Assessment of Discoloured Anterior Teeth

Take a full dental and medical history

Perform a clinical examinatinon

- · CO: Patient's main concern upon presentation
- · Patient's expectations and what they aim to achieve
- Any time restrictions for the final outcome e.g. upcoming social events
- MH: medication e.g. St johns wort and ginseng, allergies, childhood diseases/conditions
- SH: diet, smoking, alcohol consumption, occupation
- · DH: Oral hygiene regime

Extra-oral:

- · Smile line
- Symmetry
- · Incisal show
- · Skeletal pattern
- · TMJ palpation

Intra-oral:

- Occlusion
- · Excursions (lateral and protrusive)
- Guidances (canine and group)
- Periodontal status
- · Caries status
- Overeruption
- · Shade and shape

- · Interocclusal space
- · Adjacent teeth status
- · Gingival contour and biotype
- Assess status of any existing restoration(s) - If the status of the restoration(s) is questionable then consider replacement

Take radiographs, photographs and perform any other necessary special investigations. Supplement this with a facebow if necessary

Possible diagnoses

Discuss the treatment options, risks, benefits, cost and gain consent

- 1. Vital bleaching (see page 201)
- 2. Non-vital bleaching (see page 202)
- 3. Deep resin infiltration (see page 204)
- 4. Microabrasion (see page 206)
- 5. Composite resin bonding
- 6. Veneers (see page 208)
- 7. Crown (see page 210)

Intrinsic

- Fluorosis
- Non-vitality
- Root canal treatment
- Tetracycilne
- Physiological (age)
- Endodontic therapy chronological hypoplasia
- Amelogenesis/ dentinogenesis imperfecta
- Early childhood illnesses

Extrinsic

- · Tea & coffee
- · Alcohol (red wine)
- · Tobacco usage
- Coloured food spices
- Chlorhexidine mouthwash
- · Chemotherapy
- Radiotherpay