

Synergy between orthodontics and dentistry: Integrative approaches for superior results



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ABSTRACT

Every procedure performed in Cosmetic Dentistry is expected to restore function and aesthetics to the patient, which is why interdisciplinary care involving more than one specialty contributes to better results. Cosmetic dentistry and orthodontics work synergistically, such as in aesthetic smile planning, cases of bruxism, diastema, final restorations after orthodontic treatment, bite and occlusion adjustment and treatment of missing or damaged teeth. Therefore, the objective of the present study will be to analyze and cite scientific productions that address the importance of the integrative approach between cosmetic dentistry and orthodontics, going beyond appearance and reaching more complex issues regarding specialties and the way they correlate to clinical solutions. of pathologies and functional aesthetic planning.

Keywords: Cosmetic Dentistry, Orthodontics, Interdisciplinarity.

1 INTRODUCTION

The Stomatognathic Braces (LA) is an extremely important physiological system for Dentistry, since it encompasses all structures related to the oral cavity, including teeth, gums, tongue, masticatory muscles, temporomandibular joints and other associated structures. Therefore, the maintenance or rehabilitation of the LA is totally related to dental occlusion, where the dentist aims to preserve or reestablish the Vertical Dimension (VD), Horizontal Dimension (DH) or Centric Relationship (CR), occlusal stability and anterior orientation (FERNANDES NETO et al., 2013).

According to OKESON (2014), an ideal functional occlusion has firm teeth, without tooth migration, the temporomandibular joint and its structures function freely and balanced, and the periodontium (support and protection) is healthy. On the other hand, a pathological occlusion is manifested by disharmony between anatomical determinants, such as physical signs of trauma and destruction. Tooth mobility due to occlusal trauma, tooth wear, non-carious cervical lesions, and occlusal collapse syndrome, such as parafunctions, are some of the pathologies related to occlusion.



Tooth absences, gyroversions, crowding, changes in tooth morphology, overbite and diastemas between the central incisors are also common problems, in addition, problems of tooth malposition can affect the individual's phonation and swallowing (SOUZA et al., 2006; MACHADO, 2018).

Every procedure performed in Dentistry is expected to restore function and aesthetics to the patient, so interdisciplinary care involving more than one specialty contributes to better results. The pleasant smile is obtained through the association of white aesthetics, reproduced by the teeth, and pink aesthetics, represented by the gums. Specifically orthodontics and dentistry, which, although they have different jobs, can and should complement each other to achieve satisfactory results in the aesthetics and function of the smile, especially when related to the anterior teeth (PROFFIT et al., 2018; MELO et al., 2019).

Thus, it is important to mention which dental treatments orthodontics and dentistry work synergistically, among them is the aesthetic planning of the smile, cases of bruxism, diastemas, final restorations after orthodontic treatment, bite and occlusion adjustment, treatment of missing or damaged teeth, among other cases of malocclusion that is commonly characterized by the incorrect relationship between the upper and lower dental arches (DE PAULA, 2022).

In many cases, orthodontics needs other areas of dentistry to obtain satisfactory results, putting into practice dentistry, which contributes to the recovery of oral health, reconstituting aesthetics linked to functional aspects. In fact, the integration of knowledge, associated with a refined aesthetic sense, leads to greater harmony. Bolton discrepancy, agenesis, diastemas, and bruxism are some of the main anomalies that aim to incorporate orthodontic, restorative dentistry, and aesthetic interfaces (BILIERI, 2021).

Therefore, the objective of the present study will be to analyze and cite scientific productions that deal with the importance of the integrative approach between dentistry and orthodontics, going beyond appearance and reaching more complex issues with regard to specialties and the way they correlate for clinical solutions of pathologies and functional aesthetic planning.

2 OBJECTIVES

2.1 GENERAL OBJECTIVE

Analyze and cite scientific productions that deal with the importance of the integrative approach between dentistry and orthodontics.

2.2 SPECIFIC OBJECTIVE

- Understand how dentistry and orthodontics work synergistically;
- Identify procedures that aim to integrate the two specialties to obtain superior results.



3 METHODOLOGY

For the study, a literature review was used, which includes the analysis of relevant research that supports research on the interdisciplinarity between dentistry and orthodontics and its importance. The research was carried out considering articles published in the period from 2013 to 2023, with the exception of classic articles. Articles and books on dentistry were chosen, and these materials were published in Portuguese and English in databases such as: GOOGLE SCHOLAR, SCIELO and LILACS. Priority was given to articles that cover the terms "dentistry" in title or keywords; "orthodontics"; "interdisciplinarity".

4 LITERATURE REVIEW

4.1 IMPORTANCE OF THE INTEGRATIVE APPROACH IN AESTHETIC HARMONY

A truly beautiful smile arises when there is perfect harmony in the proportions, positioning, shape and solutions of the teeth, as well as a proper interaction between teeth, gums and lips. To ensure that these components of the smile are perfectly in tune with the structures, it is critical to conduct a detailed and accurate analysis of the external features. This aims at the reproduction of a suitable symmetry, often requiring the collaboration of different dental disciplines to achieve the desired result. Consequently, interdisciplinary protocols in the various areas of dentistry are indispensable, emphasizing dentistry and orthodontics, since they are closely related to treatments for aesthetic purposes (VIEIRA, et al; 2018).

Several reasons highlight the importance of this approach, as it allows a holistic view of the patient on the part of professionals. For example, instead of treating a broken or misaligned tooth, they will also consider how this intervention will affect the overall aesthetics of the smile and chewing function. In addition, the collaboration between the specialties will result in higher quality of treatments, and consequently, greater durability.

According to STEFANI, et al; (2015), patients seek professionals not only for oral health monitoring, but also for aesthetic purposes, which involves several factors, such as the aligned position of the teeth, gum health, and how these factors relate to the anatomical characteristics and color of the teeth. The inclusion of these factors reflects expectations regarding the appearance of their smiles, underscoring how this wide range of aesthetic concerns has become a fundamental part of modern dental practice. Therefore, professionals need to be aware of these concerns and be able to offer treatments that address both health and aesthetics.

Modern dentistry has transcended its traditional role in treating oral diseases and has evolved into a discipline that also seeks to improve the aesthetics of its patients' smiles. The search for a perfect and harmonious smile is not only a matter of vanity, but is also intrinsically linked to people's self-



esteem and confidence. In this context, the integrative approach to aesthetic harmony in dentistry plays a key role.

The media also has a great influence on this boost, as a consequence, techniques that cover dentistry emerge, such as digital planning, waxing and mock-ups to improve composite resin restorations. Orthodontics, in turn, improves the alveolar dento-alveolar structure and manages to modify the position of the teeth in three aspects: relationship between arch, size, and profile, resulting in a more beautiful and harmonious smile (ARAUJO, 2021).

4.2 UNDERSTANDING THE SYNERGY BETWEEN ORTHODONTICS AND DENTISTRY

Orthodontics is the specialty that corrects the positioning of jaw bones and the positioning of misaligned teeth, improving the appearance and masticatory function, providing a better quality of life to patients. Restorative dentistry is based on the restoration of tooth functionality, recovering the occlusal anatomy compromised due to caries, trauma, replacement or preparation for prostheses. Based on this concept, a tooth plays a fundamental role in the stability of neighboring teeth, preventing problems such as extrusion and migration, which are contributing factors to the development of malocclusions (ALENCAR, 2022; DA CUNHA, et al; 2022).

An effective way to simplify anterior tooth restoration planning is to incorporate orthodontic movements, making the treatment less invasive. In addition, orthodontic treatment not only improves aesthetics in the gum area, but also improves occlusion. Orthodontics plays an important role in the restoration of anterior teeth, especially when there are changes in shape, such as diastemas, cone-shaped teeth, inequalities in the gums, increased length and projection of the incisors (ROSA, 2018).

In cases such as diastema, for example, it requires an interdisciplinary approach with more than one specialty. Correction using orthodontics is a more gradual process when compared to quickly closing the gaps between teeth by using composite resin dental crowns to increase their width. Although orthodontic closure may not eliminate all gaps and take longer, it preserves the natural integrity of all teeth, without the need for restorations (TAVARES, 2018).

TAVARES, (2018) also adds that the use of an orthodontic button associated with composite resin enables a satisfactory aesthetic result in a short period of time, avoiding disproportions in the size of the teeth.

In clinical situations in which the anterior region is affected by agenesis, conoid teeth, or other types of alterations in the shape, size, and position of the teeth, it is also possible to combine minor orthodontic adjustments with tooth reconstitution procedures using composite resins. This approach aims to solve the problem by restoring smile harmony and facial aesthetics. As a result, it can raise the patient's self-esteem, improving their social interaction and quality of life (CAMPO, et al; 2019).



In cases where a Bolton Discrepancy occurs, the teeth have disproportionate sizes, which can result in problems such as malocclusion, diastemas, and even missing teeth, orthodontics is often recommended to correct the occlusion. However, in many situations, it is necessary to complement the treatment with other areas of dentistry, such as Restorative Dentistry (MACHADO, et al; 2020).

This indicates that the interaction between Orthodontics and Dentistry is becoming increasingly common. When appropriate, after the completion of orthodontic treatment, Dentistry enters the scene to improve aesthetics, addressing issues such as conoid teeth, missing teeth and spaces between them, both in the anterior and posterior regions of the mouth (MACHADO, et al; 2020).

4.3 PATHOLOGIES AND INTEGRATIVE APPROACHES

4.3.1 Bolton discrepancy

The Bolton Discrepancy is the disproportion in the size of the teeth, arches and bone bases. This establishes a pathological occlusion. And it can be identified through the measurements present in the occlusion of the teeth in the upper and anterior regions through the use of dental evaluation models, or through the mathematical reasons recommended by Bolton. These reasons have made it easier to diagnose this nonconformity, which allows it to be corrected (GOMES, 2015).

Within the etiology of this variation, there are numerous factors and among them it is pertinent to mention: the size of the teeth, which is a prominent factor because it naturally contributes to the existence of the disease, since due to the anatomical variation, the upper teeth are larger than the lower ones, causing disorder. Tooth wear, which can occur naturally over the years, so that it affects the mesiodistal dimensions of the dentin, and craniofacial development as a genetic factor, which can negatively interfere with the occlusion of the teeth (FIGURE 1) (BOLTON, 1958).

Figure 1: (DE SOUZA, 2006).





The treatment can take place in several ways, in which the synergy between dentistry and orthodontics is used. Increased volume in the incisal of the teeth with composite resin, or even extractions when necessary, so that the orthodontic treatment can act effectively in the correction of the spaces, leaving the patient's occlusion functional and aesthetic. (LOPES NETO, et al; 2014).

4.3.2 Agenesis

Dentin agenesis or hypodontia is considered one of the most common dental anomalies due to its recurrence rate. It originates during the process of odontogenesis, and is characterized by the lack of some teeth (FIGURE 2).

Figure 2: (SANDOVAL, 2023).



This dental numerical reduction can be named in different ways varying by the number of missing teeth. Among its nomenclatures, the following are present: congenital absence, hypodontia, oligodontia or anodontia. Regarding its etiology, it is imperative to postulate that much has been studied to establish the main factors responsible. Because in this way it will be possible, through a multidisciplinary view, to carry out an early diagnosis, which expands the possibilities of treatment and possibly will bring better results. To date, the main factors possibly related to agenesis are heredity and environment. (RIBAS, 2014).

The treatment of these cases usually represents a great challenge for dentists, since they need to make decisions such as maintaining the dentin space for implant prosthesis placement, closing the spaces with the use of orthodontic appliances, or making small adjustments with resin to solve each patient's case. Based on this, it is important to emphasize the importance of the treatment plan and in-depth knowledge regarding the indications and contraindications for each patient, so that the best possible functional and aesthetic result can be achieved (DE ALMEIDA, et al; 2010).



4.3.3 Diastemas

Diastemas are visible interdental spacings that can be located in both the upper and lower third of the mouth. It is usually more evident in the region of the incisors and causes aesthetic damage to the patient. Its diagnosis is given based on the disharmonious difference between the size of the teeth. In order for its treatment to be carried out successfully, some factors need to be taken into account: The size of the spacing, cause, conditions of the patient's oral environment, age and craniofacial development (NELSON, 2015).

Orthodontics is popularly seen as the only specialty able to solve problems related to unwanted spaces between teeth, when in fact it will not always be the indicated treatment for that patient. For example, when occlusion relationships are well established, orthodontics should not necessarily come into play and can end up being detrimental by moving teeth that were correctly positioned. In these cases, restorative dentistry is used, which will be responsible for establishing the aesthetics of the smile (COIMBRA JÚNIOR, et al; 2016).

The etiology of diastema can vary in several axes, and may be of genetic cause, as well as mesiodistal, abnormal labial frenulum, absent lateral incisor or conoid, finger sucking, mouth breathing, tongue pressure, ankylosed central incisor, rotated central incisors, macroglossia, dentoalveolar disproportion, generalized spacing, localized spacing, closed bite, facial type, ethnic characteristics. All these factors must be taken into account in order for the treatment plan to be set up (LOPES, et al; 2020).

4.3.4 Bruxism

Bruxism is characterized by the contact between the upper and lower teeth, when masticatory forces and movements are not necessary, generating great damage not only to oral health, because in addition to excessive wear, which can generate loss of OLD, they are also identified as adjacent effects on masticatory bodybuilding, temporomandibular joint and behavior, as well as on the patient's emotional state. by the act of grinding and/or clenching teeth (eccentric bruxism and centric bruxism) (SENA, 2018).

MENESES, et al (2016) enrich the theoretical bet when they state that 8 to 20% of the adult population who visit dental clinics routinely suffer from bruxism. Thus, it is worth highlighting some of the possible etiologies of this disorder. Among them are: the patient's emotional and nervous condition, continuous use of medications, occlusal interference and genetic predisposition, sleep problems such as apnea and micro-arousals, among other factors that need to be clinically analyzed.

The treatment of bruxism should take place after a thorough anamnesis, checking all the possible causes of this irregularity, and then start the treatment. Studies reveal that there is no cure for bruxism, however, there are multiple ways to mitigate its adverse effects and symptoms, among them



are: acupuncture through the stimulation of relaxation in specific points of the masseter, drug therapy where the dentist will prescribe muscle relaxants and anti-inflammatories in order to alleviate the symptomatology, occlusal adjustment with restorative dentistry and use of myorelaxant plates through orthodontics, to control the negative effects of bruxism (FIGURE 3) (ALVES, 2021).

Figure 3: (LEITE, 2019)



5 DISCUSSION

According to Stefani, et al; (2015) Patients have been seeking dental care lately not only to monitor oral health, but also to meet aesthetic purposes. It is clearly highlighted that, currently, the demand for dentists is not limited to curative treatment for pain relief. Now, there is an emphasis on aesthetics, with the prioritization of more beautiful and aligned teeth, which fit certain standards of beauty.

Araújo (2021) corroborates this when he mentions in his work that the search for dental aesthetics has experienced significant growth nowadays, since people are increasingly interested in aligning themselves with contemporary standards. This shows that the current aesthetic standard demands from individuals a harmonious smile, capable of reflecting joy, which results in an increase in the demand for aesthetic treatments aimed at correcting dental, gingival, lip and even comprehensive facial flaws. This tendency is essential for the patient to achieve a physical appearance that is in tune with their own expectations and global demands, thus promoting self-esteem and well-being.

From this perspective, we understand that several specialties of dentistry have been engaged in this area, where we can highlight Orthodontics, which works with the dental correction part, and Dentistry, which is a branch of dentistry that focuses on the aesthetic part. This suggests that the interaction between Orthodontics and Dentistry is becoming an increasingly frequent practice (MACHADO, et al; 2020).

These two areas have provided patients with a harmonious correlation between the proportions, positioning, shape, and colors of the dental units, as well as an appropriate interrelationship between teeth, gums, and lips. Ensuring that the elements of the smile are always in harmony with the facial



structures, demonstrating through studies that it is essential to always carry out an effective and thorough analysis of the dental and facial characteristics of each patient. This approach aims to reproduce an appropriate symmetry, highlighting the importance of this interdisciplinary treatment (VIEIRA, et al; 2018).

Regarding the etiology of this harmonious relationship between dental elements, we highlight in our review that there are pathologies that affect many patients, generating discomfort and often frustration. Among such pathologies, we cite the most referenced Bolton's Discrepancy, Agenesis, Diastemas, Bruxism (BILIERI, 2021).

According to Coimbra Júnior (2016), in dental practice, it is crucial to distinguish between physiological and pathological situations. Thus, pathologically, the Bolton Discrepancy can be highlighted, which refers to the differences in size between upper and lower teeth, affecting aesthetics and occlusion, which can be treated by orthodontics. Dental agenesia, the absence of teeth, requires intervention to restore function and aesthetics, usually with prostheses or implants. Diastemas, spaces between teeth, can be natural or corrected with orthodontics. Bruxism, involuntary clenching or grinding of the teeth, requires treatment with bite plates and stress management. These terms underscore the need for tailored approaches to preserve functionality and aesthetics, requiring professional evaluation.

Certainly, the dentist must have a deep understanding of the natural course and development of the dentition, recognizing that some imperfections are inherent and occur with some frequency. It is up to him to deal with odontogenic, physiological or pathological irregularities. Based on this, the fundamental importance of developing a solid treatment plan is highlighted, combined with an in-depth knowledge of the specific indications and contraindications for each patient (DE ALMEIDA, et al; 2010).

The integrated approach of any clinical condition is crucial for the effective conclusion of cases, aiming at highly satisfactory aesthetic and functional results. The interaction with the most diverse specialties plays a fundamental role, providing the patient with a harmonious and functional smile. The prior alignment of the teeth facilitates dental reanatomization procedures, contributing to the achievement of the golden ratio and, thus, allowing the desired aesthetics to be achieved. This collaborative approach between dental specialties promotes a comprehensive solution, optimizing treatment and the patient experience (CAMPOS et al., 2019).

The synergy between orthodontics and dentistry is essential to achieve superior results in dental practice. These complementary disciplines integrate effectively to deliver integrative approaches, resulting in exceptional aesthetic and functional benefits (BILIERI, 2021).

In addition to addressing dental issues, this integration can also be perceived as an attribute of emotional and psychological comfort for the individual. Patients seek treatment not only to solve dental



problems, but also in search of social acceptance, overcoming fears, and fulfilling personal desires. In this context, dealing with the patient's sense of aesthetics and self-esteem becomes essential, as it goes beyond solving physical problems, encompassing emotional and psychological aspects that play a fundamental role in the individual's general well-being (ARAUJO, 2021).

6 CONCLUSION

The development of the present study made it possible to analyze that the integration of two or more specialties, focusing on the areas of dentistry and orthodontics, reveals a remarkable and high-quality performance. These approaches highlight the importance of collaboration between professionals from different fields, to achieve superior results and promote patient function, self-esteem, and confidence in a comprehensive and effective way.



REFERENCES

- ALENCAR, Andressa Costa Sousa. A relação entre dentística restauradora e oclusão. Faculdade Edufor. 2022.
- ALVES, Karla Karen. O bruxismo: etiologia, classificação e tratamentos. FASIPE. 2021.
- ARAÚJO, Maria Eduarda Soares da Silva. A harmonia estética do sorriso: uma revisão de literatura. Centro Universitário AGES. 2021.
- BILIERI, Andressa Rosa. A dentística no auxílio dos tratamentos ortodônticos. FACSETE. Campo Grande. 2021.
- BOLTON, Wayne A. Diasharmony in tooth size and its relation to the analysis and treatment of malocclusion. The Angle Orthodontist. 1958.
- CAMPOS, Luís Paulo Almeida; SANTOS, Nayara Cardoso. Abordagem estética integrada das más oclusões a partir da ortodontia digital: relato de caso. CESUPA. 2019.
- COIMBRA JÚNIOR, Nestor da Costa. Diastemas interincisais superiores – revisão acerca da etiologia, tratamento e estabilidade em longo prazo. Disciplinarium Cientia. 2016.
- DA CUNHA, Leticia Camila Eugenio; VINHA, Thais da Costa; BUENO, Silva Messias. A importância da ortodontia no tratamento de maloclusões. Revista Unilago. 2022.
- DE ALMEIDA, Renato Rodrigues; DE ALMEIDA-PEDRIN, Renata Rodrigues, DE ALMEIDA, Marcio Rodrigues; INSABRALDE, Celina Martins Bajo. Tratamento ortodôntico em pacientes com agenesia dos incisivos laterais superiores – integração ortodontia e dentística restauradora (cosmética). Dt Science. 2010.
- DE SOUZA, Ricardo; NOUER, Darcy Flávio; MAGNANI, Maria Beatriz Borges de Araújo; SIQUEIRA, Vânia Célia Vieira de; NETO, João Sarmiento Pereira Neto; ACEVEDO, Maria Carolina Blanco. Interação entre Ortodontia e Dentística em um caso clínico com discrepância de Bolton. Revista dental press estét. 2006.
- DE PAULA, Fernanda Sousa. Tratamento da má oclusão de classe II com uso do propulsor mandibular e sua indicação para o caso clínico apresentado. FACSETE. São Paulo. 2022.
- FERNANDES NETO, Alfredo Julio; NEVES, Flávio Domingues das; JUNIOR, Paulo César Simamoto. Oclusão. Artes médicas. 2013. Abeno: Odontologia essencial: parte clínica.
- GOMES, Ana Mafalda Brinco. Estudo da prevalência da discrepância anterior de bolton numa população ortodôntica portuguesa. Universidade Fernando Pessoa. 2015.
- LEITE, Luis Gustavo Maroto. Placa para bruxismo macia ou rígida: acerte no material ideal. 2016.
- LOPES, Iana Inhamus; DE SOUZA, Cláudio Rodolfo Garcia; BATALHA, Cleide Pinheiro; PIMENTA, Yuri da Silva; BELÉM, Leandro Coelho; LABORDA, Camila Marinho. Os aspectos gerais do diastema e seus tratamentos: revisão de literatura. Brazilian Journal of Development. 2020.
- LOPES, Neto; FERNANDES, Dario; CALIXTO, Daniella Mascarenhas. Tratamento ortodôntico compensatório da discrepância de Bolton: Relato de caso. Ortho Science. 2014.



MACHADO, Marcia Sabrina Barbosa. Princípios de uma oclusão ideal. UFMG. Minas Gerais. 2018.

MACHADO, Renata Inácio; PRADO, Sabrina Oliveira; BRAGA, Rodrigo Resende da Silva; DE OLIVEIRA, Daniela Cristina; GIOVANI, Alessandro Rogério. Finalizações estéticas após tratamento ortodôntico: relato de caso. Revista Saúde Multidisciplinar. 2020.

MELO, Ana Karoline Vieira; GALDINO, Andrea Brillhante; SILVA, Erika Thais Cruz da; SANTOS, Nássara Beatriz de Pontes; VASCONCELOS, Marcelo Gadelha; VASCONCELOS, Rodrigo Gadelha. Importância da inter-relação entre oclusão e dentística restauradora na busca por um sorriso estético e funcional: uma revisão de literatura. Arch Health Invest. 2019.

MENESES, Edwin Gomez; GONZALES, Catalina Penagos; CANO, Melissa Gomez; SALDARRIAGA, Verônica Bolivar. Conhecimento em saúde bucal dos cuidadores do programa bom-começo. Scielo. 2016.

NELSON, Stanley J. Wheeler's dental anatomy, physiology, and occlusion. Elsevir Saunders. 2015.

OKESON, Jeffrey P. Tratamento das desordens temporomandibulares e oclusão. Artes médicas. 2014. PROFFIT, William R; FIELDS, Henry; LARSON, Brent; SARVER, David R. Contemporary Orthodontics. Elsevier. 2018.

RIBAS, Agata. Agenesia dentária: revisão de literatura. Universidade Federal de Santa Catarina. 2014. ROSA, Gabriela. Benefícios da terapia ortodôntica prévia a realização de facetas cerâmicas estéticas. Instituto Universitário Egas Moniz. 2018.

SANDOVAL, Yuliana. Agenesia dental: Tipos de agenesia dentaria, causas y tratamientos. Dentaly. 2023.

SENA, Joana Larissa Lima; MONTEIRO, Larice Kércoa Braz. Bruxismo: do correto diagnóstico ao tratamento efetivo e duradouro: revisão de literatura. Anais Jornada Odontológica Unicatólica Quixada. 2018.

STEFANI, Ariovaldo; FRONZA, Bruna Marin; ANDRÉ, Carolina Bosso; GIANNINI, Marcelo. Abordagem multidisciplinar no tratamento estético odontológico. Revista da Associação Paulista de Cirurgiões-Dentistas. 2015.

TAVARES, Maria Alice Lins. Fechamento de diastema anterior com resina composta direta associado a tratamento ortodôntico. FACSETE. 2018.

VIEIRA, Alex Correia; DE OLIVEIRA Mario Cezar Silva; ANDRADE, Adriana Castro Vieira; GNOATTO, Nelson; NETTO, Maria Leticia Passos de Medeiros. Abordagem interdisciplinar na reabilitação estética do sorriso. Revista Odontológica de Araçatuba. 2018.