74

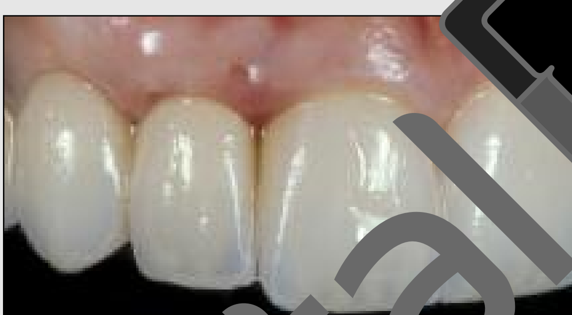
75

76a

Fig 74 Cementation of the definitive restorations. Adequate pressure should be applied to the incisal edge.

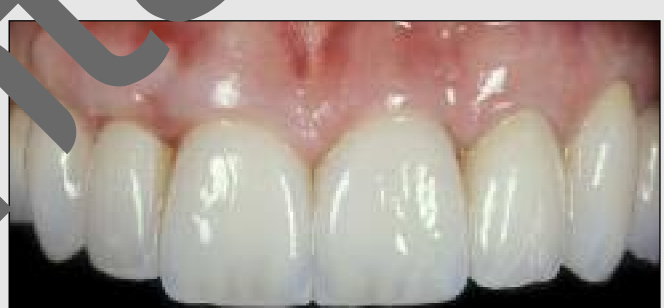
Fig 75 The crown margin was designed to mirror the emergence profile of a natural tooth.

Figs 76a to 76d Final result.



76b

76c



76d

should be no more than 0.5 to 1.0 mm subgingivally to allow for removal of any excess cement.

The final result is shown in Figs 76a to 76d. The gingival tissue was healthy, and optimal gingival support was evident. The success of this restoration was the combined result of perfect periodontal pretreatment and appropriate technical execution. Due to the sizable change in shape, the patient's oral appearance was radically improved compared to the initial situation. It was impossible to distinguish the implants and ovate pontics from natural teeth—exactly what the treatment aimed to achieve.

CONCLUSIONS

This article demonstrated the advantages of zirconium dioxide and the Procera system using three complicated patient cases. Zirconium dioxide is biocompatible and can be easily integrated into the periodontal and gingival structures. Futher, its stability has been proven as a base for ceramic veneering materials.

Mother Nature is extremely complex, and it takes flexibility and virtuosity from the treatment team to produce a successful restoration. Solid treatment planning, a healthy dental and periodontal baseline situation, functional occlusion, and harmonious integration of the restoration in the patient's mouth are fundamental issues for a succesful treatment outcome.

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