AESTHETIC AND FUNCTIONAL SMILE REHABILITATION: AN INTERDISCIPLINARY APPROACH INVOLVING PINK AND WHITE AESTHETICS – A CLINICAL CASE REPORT

REABILITAÇÃO ESTÉTICA E FUNCIONAL DO SORRISO: ABORDAGEM INTERDISCIPLINAR ENVOLVENDO ESTÉTICA ROSA E ESTÉTICA BRANCA – RELATO DE CASO CLÍNICO

REHABILITACIÓN ESTÉTICA Y FUNCIONAL DE LA SONRISA: UN ENFOQUE INTERDISCIPLINARIO QUE INCLUYE ESTÉTICA ROSA Y BLANCA – INFORME DE UN CASO CLÍNICO

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ABSTRACT

In contemporary dentistry, smile aesthetics has a direct influence on patients' self-esteem, self-confidence, and quality of life, leading to an increasing demand for treatments that promote harmony between gingival aesthetics (pink aesthetics) and dental aesthetics (white aesthetics). Conditions such as gummy smile, often associated with altered passive eruption, may compromise this harmony and require an interdisciplinary approach. The aim of this study was to report a clinical case of esthetic and functional smile rehabilitation through the association of periodontal surgery and direct composite resin veneers. This is a clinical case report of a 42-year-old female patient who presented esthetic dissatisfaction related to the shape, color, and proportion of the anterior teeth, associated with excessive gingival display. Treatment planning included photographic records, digital smile design, diagnostic waxing, and mock-up fabrication, providing predictability and safety throughout the clinical procedures. Initially, clinical crown lengthening surgery associated with gingivoplasty was performed in the anterior maxillary region, with repositioning of the alveolar bone crest in accordance with biological parameters. After adequate periodontal healing, in-office tooth whitening was carried out, followed by esthetic rehabilitation using direct composite resin veneers, following an adhesive protocol under rubber dam isolation and stratification technique. The results demonstrated stability of the gingival margins, proper esthetic integration of the restorations, and reestablishment of smile harmony. It can be concluded that the interdisciplinary approach between periodontics and restorative dentistry was effective and predictable, highlighting the importance of meticulous planning and the role of restorative dentistry in minimally invasive esthetic reanatomization, resulting in high patient satisfaction and a positive impact on self-esteem and quality of life.

Keywords: Dental Veneers. Composite Resins. Gingivectomy. Dental Esthetics.

RESUMO

Na odontologia contemporânea, a estética do sorriso exerce influência direta sobre a autoestima, a autoconfiança e a qualidade de vida dos pacientes, tornando frequente a busca por tratamentos que promovam harmonia entre a estética gengival (estética rosa) e a estética dentária (estética branca). Alterações como o sorriso gengival, frequentemente associadas à erupção passiva alterada, podem comprometer essa harmonia e demandar uma abordagem interdisciplinar. O objetivo deste trabalho foi relatar um caso clínico de reabilitação estética e funcional do sorriso por meio da associação entre cirurgia periodontal e facetas diretas em resina composta. Trata-se de um relato de caso de paciente do sexo feminino, 42 anos, com insatisfação estética relacionada à forma, cor e proporção dos dentes anteriores, associada à exposição gengival excessiva. O planejamento incluiu registros fotográficos, planejamento digital do sorriso, enceramento diagnóstico e confecção de mock-up, proporcionando previsibilidade e segurança na condução do tratamento. Inicialmente, realizou-se cirurgia de aumento de coroa clínica associada à gengivoplastia na região ântero-superior, com reposicionamento da crista óssea alveolar de acordo com os parâmetros biológicos. Após adequada cicatrização periodontal, procedeu-se ao clareamento dental e à reabilitação estética por meio de facetas diretas em resina composta, seguindo protocolo adesivo sob isolamento absoluto e técnica de estratificação. Os resultados demonstraram estabilidade das margens gengivais, adequada integração estética das restaurações e restabelecimento da harmonia do sorriso. Conclui-se que a abordagem interdisciplinar entre periodontia e dentística restauradora foi eficaz e previsível, destacando-se a importância do planejamento criterioso e do papel da dentística na reanatomização estética minimamente invasiva, promovendo elevada satisfação da paciente e impacto positivo em sua autoestima e qualidade de vida.

Palavras-chave: Facetas Dentárias. Resinas Compostas. Gengivectomia. Estética Dentária.

RESUMEN

En odontología contemporánea, la estética de la sonrisa influye directamente en la autoestima, la confianza y la calidad de vida de los pacientes, lo que hace frecuente la búsqueda de tratamientos que promuevan la armonía entre la estética gingival (estética rosa) y la estética dental (estética blanca). Alteraciones como la sonrisa gingival, a menudo asociada con una erupción pasiva alterada, pueden comprometer esta armonía y requieren un enfoque interdisciplinario. El objetivo de este trabajo fue presentar un caso clínico de rehabilitación estética y funcional de la sonrisa mediante la combinación de cirugía periodontal y carillas de resina compuesta directa. Se trata del caso de una paciente de 42 años con insatisfacción estética relacionada con la forma, el color y la proporción de sus dientes anteriores, asociada a una exposición gingival excesiva. La planificación incluyó registros fotográficos, planificación digital de la sonrisa, encerado diagnóstico y fabricación de maquetas, lo que proporcionó predictibilidad y seguridad en la realización del tratamiento. Inicialmente, se realizó una cirugía de alargamiento de corona clínica asociada a gingivoplastia en la región anterosuperior, con reposicionamiento de la cresta ósea alveolar según parámetros biológicos. Tras una adecuada cicatrización periodontal, se procedió al blanqueamiento dental y la rehabilitación estética mediante carillas de resina compuesta directa, siguiendo un protocolo adhesivo bajo aislamiento absoluto y una técnica de estratificación. Los resultados demostraron estabilidad de los márgenes gingivales, una adecuada integración estética de las restauraciones y la restauración de la armonía de la sonrisa. Se concluye que el enfoque interdisciplinario entre periodoncia y odontología restauradora fue eficaz y predecible, destacando la importancia de una planificación cuidadosa y el papel de la odontología restauradora en la reanatomización estética mínimamente invasiva, promoviendo una alta satisfacción del paciente y un impacto positivo en la autoestima y la calidad de vida.

Palabras clave: Carillas Dentales. Resinas Compuestas. Gingivectomía. Estética Dental.

1 INTRODUCTION

In contemporary dentistry, the search for smile aesthetics has become a determining factor, exerting a direct influence on patients' quality of life, self-esteem, and self-confidence (OLIVEIRA et al., 2020). The continuous development and improvement of restorative techniques have expanded the possibilities of correcting changes related to tooth color, shape, and dimensions, favoring the achievement of predictable and satisfactory aesthetic results in patients seeking to improve the appearance of their smile (LIMA et al., 2023).

The aesthetic analysis of the smile should not be limited exclusively to the dental elements, and it is essential to also consider the gingival tissues, which make up the so-called pink aesthetics. The balance between pink and white aesthetics is an essential factor for the harmony of the smile and for obtaining natural results (MEDEIROS et al., 2025). Clinical conditions such as gummy smile, often associated with altered passive eruption, inadequate lip position, or excessive vertical growth of the maxilla, can compromise this harmony and generate aesthetic dissatisfaction on the part of the patient (MARZADORI et al., 2018).

In this scenario, interdisciplinary therapeutic approaches involving periodontics and restorative dentistry stand out as effective strategies for the reestablishment of aesthetics and function. Surgical procedures, such as clinical crown augmentation and gingivoplasty, when previously associated with rehabilitation with direct composite resin veneers, allow the establishment of an adequate relationship between anatomical and clinical crown, in addition to favoring the harmonious positioning of the gingival margins, respecting established aesthetic principles, such as the golden ratio (VERARDI et al., 2016; MEDEIROS et al., 2025).

To obtain predictable results, it is essential to carry out a careful diagnosis and detailed planning. In this context, diagnostic closure plays a fundamental role in enabling the prior visualization of the final result and guiding the subsequent clinical steps (NETO et al., 2019). In addition, the mock-up contributes to greater precision during the execution of restorations, in addition to allowing the patient to see the restorative proposal in advance. (DOS REIS et al., 2018).

In this way, the integration between pink aesthetics and white aesthetics is configured as one of the pillars of contemporary aesthetic rehabilitation, promoting naturalness to the smile, facial balance and positive impact on the self-esteem of patients (GONÇALVES; MONTEIRO, 2021). Thus, the present study aims to report a clinical case of aesthetic smile rehabilitation through an interdisciplinary approach, involving clinical crown augmentation surgery and direct veneers in composite resin, aiming to improve the patient's function, aesthetics and quality of life.

2 CASE REPORT

A 42-year-old female patient came to the dental clinic of the specialization in Dentistry and Dental Prosthesis of the Orofacial Institute of the Americas Style with the main complaint related to the aesthetic impairment of her smile. After anamnesis and clinical examination, unsatisfactory restorations were observed in terms of dental color and anatomy. In addition, the patient had a gingival smile, a thick periodontium, and uneven gingival zeniths, conditions that could compromise the predictability of the rehabilitation stage with direct composite resin veneers (Figure 1). Radiographic examination also revealed marginal infiltration in the restorations of teeth 11 and 21, as well as excess restorative material in the cervical region of tooth 12, associated with the onset of local bone loss (Figure 2). Prior to the beginning of the treatment plan, the patient consented to the use of images for the present case report and signed the treatment maintenance term (Appendix 1).

Figure 1

Initial photo

Source: Personal Archive.

Figure 2

Periapical Radiography

Source: Personal Archive.

After taking photographic records for digital planning of the smile performed by the Keynote and Exocad software (Figure 3), the upper and lower archwires were molded with condensation silicone (Profile – Vigodent®, Rio de Janeiro, RJ, Brazil), with a view to making the diagnostic wax-up in the study model (Figure 4). This stage aimed to reconstruct the size, shape, and dental anatomy, providing greater predictability to the proposed treatment. During the wax-up, incisal corrections of teeth 11, 12, 13, 21, 22 and 23 were requested, in addition to a cervical addition of approximately 3 mm, overlapping the gingiva, in order to simulate the surgical procedure of clinical crown augmentation associated with gingivoplasty. The waxed model was printed with the proposed corrections (Figure 5).

Figure 3

Digital planning by Keynote and Exocad software

Source: Personal Archive.

Figure 4

Initial impressions

Source: Personal Archive.

Figure 5

Printed diagnostic wax-up

Source: Personal Archive.

Prior to the surgical intervention, a silicone guide was made for the mock-up test based on the diagnostic wax-up, allowing the reverse planning of the case. Primma Art bisacrillic resin (FGM Dental Group®, Joinville, SC, Brazil) was used in color B1, which was inserted in the guide and positioned in the mouth until the end of the polymerization time. After finishing and polishing, phonetic tests were performed, evaluation of the canine guide and the protrusive guide. The patient approved the proposed planning, reporting satisfaction with the size and shape of the teeth (Figure 6).

Figure 6

Proof of the mock up

Source: Personal Archive.

The surgical procedure was initiated after intra- and extraoral antisepsis with 0.12% and 2% chlorhexidine digluconate (Rioquímica Ltda.®, São José do Rio Preto, SP, Brazil), followed by infiltrative local anesthesia with 4% articaine associated with 1:200,000

epinephrine (DFL Indústria e Comércio S.A.®, Rio de Janeiro, RJ, Brazil). The technique used consisted of gingivectomy in an internal bevel with total displacement of the flap, associated with osteoplasty and osteotomy, aiming to establish a distance of 3 mm between the alveolar bone crest (AOC) and the cementoenamel junction (JCE).

The gingival zenith was previously demarcated according to the aesthetic planning, with a paramarginal incision made in an internal bevel with a 15C blade (Maxicor Produtos Médicos Ltda.®, Pinhais, PR, Brazil) (Figure 7), followed by an intrasulcular incision and removal of the gingival collar with a Gracey 5-6 curette (Golgran®, São Caetano do Sul, SP, Brazil). The gingival flap was detached to the mucogingival junction, and the AOC was repositioned 3 mm from the JCE by means of osteoplasty and osteotomy, using diamond drills No. 3018, No. 2173 and No. 1014 (KG Sorensen®, João Neiva, ES, Brazil), as needed. In this step, the excess of restorative material in the cervical of tooth 12 was also removed with the aforementioned drills, and it was possible to observe bone loss in the region (Figure 8). After irrigation of the surgical wound with 0.9% saline solution, the flap was repositioned and stabilized with interrupted vertical mattress sutures, using 5-0 nylon thread (Technofio®, Goiânia, GO, Brazil), ending the surgical procedure (Figure 9).

Figure 7

Marking of the gingival zeniths

Source: Personal Archive.

Figure 8

Exposure of the alveolar bone crest

Source: Personal Archive.

Figure 9

Final aspect of clinical crown augmentation surgery

Source: Personal Archive.

Postoperative guidance was provided regarding oral hygiene and local care, with a prescription of dexamethasone 4 mg, amoxicillin 500 mg, dipyrone 500 mg, and mouthwash with 0.12% alcohol-free chlorhexidine digluconate for 14 days. The sutures were removed 10 days after the operation, with the patient reporting no discomfort and good healing on clinical examination.

Two months after the periodontal plastic surgery procedure, adequate healing of the soft tissues, absence of clinical signs of inflammation, satisfactory papillary filling, and stability of the gingival margins were observed. The gingival color, texture, and contour were compatible with periodontal health, allowing the beginning of the restorative phase with direct composite resin veneers (Figure 10). Prior to rehabilitation, the patient underwent three sessions of in-office tooth whitening, using 40% hydrogen peroxide (Opalescence Boost, Ultradent®, South Jordan, UT, United States), achieving the final color A2.

Figure 10

Periodontal tissue healed after 60 days postoperatively

Source: Personal Archive.

In the restorative stage, prophylaxis was performed with pumice stone and water, color selection, local anesthesia with 2% lidocaine, and absolute isolation of the operative field, using rubber dams (Madeitex®, Santa Branca, SP, Brazil), staples 208 and 209 (Golgran®, São Caetano do Sul, SP, Brazil), and ties with Easy Tape Edel+White dental floss (Scanderra – Swiss Dental Experts®, Basel, Switzerland), providing sealing and dike stability (Figure 11).

Figure 11

Absolute isolation of the operative field

Source: Personal Archive.

The old restorations were removed, and the tooth surfaces were cleaned with pumice and water. Acid etching was performed with 37% phosphoric acid (FGM Dental Group®, Joinville, SC, Brazil) for 30 seconds in enamel, followed by abundant washing in water for the same time, drying with an air jet, and application of the universal adhesive system for dressing dentin and enamel (Single Bond Universal – 3M®, St. Paul, MN, United States). The patch was applied in two layers and photocured for 20 seconds (Valo, Ultradent®, South Jordan, UT, United States), according to the manufacturer's recommendations.

Soon after, a condensation silicone guide was made for the orientation of the palatal shell from the waxed printed model. Next, translucent composite resin (Forma Trans, Ultradent®, South Jordan, UT, United States) was used on the guide and placed in position in the upper dental arch, with subsequent photopolymerization to make the palatal wall. For the dentin layer and nipple development, an A2 resin (Vittra, FGM Dental Group®, Joinville, SC, Brazil) was used on the buccal surface, in a single increment, in order to minimize the incorporation of bubbles. To fill the space between the nipples, a translucent resin (Vittra APS Trans-OPL, FGM Dental Group®, Joinville, SC, Brazil) was used. In the final stage of

stratification, a layer of A1 enamel resin (Vittra APS, FGM Dental Group®, Joinville, SC, Brazil) was applied in a single increment, using resin spatulas and brushes to obtain the primary anatomy.

Once the restorative phase was completed, a preliminary finishing was carried out and, after removing the absolute isolation, the occlusal adjustment was immediately adjusted. A no. 12 scalpel blade and 3118F, 3195F, 3195FF and 2135F diamond tips were used (KG Sorensen®, Barueri, SP, Brazil), and occlusion was observed both in maximum habitual intercuspation and in mandibular excursion movements.

In the next session, after the accommodation of the papillae and evaluation of the gingival contour, the fine finishing was performed, defining the secondary and tertiary anatomy by means of the diamond tips already used previously. For the adjustment of the proximal edges and flat areas, sequential Sof-Lex Pop-On abrasive discs (3M ESPE®, Ribeirão Preto, SP, Brazil) were used, and for the polishing of the proximal faces, Epitex abrasive strips (GC Corporation®, Tokyo, Japan) were used in fine and extrafine grains. For the buccal and palatal surfaces, the sequence of high-gloss spiral rubbers for resins (DhPro®, Paranaguá, PR, Brazil), goat hair brush and felt brush impregnated with polishing paste (DhPro®, Paranaguá, PR, Brazil) were used. The final appearance after finishing and polishing is shown in Figure 12, as well as the comparison of the initial and final smile in Figure 13.

Figure 12

Final appearance after finishing and polishing

Source: Personal Archive.

Figure 13

Comparison of the initial and final smiles

Source: Personal Archive.

After the completion of the restorative treatment, the patient was included in a follow-up and maintenance protocol, with guidance on oral hygiene, care with parafunctional habits, and emphasizing the importance of periodic returns for clinical evaluation. The patient returned for control one year after the conclusion of the treatment, observing the maintenance of the integrity and aesthetics of the direct veneers in composite resin, without fractures, marginal infiltrations or color changes. Clinical examination also demonstrated healthy periodontal tissues, with stable gingival margins, absence of inflammation, and adequate gingival contouring (Figure 14). The patient reported satisfaction with the aesthetic result achieved, reinforcing the predictability and durability of the interdisciplinary approach adopted.

Figure 14

One-year follow-up after completion of treatment

Source: Personal Archive.

3 DISCUSSION

Due to the growing concern of patients with smile aesthetics, the need for integrated therapeutic approaches has become increasingly frequent, especially in cases of imbalance between gingival and dental aesthetics. Changes such as gummy smile, often associated with altered passive eruption, compromise the harmony between pink and white aesthetics, requiring the association of periodontal and restorative procedures to obtain predictable and lasting results (MARZADORI et al., 2018; MEDEIROS et al., 2025). In the clinical case presented, the patient's main complaint was related to aesthetic dissatisfaction with the shape, color, and proportion of the anterior teeth, associated with excessive gingival exposure, reinforcing the need for careful and interdisciplinary planning.

Contemporary aesthetic dentistry has directed its efforts towards increasingly conservative, predictable, and patient-centered restorative approaches, with emphasis on direct veneers in composite resin. However, for the restorative stage to achieve satisfactory results, it is essential that the dentogengival proportions are properly established (MEDEIROS et al., 2025). In this context, the previous periodontal correction performed in the present report was essential to make the proposed aesthetic rehabilitation feasible. The approximate distance of 3 mm between the cemento-enamel junction and the alveolar bone crest, adopted in this case, is supported by the literature as a safe parameter for maintaining

periodontal health and for the stability of gingival margins over time (MARTINS et al., 2023). The adequate healing observed two months after the surgical procedure corroborates these findings, evidencing the role of periodontal intervention as a preparatory stage for restorative success.

According to Lima et al. (2023), the association of previous periodontal surgery with composite resin veneers enhances aesthetic results, since correct gingival positioning contributes to more favorable tooth proportions and a more natural smile. This aspect was observed in the present case, in which, although periodontal correction was necessary, the main focus of the treatment was concentrated on aesthetic reanatomization through direct veneers, evidencing the role of restorative dentistry in the harmonization of the smile.

The literature points out that the success of direct veneers is directly related to aesthetic planning, correct indication, and judicious execution of the restorative technique (LIMA et al., 2023). In this sense, the digital planning of the smile associated with diagnostic waxing and mock-up, allows a detailed analysis of tooth proportions, the smile line and the relationship between teeth, gums and lips, in addition to favoring more effective communication between professional and patient. In the present case, these tools enabled the prior visualization of the final result and guided the clinical execution of the veneers, contributing to greater safety and acceptance of the treatment (MELO; VASCONCELOS; VASCONCELOS, 2019; DOS REIS et al., 2018).

After stabilization of the periodontal tissues, the choice of direct composite resin veneers proved to be appropriate because it is a minimally invasive technique, with preservation of the dental structure and high aesthetic potential. In the field of restorative dentistry, studies highlight this technique as an effective and conservative alternative to previous aesthetic rehabilitation, especially when compared to indirect techniques, as it allows immediate clinical adjustments, the possibility of repairs, and lower costs (GOUVEIA et al., 2018; CUNHA et al., 2017).

This is due to the fact that composite resin has physical, mechanical, and optical properties similar to those of tooth structure. Nanoparticulate and nanohybrid composites, such as those used in this clinical case, have high fracture and wear resistance, lower polymerization contraction, excellent polishing capacity, good color stability, and optical properties such as fluorescence and translucency, and are indicated for both anterior and posterior restorations (GOUVEIA et al., 2017). According to Mante et al. (2013), the success of adhesive restorations depends on the correct clinical protocol and the appropriate selection of the adhesive system. When performed under absolute isolation, these restorations favor

better marginal adaptation, reduce the risk of infiltration, avoid retention failures and, consequently, reduce the occurrence of marginal microinfiltration and discoloration.

In addition, the correct color selection and the layering technique of the composite resins are determining factors for the naturalness of the final result. The use of resins with different opacities and optical effects makes it possible to reproduce the characteristics of natural teeth, favoring the aesthetic integration of veneers into the patient's smile (LIMA et al., 2023). These principles were applied in the present case and directly reflected on the aesthetic result obtained.

Thus, the clinical case presented reinforces the importance of the interdisciplinary approach between periodontics and restorative dentistry, in which periodontal correction acted as a preparatory step, allowing dentistry to play a decisive role in the aesthetic rehabilitation of the smile, respecting biological, functional and aesthetic principles described in the literature.

4 CONCLUSION

The interdisciplinary approach adopted in this clinical case proved to be effective in the aesthetic and functional rehabilitation of the smile, promoting harmony between pink and white aesthetics, with predictability and stability of the results. Careful planning, based on accurate diagnosis, diagnostic wax-up and mock-up, was decisive to guide the surgical and restorative steps, ensuring clinical safety and patient satisfaction. Restorative dentistry played a central role in the completion of the treatment, enabling aesthetic reanatomization through direct veneers in composite resin in a minimally invasive way, with preservation of the dental structure and adequate aesthetic and functional integration of the smile. The final result provided high satisfaction to the patient, with a positive impact on self-esteem and quality of life.

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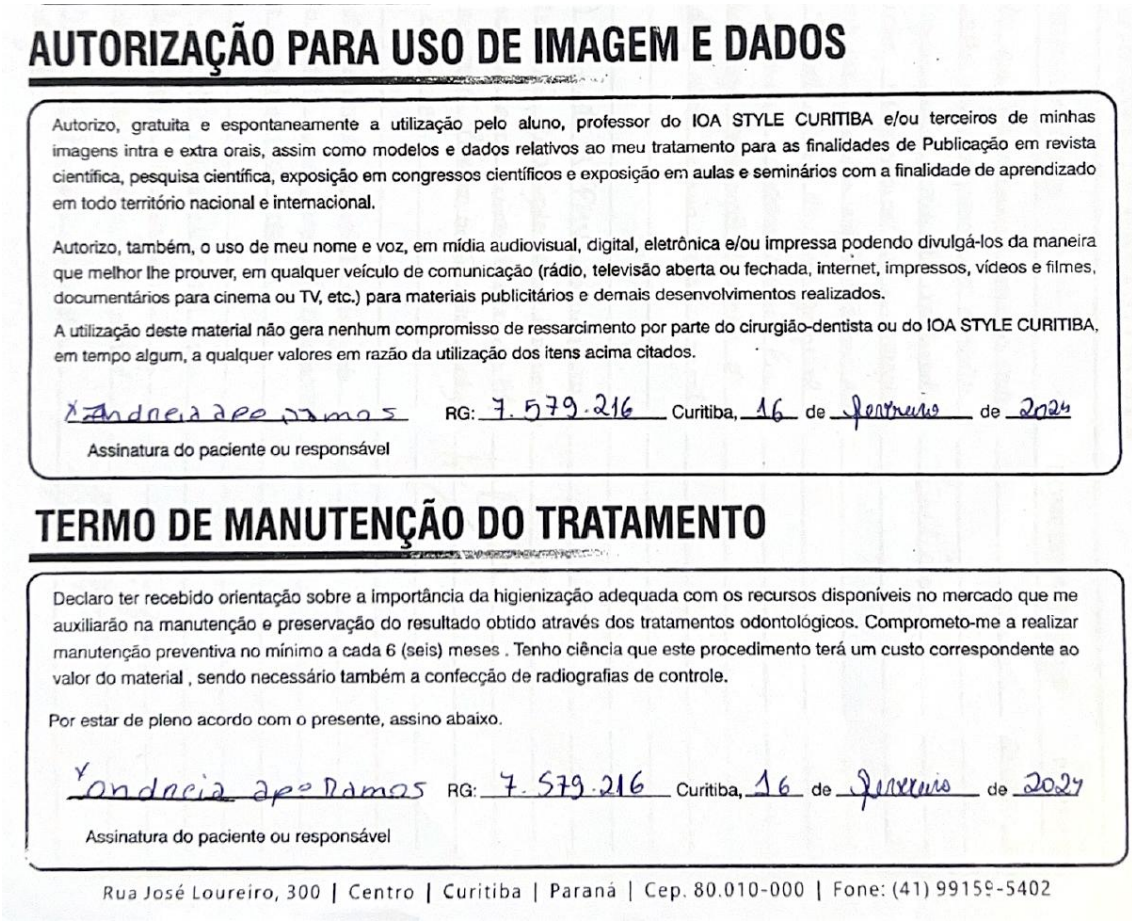

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