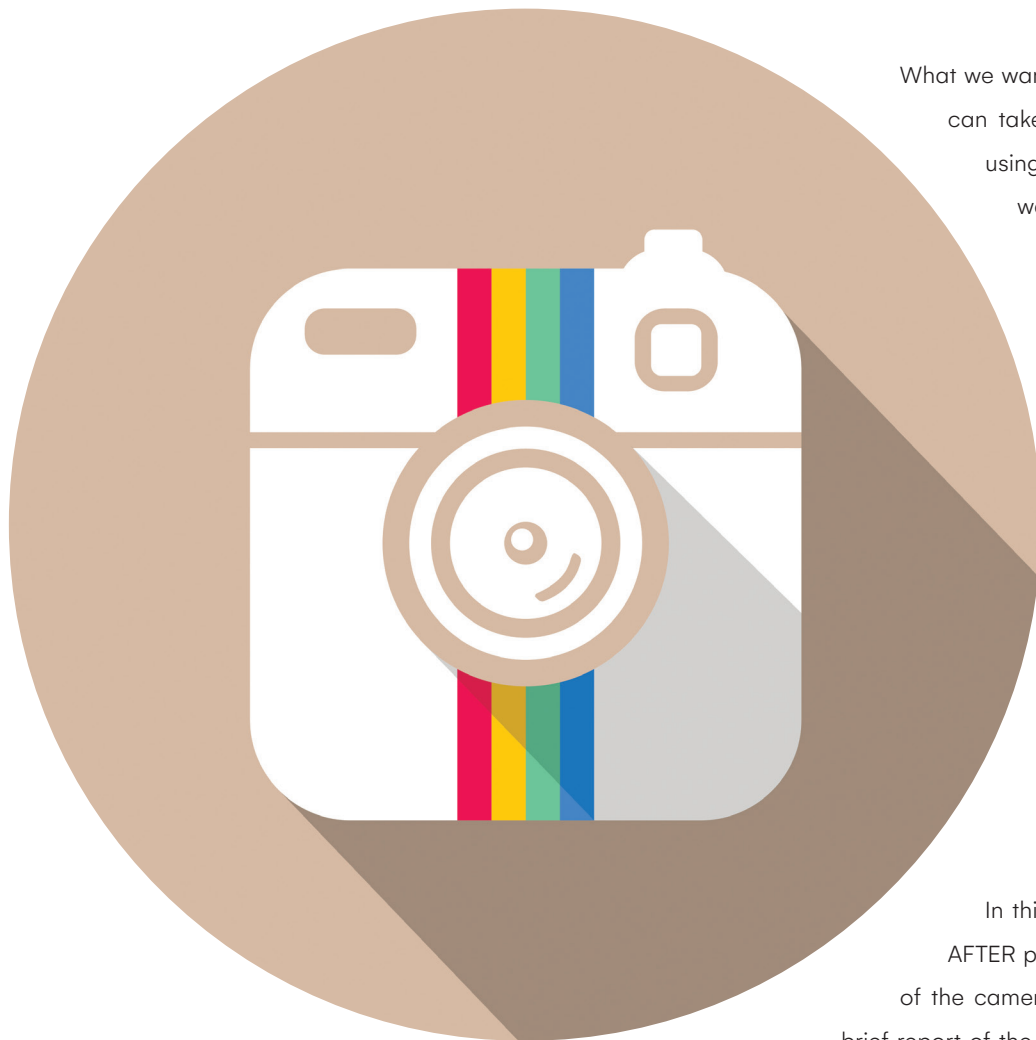


Hello! Here is our second posting. We see that you understood the purpose of our column quite well, and your feedback has been very helpful.



What we want here is simply to demonstrate that we can take truthful and authentic photos without using image manipulation, and that, if you want to manipulate your photos, you can do it sensibly and keep them as truthful as possible. Some aesthetic dentistry “artists” have recently emerged, who, besides doing “art”, have tendentially manipulated images, which does not bring any type of contribution to our profession.

Manipulation using software such as Lightroom® or Photoshop® is useful for those that want to produce accurate and truthful photos. We will always present these uses here, as we did in our previous post.

In this post, we will show some BEFORE and AFTER photos as they were taken and came out of the camera, at the same time that we provide a brief report of the clinical cases. I sincerely hope that you enjoy it, and feel free to write to us.

Warmest regards,

**GUSTAVO OTTOBONI e THIAGO OTTOBONI**CERAMIST: **CRISTIANO SOARES**

A female patient, seen in a private clinic, had a fractured tooth and complained of discomfort, in addition to the aesthetic loss. After exams, which included CT scanning, and the diagnosis of fracture, an implant was planned.

Planning consisted of minimally traumatic extraction with immediate placement of a Straumann BLT2.9 implant and defect filling with a biomaterial (Bio-Oss) and a connective tissue graft, followed by immediate provisionalization with adequate profiles. After tissue healing, a polyvinyl siloxane impression was taken, and photographs were taken to fabricate an implant-supported ceramic crown. Cristiano Soares, the DLT, used an abutment to manufacture the translucent Zr crown for placement and final torque application.



**ROBERTO ZANGIROLAMI e MARCELO SIROLI**

A 28-year-old female patient was dissatisfied with her smile and tooth size discrepancy. Two direct composite veneers were placed without any type of tooth drilling 60 days after Marcelo Sirolli, PhD, (periodontist) performed gingivoplasty.

Composite used: Z350 (3M, US).

Shades: Xwe, Xwb, A1b, Bt.

Polishing: Sof-Lex discs (3M, US), orange series.

Polishing cups: green, yellow, white (Jiffy, Ultradent, US).

Silicon carbide brush (Kerr Dental, US).

FlexiBuff (Cosmedent, US).

Enamelize polishing paste (Cosmedent, US).



**MARCELO GIORDANI e GUSTAVO GIORDANI**Ceramist: **SANDRO SOUZA — LAB PRECISION**

Planning and treatment were focused on the correction of gingival margin discrepancy and implant volume in the region of tooth #22. The patient already had the implant when she was first seen in the clinic. After periodontal treatment of the area of the temporary, milled ceramic restorations were used to improve white aesthetics and ensure smile harmony.





**PAULA CARDOSO**DLT: **WILLIAM DE DEUS — DENTÍSTICA LAB**

A 32-year-old male patient sought dental care because of dissatisfaction with his smile aesthetics, particularly the shape and color of his teeth. The patient wanted to have minimum-thickness laminate veneers to harmonize his smile, correcting tooth shape, position and color. Photos and aesthetic references were used to define an aesthetic and functional rehabilitation treatment, actively based on minimally invasive dentistry principles, to correct the position of teeth in the dental arch. Orthodontics was fundamental to achieve ideal tooth positioning, ensuring that the ceramic restorations were fabricated according to the concept of minimally invasive Dentistry and that more enamel was preserved, with a highly predictable result and good longevity. The excellent results confirmed the importance of good planning and the need of multidisciplinary approaches to ensure increasingly conservative treatments.



Suggestions for the manipulation of color, cutouts, background fill and occlusal plane adjustment using Photoshop and Lightroom, by Adobe®.

Photo manipulation: Júnior Bianchi



**THIAGO OTTOBONI<sup>1,2</sup>**

1. Instituto de Pós-graduação e Pesquisa em Odontologia (Balneário Camboriú/SC, Brazil).
2. Private practice (Blumenau/SC, Brazil).

DOI: <https://doi.org/10.14436/2447-911x.15.3.186-191inc>