

# ESTHETIC REHABILITATION IN FIXED PROSTHODONTICS

## PROSTHETIC TREATMENT

2

A SYSTEMATIC APPROACH TO ESTHETIC, BIOLOGIC, AND FUNCTIONAL INTEGRATION

VOLUME

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VOLUME

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# PROSTHETIC TREATMENT

A SYSTEMATIC APPROACH TO ESTHETIC, BIOLOGIC, AND FUNCTIONAL INTEGRATION

2

VOLUME

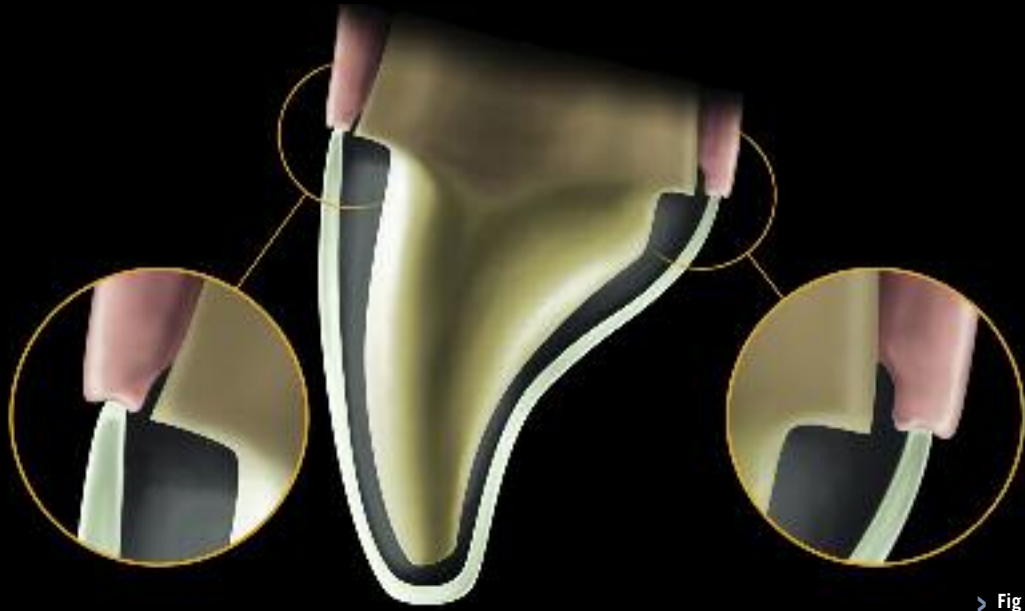
## PROSTHETIC TREATMENT

The ideal treatment plan must be drawn up following careful esthetic, functional, and structural analysis and with the aid of radiographic examinations and stone casts mounted on the articulator by means of correct use of the facebow. The variations necessary for optimizing the case must be transferred to the technician by carefully filling in the laboratory checklist, to create the diagnostic wax-up that will have to incorporate all of the modifications requested by the clinician (Chapter 1). Fabricating the provisional restoration by the MIT technique, aside from ensuring a correct fit in the oral cavity, will give the clinician the opportunity to evaluate the effectiveness and the validity of the variations made, making it possible to

achieve adequate esthetic-functional integration (Chapter 2) and a perfect state of health of the gingival tissues, before proceeding with the definitive preparations (Chapter 3). The final impressions, the impressions of the provisional restorations, all of the occlusal registrations, and record of the facebow will place the technician in a position of being able to finalize the prosthetic rehabilitation correctly (Chapter 4). Cross mounting the casts, creating the silicone indices and the preventive simulation (PS) of the definitive result will make it possible to faithfully replicate all of the characteristics of the functionalized provisional restoration, regardless of the type of restorative material selected (Chapter 5).



29	Chapter	<b>1</b>	COMMUNICATING TO THE LABORATORY – DIAGNOSTIC WAX-UP	To create, by means of correctly filling in the laboratory checklist, a diagnostic wax-up which, in idealizing the esthetic-functional modifications set as the objective of the treatment, represents a preview of the definitive work.
123	Chapter	<b>2</b>	CREATING AND INTEGRATING THE PROVISIONAL RESTORATION	To construct a provisional restoration that, correctly fitted into the oral cavity, will allow the adequacy of the modifications incorporated into the diagnostic wax-up to be verified.
277	Chapter	<b>3</b>	BIOLOGIC INTEGRATION OF THE PROVISIONAL RESTORATION AND DEFINITIVE PREPARATIONS	To achieve and maintain, in all therapeutic phases, a perfect state of health of the gingival tissues by means of ideal biologic integration of the provisional restoration.
373	Chapter	<b>4</b>	FROM THE PROVISIONAL RESTORATION TO THE DEFINITIVE PROSTHESIS: IMPRESSIONS AND DATA TRANSFER	To transfer accurately to the laboratory the registrations necessary to replicate in the definitive restorations the esthetic-functional characteristics present in the provisional restoration.
435	Chapter	<b>5</b>	PRODUCING AND FINALIZING THE PROSTHETIC REHABILITATION	To achieve perfect integration of the prosthetic rehabilitation thanks to a systematic approach and a careful selection of techniques and materials.



> Fig 2-13i



> Fig 2-13j



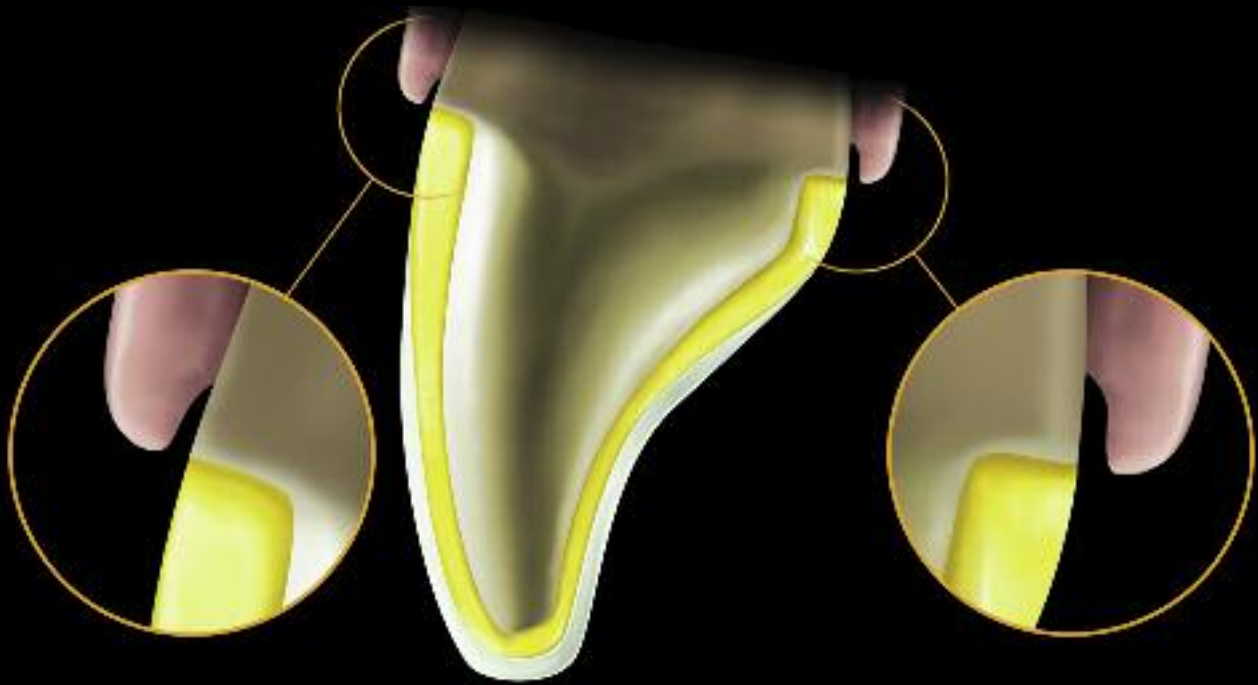
> Fig 2-13k



> Fig 2-13l



> Fig 2-13m



> Fig 2-13n

## MODIFIED INDIRECT TECHNIQUE (MIT)

### PROCEDURE

- With a pencil, mark an overextension of the margin on the stone cast beyond the dentogingival border by roughly 0.5–1.0 mm.
- Perform the diagnostic wax-up, extending it up to the pencil line.
- Make a groove in the stone along the pencil line.
- Fabricate the acrylic shell (overextension: 0.2–0.4 mm).
- Fit and reline the provisional, removing the excess material.
- Refine and polish.

### ADVANTAGES

- Passive insertion
- Ideal fit
- Does not raise the bite
- Easy removal of excess material
- Easy penetration of the relining material into the sulcus
- Ideal marginal reading
- Shorter and much easier finishing phases