



Full mouth rehabilitation in a bruxist: The LuxaCrown solution

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A 67-year old man attended the clinic for improvement of his smile and function.

This patient had been through numerous rounds of attempted conformative direct restoration using composite, which would often fail within three-months (Fig. 1).

After understanding that the patient had been through years of 'non-carious tooth surface loss' (NCTSL) which was primarily attrition-related we discussed treatment options. The patient understood that a full-mouth approach would be required in order to restore function and aesthetics.

Treatment sequence.

Planning was imperative to the success of this case. The patient was limited by economic factors therefore it was agreed that the case would be definitively restored using indirect composite. Articulated study models were taken, and the smile was designed using the Facially generated treatment approach or 'EFSB' as coined by Frank Spear and the Spear institute of education. This design was transferred to a full mouth diagnostic wax up (Fig. 2).

The patient was then de-programmed using a deprogramming device for two weeks. A trial smile process was undertaken to verify the wax up against the patient's dentition. This was initially restored using Luxatemp, however the patient returned due to fracturing of the temps. In this case LuxaCrown was chosen to prepare the new provisional (Fig.3). This remained for 12-months whilst reviews and adjustments were taking place. These restorations survived without failure or significant fractures even in such a severe toothwear case. As can be seen in the preoperative image that was taken (Fig. 4), a significant loss of tooth surface and damage is evident, whilst with LuxaCrown (Fig. 5) we can see significant improvement in aesthetics and function over a long-period of time.

Overall LuxaCrown offers significant advantages over Luxatemp in such severe cases of parafunctional activity, but also can be used a long-term provisionals (for up to five years).

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↗ Fig. 1: Initial presentation.



↗ Fig. 2: Full mouth diagnostic wax up.



↗ Fig. 3: LuxaCrown long-term interim restoration placed to assess aesthetics and function.



↗ Fig. 4: Preoperative contrasted view.



↗ Fig. 5: Postoperative LuxaCrown provisional contrasted view.