

INTRODUCTION

They say a picture is worth a thousand words. In the world of dentistry photography plays a pivotal role in providing patients with the opportunity to see possible outcomes of treatment. In this project we sought to use chair side cellular phone pictures and editing techniques to assist in the formulation of definitive treatment plan.

METHODS & MATERIAL

1. Patient consent obtained for use of photos
2. Upper and lower Alginate Impressions
3. Study models obtained
4. Diagnostic wax ups completed
5. Regofix stents made chair side
6. Protemp material used for patient visualization
7. Pictures obtained
8. Treatment decisions made with patient based on photos
9. Definitive treatment with composite



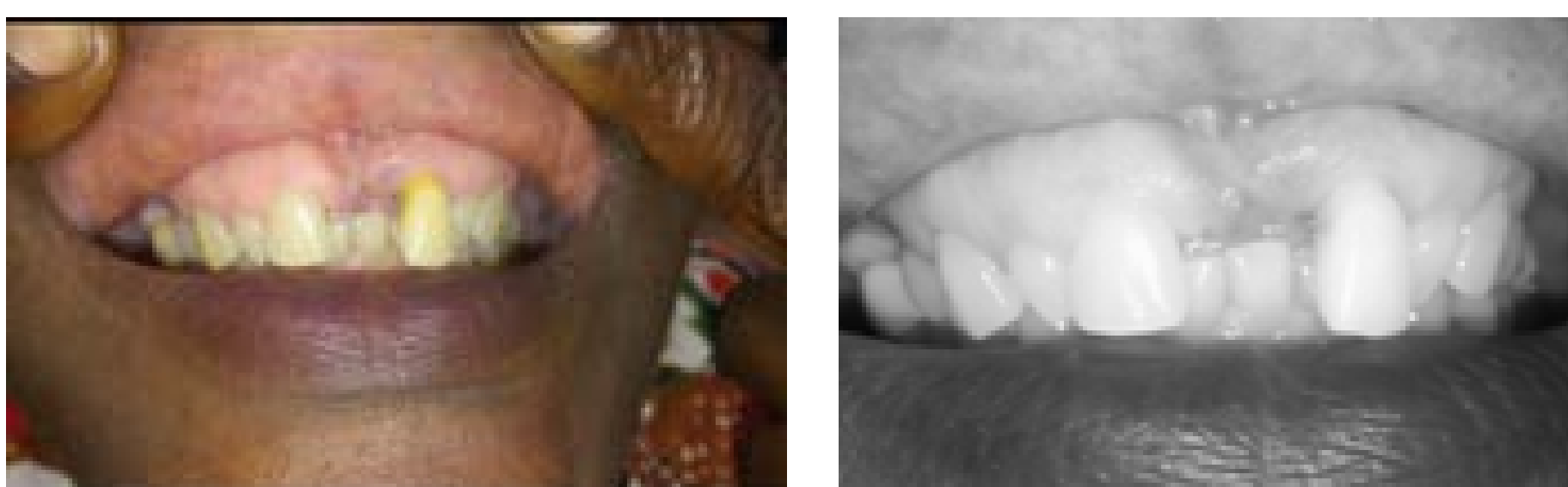
Fig 1. showing regofix used to make stent



Fig 2. showing temporary material protemp

CLINICAL CASE 1

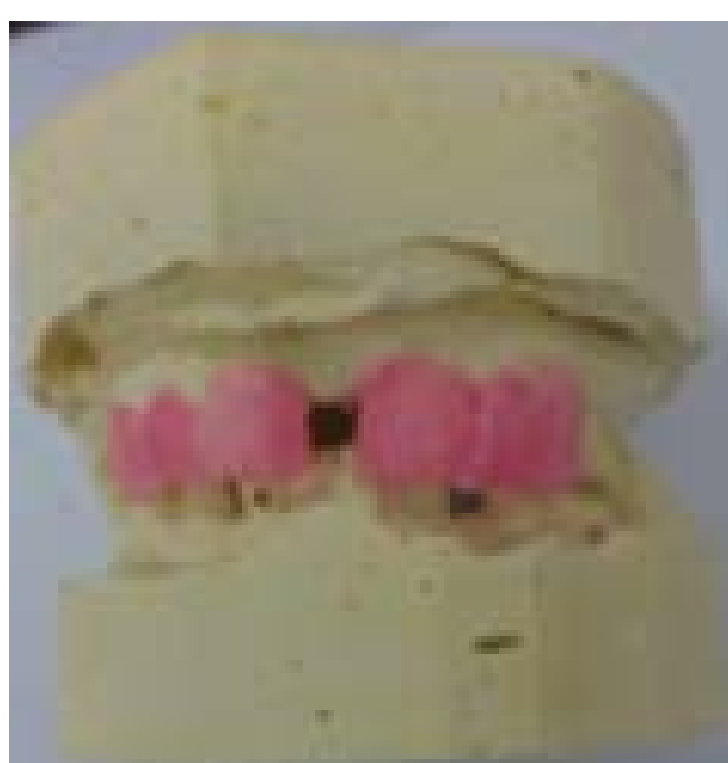
Preoperative Photos



Primary Study Models



Chairside Wax Up



Chairside Regofix Stent



Temporary Restoration With Protemp

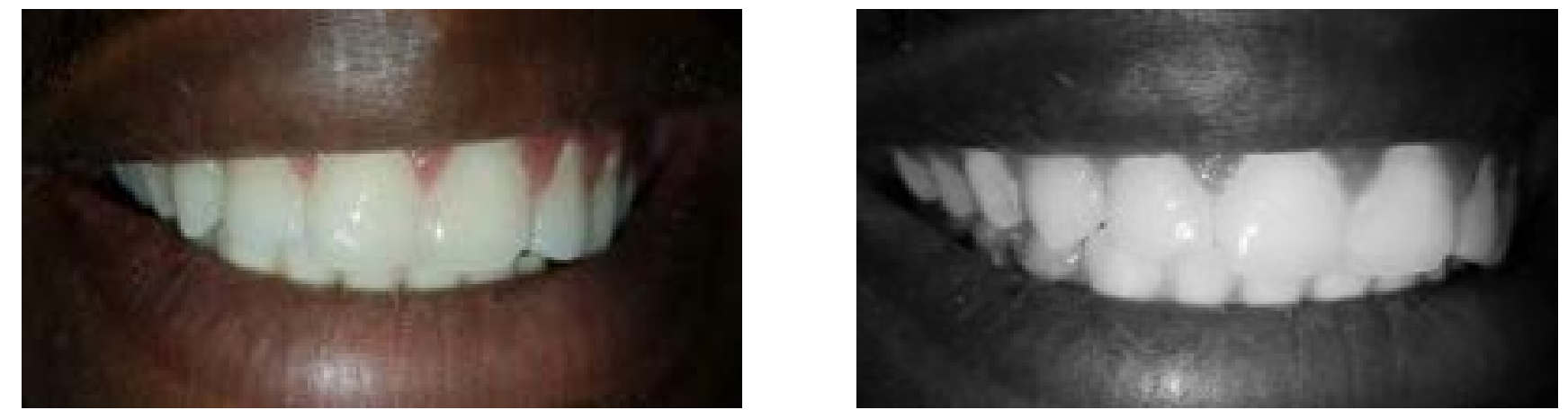


Final Restoration With Composite



CLINICAL CASE 2

Preoperative Photos



Chairside Wax Up



Temporary Restoration With Protemp



DISCUSSION

Patient's understanding of treatment was of utmost importance in the cases presented. In the verbal explanation of proposed treatment it can be daunting to the patient. Thus by providing the necessary visualizations of the different treatment options in the form of photos allowed for a greater understanding, quicker choice and acceptance for the particular course of treatment. Since this restorative case directly involved the aesthetic zone (canine to canine) careful consideration was given to either close the diastema completely or to reduce it. Patient was more inclined to maintain her diastema based on photos obtained. As such her treatment included the provision of composite veneers with a reduction of her diastema.

In the second case the patient is in the final stages of his aesthetic dental work. Patient expressed a concern for the slanted appearance of his smile. The proposed treatment included composite build ups incisally and occlusally from #15 to #22. Once provided with the picture of the temporary appearance the patient readily accepted it as the definitive treatment.

Finally, some of the photos presented are seen to be converted to black and white. This was done to eliminate the element of colour in the photos, therefore emphasizing shape and form. This allowed for the clinician to focus on the aesthetic form of the teeth to be restored and such obtain a pleasing result.

CONCLUSION

In these two cases the patient acceptance was greater when given the pictorial presentation of treatment. With this positive response it has set the grounds for further study where clinicians would be encouraged to include photos in treatment. In a controlled setting parameters can then be set and measured.

REFERENCES

1. Ahmad I. Digital Dental Photography Part 2: Purposes and Uses; British Dental Journal (2009)
2. Kataoka A. Excellence in Dental Photography; the Academy for Clear Aligner Therapy (2016)
3. Machado AW. 10 Commandments of Smile Esthetics; Dental Press Journal of Orthodontics (2014)