Case Report

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A 28-year-old female patient had the primary complaint of spacing in the upper front tooth region. The patient’s medical history did not reveal any systemic diseases and an intraoral examination revealed the presence of midline spacing between the maxillary central incisors (~2mm) (Figs. 1 and 2).

For a more conservative, economical, aesthetic, and quicker option, a direct diastema closure was considered.

All maxillary incisors were isolated with a rubber dam (Fig. 3) to ensure complete control of moisture to keep the area clean and dry whilst also suppressing the papilla to reduce the time, the interdental papilla filled and as you can see there is a small black triangle in the cervical area (Fig. 12). The rubber dam was then removed and as you can see there is a small black triangle in the cervical area (Fig. 12). The recall visits in diastema cases are very important to see patient satisfaction, to check the periodontal health and to do some polishing and cleaning (Fig. 13).

The key for papilla regeneration is to provide aggressive cervical curvature that starts subgingivally and this can be done with a mylar strip placed subgingivally with a high viscosity flowable composite or bulk flow composite injected to the contact point area as reference (emergence profile) (Fig. 8). The teeth were then finished with polishing discs and rubber points.

The key to success in diastema cases is to finish the first tooth completely before starting the second tooth (Fig. 10). Then some corrections can be made to the size of the first tooth so the final size of the centrals will be the same at the end of treatment (Fig. 11). In this case the proximal wall was completed with a single shade universal composite (ceram.x® SphereTEC™ one universal) and then began the emergence profile to complete the proximal wall of the second tooth (Fig. 10).

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