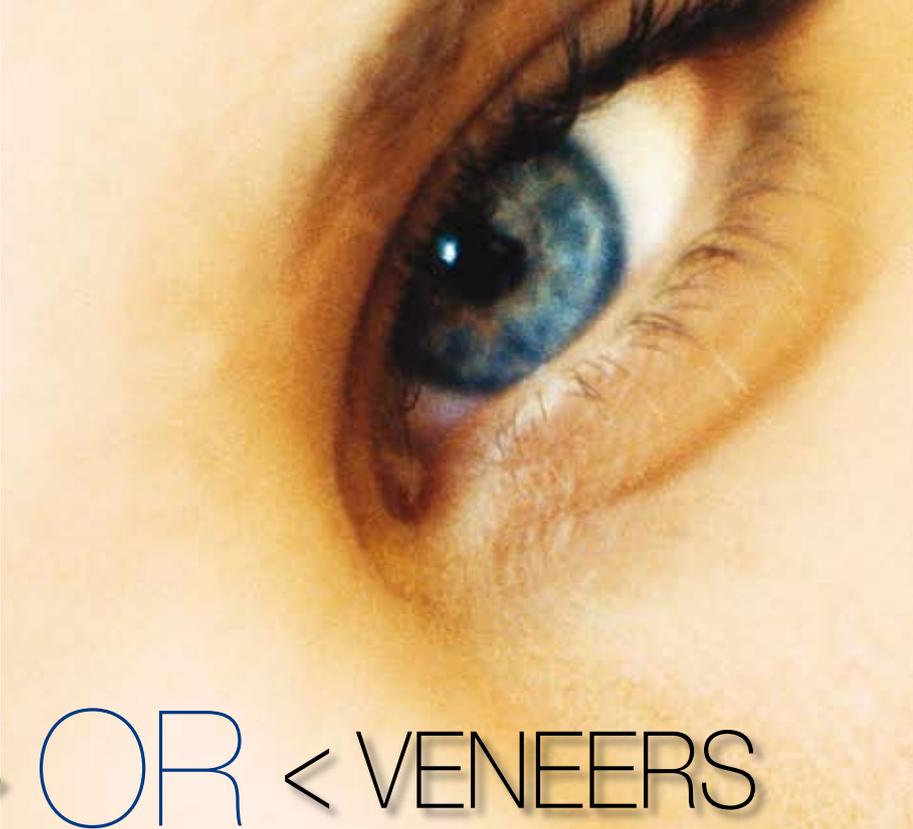




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CROWNS > OR < VENEERS



before

FULL CERAMIC CROWNS: Procera® system (Nobel Biocare)



after

Laboratory: Dental Design, Brussels – Belgium



before

PORCELAIN VENEERS: Procera® system (Nobel Biocare)



after

Laboratory: Dental Design, Brussels – Belgium



WHAT'S THE BEST IN ESTHETIC DENTISTRY:

In cosmetic dentistry, porcelain veneers or full ceramic crowns are blend of art and science that enable a skilled practitioner to achieve sensational effects.

- **Porcelain veneers** are quite suitable as an alternative to minor orthodontics, but not recommended in cases of severe crowding or misalignment of teeth or malocclusions. Veneers are preferable to full crowns when there is adequate remaining tooth structure to support the restoration.

- **Full ceramic crowns** are indicated for teeth that have sustained significant loss of structure. They allow more freedom of work for the dental laboratory in case of moderate misalignment of teeth or malocclusion considering of course in one hand some technical or biomechanical limitations and on the other hand than the first indication of crowded teeth is of course an orthodontic treatment. Full ceramic crowns may be placed on natural teeth or dental implants.

If the distribution of the teeth on the dental arch and the relation between the upper and lower jaw are normal, the main differences between a crown and a veneer thus lies in the fact that a veneer must be related only to the teeth located in the anterior region of the mouth (not for molars), and it is a more preserving treatment because the dental reduction is minimal (the front part of the tooth only is prepared). If the indications are respected, there should not be differences from an esthetic point of view or in the longevity of the treatment between a full ceramic crown and a porcelain veneer.

Extensive dental prosthetic rehabilitation is daunting for some patients because of multiple esthetics, functional, biologic or psychological factors.

The typical patient presenting such a condition is generally emotionally stressed.

It is thus legitimate that he or she asks the following questions to the practitioner :

1. What kind of treatment will allow me to reach the best esthetic results?

2. What's the most conservative treatment / How many teeth will be involved in the procedure?

3. Which technique will give me the best prognosis for longevity?

The question of the pain is not talked because I consider that nowadays, a dental procedure must be carried out without any pain during or after the treatment.

Those questions could be summarized by the following one: what is the best treatment regarding my individual needs and expectations?

It is then obvious than a meticulous examination of the patient's mouth-lips-face and communication are key factors to determine the treatment plan and clinical results that will be most pleasing to the patient.