

# 牙體復形學會病例報告競賽摘要稿紙

摘要截收日期：114年7月11日

1. 報名者基本資料:

姓名：黃偌鈞

通訊處：國立成功大學醫學院附設醫院

電話：

傳真：

電子信箱：skylar5074@icloud.com

報名 Junior 組 (實習牙醫學生、PGY)  報名 Senior 組 (受訓住院醫師或以上)

會員

非會員 (待入會)

**PS. 非會員，需於會前辦理入會手續**

2. 病例分類 (請勾選一個治療項目作病例報告)：

齒色材料直接充填

嵌體治療 (齒色)

嵌體治療 (金屬)

瓷牙貼面 (包括全瓷冠)

深度齲齒

綜合複雜病例治療

3. 收件處：

100 台北市常德街 1 號景福館 203A 室 (中華民國牙體復形學會)

電話：(02)2382-6145 傳真：(02)2370-0386

聯絡人：吳小姐

電子信箱：[oda@od.url.tw](mailto:oda@od.url.tw)

請以電子郵件投稿至學會電子信箱

4. 審查結果 (學會專用)

接受 審委簽名：

修正 理由：

婉拒 理由：

# 牙體復形學會病例報告競賽摘要

(請完成下列內容，可依需要增設項目)

Junior組

Senior組

病例符合分類：

齒色材料直接充填

瓷牙貼面 (包括全瓷冠)

嵌體治療 (齒色)

深度齲齒

嵌體治療 (金屬)

綜合複雜病例治療

## 患者基本資料

姓名 (name) : 劉O涵

年齡 (age) : 34 years old

主訴 (chief complain) : Upper anterior restoration dislodged recently.

病史 (past medical and dental history) : No known drug allergy, denied any systemic disease

問題所在 (problem list) : Tooth 22 peg lateral, previous restoration dislodged

診斷 (diagnosis) : Tooth 22 peg lateral

治療計畫 : Tooth 22 direct composite resin filling

## 治療過程及照片 (包括口內照、X光片; 與美學相關者須附口外照)

治療過程：

1. Impression with alginate for study cast.
2. Diagnostic wax up.
3. Local scaling of tooth 22 and shade selection under natural light. Dentin: Empress A3, A3.5(cervical); Enamel: Amaris TL.
4. Remove old restoration and tooth preparation under local anesthesia and rubber dam isolation.
5. Sandblasting with KaVo sandblaster RONDOflex, etching with 35% phosphoric acid etchant, priming and bonding with 3M Adper Schotchbond Multi-Purpose Adhesive
6. Palatal shell build-up with composite resin in Amaris TL, using putty index
7. Two-stage proximal wall build-up.
  - A. First step: creating the cervical third of proximal wall for natural emergence profile. This gingival space was measured using the BT gauge. Bioclear matrix placement (small, red) was placed, then 3M Z350 flowable composite resin was injected. Refining with diamond burs. Creation of spaces for dentin increment.
  - B. Second step: Creating the incisal 2/3 of the proximal wall with transparent contoured matrix for tight contact point and proximal morphology.

8. Dentin increment placement: Empress A3, A3.5 (cervical).
9. Transopal layer, halo effect build -up.
10. Enamel increment placement: Amaris TL.
11. Finishing and polishing with fine diamond bur, polishing disks, strip, No.12 blade, OneGloss and A.S.A.P Polishers.
12. Occlusal adjustment.

治療前照片：



Pre-treatment radiograph



old restoration on tooth 22  
(facial view)



old restoration on tooth 22  
(palatal view)

治療中照片：



Diagnostic wax up



Diagnostic wax up



Shade selection with resin  
buttons



Using floss for sealing



Palatal shell build-up



Palatal shell build-up



Completion of restoration  
(facial view)



Completion of restoration  
(palatal view)

治療後照片：



Post-treatment radiograph



Post-treatment photograph  
(facial view)



Post-treatment photograph  
(close view)



Post-treatment photograph  
(palatal view)



Post-treatment photograph  
(incisal view)



2.5 months follow up



2.5 months follow up  
(labial view)



2.5 months follow up  
(palatal view)



2.5 months follow up  
(incisal view)

## 討論與結論：

### **Discussion:**

Peg laterals are small, conical-shaped teeth that can affect aesthetics, most commonly found in the maxillary lateral incisors. There are several ways to improve their aesthetics, including direct or indirect restorations. Direct restoration refers to composite resin filling, while indirect restorations include porcelain laminate veneer and full crown. Orthodontic treatment is required if great adjustment is needed to pursue harmonious proportions. Different treatments exhibit various limitations and considerations such as aesthetic outcome, appointment time, and costs. The key of successfully restoring peg laterals is to be familiar with the morphology, the occlusion and the shades of direct or indirect restorations.

In this case, direct composite restoration and porcelain laminate veneer have been considered. Direct composite restoration is the most conservative and cost-effective approach to re-establish the peg lateral incisor in a single visit. In contrast, indirect restoration such as laminate veneers may achieve satisfactory esthetic results, but with more tooth preparation and cost. Therefore, patient chose direct restoration. Proximal contacts were built with two matrix: Bioclear matrices facilitated to create a natural emergence profile, and contoured matrix created natural interproximal contact shapes and tight contact with the adjacent teeth. Accompanied with appropriate shade selection and delicate layering technique, the peg lateral was restored in a natural appearance. Various layers and dentin lobe were built up incrementally with controlled transparency. Depression and well-designed line angle are also created with for more natural texture. These techniques facilitate to obtain satisfactory morphology and aesthetics.

**Conclusion:**

Shade and morphology control is the key to achieve favorable aesthetics. Hence, preliminary assessment and analysing are crucial steps in treating peg laterals or any aesthetic dental treatment. Beside, tool selection is also an important factor contributing to aesthetic as well as conservative outcomes.