

Anterior Resin Infiltration: A Minimally Invasive Treatment Option for Enamel Caries and Cosmetic Defects



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CE Credits: 1.5 hours

Intended Audience: Dentists, Dental Hygienists, Dental Assistants, Dental Students, Dental Hygiene Students, Dental Assistant Students

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Cost: Free

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Online Course: www.dentalcare.com/en-us/professional-education/ce-courses/ce634

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Conflict of Interest Disclosure Statement

- Dr. MacLean received compensation from the Procter & Gamble Company for creating this course.

Introduction – Anterior Resin Infiltration

Resin infiltration is a minimally invasive treatment for incipient caries as well as congenital enamel defects. This course will review the literature and a clinical protocol for resin infiltration to treat smooth surface enamel lesions.

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Overview

Unsightly congenital enamel defects and acquired white spot lesions can be troublesome for many patients. Historically, these blemishes have been treated with invasive and costly fillings, resin bondings, and veneers. Resin infiltration can arrest incipient carious lesions as well as improve or even completely reverse the appearance of congenital enamel defects and white spot lesions, while preserving tooth structure and repairing the patient's natural enamel.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Describe the evidence for using resin infiltration.
- Review informed consent, coding, and billing for resin infiltration.
- Describe the case selection, materials, and clinical protocol for resin infiltration.

Video: Anterior Resin Infiltration



[Click on image to view video online.](#)

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/professional-education/ce-courses/ce634/test

- 1. What does the enamel condition known as MIH stand for?**
 - A. Moderate Incipient Hypomineralization
 - B. Molar Incisor Hypomineralization
 - C. Minimal Incisal Hypermineralization
 - D. Molar Incipient Hypoplasia

- 2. What causes enamel fluorosis?**
 - A. Ingestion of excessive fluoride during tooth development
 - B. A pea size amount of fluoride toothpaste
 - C. A smear of fluoride toothpaste
 - D. Inadequate fluoride exposure

- 3. Which of the following is a disadvantage of resin infiltration?**
 - A. No patient compliance needed
 - B. Cost of materials
 - C. Arrests incipient carious lesions
 - D. Results are stable after whitening

- 4. How long should you ideally wait after orthodontic debanding before attempting resin infiltration?**
 - A. There is no need to wait
 - B. 6 months
 - C. 3 months
 - D. 2 weeks

- 5. The ADA clinical practice guideline for nonsurgical treatment of proximal caries includes resin infiltration.**
 - A. True
 - B. False

- 6. The literature has reported what range of patients develops a white spot lesion after orthodontic treatment?**
 - A. 2% to 97%
 - B. 10% to 20%
 - C. 50% - 60%
 - D. 30% - 75%

- 7. What is the Icon-Etch composed of?**
 - A. 37% phosphoric acid
 - B. 20% polyacrylic acid
 - C. 15% hydrochloric acid
 - D. 20% hydrochloric acid

- 8. Resin infiltration is indicated for caries arrest in lesions up to what depth?**
 - A. E1
 - B. E2
 - C. Cavitated D1
 - D. Non-cavitated D1

- 9. Resin infiltration will work on every lesion.**
- A. True
 - B. False
- 10. Which type of rubber dam material must be avoided during the resin infiltration procedure to avoid being melted by the materials?**
- A. Latex
 - B. All non-latex
 - C. Non-latex with thermoplastic elastomers
 - D. Vinyl

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Additional Resources

- No Additional Resources Available.

About the Author

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Dr. Jeanette MacLean is a Diplomate of the American Board of Pediatric Dentistry, Fellow of the American Academy of Pediatric Dentistry, owner of Affiliated Children’s Dental Specialists in Glendale, Arizona, and mother of two. She received her dental degree, with honors, from the University of Southern California in 2003 and completed her specialty training in pediatric dentistry in 2005 at Sunrise Children’s Hospital through the University of Nevada School of Medicine. Dr. MacLean has become an internationally recognized advocate and expert on minimally invasive dentistry, appearing in newspapers, magazines, television, and continuing education lectures on this hot topic. Most notably, she was featured in the July 2016 New York Times article “A Cavity Fighting Liquid Helps Kids Avoid Dentists’ Drills,” which brought national attention to the option of treating cavities non-invasively with silver diamine fluoride.

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