

REVIEW ARTICLE

ESTHETIC MAKEOVER- “BEAUTY CAPITAL”

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ABSTRACT:

An organized and systematic approach is required to evaluate, diagnose and resolve esthetic problems predictably. It is of paramount importance that the final result is not dependent only on the looks alone. Our ultimate aim is to achieve pleasing composition in the smile by creating an arrangement of various esthetic elements.

Keywords: Esthetic smile, myriad restorative systems, tooth jewellery, facial yoga.

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INTRODUCTION

As we know, the importance given to a beautiful smile is not new. A beautiful smile has to be tailored for each individual's need and desire. It can only be achieved by combined Endeavour of superior skills, knowledge and advanced technologies. Recent advances in conservative dentistry procedures have opened the door to a wide variety of elective dental treatments for the purpose of esthetic makeover or reversing the visual signs of aging.

GOALS

Esthetics is an inherently subjective discipline by understanding and applying simple esthetic rules, tools and strategies, dentists have a basis for evaluating natural dentitions and the result of cosmetic restorative procedures. Esthetic dental care in the last century has achieved enormous leaps with the introduction of new techniques, technologies and treatment modalities.

THE DENTIST'S ROLE IN CREATING THE ESTHETIC SMILE

With the development of fashion and advertising media, modern life has exposed society to a variety of beauty ideals. This role is growing exponentially because the dentist not only has to promote dental health but also to promote dental health but also has

to correct all tooth defects and satisfy the patient's demands that are related to self image.^[1]

ESTHETIC DENTAL CARE

Rather than simply being a therapeutic profession dentistry has evolved into a discipline that relies increasingly on artistic input to achieve visually enhanced results.

Currently, myriad treatment options and materials are available for achieving these new, stringent demands.

VENEERS:

A veneer^[2] is a layer of tooth colored material that is applied to a tooth to restore localized or generalized defects and intrinsic discoloration.

Indications- Malformation, discoloration, abrasion or eroded facial surfaces, faulty restoration.

However, several important factors including patient age, occlusion, tissue health, position and alignment of the teeth and oral hygiene must be evaluated before pursuing full veneers as a treatment option.

LUMINEERS:

A veneer that requires less preparation and minimal removal of tooth structure. Durability allows them to resist wear to last over 20 years. These are much thinner than porcelain veneers. They are also cost effective.

COMPONEERS:

Latest advancements componeers are polymerized,^[3] prepared, radio opaque highly filled nano hybrid composite^[4] enamel shells that look like teeth.

Fixed permanently on upper/lower front teeth to conceal cosmetic imperfections. Selection of componeers is easy and perfectly matching componeer is selected using the bluish transparent contour guides provided with the kit. A thin veneer (as thin as 0.3mm)^[5] allows good level of hard tooth substance conservation.

COMPOMERS:

Compomers were marketed as a new class of dental materials that would provide the combined benefits of composites (the “comp” in their name) and glass ionomers (“omer”). These materials have two main constituents: dimethacrylate monomers with two carboxylic groups present in their structure and filler that is similar to the ion-leachable glass present in GICs. The ratio of carboxylic groups to backbone carbon atoms is approximately 1:8.

There is no water in the composition of these materials, and the ion-leachable glass is partially silanized to ensure some bonding with the matrix. These materials set via a free radical polymerization reaction, do not have the ability to bond to hard tooth tissues^[6], and have significantly lower levels of fluoride release than GICs^[7].

Based on their structure and properties, these materials belong to the class of dental composites^[8] Often, they have been erroneously referred to as “hybrid glass ionomers”, “light-cured GICs” or “resin-modified glass ionomers”.

COMPOSITE RESINS:

These are types of artificial resins which are used widely throughout the world in dentistry as restorative material. These are used as restorative materials since they are insoluble, esthetic, easy to manipulate and cheap. These are composed of Bis-GMA monomers or some Bis-GMA analog. Dimethacrylates are the main reason for its flowability. Each and every component is added in certain concentration to achieve a required product. These newer restorative materials forms chemical bonds with the tooth structure and so doesn't require any of the retentive features to be present in the tooth preparation.^[9]

GLASS IONOMER CEMENT:

This material was introduced in 1972 for use as restorative materials. These are still used widely for

the purpose of restoration of anterior teeth throughout the world. This material bonds chemically to the tooth structure and also releases fluoride. Nowadays it is also been used to restore the low stress bearing areas of the oral cavity and in orthodontics treatment due to its luting properties. These are the restorative material of choice when it comes to restoration of deciduous tooth^[10]

TOOTH CONTOURING:

Cosmetic contouring of natural teeth has long been used for esthetic purposes. When performed successfully, it is generally the most preferred therapy because no anesthesia is required, relatively inexpensive and it takes less time than most other procedures.

Reshaping and polishing malpositioned teeth make them easy to clean and reduce the likelihood of fracture.

Factors to consider:

- The bite must be correct for normal oral functioning.

- The thickness of tooth enamel must be checked.

- Not recommended for young children because have large amount of sensitive pulp tissue in their tooth structure.

BLEACHING:

Current tooth bleaching materials are based primarily on either hydrogen peroxide or carbamide peroxide.^[11]

One of the most conservative and cost effective method to enhance a smile.

Tooth stains whether extrinsic and intrinsic respond to bleaching. Extrinsic and intrinsic respond to bleaching. Extrinsic usually appear from chromogenic substance deposition, where as intrinsic include aging defects, amelogenesis imperfect^[12], tetracycline medication etc.

Vital tooth bleaching uses high concentration of tooth whitening agents, a gel applied to teeth and activated by heat or light for around 1 hour. Night guard bleaching uses low concentration of whitening agent and applied through custom fabricated trays, for atleast 2 weeks at night.

Over the counter products like gum shields and strips are gaining popularity.

Non vital tooth bleaching comprises of both walking and modified walking bleach technique with addition of combination of mixture of sodium perborate and water into the pulp chamber and repeat the procedure till desired results.^[13]

TOOTH JEWELLERY:

Use of intraoral jewellery and piercing of oral and perioral tissues, have been gaining popularity among youngsters.

However, the risk involved, has led to strong discouragement, but not now craze is sweeping across the world that will make you shine like a star to be unique and fashionable.

Tantalise your teeth with best tooth jewellery, painless and no risk of infection. With a variety like grill, dazzlers and twinkles you can choose the best for yourselves.

Tooth tattoo, the art of using various shades of porcelain in decorative patterns is also much in demand.

FACIAL YOGA:

As the body needs regular exercise 57 muscles of face and neck also need to be exercised a natural face lift.

To improve your skin tone, reduce your wrinkles and give u a firmer jaw line. Three easy exercises to try at home to reduce your aging signs.

The V type exercise reduces lines and wrinkles around eyes.

The smile smoother- to reduce lines around mouth to lift and firm cheeks and jaw.

Giraffee techniques- to tone and lift neck^[14]

CONCLUSION

Is there anything more magical than a smile?

Esthetics relates to sensation, and the smile is very image of the soul. The perfect smile^[15] implies a healthy mouth, but shifting social standards also influence the esthetic criteria.

The patient who consults for an esthetic problem already has a subjective analysis of his or her dental and facial disharmony. Nevertheless, the clinician must be clear about the real needs of patient, who tends to hide insecurities and psycho logic^[16] disorders and his or her disapproval of own corporal image. As dentist today are the plastic surgeons^[17] of the smile, they must devote much attention to the patient desires without agreeing with every abstruse and impossible request.

A dentist's esthetical duty is to always provide the patient a complete explanation of the treatment, with

in the intellectual abilities of the patient, respecting his/her desires and inner expectations. Ignorance still exists among patients about the dental materials that are available and different esthetic techniques or cosmetic dentistry procedures that exist; furthermore, the constant separation of medical and surgical disciplines has created a large group of skillful specialists.

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