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Aesthetic treatment of teeth: expectation versus reality. The limit of the dentist's performance

Clinicians who venture to offer aesthetic therapies will have to invariably cope with their patients' expectations towards the selected treatment option. Expectation is the status invested by patients who wait for a result that shall correspond to their desires. Whenever seeking for aesthetic therapies, patient's desires involve having more attractive teeth. It is up to the dentist, henceforth, to satisfy this wish and provide patients with a more beautiful smile through the available techniques.

However, being able to meet patient's desires is rather tougher in practice if compared to what theory states. In other words: the dentist must understand what patients wish, which is not an easy task by itself. I shall give an example that recently happened to me in the office. A 45-year-old female patient came to our clinic for an aesthetic solution to her smile. She had just finished an orthodontic therapy and would like to have "more beautiful teeth". I then interpreted this message according to my reference of what beautiful smile looks like: white, well aligned, weell contoured teeth, with all the features of a front page smile

During the clinical examination, I observed discoloured endodontically treated teeth, with a cast metal post in the #12, the gingival profile was satisfactory and teeth were aligned (Fig 1). After a dental bleaching, I devised an initial

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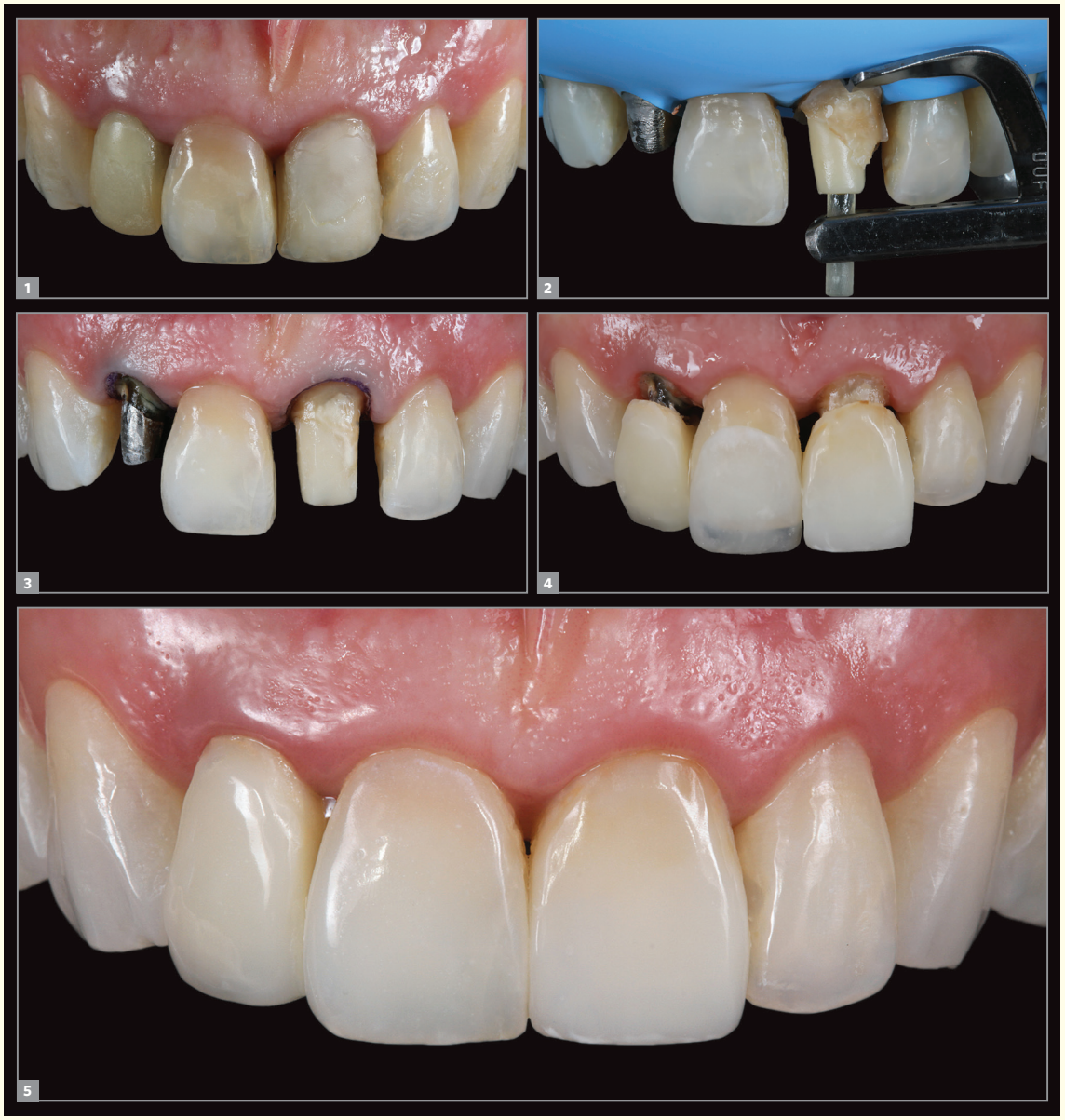

Figure 1: Initial aspect of anterior upper teeth. **Figure 2:** Anatomic post being adapted on #21. **Figure 3:** #12 e #21 after prep and ready to incorporate the composite crowns, and #11 still unprepared. **Figure 4:** Composite resin crowns on #12 and #21, and composite resin contact lens on #11. **Figure 5:** Final aspect, after bonding the composite resin elements.

treatment plan with 6-6 ceramic restorations, as to enhance teeth colour, shape and contour, for I saw that as an ideal option to homogenize different colour substrata (sound and discoloured teeth, with metal posts and endodontic treatment). I also prepared a second treatment plan, this time with composite crowns on teeth #21 e #12, and a composite veneer on #11 – those were teeth with more aesthetic issues to be corrected –, keeping patient's natural colour and shape pattern. Given the marked cost difference between the two options, patient chose the second treatment plan with composites. Well then, so that shall be the one to be delivered.

On this very same day, right after seeing this patient, a great friend and colleague who is a lab technician, had asked me to record a case with anterior heterogeneous substrata; case in which he would manufacture the lab work without any cost. After getting quite excited, I called the patient and explained the possibility of having the whole case made in ceramics for zero cost, what she agreed with, somewhat contaminated by my own exhilaration, I reckon.

In the following session, I placed an anatomic post on #21 (Fig 2) and re-prepared #21 e #12, having also placed temporary crowns over the preps. I then scheduled an appointment to prepare the other teeth that would receive the porcelain contact lenses. In the following session, patient arrive in time to the appointment but reported dizziness and said she suspected suffering from a labyrinthitis, and that she'd see a doctor for a check up. So we re-scheduled the appointment to prep those teet to another day.

In the following day, right after her appointment with the physician, she went straight to my office asking to speak with me, and quite embarrassed, she said she had been diagnosed with panic syndrome disorder and, therefore, would like to abort the treatment since her teeth were a reason for a lot of concern.

Quite surprised, I must confess that I was frustrated. Right then, my expectation to deliver a beautiful clinical case had been declined, and I was in face of a human being subject to real life and its vicissitudes. I was compassionate towards her and, without attempting to persuade her, asked to feel free to come back in case she would decide otherwise. I also made it clear to her that with another session we could incorporate the composite option, as she had first chosen. So, in that same day, an impression was taken (Fig 3) and, in the next day I bonded the crowns on #21 and #12, and a "composite contact lense" was bonded to #11 (Fig 4). The aesthetic result can be appreciated in Figure 5.

This is an example of a delicate situation, but that can happen quite often in the office. Opposing expectations clashed and were frustrated. But the task of meeting patients' expectations is, undoubtedly, the greatest challenge to clinicians who work with Aesthetic Dentistry. This is just a day-by-day ordinary story, but loaded with lessons and that leads us to reflect upon our role as dentists and the way we see our beautiful and challenging profession.

Despite ceramic contact lenses have become an object of desire to many people given all the advertising on communication media, they might not be among patients wishes or priorities. So it is up to us to attentively listen to our patients, taking their individuality into account, considering that Aesthetic Dentistry is ultimately geared towards serving human beings.