


COSMETIC RECONTOURING AND DIGITAL PLANNING: A SMART STRATEGY FOR AESTHETIC TRANSFORMATIONS

Recontorno cosmético e planejamento digital: estratégia inteligente para transformações estéticas

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RESUMO

Introdução: O recontorno cosmético, é uma técnica importante dentro da odontologia estética, destaca-se por sua abordagem conservadora, corrigindo imperfeições em dentes anteriores sem a necessidade de desgastes significativos. O planejamento digital, tem aprimorado ainda mais esses



tratamentos, permitindo personalização e precisão no processo restaurador. **Objetivo:** Apresentar o tratamento de uma fratura em dentes anteriores no bordo incisal, utilizando uma abordagem minimamente invasiva. **Relato de Caso:** Descreve o tratamento de um politrauma dental, com múltiplas fraturas de bordo incisal, em que o planejamento foi realizado de forma virtual utilizando o Digital Smile Design (DSD). E realizou-se recontornos cosméticos para restaurar os dentes anteriores, utilizando a técnica de muralha de silicone como guia. **Conclusão:** A aplicação da abordagem minimamente invasiva permitiu uma execução precisa e eficiente da restauração, proporcionando resultados estéticos satisfatórios e preservando ao máximo a estrutura dental original.

Palavras-Chaves: Estética Dentária, Resinas Compostas, Restauração Dentária Permanente, Técnica de Moldagem Odontológica.

ABSTRACT

Introduction: Cosmetic recontouring is a relevant technique in aesthetic dentistry, standing out for its conservative approach by correcting imperfections in anterior teeth without the need for significant tooth reduction. Digital planning has further enhanced these treatments, enabling greater personalization and precision in the restorative process. **Objective:** To present the treatment of an incisal edge fracture in anterior teeth using a minimally invasive approach. **Case Report:** This report describes the treatment of a dental polytrauma involving multiple incisal edge fractures, in which the planning was carried out virtually using the Digital Smile Design (DSD) protocol. Cosmetic recontouring was performed to restore the anterior teeth, using the silicone index technique as a guide. **Conclusion:** The application of a minimally invasive approach allowed for precise and efficient execution of the restoration, yielding satisfactory aesthetic results while preserving the original tooth structure to the greatest extent possible.

Keywords: Esthetics, Dental. Health Sciences, Technology, and Innovation Management. Dental Impression Materials. Composite Resins. Dental Restoration, Permanent.

INTRODUCTION

In recent years, adhesive dentistry has brought significant advances in the field of dental aesthetics, offering innovative and minimally invasive solutions to improve patients smiles. Unlike conventional treatments, which often require significant reduction of natural teeth, this new adhesive approach uses advanced



materials, such as composite resins, which chemically bond to the tooth, allowing modifications in shape, color, and dental structure while ensuring maximum preservation of the original tooth structure (BRASIL ET AL., 2023).

This advancement not only enables more natural and long-lasting restorations but also expands treatment options for aesthetic issues such as stained, worn, fractured, or misshapen teeth. Based on this, adhesive dentistry represents a revolution by delivering refined aesthetic results with a strong focus on preserving dental health, meeting the increasing demand for faster, more effective, and less invasive treatments (BRASIL ET AL., 2023).

Cosmetic recontouring is an essential restorative technique aimed at improving the shape, contour, and alignment of teeth without requiring invasive interventions, and it is frequently used to correct imperfections in anterior teeth. Besides cosmetic recontouring, there are various other restorative techniques that contribute to dental aesthetics, each with its specific applications. Compared to other restorative methods, recontouring is generally considered less invasive due to its conservative approach. While other techniques, such as ceramic veneers or dental crowns, may necessitate significant reduction of the natural tooth structure (BAYNE ET AL., 2019).

Although cosmetic recontouring is a less invasive technique, it still requires detailed planning by the dentist to ensure satisfactory and long-lasting results. The clinician must carefully assess the patient's dental anatomy, aesthetic expectations, and needs to determine the most appropriate approach. To aid in this planning, Digital Smile Design (DSD) is a digital approach that employs advanced technologies to plan and visualize the patient's smile more accurately, allowing the dentist to create a personalized and aesthetically balanced treatment plan (ALBINO ET AL., 2014).

A silicone index can be fabricated based on the planning performed with DSD, providing greater speed and precision in the restorative process. The silicone index is a highly accurate molding tool that enables the dentist to work with an exact guide for efficient shape adjustments, especially in aesthetic procedures (JAFRI ET AL., 2020).

The use of intelligent technologies in dentistry offers numerous benefits that revolutionize diagnosis, planning, and treatment execution. These technologies have the power to make clinical practice more precise, efficient, and personalized (MACHADO, 2014).



The objective of this case report is to discuss the treatment of trauma in anterior teeth with an incisal edge fracture, aiming for minimally invasive restoration. Digital planning was used through DSD (Digital Smile Design), and the application of a silicone barrier served as a guide for precise procedure execution. This case demonstrates how cosmetic recontouring can be an excellent alternative to extensive tooth preparations or large composite resin reconstructions.

CASE REPORT

Patient L.M.G.M.J, a 22-year-old male university student, sought dental care with the complaint: "I want to fix my broken teeth." After clinical examination (anamnesis, intraoral and extraoral physical examination), it was evident that the patient presented fractures on the incisal edges of teeth 21, 22, and 23, associated with a history of childhood trauma. Pulp vitality testing and radiographs revealed no abnormalities.

The patient had no systemic complications that would contraindicate the proposed treatment. He expressed a preference to avoid highly invasive procedures or those involving extensive tooth reduction. Therefore, the treatment was planned based on conservative techniques, prioritizing the preservation of the natural tooth structure while ensuring an aesthetic and functional outcome without the need for aggressive interventions.

The patient underwent photography for planning through Digital Smile Design (DSD), projecting the smile, facial features, and patient's desires (Figure 1).

Photo Protocol – Facial Analysis and Clinical Evaluation (FACE)

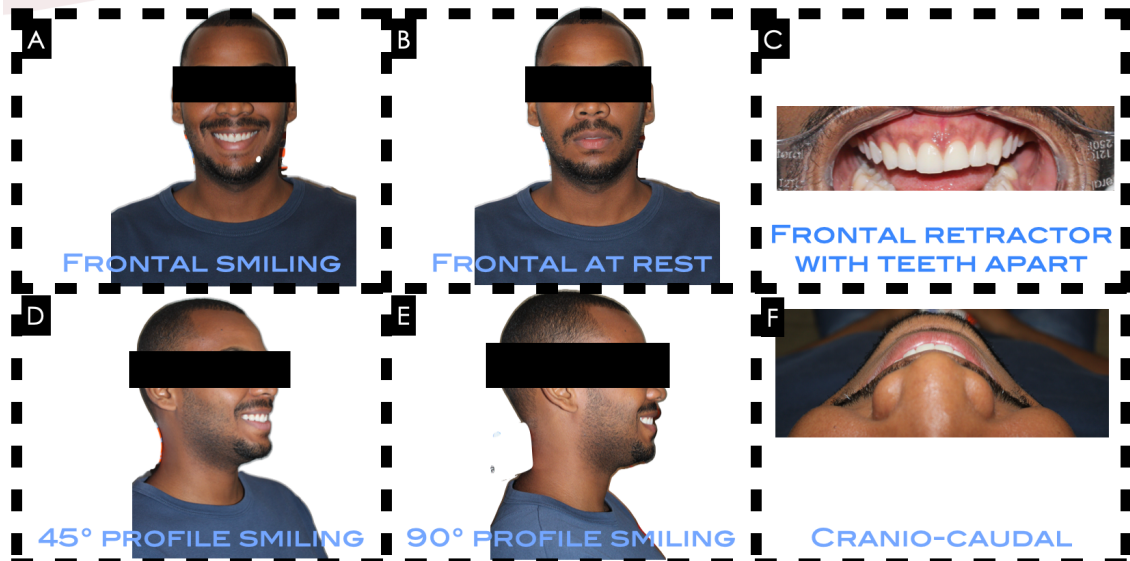


Figure 1. Author's own, 2025. A) Frontal smiling photograph, used to assess smile and facial harmony; B) Frontal photograph at rest, which analyzes the exposure of the teeth and upper anterior teeth; C) Smiling photograph with cheek retractor, allowing clear visualization of macro and micro-aesthetic criteria; D) 45° smiling photograph captured from a lateral angle to evaluate smile symmetry and facial contour; E) 90° smiling photograph; F) Cranio-caudal photograph, taken from top to bottom, helping to observe the relationship between the teeth and the lower lip. These photographs are essential for creating a precise and personalized aesthetic treatment plan.

Next, measurements of all the maxillary anterior teeth were taken using a scale comparing height (cervico-incisal) and width (measured at the middle third by determining the distance between the proximal edges) for subsequent calibration of the digital ruler, where the proportions used correspond to the actual tooth dimensions. The materials required for this procedure are: a dry-point compass and a millimeter ruler.

The initial steps of the Digital Smile Design (DSD) involve an analysis of orofacial proportions and symmetries, aiming to meet the criteria of macro-aesthetics based on facial details and components for a harmonious smile. The dentist must consider, during this stage, that the individual belongs to a sociocultural network, which directly influences various aspects of the smile (Figure 2) (COACHMAN & CALAMITA, 2014).

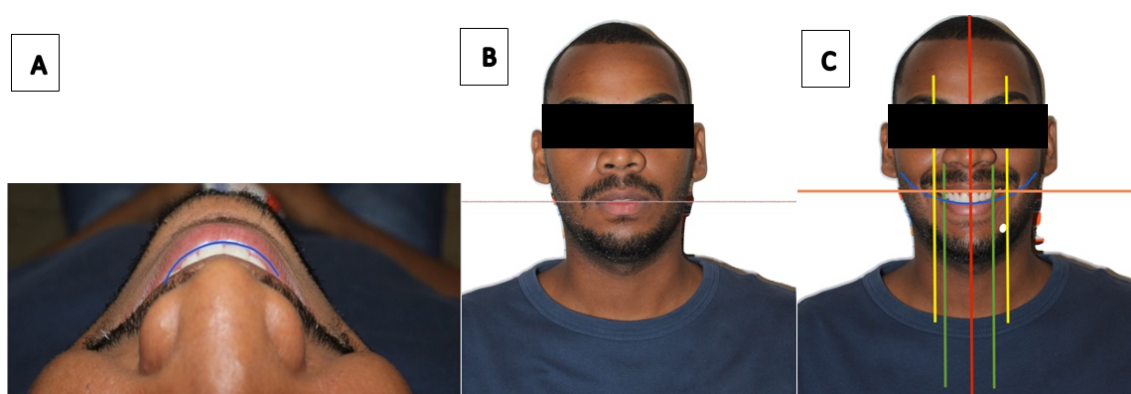


Figure 2. Author's own, 2025. A) Cranio-caudal view of the face, highlighting the lower facial structure and the dentolabial relationship, revealing that some teeth presented greater volume compared to others. B) Frontal view of the face at rest, emphasizing the dental exposure line of the central incisors. C) Frontal view of the face with a smile, showing the facial characteristic lines (labial commissure, facial midline, smile curvature, smile height, width of the six anterior teeth).

Next, the selection of tooth shapes was carried out. The analysis of facial and dental types assisted in the selection process; for example, straighter faces may be better suited to straighter and more angular teeth, while rounder faces may be more harmoniously matched with softer and more rounded teeth⁵. To efficiently detail the proposed dental changes, a virtual mock-up was created, including the planned dental additions for patient preview and evaluation (Figure 3). This step is essential to provide the patient with a clear visualization of their future smile, thereby offering confidence and encouraging active participation in the treatment process.

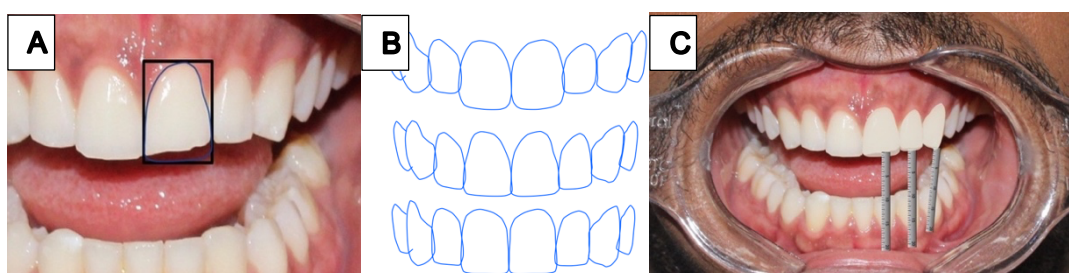


Figure 3. Author's own, 2025. A) Selection of tooth shape based on the golden proportion. B) Templates for tooth shape selection: oval, triangular, and rectangular. C) Virtual mock-up for previewing the future smile, including the planned additions on teeth 21, 22, and 23.

After the initial aesthetic and functional analysis, the next step involved the pre-restorative process. Prophylaxis was performed using a rubber cup, ultra-soft Robson brush (American Burrs, Palhoça - SC, Brazil), dental floss (Hillo, Ibité - MG, Brazil), and pumice paste (Iodontosul, Porto Alegre - RS, Brazil) mixed with water, aiming to enhance the effectiveness of the adhesion process. The button technique was applied to select the ideal shade for the restorations, as this method allows the clinician to achieve a closer match to the dental substrate, respecting its polychromatism and natural appearance. To analyze the value, a

black and white photograph was used, as the absence of color allows for a more accurate assessment of the luminosity variations present in the dental structure (Figure 4).

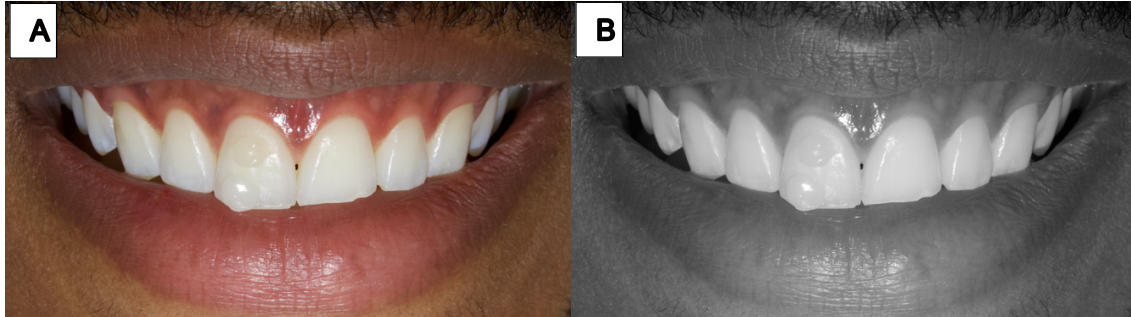


Figure 4. Author's own, 2025. A) Shade selection using the button technique, in which composite samples are directly compared with the natural teeth to determine the ideal tone. B) Desaturated image highlighting the luminosity of the teeth, facilitating value analysis (light intensity), which is essential to ensure aesthetic harmony in the restorations.

The next step is crucial for the execution of the aesthetic treatment. The restorative trial allows the clinician to evaluate the esthetics and functionality of the restorations, ensuring that the final result meets the patient's expectations. Millimetrically planned increments of A2B Forma composite resin (Ultradent, South Jordan, Utah, USA) were applied during the DSD phase. Tooth 21 received 1.5 mm, while teeth 22 and 23 received 0.5 mm, with the additions limited to the incisal edge.

The patient reviewed and approved the preliminary shape, so no adjustments were necessary (Figure 5A). After the restorative trial, handling of heavy condensation silicone was performed, followed by the fabrication of the silicone barrier and minor adjustments to ensure proper adaptation and construction of the palatal guide (Figure 5B). Using the absolute isolation technique, an excellent seal and isolation of the teeth involved in the procedure were ensured, providing a controlled and contaminant-free environment throughout the entire restorative process (Figure 5C).

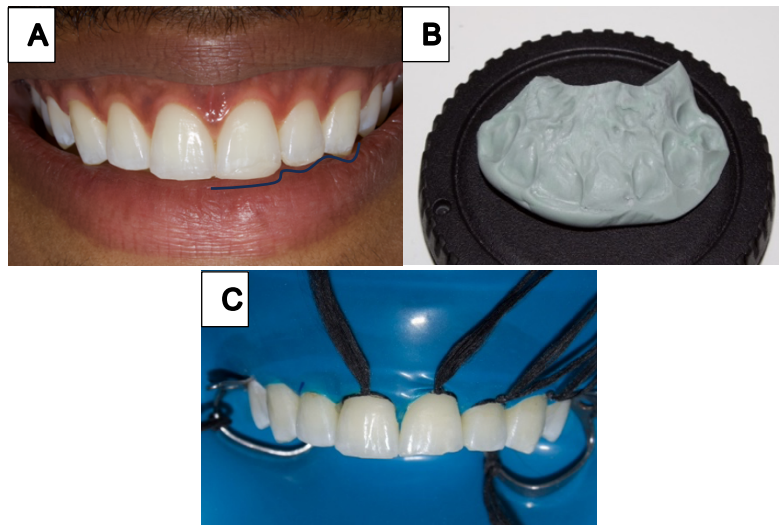


Figure 5. Author's own, 2025. A) Restorative trial. B) Silicone barrier. C) Absolute isolation.

The subsequent step involved the application of the adhesive system, ensuring the proper preparation and conditioning of the surfaces to secure effective bonding and the durability of the treatment performed. The system selected for this case was the Multi-mode, commonly known as the "Universal" adhesive. The following table outlines the step-by-step procedure carried out (Table 1).

Step	Application	Time	Materials
37% Phosphoric Acid	Syringe dispensing the material onto the enamel.	30 Seconds	FGM - Condac.
Deionized Water and Air	Water jets concomitant with air.	60 Seconds	-
Universal Adhesive	Application with micro-applicator on the vestibular and palatal surfaces.	20 Seconds	Adhesive Âmbar Universal Aps Plus - FGM
Solvent Evaporation	Air jets over both surfaces, at a considerable distance.	10 Seconds	-
2 ^o Second Adhesive Application	Application with micro-applicator on the vestibular and palatal surfaces.	20 Seconds	Adhesive Âmbar Universal Aps Plus - FGM
Solvent Evaporation	Air jets over both surfaces, at a considerable distance.	10 Seconds	-
Light Curing	Continuous light curing on both surfaces.	20 Seconds	Emitter G - Schuster

Table 1. Own authorship, 2025. Table containing all the step-by-step information of the multi-mode adhesive system.

After completing the adhesion process, the stratification procedure begins with the application of the translucent resin T - Tetric N Ceram (Ivoclar Vivadent,

Schaan, Liechtenstein), which provides the necessary transparency base for a more natural and durable effect. Next, the resin A2B Forma (Ultradent, South Jordan, Utah, United States) is applied, offering the desired base opacity, providing appropriate hue and chroma to the tooth. Finally, the procedure is completed with a layer of enamel resin A1 - Tetric N Ceram (Ivoclar Vivadent, Schaan, Liechtenstein), which imparts the aesthetic shine, ensuring a biomimetic result.

For manipulation of the resin in the final layer, assistance was provided by a Keramik brush No. 10/0 and the Composite Wetting Resin modeling agent (Ultradent, South Jordan, Utah, United States). Together, these tools are essential in the handling process and in creating fine details, such as developmental grooves, in order to mimic the texture of dental enamel (Figure 6).

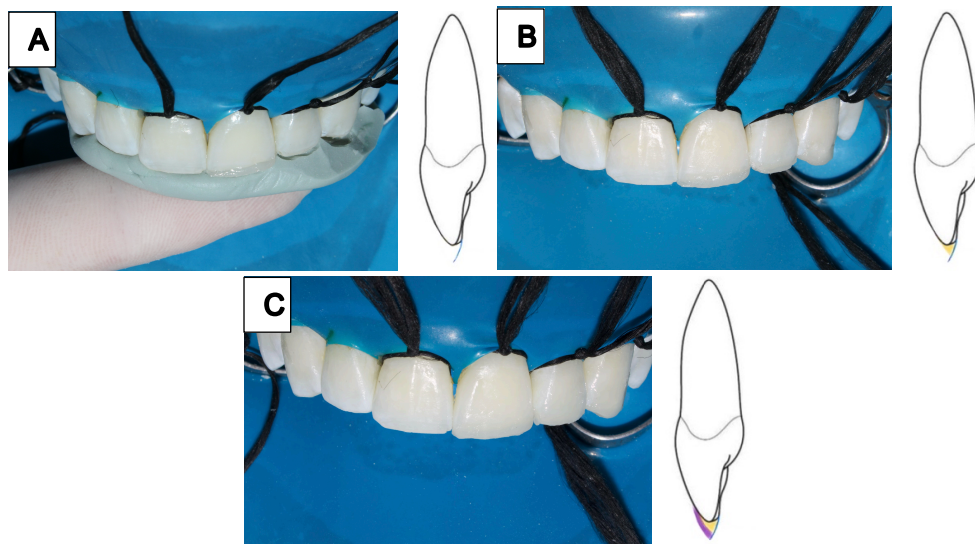


Figure 6. Own authorship, 2025. Resin stratification: A) Achromatic enamel resin; B) Body resin; C) Chromatic enamel resin.

At the conclusion of the resin stratification process, the rubber dam was carefully removed. The finishing protocol was initiated using Praxis polishing discs (TDV, Pomerode, SC, Brazil). The patient remained seated throughout the procedure while final adjustments were performed, following a systematic sequence that started with coarse-grit discs and progressed to finer-grit discs to optimize surface smoothness and morphology (Figure 7A).

Subsequently, the texturization phase was initiated, during which the anatomical markings of the restored teeth were refined. This procedure was performed over the demarcated areas under continuous cooling using a 12L multilaminar bur N-7686 from FG (Mk-life, Porto Alegre, RS, Brazil) (Figures 7B-7C).

After texturization, the polishing process was initiated on the vestibular and palatal surfaces using the Ultragloss polishing kit (American Burrs, Palhoça - SC, Brazil), following a sequence from the coarser to the finer rubber points (Figure 7D). For the interproximal surfaces, a fine finishing strip from Epigloss (American Burrs, Palhoça - SC, Brazil) combined with Eagle Diamond polishing paste (American Burrs, Palhoça - SC, Brazil) was employed (Figure 7E). Finally, a Diamond Flex felt disc (FGM, Joinville, SC, Brazil) with Eagle Diamond polishing paste was used to achieve the final surface gloss (Figure 7F).

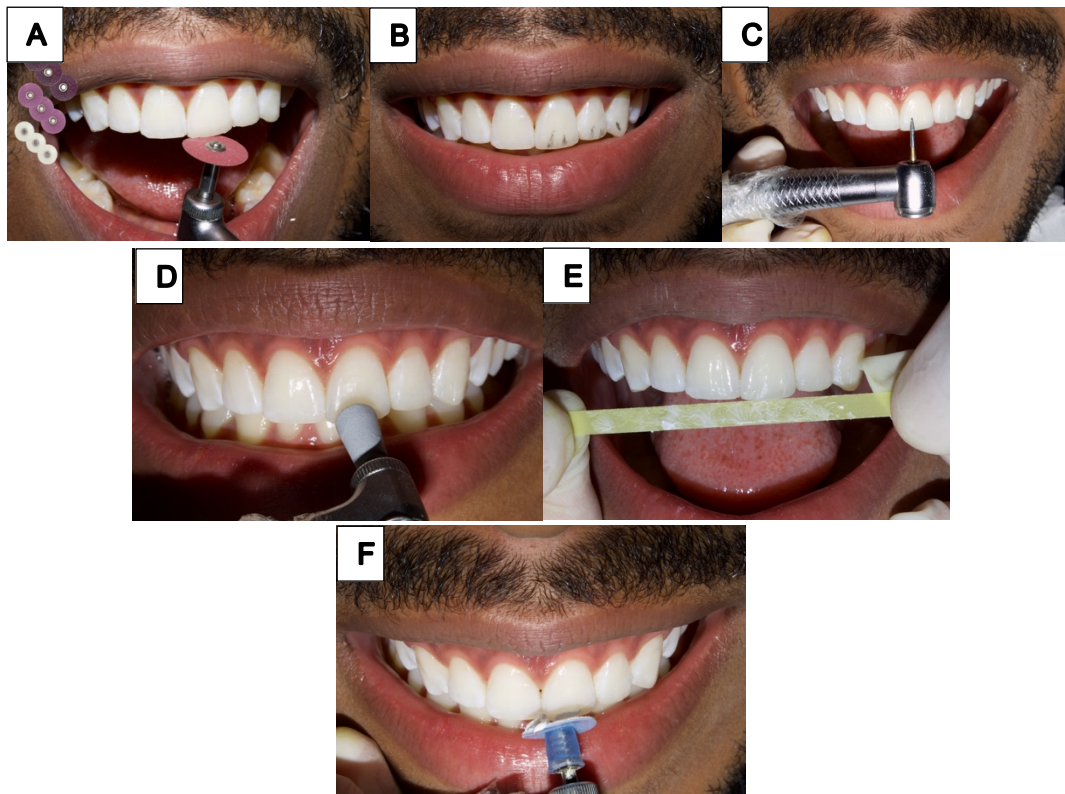


Figure 7. Author's own work, 2025.A) Finishing with abrasive discs: used to shape the initial restoration form, removing excess material and smoothing the surface. B) Developmental groove marking with graphite: technique used to outline the natural dental grooves, aiding in creating precise and realistic anatomical morphology. C) Texturization with multilaminated bur: employed to sculpt detailed textures on the restoration, reproducing the enamel topography with delicate and refined finishing. D) Polishing rubbers: applied to smooth the restored surface and provide gloss, ensuring a smooth and esthetically natural finish. E) Interproximal finishing strip: used for polishing the interproximal surfaces, promoting adequate smoothing in these difficult-to-access areas. F) Felt disc combined with diamond paste: used in the final polishing step, providing intense gloss and a highly polished surface, resulting in a durable and esthetically superior finish.

After completing all finishing and polishing steps, the restorative procedure was finally concluded with the delivery of post-operative instructions to the patient. The patient was informed about essential care measures to ensure the longevity and health of the restoration. The patient left highly satisfied, as all desired criteria

were met in terms of both aesthetics and functionality, resulting in a natural and comfortable smile (Figure 8).



Figure 8. Own authorship, 2025. Final aspect. A) Smile view highlighting anatomical details, emphasizing the precision in simulating dental structures. B) Final smile aspect. C) Smile showing the lower third of the face, harmoniously enhancing facial aesthetics.

DISCUSSION

The Digital Smile Design (DSD) proved to be a true ally for the dentist in this case, providing clear benefits in both treatment planning and execution. Key advantages include: preliminary visualization of the final outcome, integrated planning, reduction of errors and dental wear, increased patient confidence, and enhanced procedural efficiency (COACHMAN & CALAMITA, 2014).

The dentist must understand that each patient is embedded in a unique sociocultural context, which directly impacts their expectations regarding the smile. Aspects such as tooth shape and size, tooth color, and gingival characteristics should be evaluated considering these cultural and personal influences (MACKENZIE & BANERJEE, 2017).

The button technique stands out as one of the most effective approaches for composite resin shade selection in esthetic dental procedures. It is based on simulating the interaction of light with natural teeth, creating optical effects essential to achieving a natural final outcome (NAHSAN ET AL., 2012).

The restorative try-in allowed for meticulous adjustments, ensuring that the restoration precisely met the patient's esthetic expectations. It also supported the fabrication of the palatal matrix, a device that enabled the clinician to work more efficiently and accurately, with minimal need for further adjustments, as the shape and fit of the teeth were already clearly defined by the guide (RABHU ET AL., 2015).

Silicone matrices are essential for high-precision restorative treatments. The Bertholdi, Ricci, and Barrote (BRB) matrix is the most recommended, as it provides a rigid and accurate mold for permanent restorative materials. In



contrast, the matrix used during the restorative try-in is more commonly applied for repair procedures, allowing for a more dynamic and adaptable approach (TAKAHASHI & MORI, 2019).

The choice between the two depends on the clinical needs of the case. The BRB matrix is more appropriate for situations where the final restoration requires maximum precision, while the try-in matrix is ideal for temporary restorations or minor adjustments (HENRIQUES & MELO, 2016).

The use of the multi-mode adhesive was fundamental in ensuring the effectiveness and durability of the restorations performed in this case, standing out for its versatility and reliability in the adhesion process. This type of adhesive offers a wide range of benefits in restorative treatment, being effective for both total-etch and selective-etch techniques, allowing the clinician to easily adapt to the different procedural needs (GIANNINI ET AL., 2015).

Composite resin stratification is an essential technique for effectively simulating the natural dental structure, especially when aiming for a high-quality esthetic outcome. This process involves the application of successive layers of resin with different opacities and thicknesses in order to mimic the natural characteristics of teeth, such as translucency, opacity, brightness, and variations in saturation (HIRATA ET AL., 2009).

Finishing allows the dental clinician to perform the initial adjustments in a broader manner and then refine the details, ensuring that the restoration achieves the desired shape and texture with precision (BOUSCHLICHER & TIBERIA, 2017).

Attention to detail during the texturing phase is even more critical due to the visibility of these areas, and it must be performed with precision and care to accurately replicate the characteristics of natural dental enamel (BOUSCHLICHER & TIBERIA, 2017).

Gradual polishing is effective in achieving a smooth and glossy surface. This process involves the use of high-grit abrasives, progressively decreasing in coarseness. Because it is a stepwise technique, it allows precise control over the final result, providing a high-quality finish (BOUSCHLICHER & TIBERIA, 2017).

The combination of finishing, texturing, and polishing represents fundamental steps in the dental restoration process, ensuring that the final result is not only aesthetically pleasing but also functional and long-lasting (SANTIN ET AL., 2019).

Cosmetic recontouring is a less invasive approach compared to other, more complex restorative techniques (Table 2).

Criteria	Cosmetic Recontouring	Composite Veneers	Ceramic Veneers
Invasiveness	Minimal	Low	Moderate
Durability	Limited	4-7 Years	5-10 Years
Clinical Time	Quick (1 session)	1 session	Minimum 2 sessions
Cost	Low	Medium	High
Repair Possibility	Low	Easy	Limited
Mild Aesthetic Indications	Ideal	Acceptable	Considered excessive
Severe Aesthetic Indications	Inadequate	Limited	Ideal

Table 2. Own authorship, 2025. Analysis of restorative techniques. References (DA CUNHA ET AL., 2013) AND (CLAYTON & JOHNSTON, 2021).

While treatments such as veneers or crowns require significant removal of dental structure or extensive resin coverage, cosmetic contouring focuses on subtle adjustments to the teeth, preserving most of the original structure. This technique is ideal for patients seeking quick aesthetic improvements without the need for extensive wear or lengthy treatments (LEMPEL ET AL., 2017).

Spot additions can be used to restore anatomical structures that have been lost or damaged due to caries or wear. These additions help to restore the tooth's anatomical morphology, allowing for better distribution of masticatory forces (KLEINHEINZ ET AL., 2018).

The technique provides flexibility for adjustments during subsequent appointments. This is particularly useful when the patient is unavailable for multiple visits or when long-term adjustments are required (SAFI, MIAN & PATEL, 2018).

There are several indications, such as occlusion adjustment, correcting bite imbalances and preventing temporomandibular disorder (TMD). It is also used to correct aesthetic imperfections by adjusting the color, texture, and contour of dental units. In cases of occlusal wear due to bruxism or aging, it is indicated to restore the vertical dimension of occlusion and is useful for correcting inadequate contact points, diastemas, or other anatomical defects that may arise (SAFI, MIAN & PATEL, 2018).



It is not recommended for teeth with extensive structural damage. When there is significant enamel loss, extensive fractures, or alignment issues, cosmetic contouring may not be sufficient, and more invasive treatments may be necessary (BARATIERY, 2002).

CONCLUSION

By adopting a conservative and precise approach, we were able not only to restore the functionality and aesthetics of the smile but also to preserve the healthy dental structure, avoiding unnecessary wear and providing a harmonious and natural aesthetic result.

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