

ABOUT THE COVER



Full face, before.

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by H.R. Makarita, D.D.S., M.A.G.D., F.A.A.C.D.

When I first met Erica, she was ashamed of her dental condition, and afraid to smile. She had suffered from bulimia, which affects over seven million people in the United States, and her dentition showed the effects of this disease. She also was experiencing many symptoms of temporomandibular disorder (TMD), including chronic headaches, muscle soreness, clicking joints, neck pain, and ear congestion with tinnitus. In addition, she was an active bruxer.

Erica was concerned that she looked much older than her 30 years, and that this was due to the collapse of the lower third of her face. I saw a sweet person who was very sad and truly needed my help.

Upon thorough examination, I discovered that Erica was missing a great deal of enamel and that her teeth were severely worn down, with generalized abfraction lesions and an ob-

vious loss of vertical dimension. Her teeth also were very sensitive to temperature and sweets. Tooth #5 was missing and in its place was an osseo-integrated implant that was ready for restoration. It was clear that Erica was in need of a full-mouth reconstruction, with an increase in vertical dimension. This treatment would help her TMD symptoms, as well as greatly improve esthetics.

I used the K7 evaluation system and a Myomonitor muscle stimulator (Myotronics-Noromed; Kent, WA) to find and verify a comfortable new bite position. I then fabricated a removable orthotic appliance; Erica wore this for several months, to ensure her comfort and the elimination of symptoms.

Some anterior crown lengthening was required, for which I used a hard/soft tissue laser (Waterlase, Biolase Technology; Irvine, CA). All anterior and bicuspid teeth were restored with Authentic pressable ceramic (Jensen Industries; North Haven, CT) shade Om2 body/Om3 cervical, and the molars were restored with Noritake CZR pressable ceramic (Zahn Dental, Henry Schein; Melville, NY) over zirconia copings. The implant at #5 was restored with a custom abutment with Creation porcelain (Jensen). The teeth were temporized with Luxatemp (Zenith/DMG; Englewood, NJ), shade B1. A cutback technique was used, and opaque modifiers were added for vitality and a natural appearance. The restorations were cemented with Variolink veneer cement (Ivoclar Vivadent; Amherst, NY), except for the molars, which were cemented with Multilink cement (Ivoclar Vivadent).

This smile transformation involved many facets of modern dentistry [a more detailed clinical account of this case will appear in a future issue of the Journal], and was one of the most rewarding and challenging cases I have ever had the pleasure of treating. The change in Erica's outward personality began as soon the provisional restorations were placed. It was a pleasure to see her smile, and become happy and confident. Perhaps all of us can learn to look for symptoms of bulimia in our patients and try to intervene in a positive way. By doing so, we might be able to prevent someone from experiencing physical and emotional pain.







After

ABOUT THE PHOTO SHOOT

To celebrate Erica's new smile, she and her boyfriend accompanied me on a trip to Egypt to scuba dive in the Red Sea and see the pyramids. While she was swimming in our hotel's pool, the lighting seemed perfect so I grabbed my camera. During one of our dives, Erica kept taking her regulator out and smiling from ear to ear; it was then that I felt she was truly happy with her new smile, as she was showing it off even while she was underwater!

I used a Nikon D200 camera with an 18-200 mm Nikkor lens (Nikon Inc.; Melville, NY) for all the outdoor photos. I used two Nikon SB-R200 wireless remote speedlights at the end of the lens, with two more hand-held lights. All photos were shot at manual setting, and I was guided by the histogram provided by the camera for exposure information. For underwater shots, I used the Nikon D200 (with Subal housing) with a 10-mm lens and two strobes for lighting.

ERICA'S STATEMENT

Throughout my early 20s I suffered from bulimia. It is a difficult disease to heal from; not only do you have to learn to love yourself, but you also must learn to accept

love from a world from which you have deliberately excluded yourself.

Dr. Makarita changed my life. For years I had been extremely hesitant to leave the house alone because I was worried that someone would engage me in conversation, and I envisioned their disgust if I were to accidentally smile or show my teeth. I discontinued my college education because I was fearful of showing my teeth during class discussions; in fact, I withdrew from any activity that might cause me to show my teeth.

Soon after my full-mouth rehabilitation, my boyfriend and I joined Dr. Makarita on a trip to Egypt. It was while posing for photos at the pyramids that I realized how long it had been since I had allowed myself to smile (I literally had to massage my cheeks to relieve the muscle fatigue)! The more photos we took, the more attention we drew. Other people actually started photographing us during the photo shoot, and one even asked if I was a movie star!

A smile is much like life itself, in that you never fully appreciate it until you are faced with losing it. I am forever grateful to modern dentistry and to Dr. Makarita for restoring my confidence and, with that, the course of my life. I soon will be returning to school to obtain a degree in dental hygiene so that I can play a small part in passing on this gift to someone else.

The world seems a nurturing, bright, and loving place when you are able to receive it with a smile. I now have the confidence to enjoy life rather than simply to survive it.

Acknowledgments

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