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Art of Compositing

Case Report

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Dentistry today offers many modes of tooth correction in position, shape, alignment, and shades. Some of us offer orthodontia, implants, and full tooth reduction crowns. Materials vary but center around porcelain or porcelain modified materials made of silica or zirconia to metal.

What is overlooked is the Art of Compositing and may be shown here in this brief monograph.

We offer this perspective since it does not require extensive brutal tooth reductions of teeth or the bones as advocated in implant approaches. It also avoids the time consuming and extensive movement of teeth with bands, or molds, precluding relapse outcomes.

Case presentation as an example of compositing art

A fifty-year-old female approached me with an issue she had since she was young thinking that she was just being vain. Reporting that since her youth she would never smile or laugh in personal of family photos and that this behavior was carried out in daily life also, it became overwhelmingly oppressive for her. She wanted to smile and laugh like others but checked herself in social setting pursing her lips over the teeth seen in photo 1) or covering her mouth with a hand or handkerchief (Figure 1).

In a closer view of her dilemma, Figure 2, we note a slight midline crisis overlapping to her left of #8, a rotation of 90 degrees of #9 exposing the mesial surface of that dental organ, a labially posed #10 out of line with the incisals of her arch form. In this view #10 blocked out the view of #11.

The systematic and simple replacement of missing teeth without radical manipulation of existing sound structure—



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6



Figure 7



Figure 8



Figure 9



Figure 10

over preparation, utilizing scaffolding, or a matrix the "Winged Pontic" of prefabricated filled composite resin, may correctly be characterized as bio-synthetic tissue engineering.

A new conversation regarding one of the directions of prosthetic dentistry for the 21st Century is offered in Stephan C. Bayne's review of the state of the art for restorative biomaterials titled *Dental Biomaterials: Where Are We and Where Are We Going?* The non-invasive, uncomplicated, artistically and professionally rewarding "Winged Pontic" approach is one such arts, synthetic tissue engineering (Figure 3).

The case report offered in this manuscript demonstrates the concept of direct and immediate tooth replacement in a step by step methodology that may easily be adapted by the dental surgeon. Fiber reinforcement is unnecessary based upon 31 years of research since it is cumbersome, ineffectual, and disruptive to the filled composite resin matrix.

In any instance, the "Winged Pontic" fixed prosthesis may be viewed as a short term, medium term, or definitive restoration. It may also serve as a pediatric tooth space maintainer or as implant stabilization prosthesis during osseointegration of dental implants by hollowing out the tissue side core of the "Winged Pontic" and placing it over the healing abutment of the dental implant.

Our approach in this instant situation was to conservatively dress facial surfaces of 8, 9, and 11 after removing #10. We demonstrate that strategy in Figures 4 and 5.

We chose to wait five days (Figure 6) before completing this artistic compositing and show that healed condition the day we sculpted here fixed direct composite bridge from 8 to 11.

Since 8 was in linguo—version we obtained more than enough labial space latitude to sculpt a more vertical attitude of 8, 9, and 10. Initially laminating 8 and 9 we sculpted and installed the "Winged Pontic" over the healing wound of 10 seen in Figure 7 attaching it to 11.

The lingual of 8, 9 and "Winged Pontic" of 10 and 11 were treated likewise, laminating the lingual and proximals of respective surfaces inciso-gingivally. Continuing the laminations resulted in the pre-finished bridge seen in Figure 8.

Markings were made to portion out the facial sculpting spacing as seem in photo 8). We made interdental groves incisal to gingival working to an end of aesthetic harmony. The finished Carlson Bridge® "Winged Pontic" can be seen in Figure 9 and 10. We used flame shaped diamonds and sulci wheels for finishing.

The value for her was expressed upon her return one week later..."Dr. Carlson, I tell you..you are a magic man, people are astounded that this could be done so beautifully and quickly...and painless too. Thank you, thank you, thank you...I can smile and laugh as all other people do."

Gratifying to say the least, the fee was dwarfed, incidental, to the contribution she allowed me to make in her life. Wow...with miraculous modern science, divine science as I say...we work miracles!

Dr. RS Carlson graduated from the University of Michigan School of Dentistry in 1969 and completed Post Graduate training in pediatric dentistry with Strong-Carter Dental Clinic, Honolulu, Hawaii, 1970—71. He is a founder of Kokua Kalihi Valley Dental Clinic in 1973 (http://www.kkv.net/index.php/history) and volunteered from 1973 to 1980 serving low-income families and immigrant populations from the South Pacific Islands and Asia. He has maintained a private practice in Honolulu since 1971 emphasizing Bio-Logical Dentistry. He can be reached at (808) 735 -0282, ddscarlson@hawaiiantel.net or carlsonbridgetech.com

Disclosure

Dr. Carlson is the inventor of the Carlson Bridge® "Winged Pontic" tooth replacement system, a noninvasive approach to replacing missing teeth, with patents issued in November 1999 and October 2001. Trade Marked 2005.