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Effect of Sonicare FlexCare+ Toothbrushing on Composite Veneer Restorations Lori K. Brown, DDS Enspire Dental, Ann Arbor, MI, USA

Introduction

When dentists place restorations in patients’ mouths, an effort is made to achieve smooth, well-sealed margins and a smooth, glossy surface. Once patients leave the office, their oral care habits can vary greatly. Power toothbrushes are common in the marketplace and are often recommended by dentists to maintain or improve patients’ oral health. *Sonicare Flexcare+* (Philips Oral Healthcare, WA) is a power toothbrush that offers 5 modes, two sizes of brush heads and a UV sanitizer. Clinical photos can be useful to monitor the effects of using a power toothbrush on restorative materials.



Clinical Case

A 35-year-old woman presented for consultation regarding options to enhance the esthetics of her anterior teeth. The pre-operative condition (Figure 1) included a darkly discolored right central incisor that tested vital, as well as small white patches of decalcified enamel on both central incisors. Treatment options were discussed, and ultimately the plan included whitening, conservative reduction of enamel on the central incisors, and restoration with direct composite. The patient’s gingiva was healthy with the exception of the papilla between teeth #7 and #8. Here, the tissue was slightly enlarged and bled easily.



Fig 1 Pre-operative condition



Fig 2 Resulting color after in-office bleaching

The patient returned for in-office whitening and the gingiva was isolated with liquid dam material. A 38% hydrogen peroxide gel (*Opalesence, Ultradent Products, Inc.*) was applied to teeth in the maxillary anterior

segment with extra applications on tooth #8. Following bleaching, the color of tooth #8 was less intense but did not match the neighboring teeth (Figure 2). At a subsequent appointment the central incisors were minimally prepared for composite veneer restorations. A nano-filled composite (*Reflexions, Bisco Dental Products*) was bonded with a 5th-generation adhesive (*Excite, Ivoclar Vivadent*) followed by routine finishing and polishing (Figure 3).

A *Sonicare FlexCare+* toothbrush was dispensed to the patient for regular home use. For six months the power brush was used twice a day in place of her manual toothbrush. No specific brushing instructions or protocol were explained to the patient. The *Sonicare FlexCare+* model that she was given offers multiple brushing modes, and it was up to the patient to decide the mode to use, duration and frequency of use. After six months the patient returned, and the restorations were examined (Figure 4). The composite looked like new with a lustrous finish and intact margins. Photographs were taken and compared with those from the initial placement.



Fig 3 Immediately after composite placement, tooth #8



Fig 4 At six months the light reflection is identical to that in the initial placement indicating maintenance of contour and texture.

No staining or wear of the composite was observed, and the condition of the surrounding enamel was unchanged. Overall the patient's gingival health was excellent. The isolated area of inflammation at the papilla between tooth #7 and #8 noted initially (Figure 5) had resolved by the six-month recall (Figure 6). Despite the addition of a restoration to tooth #8 with a margin at the gingival crest, the condition of the soft tissue improved.



Fig 5 Pre-op condition of the gingival; papilla between teeth #7 and #8



*Fig 6 After six months of using *Sonicare FlexCare+* the gingiva has a healthy, stippled appearance.*

Conclusion

The ability of *Sonicare FlexCare+* to maintain the like-new appearance of restorations enhances their esthetics and longevity. Patients appreciate being able to simply integrate a new toothbrush into their normal routine without having to change the other products that they use, such as toothpaste or rinses. In the conservative anterior esthetic case presented, the toothbrush had no adverse effects on the restorations and improved the appearance of the gingiva.