# case book

## **Tetric Evo-Flowables**



passion vision innovation

A classic celebrates its anniversary. Tetric EvoFlow has been the best selling composite in Europe for several years. It is now turning ten. This is reason enough to celebrate its round-numbered anniversary with a bit of pomp.

Eighty million restorations placed worldwide attest to the success of Tetric EvoFlow. However, this does not mean that we will now sit back and rest on our laurels. Clinical success is the basis - evolution is the future! And as we have continued the evolution we can now also celebrate the second anniversary of Tetric EvoFlow Bulk Fill. The product takes the masking power of modern bulk-fill materials to a new level due to the Aessencio technology, for

Tetric EvoFlow<sup>®</sup>

which a patent application has been filed. The Aessencio technology causes Tetric EvoFlow Bulk Fill to change its translucency to a dentin-like opacity as it polymerizes. This way, even severely discoloured dentin can be concealed.

Flowable materials are often used as liners in restorations placed with sculptable materials. Yet, they are actually suitable for a wide variety of applications. We have prepared this booklet of selected clinical cases to give you an impression of the manifold uses of this versatile little fellow.



Tetric EvoFlow<sup>®</sup> Bulk Fill

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#### Advantages and special features of flowable composites

## What are the advantages of flowable materials?

- precise application
- high surface affinity

## What are the specific advantages of Tetric EvoFlow?

- high level of chroma
- natural esthetics enhanced by beautiful translucency
- good shade integration

## They are therefore especially suitable for:

- creating smooth transitions in areas with a thin taper
- minimally invasive applications (without preparation)
- small fillings

## Areas of applications of flowable materials



#### Class III & IV

#### for example

- diastema closure
- small corrections of tooth shape
- cosmetic correction of crooked teeth
- closure of black triangles
- small incisal edge build-ups
- thinly tapered transitions

## Special challenges in the anterior region

Restorations in the anterior region involve specific challenges. It is particularly important for these restorations to ensure a correct design of the macroanatomical shape and microanatomical structures. This often requires a subtle and precise method of working. Incorrect shaping can lead to strong optical effects that can affect the perceived tooth shade and tooth position. Inadequate design of the cervical transitions may result in a permanently inflammatory reaction of the soft tissues.

#### **The following challenges**<sup>1</sup> merit particular attention:

- contouring the vertical edge lines
- designing the transitions between composite and tooth
- pink/white esthetics

## Contouring the vertical edge lines

The vertical edge lines (see schematic on the right) form the transition from the labial to the proximal aspect. They are therefore of essential importance for the perceived shape of

the tooth. In addition, they are also the source of prominent light reflexes that can have a decisive effect on the perceived brightness of the tooth shade.

If the vertical edge lines do not harmonize with the restoration, the shade may appear too dark because the light is then reflected in a different way. In addition, the tooth may seem slightly twisted as the transition to the proximal aspect may appear optically shorter, or centrally too wide, if the edge line is placed too far to the lateral. The perceived tooth width may be affected by the course of the vertical edge line: Lateral edge lines make the tooth look wider, while edge lines positioned more towards the centre make the tooth look more slender.

> Prominent vertical edge lines with clearly perceptible light reflexes



## Designing the transitions between composite and tooth

The bevel, or the transition from the restoration to the tooth, plays an important part in the perception of "brightness" because the natural tooth structure refracts light differently than the restorative material. In order to achieve a naturallooking transition, horizontal lines should be avoided and vertical lines preferred. This can be achieved by preparing a wide, tapered, wave-shaped bevel, or a wave bevel (see schematic on the right).



## Pink/white esthetics

The biological width, or the distance between the gingival sulcus and the alveolar bone, plays an important part in the health of the periodontal tissues. To maintain the typical garland-shaped gingival line in the interdental space and avoid chronic inflammatory reactions, the distance between the restoration margin and the alveolar bone should be approximately equal to the biological width in restorations with equigingival or slightly subgingival margins (biological width = approx. 2.04 mm, cf. schematic on the left below). A biological width that is too short may result in a chronic inflammatory reaction of the papilla.

Furthermore, black triangles may form in the interdental area as a result of missing tissue and this may severely impair the esthetic appearance in the anterior region in particular. However, such gaps can be corrected or prevented from forming by an appropriate placement of the proximal contacts. A proximal contact that is placed low and more towards the palatal side can optically close a black triangle without making the teeth look bulky or too wide (cf. photographs on the right below).



Biological width = connective tissue + attached gingival tissue (excl. sulcus), approx. 2.04 mm (Gargiulo, 1961)



Position of the contact point in the frontal plane



Position of the contact point in the sagittal plane

#### Anterior region

## Keeping the symmetry

Especially in the anterior region, maintaining the existing symmetrical proportions is essential, but these should usually be achieved automatically, as long as the edge lines are designed correctly. They are decisive for the shape of the restoration.

## Advantages of flowable materials in the anterior region

Flowable composites make it easier to tackle the challenges described above (see page 6) because the low-viscosity properties of these materials allow a very precise application. Even tapered margins in narrow areas can be reached.

This is of great advantage especially in purely esthetically motivated corrections of otherwise healthy teeth and provides the most tooth-preserving restorative method.

However, not all flowables are the same, as they should be set to a consistency that is not too liquid and not too solid. Given its thixotropic consistency, Tetric EvoFlow offers both qualities as it is flowable when applied and, once applied, it stays exactly where applied without running off. Sculptable composite with a large amount of excess. Precise marginal adaptation is difficult in such a situation.



#### Anterior region – diastema closure

## Dr Ronny Watzke

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

37-year-old female patient with a diastema caused by a high frenulum. Defective fillings on teeth 12, 13, 22 and 23. As the two central incisors were healthy natural teeth, a minimally invasive approach was chosen to preserve the tooth structure. It was decided not to use an indirect procedure with veneers. Tooth shade A2



#### Particularities

The patient wished a minimally invasive treatment without indirect restorations. In addition to the gap closure, a harmonization of the incisal edges of the maxillary anterior teeth was also necessary. The wax-up revealed a mesial rotation of tooth 21. In spite of the gap closure and increase in tooth width, slender-looking teeth were achieved due to the skilful contouring of the edge and contour lines. After the mock-up, the minimally invasive restorations were created with the help of a transparent silicone key (Transil).

#### Material selected

Tetric EvoFlow in shade A2 (Dentin) and A1 (Enamel), no Effect materials

"

The coordinated translucency of Tetric EvoFlow Dentin and Enamel allows for highly esthetic fillings to be placed. Given its excellent surface affinity and polishability, Tetric EvoFlow is especially suitable for minimally invasive treatment procedures.



Preoperative situation: diastema and defective fillings on teeth 12, 13, 22 and 23



Final situation: completed restorations with Tetric EvoFlow at the one-week recall



Top: wax-up on the stone model Bottom: analysis of rotational tooth position



Tooth 11 resized with Tetric EvoFlow, prior to finishing and polishing



Completed restoration immediately after finishing

#### Anterior region – incisal edge build-up

## Ulf Krueger-Janson

#### **Preoperative situation**

20- to 30-year-old female patient with fractured incisal edges on teeth 11 and 21 after a sports accident. The broken-off tooth fragments were not available. A mock-up with a silicone key was essential to ensure an even contour of the incisal edges. Tooth shade A2



#### Particularities

Selecting the correct materials to reproduce the natural translucency of the incisal edge without making it too translucent was a particularly challenging task in this case. Approx. 60 % of the reconstruction was built up with Tetric EvoFlow Dentin A2 applied directly into the silicone key. I used a blend of shade T and Bleach M to reproduce the translucent incisal areas. This allowed me to achieve an optimally individualized degree of translucency and brightness.

#### Material selected

Tetric EvoFlow in shades Dentin A2, Bleach M and T, whereas Bleach M features a higher translucency than shade T.

"

Areas to be customized can be very easily built up with flowable materials. The shade can be verified any time and layering of the different translucencies is easier than with conventional composites due to the lower filler content. Moreover, Tetric EvoFlow polishes very well.



Preoperative situation: fractured incisal edges on 11 and 21



Final situation: incisal edges reconstructed with Tetric EvoFlow



Rebuilding the contours of the incisal edges with the help of a silicone key



Building up the incisal margins with the material placed in the silicone key



Reconstructed incisal edges prior to finishing and polishing

## Anterior region - resizing of peg-shaped teeth & optical correction of slightly malpositio

## Dr Eduardo Mahn



#### **Preoperative situation**

24-year-old female patient with unduly narrow lateral incisors and considerable mesial rotation of both central incisors, resulting in gaps between 11, 12 and 13 as well as between 21 and 22. The smile looked slightly disharmonious due to the prominent appearance of the canines. Natural healthy anterior dentition. Tooth shade A1

#### Particularities

The patient wanted a minimally invasive treatment without indirect restorations. The mesial rotation of the two central incisors could be optically integrated by giving the vertical mesial edge lines a more prominent contour. The vertical contour lines were placed rather centrally (and not laterally) to make sure that the two lateral incisors did not look oversized in width.

Material selected Tetric EvoFlow (Enamel) in shade A1

"

Tetric EvoFlow is especially suitable for the treatment of conical teeth. Its thixotropic consistency allows for a precise application. The medium translucency ensures excellent esthetic results.

## ned teeth



Preoperative situation: narrow lateral incisors (12 and 22) with resulting gaps and mesial rotation of teeth 11 and 21



Final situation: lateral incisors resized with Tetric EvoFlow. The mesial rotation of the two central incisors could be optically integrated by a skilful application of the vertical edge lines.



Close-up of the preop on the right: noticeable gaps between 11 and 12 as well as 12 and 13



Close-up of the final situation on the right: Harmonious gap closure by resizing the width of teeth 12 and 11



Close-up of the preop on the left: noticeable gap between 21 and 22



Close-up of the final situation on the left: harmonious gap closure by resizing teeth 22 and 21

## Anterior region – adaptation of material in transitions with a thin taper

## Dr Eduardo Mahn

#### **Preoperative situation**

37-year-old female patient with defective mesial Class-III fillings on teeth 11 and 21. The existing fillings appeared slightly greyish because the restoration material was not enough opaque. Tooth shade A2



#### Particularities

Adequate opacity was essential in the present case. For this reason, a combination comprising a large amount of dentin material and Tetric EvoFlow was chosen. A wide bevel was prepared to achieve a natural light reflection and hence a favourable shade integration. The matrix was folded in two and secured with wedges to ensure that the material could be optimally adapted to the margins of the restoration. In this way, the mesial margins could be rounded out more easily.

Material selected Tetric EvoCeram Dentin in shade A2 and Tetric EvoFlow in shade A1

"

I like to use Tetric EvoFlow in the anterior region in particular because its flowable consistency enables me to create an anatomically correct contour even if the transition between the tooth and restoration is narrow.



Preoperative situation: defective and excessively translucent Class-III restorations on teeth 11 and 21



Final situation: restoration of teeth 11 and 21, created using Tetric EvoCeram and Tetric EvoFlow



Preparing a wide bevel to achieve a favourable shade integration



Double-folded matrix band secured in place with a wedge



Polishing the restorations with OptraPol

## Special challenges in the posterior region

Restorations in the posterior region entail specific challenges. Particularly important aspects include the size of the area to be restored, position of the restoration margins in relation to the occlusal contacts and consistent adaptation of material at the margins even in areas that are not easily visible. This requires a detailed working method at times and at times an approach on a rather large scale. Efficient working procedures are of essence in the posterior region due to the often large size of the cavities. Bulk-fill materials have been developed specifically for the posterior region because of this reason. They facilitate a working method that is optimized for efficiency and yet leads to similar esthetic results as conventional restoratives. This means that the selection of different types of composite materials suitable for the posterior region is particularly wide. As these materials are exposed to occlusal loading, they have to meet special requirements in terms of qualitative parameters, e.g. wear resistance. This is particularly important if cusps are involved in the restoration.

#### **The following challenges should be taken into account in particular:**

- marginal adaptation in areas that are not easily visible (e.g. mesial cavity floor)
- filling up undercut areas
- targeted selection of materials

## Marginal adaptation in areas that are not clearly visible

Proximal cavity floors can be particularly difficult to see. In these cases, the filling material needs to be firmly adapted to the lateral and cervical margins. Accurate adaptation of material in these areas cannot always be ascertained if visibility is hindered. A flowable material offers the advantage that it easily adapts

to all margins. Flowable bulk-fill materials usually feature a slightly less viscous consistency than conventional flowables, which, in addition to the increase in efficiency, makes them particularly well suited for such applications.



## Posterior region

## Filling up undercut areas

Undercut areas can occur in minimally invasive preparations in particular. It is essential to ensure that the material adapts properly to these areas to prevent unwanted air bubbles. Flowable materials are also used with advantage in these cases.

> Blocking out an undercut on the cavity floor

## Targeted selection of materials

The selection of suitable restorative composite resins is particularly wide in the posterior region because both conventional and bulk-fill composites can be used here. The four composites of the Tetric Evo-Line offer the advantage that they are optimally coordinated with each other and they can be combined with each other or with other composites. The following decision tree can facilitate the decision as to when which material is best suited:



Which kind of cavity are you restoring?

## Where should I use bulk-fill materials?

Bulk-fill materials can be applied in large increments (of up to 4 mm). They are less technique-sensitive and increase the efficiency of the practitioner.



Tetric EvoFlow

- posterior region
- pediatric dentistry

## Why should you use bulk-fill materials?

#### Bulk-fill materials may help you increase your process reliability.

A major part of the long-term treatment outcome depends on the correct execution of the treatment itself. This is particularly true for highly technique-sensitive procedures such as those used in the adhesive filling therapy.

This is why a material with less technique sensitivity increases the likelihood of a successful treatment in the long term.

#### Bulk-fill materials help you increase your efficiency.

Up to 47% time savings when placing a filling were shown<sup>1</sup>.

## Bulk-fill materials are less technique-sensitive than conventional composites due to the following reasons:

- higher curing depths<sup>2</sup>
- reduction of application-related air bubbles<sup>3</sup>
- reduced risk of postoperative sensitivity<sup>4</sup>

<sup>1</sup>Source: Ivoclar Vivadent AG, 2014

<sup>2</sup>4 mm instead of 2 mm

<sup>&</sup>lt;sup>3</sup> If fewer increments are applied in total, the risk of air being trapped between the individual increments is reduced.

<sup>&</sup>lt;sup>4</sup> Postoperative sensitivities are often caused by restorations that are not fully cured.

This risk is reduced as bulk-fill materials show a significantly higher curing depth than conventional composites.

#### Tetric EvoFlow vs Tetric EvoFlow Bulk Fill

The decision as to when which flowable material is more suitable is not always an easy one to take. Nonetheless, there are a few criteria that can assist in the decision-making process:

#### Different range of indications

Tetric EvoFlow is suitable for both the anterior and posterior region and can also be used for small areas in the occlusal stress-bearing region. It therefore offers a broad spectrum of indications. Given its properties, however, it is particularly well suited for applications in the anterior region. By contrast, Tetric EvoFlow Bulk Fill is optimized for use in the posterior region and must not be used without a final covering layer in the occlusal stress-bearing region.

Tetric EvoFlow<sup>®</sup>

#### Different curing depths

Tetric EvoFlow has a curing depth of 1.5 - 2 mm, depending on the degree of translucency. Tetric EvoFlow Bulk Fill offers a curing depth of 4 mm and may therefore be used for dentin-like volume replacements.

#### Different consistencies

Tetric EvoFlow has a thixotropic consistency, i. e. it flows well from the cannula and remains stable as soon as it has been applied. It is particularly well suited for precise applications. Tetric EvoFlow Bulk Fill, on the other hand, features a selflevelling consistency, which enables a fast application and even distribution. It is therefore ideally suited for large cavities.

Tetric EvoFlow<sup>®</sup> Bulk Fill

#### Different levels of translucency

Tetric EvoFlow features a translucency of approx. 6 – 31%\*. The dentin shades in particular are highly opaque and well suited for concealing even severe discolourations. Tetric EvoFlow Bulk Fill is one of the few materials that can keep up with a conventional material in terms of opacity. Before it is light-cured, it has a translucency of approx. 20%\*. Once polymerized, its translucency drops to approx. 9.8%\*. It is therefore capable of masking moderate discolourations.

#### Different range of indications

Tetric EvoFlow is available in 14 shades: 3 dentin shades and 11 enamel shades. Tetric EvoFlow Bulk Fill is supplied in 3 universal shades  $^{\mathbb{N}}A$ ,  $^{\mathbb{N}}B$  and  $^{\mathbb{N}}W$ .

	Tetric EvoFlow	Tetric EvoFlow Bulk
Range of indications	anterior and posterior region	posterior region
	• small stress-bearing areas	<ul> <li>only with covering layer<sup>1</sup></li> </ul>
Curing depth	• 1.5 – 2 mm	• 4 mm
Consistency	• thixotropic consistency	• self-levelling consistency
Translucency	• approx. 6 – 31% *	• approx. 9.8% after curing*
Shade offering	• 14 shades	• 3 universal shades

## Dr Stephanie Huth

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

29-year-old male patient with defective fissure sealing on teeth 36 and 37. An extended fissure sealing was indicated as a preventive measure. Tooth shade A1



#### Particularities

As the surface to be treated was characterized by a filigree structure, the material had to be applied very accurately. Excess was to be avoided since any need for grinding would have entailed a high likelihood of removing sound enamel due to the intricate structure of the cavity.

Material selected Tetric EvoFlow in shade A1

## "

I like using Tetric EvoFlow for fissure sealings because it can be applied precisely to the area where needed without excess material and once applied it has a stable consistency. This is why it is a very good choice for minimally invasive defects in particular.



Preoperative situation: defective fissure sealings on teeth 36 and 37



Final situation: extended fissure sealing of teeth 36 and 37, created using Tetric EvoFlow



Cavity, prepared in a minimally invasive manner and cleaned



Etching the surface of the cavity, mostly confined to the enamel



Precise dispensing of Tetric EvoFlow from the cannula after application of an adhesive

#### Posterior region – endodontic build-up

## Dr Martin von Sontagh

#### **Preoperative situation**

30-year-old female patient with an endodontic defect on tooth 26. Trepanation was performed in an already defective MOD filling, which had to be replaced after the root canals had been obturated. Tooth shade A2



#### Particularities

The defect was particularly large in the present case because the defective MOD filling had to be additionally replaced after the root canals had been sealed in order to prevent any new bacterial ingression. All cusps had to be replaced with the new filling to achieve a better distribution of forces. Furthermore, the cavity floor and guttapercha posts showed discolourations, which had to be concealed by means of the restorative material if favourable esthetic properties were to be achieved. It was therefore paramount that the material should provide an adequate level of opacity.

#### Material selected

Tetric EvoFlow Bulk Fill <sup>™</sup>A and Tetric EvoCeram Bulk Fill <sup>™</sup>A

**))** 

The combination of Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill is especially suitable for large restorations in teeth with root canal fillings. Despite the very deep cavities of these teeth, they can be built up in only a few steps. Tetric EvoFlow Bulk Fill also conceals moderate discolourations.





Preoperative situation: endodontic defect on tooth 26 with defective MOD filling



Final situation: restoration involving five surfaces and the replacement of the cusps, accomplished with Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill



Exposed endodontic cavity with obturated root canal entrances



Tight sealing of the endodontic cavity using Tetric EvoFlow Bulk Fill



Completed cavity preparation after removal of the defective MOD filling and the cusps



Reconstructing the crown of the tooth using Tetric EvoCeram Bulk Fill

## Dr David Hacmoun

#### **Preoperative situation**

27-year-old female patient with proximal caries on teeth 24, 25 and 26. Given the young age of the patient and the moderate size of the cavities, a direct restorative procedure was chosen. Tooth shade A2



#### Particularities

The severe dentin discolouration on teeth 25 and 26 entailed the risk that the restoration may appear greyish at the end of the treatment as the discoloured areas may show through the material. Adequate opacity of the restorative material is therefore particularly important in this context. In addition, the anatomically correct design of the proximal region with sufficiently robust contact points presented a particular challenge because all the contact points to be reconstructed had to be resolved from both sides due to the necessary cavity excavation and design.

Material selected Tetric EvoFlow Bulk Fill <sup>™</sup>A with Tetric EvoCeram Bulk Fill <sup>™</sup>A

**))** 

Tetric EvoFlow Bulk Fill is a bulk-fill material that can conceal even severe discolouration effectively. This allowed me to restore these large defects efficiently and with a good esthetic result.



Preoperative situation: after having removed the existing fillings on teeth 24 to 26



Final situation: completed restorations on teeth 24 and 26 made using Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill

## Posterior region – volume replacement in deep Class-II cavities

## Dr Stephanie Huth

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

37-year-old male patient with deep carious defect on the distal aspect of tooth 35. Moderately discoloured dentin. Tooth shade A2



#### Particularities

The patient wished a direct esthetic restoration. Those portions of the dentin that had become discoloured by the carious defect had to be concealed with the help of the restorative material. Additionally, the slight discolouration of the fissure was to be mimicked with Effect material.

Material selected Tetric EvoFlow Bulk Fill <sup>™</sup>A and Tetric EvoCeram Bulk Fill <sup>™</sup>A. Effect shade: IPS Empress Direct brown/ochre

"

The combination of Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill proved to be ideal in the present case, as in this way even a deep lesion could be filled in only two steps. The Aessencio technology incorporated into Tetric EvoFlow Bulk Fill allowed the discoloured dentin to be masked reliably.





Preoperative situation: carious defect on tooth 35



Final situation: completed restoration made of Tetric EvoFlow Bulk Fill and Tetric EvoCeram Bulk Fill



Selective enamel etching on tooth 35



Tetric EvoFlow Bulk Fill in situ before polymerization



Tetric EvoFlow Bulk Fill in situ after polymerization. The change in the refractive index of the monomer matrix has led to the material being significantly more opaque.

## Cervical area (Class V) – small cervical filling

## Dr Ronny Watzke

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

45-year-old female patient with an medium-sized wedge-shaped defect on tooth 44. Moderately discoloured dentin. Tooth shade A3



#### Particularities

Good marginal adaptation and a meticulously polished restoration surface are particularly important in this case to prevent an inflammatory gingival reaction. A retraction cord was placed to obtain an unhindered view of the cavity margin so that the restorative material could be applied precisely where needed in this area.

Material selected Tetric EvoFlow Dentin A3.5 and Tetric EvoCeram A3

## **))**

The flowable consistency of Tetric EvoFlow is particularly beneficial in Class-V defects whose margins are placed closely to the gingiva. The transition between restoration and tooth can be particularly well adapted. In addition, the dentin shades of Tetric EvoFlow in particular exhibit a convenient level of opacity to mask discolourations.



Preoperative situation: wedge-shaped defect on tooth 44 with moderately discoloured dentin



Final situation: completed restoration with Tetric EvoFlow and Tetric EvoCeram



Applying the adhesive



Applying Tetric EvoFlow



Adapting Tetric EvoCeram with an OptraSculpt Pad

## Deciduous teeth - increased efficiency in the treatment of deciduous teeth

## Dr Lukas Enggist

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation** 8-year-old girl with deep caries on tooth 74.



#### Particularities

The pulp had to be opened slightly and was therefore directly capped with Kerr Life<sup>1</sup> and Vivaglass Liner. Since deciduous teeth are brighter than permanent teeth, a very bright shade, e.g. Tetric EvoFlow Bulk Fill <sup>IV</sup>W, should normally be selected in such cases.

Material selected Tetric EvoFlow Bulk Fill in shade <sup>™</sup>W

## **))**

Tetric EvoFlow Bulk Fill is particularly suitable for restorations in deciduous teeth because it can be applied in a single step in increments of up to 4 mm without the need of applying a final covering layer. This enables an extremely efficient working method and provides favourable results.



Preoperative situation: caries profunda on tooth 74



Final situation: completed restoration with Tetric EvoFlow Bulk Fill



Cavity after having been capped with Kerr Life<sup>1</sup> and Vivaglass Liner, ready for the application of the filling material



Applying Tetric EvoFlow Bulk Fill



Tetric EvoFlow Bulk Fill in situ immediately after polymerization

## Further indications – repair of a composite filling

## Dr Stephanie Huth

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

27-year-old male patient with distal proximal caries and intact occlusal filling on tooth 36. Tooth shade A2



#### **Particularities**

As the occlusal filling was completely intact, the filling was repaired only rather than replaced completely. It was therefore important to be as minimally invasive as possible and to establish a reliable bond with the existing filling. The latter was achieved by roughening the existing restoration surface with a coarse diamond grinder.

Material selected Tetric EvoFlow in shade A2 Dentin and Tetric EvoCeram in shade A2

## "

Tetric EvoFlow is easy to adapt to undercut areas and margins. It is therefore well suited for small repairs or as the first layer in large repairs.



Preoperative situation: distal proximal caries on tooth 36 with intact occlusal filling



Final situation: completed restoration, extended with Tetric EvoFlow and Tetric EvoCeram



Roughening the restoration surface with a diamond grinder



Applying Adhese Universal



Applying Tetric EvoFlow

#### Further indications – repair of denture teeth

## Dr Ronny Watzke

Ivoclar Vivadent AG, Liechtenstein

#### **Preoperative situation**

71-year-old female patient with small incisal chipping on denture tooth 12 after the denture fell into the sink. Tooth shade A3



#### Particularities

The surface to be repaired was roughened with a diamond grinder and then conditioned with SR Connect and Adhese Universal in order to establish a reliable bond between the composite and the acrylic denture tooth. The repair was carried out with Tetric EvoFlow using a minimally invasive procedure.

Material selected Tetric EvoFlow Dentin in shade A3.5 and Tetric EvoFlow in shade A3

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Tetric EvoFlow is particularly suitable for the chairside repair of small fractures in denture teeth. As a result, extensive repairs (replacement of dentures) can be avoided.



Preoperative situation: incisal chipping on denture tooth 12



Final situation: completed repair with Tetric EvoFlow



Dentin core applied on the palatal aspect using Tetric EvoFlow Dentin A3.5



Dentin core made of Tetric EvoFlow, viewed from the labial side



Applying Tetric EvoFlow Enamel



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