

ruženje. Rekonstrukcijom krune zuba kompozitnim materijalom dobiveni su zadovoljavajući rezultati.

2. slučaj: 18. godišnja djevojka s dijagnozom hipodontije gornjega lateralnog inciziva desno i s rudimentarnom formom istoga zuba s lijeve strane ortodontski je sanirana ekstrakcijom rudimentarnog zuba s lijeve strane, te zatvaranjem prostora mezijalizacijom kanina na mjesto gornjega lateralnog inciziva, obostrano. Korekturnim prebrušavanjem kanina u inciziv nisu dobiveni zadovoljavajući rezultati, zbog čega je provedena koronoplastika.
3. slučaj: ortodonska terapija 20 - godišnjeg mladića s dijagnozom pokrovnog zagriža i nesrazmjerom u širinama kruna frontalnih zuba gornje i donje čeljusti. Nakon završene ortodonske terapije, zaostale dijasteme između prednjih gornjih zuba, kojima je uzrok manja veličina gornjih u odnosu prema donjim incizivima, riješena je rekonstrukcija zubne krune svih četiriju gornjih inciziva kompozitnim materijalom.

Estetska sastavnica postala je primarnim čimbenikom u psihologiji dobrog izgleda, pogotovo u mladih pacijenata, kao i jedna od glavnih zadaća ortodontije i estetske, rekonstruktivne stomatologije. Suvremeni materijali za ispune, koji se rabe pri rekonstrukciji zubne krune u slučajevima sličnim navedenima, danas omogućuju da se postignu vrhunski rezultati i u estetskom i u funkcionalnom smislu.

Interdisciplinary Orthodontic and Cosmetic Dentistry Approach Three Case Report

Magdalenić-Meštrović M¹, Prpić-Mehičić G.²

¹*Department for Orthodontics, Dental Polyclinic, Zagreb, Croatia*

²*Department of Dental Pathology, School of Dental Medicine, University of Zagreb, Zagreb, Croatia*
E-mail: marija.mestrovic@post.hinet.hr

Orthodontic therapy is not always able to completely meet all cosmetic and functional requirements. In such cases, better results are achieved by an interdisciplinary

approach, to the satisfaction of both the patient and the therapist.

Presentation is made of three patients differing according to their dentofacial anomalies, age and sex, in whom professionally stated cosmetic and functional requirements could not have been fully met by orthodontic therapy alone, without the aid of cosmetic dentistry. Although prosthetic treatment (e.g., cosmetic ceramic crown) could have been chosen in all three cases, it was decided to perform dental crown reconstruction with composite material (coronoplasty), which produced satisfactory results.

Case 1: In a 19-year-old girl, discoloration and size variation of the upper central incisor, caused by endodontic therapy and inappropriate composite filling, remained upon completion of the orthodontic treatment for prognathism, presenting as a cosmetic defect. Satisfactory results were obtained by dental crown reconstruction with composite material.

Case 2: An 18-year-old girl with a diagnosis of upper lateral incisor hypodontia on the right and rudimentary form of its counterpart underwent orthodontic treatment with rudimentary tooth extraction on the left and space closure by canine mesialization to the site of the upper lateral incisor bilaterally. As corrective canine regrinding to an incisor failed to produce satisfactory results, coronoplasty was performed.

Case 3: A 20-year-old man with a diagnosis of overbite and disproportional crown width of mandibular and maxillary front teeth underwent orthodontic treatment, which resulted in residual diastema between the upper front teeth due to the smaller size of the upper relative to lower incisors. Dental crown reconstruction with composite material was performed in all four upper incisors.

The cosmetic component has become a major factor in the psychology of good appearance, especially in the young, and one of the main tasks of orthodontics and cosmetic reconstructive dentistry. The filling materials currently used on dental crown reconstruction, in cases such as those described, have allowed for excellent results to be achieved in both cosmetic and functional terms.