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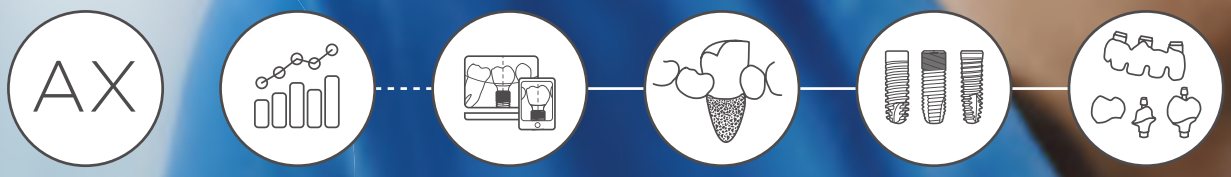

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EDITORIAL
by Brendan Day

Dear reader,

It is with a great deal of pride that I welcome you to the fifth issue of the Clinical Masters™ magazine.

Since the magazine's launch in 2015, it has served as a valuable point of reference for a deeper understanding of the courses, institutions and faculty that, together, constitute the world-class Clinical Masters™ programs.

Given the cultural and geographic diversity of the training centers, this magazine is designed to provide articles to suit a wide range of interests.

Inside, you will find an article from the famed Dr. Didier Dietschi on direct bonding in the smile frame, and the endodontic applications of pre-mixed bioceramic materials are illuminated by Dr. Gilberto Debelian.

There is also a discussion with Dr. Giovanna Perrotti, CEO of the renowned Lake Como Institute, as well as an interview with endodontic master Dr. Arnaldo Castellucci, who highlights the myriad benefits of microscopes. In addition, Dr. Sascha Jovanovic takes us on a tour of current and future trends in implantology, while Dr. Gianluca Plotino presents his endodontic bucket list course. Truly, there is something for everyone.

The educational opportunities offered through this unique program series are grounded in the belief that our intensive, hands-on training sessions are best coupled with extensive self-study opportunities on our exceptional Clinical Masters™ Network e-learning platform. Dental professionals from all corners of the globe who have participated in our programs, which cover courses in esthetic and restorative dentistry, implant dentistry, endodontics, and modern concepts in restorative dentistry, have thus received mentoring from our team of clinical masters and more over the past 12 months through our Clinical Masters™ Network.

Of course, I hope that you enjoy this issue of the Clinical Masters™ magazine and warmly extend an open invitation for you to attend one of the international Tribune CME programs.

With my best regards,

Brendan Day
Editor

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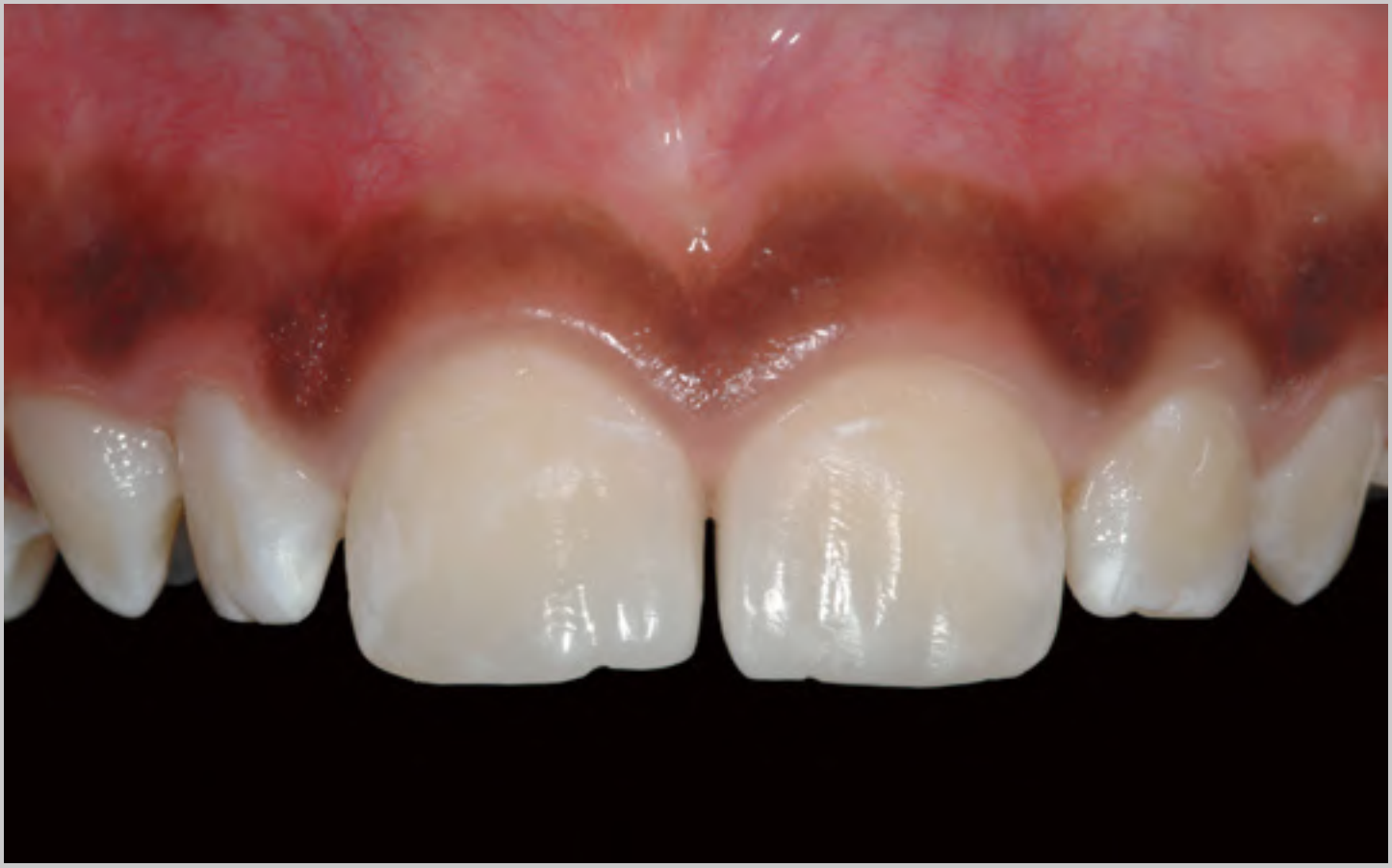
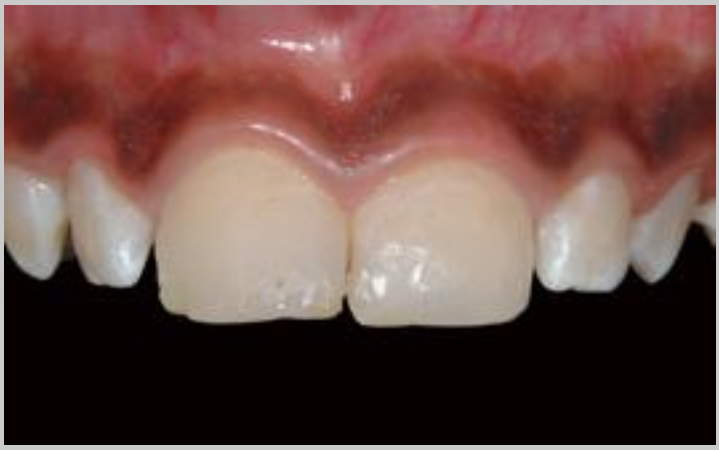
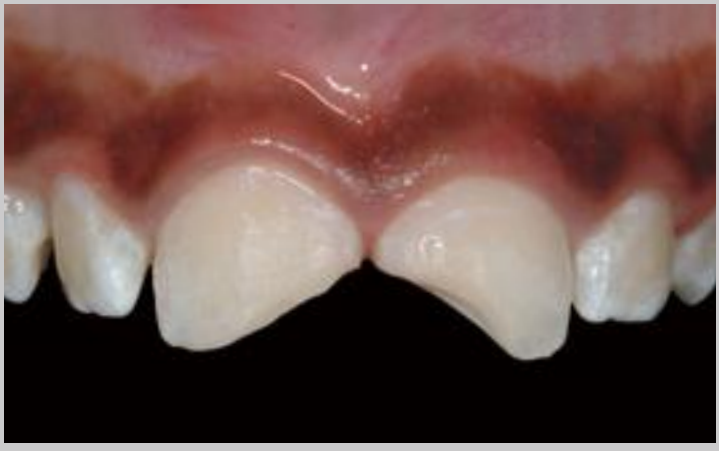
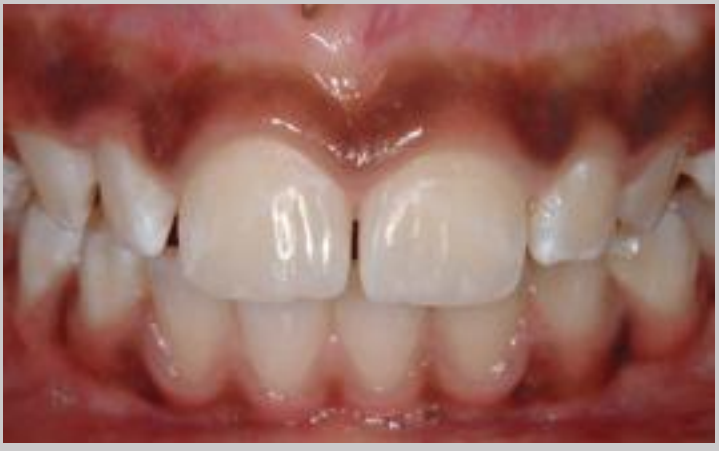


Fig. 1e





Figs. 1a & b



Figs. 1c & d

Direct bonding in the smile frame:

Merging new technologies and human touch for the best

Dr. Didier Dietschi, Switzerland
Dr. Didier Dietschi received his DDM in 1984, his MD in 1989, his PhD in 2003 and his habilitation qualification (post-doctoral) in 2004, all from the University of Geneva, Switzerland. He is currently a senior lecturer at the university and an associate professor at Case Western Reserve University in Cleveland, Ohio, U.S. Dr. Dietschi is in charge of anterior adhesive restorations and periodontal and implant surgery at the Geneva Smile Center.

Introduction

Restorative dentistry has entered a phase of deep conceptual rupture, demarcating two camps, the traditional one, pursuing the convention of human-conceived and -fabricated restorations, and the modern one, celebrating new technologies in all aspects and steps of a restorative treatment and limiting tremendously the manual contribution of the dentist. However, even the most enthusiastic, modern professionals recognize that no technology can equate to the excellence and perfection of a powerful brain and agile hands acting in synergy, while the most conservative ones also admit that digital dentistry has the potential to elevate the level of mass dentistry. What is the most reasonable attitude? Probably a position in between the extremes. Freehand direct bonding can then be looked at from different perspectives as well: it will soon be abandoned and replaced by either CAD/CAM and 3-D printed restorations, or on the contrary, even further developed, using some new digital technologies to improve its outcome and practicality, fueled worldwide by a slowing economy and the quest for an ultraconservative treatment approach. The latter vision is from far the most realistic one, as many restorations cannot be approached simply by new technologies owing to the limits of the cavity or restorative geometries and the irrational complexity, preparation imperatives or technology immaturity of CAD/CAM and 3-D printing systems if applied unrestrictedly. This report aims then to discuss and illustrate current and future indications and application protocols of direct bonding, as a way to bridge classical and modern dentistry.

Overall considerations and indications for direct bonding

The use of composite is likely to continue, probably even develop, in the forthcoming decade. Actually, no foreseen new technology seems able to allow soon the intraoral fabrication of highly esthetic and strong restorations in a simple, efficient and cost-effective way. In the case of extraoral fabrication, tapered cavities or at least different cavity designs are required, generating as well undesired complications and costs. Keeping this in mind, direct composite application has unique advantages in the following precise indications **(Figs. 1a–e)**:[1,2] – Class III–V restorations;

- form corrections (tooth shape; proportions and dimensions);
- esthetic enhancements in young patients;
- diastema and black triangle closure;
- veneering of anterior and lateral teeth (if limited discoloration);
- interceptive approach to tooth wear.

The advantages of a direct approach are multifold, including tissue conservation, use in young patients (aiming for treatment reversibility), reduced execution time and lower cost (as opposed to indirect or CAD/CAM restorations), providing also satisfactory longevity.[3,4] Conversely, some limits exist, related to the practitioner's experience, composite shading and layering concept (some systems are still overcomplicated and unreliable in terms of esthetic/shade outcome) and application of detailed protocols, although the last point or shortcoming is truly a relative one. The use of direct techniques has only few limits in terms of extent, namely nonvital teeth or very large carious lesions, for which crowns or extended bonded porcelain restorations are usually preferred. Likely in-between indications for direct or indirect solutions – some cases lie within a gray zone – are resolved mainly according to the operator's preference rather than any other strong rationale **(Figs. 2a–s)**.

"An optimal result in terms of esthetic integration is feasible today, although it will rarely be achieved without proper material choice and an appropriate layering approach and application, which are largely product-specific"