



Case Courtesy of  
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## When A Small Incisal Restoration Makes A Big Difference

What the clinician considers to be a minor restoration can make a strong impact on the patient's satisfaction with their smile. In this case, the patient chipped an incisor years previously and didn't think to have it repaired until his dentist offered to do a direct composite restoration. The patient immediately accepted, and the procedure was quickly completed using Mosaic® composite, which esthetically and functionally mimics the characteristics of enamel.



1. Trauma to the incisal edge of tooth #2.1 on a 33-year-old patient



2. Isolation achieved using a rubber dam



3. Minimal preparation on the enamel surface



4. Ultra-Etch® etchant applied for 15–20 seconds and rinsed. (Selective etch on enamel)



5. Self-etch adhesive applied and cured



6. Mosaic composite in shade Enamel Trans (ET) used to form the palatal shell



7. Mosaic composite in shade A2 placed near the incisal edge



8. Mosaic composite in shade A2 used to form the mamelons



9. White flowable composite used as an effect shade



10. Mosaic composite in shade ET used to create the vestibular wall



11. Restoration cured and polished



12. Post-operative view of shade match and occlusion



**Tip:** Opalescence occurs mostly with the more translucent composites in which part of the light is transmitted and part is reflected. Due to the translucency of the incisal region, the enamel can reflect bluish light while allowing the longer-wavelength red light to pass through. This is why some incisal edges appear to have a slight blue cast to them. Natural opalescence can be replicated by applying Mosaic composite in the shade ET at the incisal edge.