CLOSING DIASTEMAS WITH DIRECT RESTORATIONS: CLINICAL CASE

**DISCUSSION:** There are several treatment options to close a diastema, all with their advantages and limitations. It is possible to choose between orthodontic treatment, rehabilitation with crowns, rehabilitation with ceramic veneers, rehabilitation with resin composite veneers or rehabilitation through direct restorations. From the various options of treatment, the rehabilitation with composite resin directly through the composite layering technique is simple, economic and conservative.

**CONCLUSION:** The closure of the diastema in anterior teeth, using direct restorations, is considered a viable option for the rehabilitation of the harmony of soft and hard tissues, matching to the aesthetic expectations of the patient (Fig 10-16).

**BIBLIOGRAFIA:**

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**CLINICAL CASE DESCRIPTION:** Female patient, 50 years old, who attended an emergency appointment, at ISCSEM, unhappy with the aesthetics of her smile. According to the clinical history, she had a depression and was under psychiatric treatment. Bite-wings and an orthopantomography were used as additional diagnostic procedures. The objective examination of the patient revealed attrition lesions in the 2nd and 5th sextants. The patient was diagnosed with the presence of a diastema in the anterior-superior region (Fig 3). Several treatment solutions have been proposed, but due to financial constraints indicated by the patient, the selected approach was the rehabilitation with direct restorations. A diagnostic wax-up was carried out (Fig 4) along with silicone keys to be used as a palatal guide and for the mock-up (Figs 5 and 6). The mock-up of bis-acrylic resin was applied to verify the final shape of the restorations. The strategy to be implemented for the restorations was based on the adhesive system Optibond FL (KerrHawe, Scafati, Italy) and the application of the composite Enamel Plus HRI (Micerium, Avegno, Italy) with UD2 and EU2 colors through the composite layering technique (Figs 7-9).

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