

Emergency Treatment with Bistite II DC Balancing the Art, Science, and Business of Dentistry

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As appeared in *J. Morita's News & Views*

Every dental office should have a mission statement as to what their philosophy of delivering care dental is to their patient base. All patients that come to the office are required and deserve proper informed consent about their dental treatment. Our mission statement is: "To provide the highest quality of care, to the most number of patients, while maintaining a balance between our personal and professional lives." To achieve this goal we must really understand how to "balance" the art, science and business of dentistry. Our office needs to deliver beautiful dentistry, using the best-documented science, in a timely manner, at a proper fee.

Alternatives

Root Canal

- Single Visit
- Multiple Visit

Post and Core

- Metal
- Fiber

Crown

Veneer

Choosing the right restorative materials goes a long way in helping us achieve this "balance" and fulfilling our goal. The following case presentation incorporates the three pillars of our dental practice: Art, Science, and Business.

Many offices use an answering machine. I prefer using a very good answering service because the patient is reassured that the message is received. I received a phone call from the service at 3 pm on a Sunday. The patient was hit in the mouth during a fight and broke off his right upper central incisor (**Figure 1**). The patient was not experiencing any discomfort but was very concerned about the upcoming prom and how he would look. Fortunately the tooth piece was retrieved and kept in a plastic bag with water for hydration (**Figure 2**). If the tooth fragment had not been kept this way then the clinician would have to rehydrate the tooth.



Figure 1



Figure 2

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A rubber dam was placed around the tooth without a clamp so that no additional pressure was placed on the tooth. The pulp was exposed but there was no evidence of bleeding and the patient did not complain of any discomfort (**Figure 3**).



Figure 3

When presented with this situation the clinician has to go through a list of possible treatments with the patient as part of the informed consent. Does the tooth require root canal therapy and if so, single or multiple visit root canal therapy? Will a post be placed in the tooth and if so, metal or fiber? What will the final restoration be and what are the choices; a crown or a veneer?

Informed consent has four major components that must be covered: Benefits, risks, alternatives and no-treatment consequence. Because of the new cements and the outstanding physical properties of them, a very conservative approach was possible to discuss with the patient. The patient understood that a conservative course of action would allow a more aggressive approach if the former did not work.

The piece was tested in place to assess the fit of the broken piece; the fit of the fragment was "perfect" (**Figure 4**). An articulating paper forcep was used to hold the piece of tooth because of the ease-of-use, no pressure is required to keep the piece of tooth in place (**Figure 5**).



Figure 4



Figure 5

Acid etch was placed on the enamel surface of the tooth but none on the dentin or exposed pulp (**Figure 6**). Bistite DC is a self-etching cement but the acid was required for only on surfaces of teeth that have not been touched by a bur. The fragment was micro-etched with air abrasion and two small quarter-round bur holes were placed for additional retention (**Figure 7**). The fragment and the tooth were treated with the Bistite II DC primers for conditioning the tooth to receive the cement (**Figure 8**).



Figure 6



Figure 7



Figure 8

The fragment was moved into place with the Bistite II DC Clear cement and light cured for initial stabilization (**Figure 9**). The tooth fragment was restored in proper position with a wonderful cosmetic result (**Figure 10**). Note the lack of a cement line. The fragment has been in place for 4 years and the tooth shows no x-ray pathology or symptoms.



Figure 9



Figure 10

I followed a conservative restorative procedure because of the right set of circumstances. The fragment fit was ideal and there was no bleeding pulp. Because of its very low film thickness and lack of color Bistite II DC resin cement allowed for an invisible restoration. A beautiful restoration and excellent results were achieved.

About the author:

Dr. Hoos maintains a private practice in Stratford, CT with an emphasis on implants and cosmetic dentistry. He graduated from Tufts University College of Dentistry and is a Fellow of the Academy of General Dentistry and the Academy of Implantology.

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