



Full mouth rehabilitation for patients with bruxism: A solution with LuxaCrown

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A 67-year-old man came to the dental practice to have the esthetics of his smile and the function of his teeth improved.

This patient had been treated several times by means of a conventional direct restoration with composite, which often did not last longer than three months (Fig. 1).

After it became clear that the patient had been suffering for years from “non-carious tooth surface loss”, which was primarily due to attrition, he agreed that a full mouth approach was required to restore both function and esthetics.

Course of treatment

Planning was crucial for the success of this treatment. As the patient had a limited budget, it was agreed that the problem should be fully resolved with the use of a direct composite. Articulated study models were constructed and the smile was created using the “Facially Generated Treatment” approach developed by Frank Spear and the Spear Institute of Education. The design was then transferred to a diagnostic full-mouth wax-up (Fig. 2).

This was followed by a two-week neuromuscular deprogramming of the patient’s temporomandibular joints with the aid of a deprogrammer. A trial restoration using a mock-up of the smile was then carried out to compare the wax-up with the patient’s dentition. Luxatemp was initially used for this, but the patient returned due to a fracture in the temporary restoration. To address this, a restoration was fabricated using LuxaCrown (Fig. 3). This restoration remained in the patient’s mouth for 12 months, during which time checks and adjustments took place. Even in such a severe case of tooth wear, this semi-permanent restoration endured without the occurrence of defects or significant fractures. As can be seen in the preoperative image that was taken (Fig. 4), a significant loss of tooth surface and damage is evident, whereas with LuxaCrown (Fig. 5), significant improvement can be observed in esthetics and function over a long period of time.

Overall, LuxaCrown offers significant advantages over Luxatemp in such severe cases of parafunctional activity, and can also be used for long-term restorations of up to five years.

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↑ Fig. 1: First visit.



↑ Fig. 2: Diagnostic full-mouth wax-up.



↑ Fig. 3: Long-term temporary restoration with LuxaCrown to evaluate esthetics and function.



↑ Fig. 4: Preoperative comparison view.



↑ Fig. 5: Postoperative comparison view with a LuxaCrown restoration.