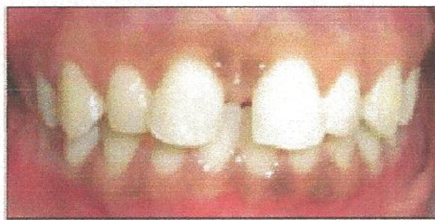

Figure 1. Severe spacing between maxillary centrals.

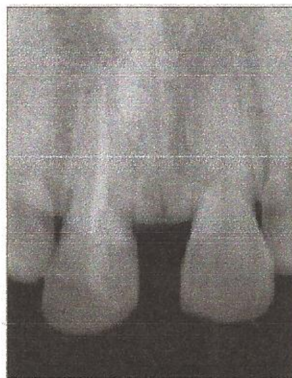

Figure 2. Root canal therapy completed on tooth #8; chipped segment bonded in place.

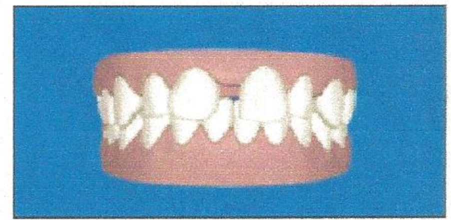

Figure 3. ClinCheck representation of patient's teeth before Invisalign treatment.

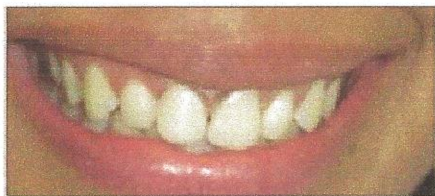

Figure 4. Closure of diastema after Invisalign therapy.

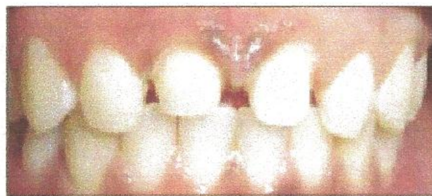

Figure 5. Preparations for E-max crown #8 and veneer #9.

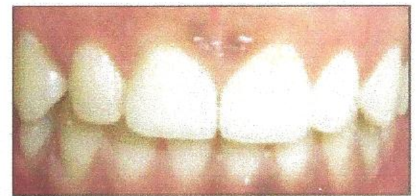

Figure 6. Final restorations cemented in place.

(Figure 3), eight trays were created for the mandibular arch and 20 trays for the maxillary arch. Aligners are to be worn full time, and removed only when eating, drinking and brushing the teeth.

The patient returned to have attachments placed (to help stabilize the aligners and rotate the teeth). She was provided with written and verbal instructions on how to wear and care for the appliances. The patient returned to the office every six weeks to monitor treatment progress.

Once Invisalign treatment was complete, the diastema between the central incisors was significantly diminished, improving her smile tremendously (Figure 4). The patient commented on how much more she liked to smile now that her teeth were straight. Retainers were delivered to the patient with proper wear instructions. At this point final restorations could be fabricated.

Restorative options were discussed, including a crown on tooth #8 and possible veneers. The patient chose to proceed with a crown on #8 and a veneer on tooth #9, to help with shade matching and to divide the proportions over the two central incisors.

Preparations for the definitive restorations were completed following standard protocols (Figure 5). E-Max *(Ivoclar Vivadent)* was chosen as the material for the restorations because of its high compressive strength, excellent aesthetic properties and great marginal integrity.

PVS impressions and a bite registration *(Genie, Sultan Healthcare)*, a face-bow transfer and photographs were sent to the laboratory for production of the restorations *(Burbank Dental Lab, Burbank CA)*. The patient was given postoperative instructions, and was scheduled to return in two weeks.

At the seat appointment, once the patient was anesthetized, the provisional restorations were removed and the teeth were cleaned with Consepsis *(Ultradent)*. The restorations were tried in and evaluated for fit, marginal integrity, contact and overall appearance. Once the restorations were verified, the patient had the opportunity to preview them before cementation.

Approved by the patient, the restorations were etched with hydrofluoric acid, then silanated. The teeth were coated with two layers of G-Bond *(GC America)*; resin cement *(DC Nexus III clear, Kerr)* was used to cement the restorations in place (Figure 6).

By combining Invisalign therapy with aesthetic dentistry, we were able to produce an attractive and pleasing outcome. The patient was thrilled with her new smile and ecstatic that she was able to correct her teeth with invisible aligners. She was told to be careful chasing after her child and to enjoy her smile to its fullest.

Queries about this article can be sent to Dr. Schwartz at bensdds@gmail.com.