CASE DESCRIPTION: A healthy, 36-year-old female patient appeared in the clinic unhappy with the aesthetics of her smile. After a correct anamnesis, clinical, photographic and radiographic evaluation, the diagnosis was made and the treatment plan was delineated:

DIAGNOSIS:
- Presence of teeth 16, 24 and 26.
- Infiltrated Restorations on teeth 12, 11, 21, 22 and 36.
- Periapical lesions on teeth 11, 21, 22 and 36.
- Upper removable denture.
- Class II division 2 fissures. Overbite increased. Lower attrition.
- Gingival smile.
- Light upper and lower crownering. Presence of teeth 21, 17, 17, 27 and 18.

The patient decided that she would not perform steps 2 and 3 of the proposed treatment plan for economic reasons. Although the risks inherent in this decision were explained.

TREATMENT PLAN:
1. Endodontic retreatment, internal bleaching and composite resin restorations on teeth 11, 21, 22 and 36 (Fig. 4, 5 and 6).
3. Implant rehabilitation in edentulous spaces.
4. Ceramic overlay on tooth 36 (Fig. 2).
5. Gingivectomy + Feldspathic veneers on teeth 12, 11, 21, 22.
6. Remount of dental hypoplasia by vestibular of tooth 13, at the request of the patient (Fig. 14 and 15).

DISCUSSION: The fact that the patient has not accepted to carry out the entire treatment plan initially proposed may jeopardize the final result and/or the longevity of the treatment. Posterior occlusal instability may result in failure of anterior aesthetic rehabilitation. This was explained to the patient and in order to compensate for this eventual imbalance, it was proposed to perform a stabilized silicate in order to preserve the rehabilitation performed and the entire joint complex. Endodontic retreatment and internal bleaching were planned for teeth 11, 21 and 22 (Figure 6), in order to improve the substrate value and to be less invasive in the preparation of these teeth during rehabilitation. In this way, the preparations would remain in enamel and provide better adhesion between ceramic faces and the tooth. Gingivectomy was performed on teeth 11, 12, 21, and 22 (Figure 6) to increase the clinical crown of these teeth and help compensate for the existing gingival smile.

Feldspathic ceramics are the material of choice when we talk about rehabilitation in the anterior sector from the aesthetic, optical and biomimetic points of view (Figure 17).

CONCLUSION: Although ideal treatment plan was done, it was possible to achieve the goals and restore the patient’s self-esteem. It was made a stabilized silicate in order to preserve the rehabilitation performed and the entire joint complex. This treatment option does not limit in any way for those if there is interest on the part of the patient, to perform orthodontics and implant rehabilitation in order to complete the treatment plan stipulated initially.