

Dental Veneers In Front Teeth - Is It Worth It?

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Abstract:

Aims and Objectives: To determine if dental veneers on front teeth are more aesthetic solution than crowns.

Methodology: On the clinic of Prosthodontics, ten patients were treated in the frontal area. Two patients were treated with porcelain fused metal bridges, seven patients with porcelain veneers and one patient with composite veneers.

Results: According to our study, patients wearing porcelain veneers had more aesthetic results. They had perfect occlusion because they were referred after orthodontic treatment.

Conclusion: According to the final results, we can still use veneers and also porcelain fused bridges as an aesthetic treatment option due to patient wish and need.

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I. Introduction

The most important thing about a person is its own remarkable smile. Most of the people want to be described as persons with one-million-dollar smile, but what they can do about it and what they can afford to obtain the most of their individual case. We say individual because every patient has its own tooth structure, occlusion, damaged or intact teeth, had orthodontic treatment or not, is financially capable or not to pay the best treatment option. At the end, the best case solved is when the patient is satisfied with the smile that matches his needs and financial plan.

In our study we talk about veneers that are modern aesthetic approach to beautiful smile and porcelain fused metal crowns which are the golden standard in restoring patient's teeth. The importance of dentofacial attractiveness to the psychosocial well-being¹ of an individual has been well established.² As an attractive smile has always been the focal point of attention in any aesthetic procedure, the aesthetic dentist seeks not only to improve the aesthetic appearance of the patient, but also to improve the patient's self-esteem.³

The influence of the smile on facial aesthetics is well recognized by society. It can be said that "better smiles are being equated with better living". In 1936, Pilkington defined dental aesthetics as "the science of copying or harmonizing our work with that of nature, making our art inconspicuous".⁴ By improving deficient facial proportion and integumental form, surgeons, orthodontists and restorative dentists have the unique opportunity to address these aesthetic needs while creating a pleasing smile.⁵

Aim of the study

The aim of this study is to determine which method gives the most aesthetic result in patient's smile.

II. Materials and Methods

Exactly ten patients were treated and took part in the examination. The study models were taken for each person and later were analysed on the Clinic of Prosthodontics. For the aim of the study silicon key and exocad parameters were used for obtaining better results.

The following criteria of accession were considered in patients with veneers:

- All teeth on plaster models assessed to be morphologically normal
- Absence of any decay
- Absence of any interproximal restoration
- Absence of any attrition

- Absence of any erosion
- Absence of any abrasion
- Absence of any broken-down crown
- Absence of any crack or fracture

The exclusion criteria involved persons undergoing orthodontic treatment, history of orthodontic treatment following extraction of permanent teeth, extraction history except the third molar, and also extensive direct restorations. Impressions were taken from all participants. They were taken with special prefabricated metal trays and irreversible hydrocolloid impression material. After this step, the impressions were disinfected with 2 % sodium hypochlorite solution for 10 minutes and later the plaster models were made. After 24 hours, mesiodistal width was measured directly on the studio models for all the teeth. For each studio model the following parameters were registered: the MD crown diameters of all the teeth except the second and third molars, and the inter-canine space between the six frontal teeth. The MD crown width was measured as the greatest distance between the contact points of the approximal surfaces of the dental crown. For obtaining credible results, the calliper should be placed parallel to the occlusal and buccal surfaces. All the measurements were done with manual method using special calliper. Up to 10 pairs of dental studio models were examined. One week after the data collection the final results were obtained.

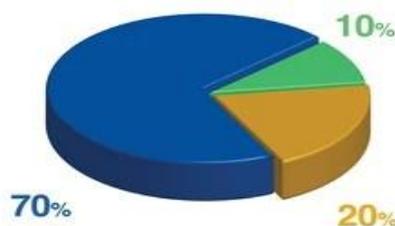
Data were processed using the computer program Statistika 6.0.

It is good to know that patients decided to treat with porcelain fused metal crowns do not meet the mentioned criteria. In some patients' metal post core were placed in order to rebuilt the tooth structure. Therefore, they were not indicated as a veneer treatment option.

III. Results

For obtaining the final results, ten patients from different genders, age 35-45 were analysed. According to them, 70% have been treated with dental porcelain veneers as a treatment option because of the option of more real aesthetic result, 20% have been treated with metal fused porcelain bridge because of the age parameter and 10% said that they wanted composite veneers as a result of financial option.

Table No 1. Graphic presentation of the obtained results



IV. Discussion

Every dentist has to be aware of the tooth structure and tooth discrepancies when deciding the right treatment option. As a dental professional, he has to offer the best treatment option as well as the most convenient one for the patient. When deciding on a type of treatment, the question of longevity is an important issue to consider. The tooth is at a greater risk when the potential treatment requires destructive preparation.⁶ Being one of the most minimally invasive techniques, PLV has characteristically been less destructive to the tooth. If properly prepared, tried-in and bonded, PLVs exhibit a long-life span. The durability and survival rate for the PLV seems to range from one month to ten years according to clinical reports that have been published in the last ten years. In vitro studies have indicated that when enough intact tooth tissue remains to bond the porcelain veneer, and when occlusion and articulation are not pathological, porcelain veneers are strong and durable restorations. Certainly, patients want the most aesthetic option but eventually the most frequent reason for not chose that option is the financial cause. However, younger patients, in most of the cases are sure to obtain dental veneers as a treatment option because of the aesthetic results and also for less damaging tooth structure. They want to save as much tooth structure as possible because later in live they can decide to take crowns. Patients middle age, depends on the financial thought, choose to have metal fused porcelain bridge because they want their teeth last longer. Only one patient from the concern group wanted to have composite veneers because of the price and fast treatment which is done in one appointment.

They all get the aesthetic they paid for and those with dental veneers made of lithium disilicate for sure have the best aesthetic results.

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