

## Treating Dental Fluorosis with Ceramic Veneers

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Aesthetic dentistry has expanded dramatically in the last two decades and re-establishing dental aesthetic appearance is a clinical challenge [1]. Porcelain Laminate Veneer or ceramic veneers is a thin bonded ceramic restoration that restores the facial surface and part of the proximal surfaces of teeth requiring esthetic restoration [2]. This was introduced into dentistry as Hollywood veneers by Pincus with a survival rates ranged from 92% at 5 y to 64% at 10 y [2-4]. One of the most popular reasons involved in teeth discoloration is dental fluorosis, which is serious problem compromising aesthetics [5]. Mc Kay and G.V. Black in 1916 published that fluoride can have beneficial effects on dental caries due to its topical effect on the teeth erupted in the oral cavity and detrimental effects on the dentition due to its systemic absorption during tooth development resulting in dental fluorosis [6]. Its clinical manifestations vary from enamel changes seen as white flacks to moderate and severe tooth surface changes seen as pitting and mottling areas, with or without brown to black staining. Various treatment options are available for dental fluorosis [7].

When treating dental fluorosis based on a correct diagnosis and a score characterizing of the anomaly the clinician has to choose between a full crown and veneers [8]. Recently, with the development of more reliable adhesive systems, the least invasive option conducting to aesthetic goals should be preferred [9]. The usual treatment for fluoride had been performed by either direct or indirect techniques using composite. The choice between these techniques depended on teeth conditions [10]. Direct techniques using composite veneers could have been a viable option for treating fluorides teeth realizing an acceptable degree of aesthetic with a cost significantly less than other options [5]. Veneers are, recently, a good alternative for treating moderate dental fluorosis. Preparing a tooth for a direct laminate veneer should ideally consist on only removing the

pellicle. Both techniques were extremely conservative [11] but according to authors composite veneers had 2.9% failure rate and this was related to marginal defects and color instability [10]. A successful aesthetic result using ceramic veneers requires an artistic ability on the part of laboratory technician and a skilled clinician when selecting the case, preparing the tooth and bonding [7, 10]. Laminate bonding is indicated for mild to moderate color anomalies, position and form of teeth. They are especially indicated for discoloration, which cannot be completely eliminated by bleaching [9]. According to some clinicians, provisionalization is not necessary because tooth reduction is minimal, but in reality, it's an important step in the treatment plan as it gives to both patient and clinician the opportunity to access the final planned result [11, 12].

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