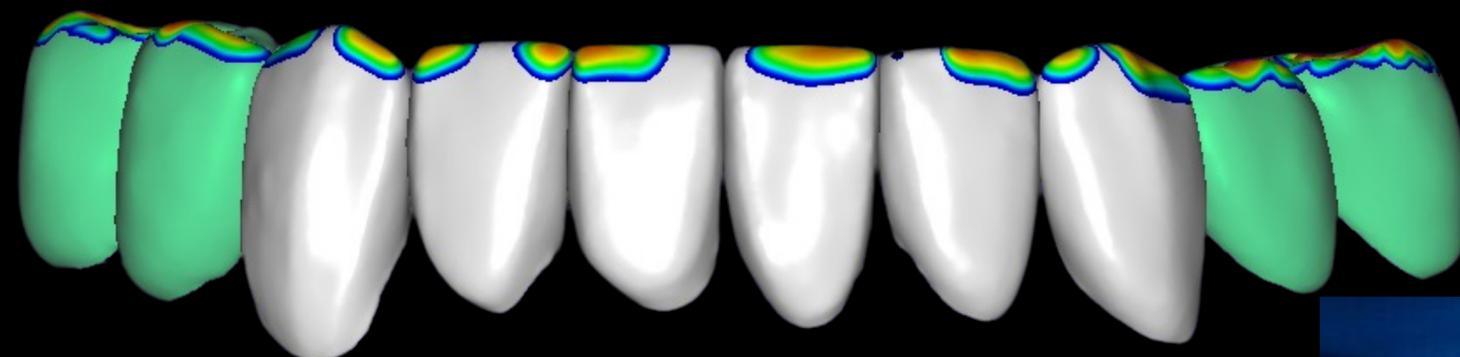
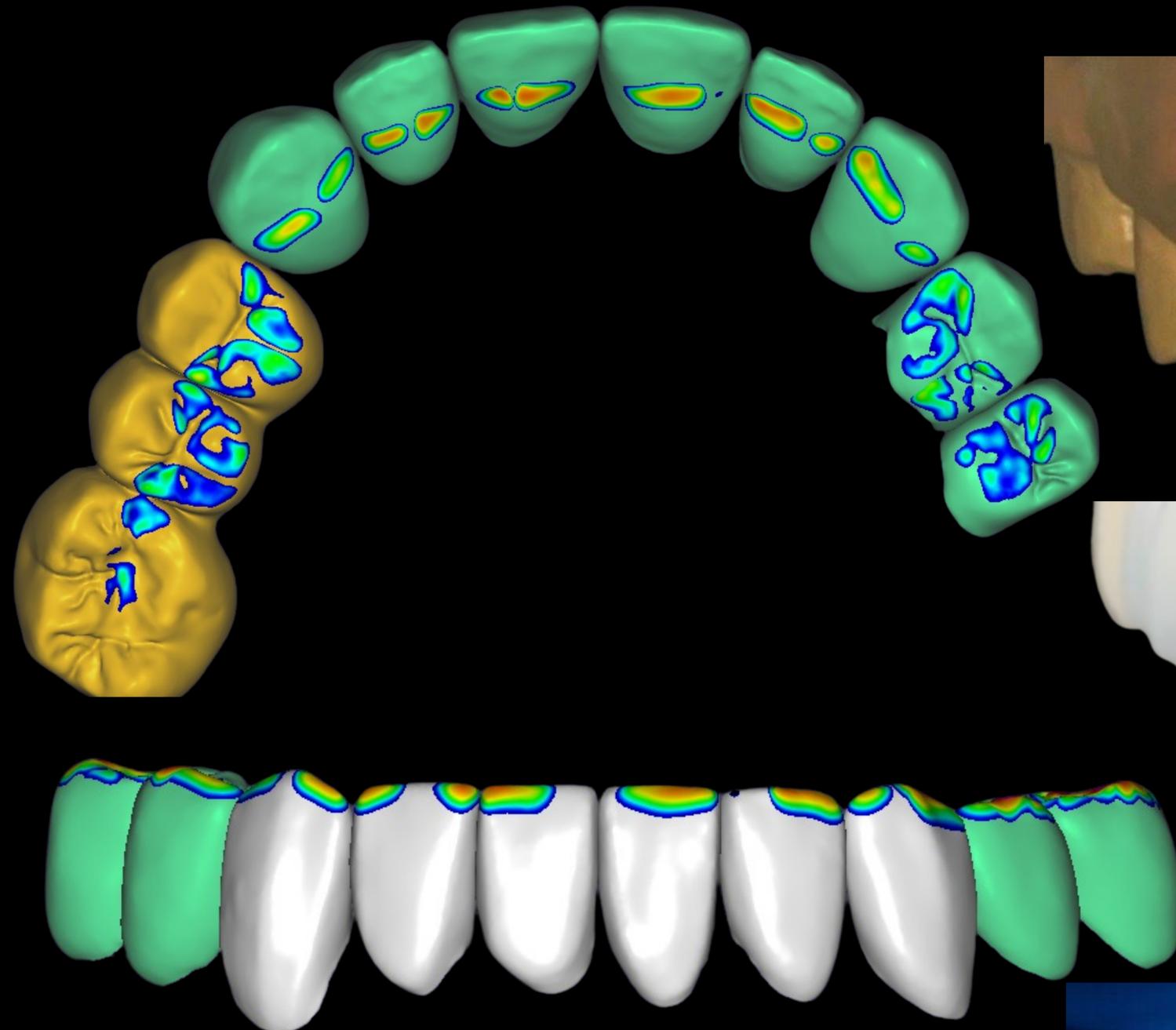
Left semi-profile



Right semi-profil



**Provisional restorations after tooth-preparation**





**Extra-oral photograph after cementation**



**Intra-oral photograph after cementation**



**Appearance of final restorations**



**BEFORE**



**AFTER**





