

INTRODUCTION

Dental care includes not only treating oral health but also creating a harmonious and balanced appearance of the patient's smile in relation to the patient's face. 1, 2. Nowadays, many patients are interested in improving overall facial appearance. In this way, dentists can incorporate rejuvenation procedures into dental practice. The association of facial rejuvenation techniques, which is performed using Botulinum toxin type A, dermal fillers and threads, to aesthetic dentistry can have a major impact on the aesthetic outcome.

Hyperfunctional muscles in the facial region is one of the prominent causes of functional and esthetic concerns, which has a direct influence on dental treatments. Botulinum Toxin was found to be effective in lead to a muscular balance improving results in the facial complex involving lifting effect in lips lateral canthal, forehead regions & platysma muscle, as the contraction force at upper lips muscles and labial orbiculares muscle. 2

With aging, there is a gradual loss of facial volume due to loss of dermal collagen, lipotrophy, gravity, and environmental factors. Injectable dermal fillers are frequently used for facial rejuvenation and can result in a lifting effect of the face, mending the nasolabial fold depressions, and improving facial contour definition.

This clinical case described the application of facial rejuvenation techniques in an oral rehabilitation. **The oral rehabilitation reached aesthetic smile and a reestablishment of occlusal vertical dimension, as well as, rejuvenation techniques comprises Full face botulinum toxin was performed, 2 sessions of collagen biostimulator with 30 days of difference between sessions, and 5 ml of hyaluronic acid in strategic points of the face (malar, chin, lips)**

CASE DESCRIPTION

A sixty-three years old, female patient exhibited dissatisfaction with her smile related to teeth color and shape, anterior open bite, **decrease of the vertical dimension of the occlusion besides the skin aging appearance.**

A careful anamnesis was performed with questions about her current state of health and possible allergies. The patient did not have any contraindication to dental rehabilitation neither to the use the botulinum toxin or to the hyaluronic acid filler components. She sought a non-invasive treatment for the purpose of improving her facial aesthetic appearance (Figure 1).

The patient was subjected to treatment: Orofacial Rehabilitation with increased vertical dimension with fixed dental prosthesis, correction of occlusion and disocclusion guides, botulinum toxin, collagen biostimulators and filling with hyaluronic acid. we started a bilateral therapy injection of 70 U UI BTX-A (Botox®, Allergan) at full face (Figure 2-3), 2.5 ml Diamond Rennova Collagen Biostimulator, and dermal filler with 5ml of material based on Hyaluronic Acid Yvoire LG chem.



Fig 1



Fig 2

image use b



Fig 3

RESULTS AND DISCUSSION



Fig 4



Fig 5

The main purpose of esthetic dental treatment is achieving a beautiful smile and the facial characteristics play an essential role in achieving a customized dental esthetic rehabilitation. The facial proportion into account involves a complex planning process and involves a combined facial treatments and methods.3

30 days after the procedure, the patient presente dimprovement in masticatory function, dental aesthetics and facial aesthetics, leading to greater facial balance and still promoted smoothness in the facial lines in the nasogenian sulcus (figures 4-5). In addition, it is evident the improvement of harmony and facial contour of the patient by an increased lip volume and anterior dental aesthetics and function by the use of botulinum toxin and facial dermal fillers.

Facial contour plays an important role, especially for the definition of future maxillary central incisors . HA fillers and collagen biostimulator are effective and safe to use for facial rejuvenation. In this case report the procedure produced significant improvements in facial contour parameters including teeth, face and proportions, with natural results and predictability of the current fillers from a safe and conservative acquaintance base.

Achieving beauty is not about creating transformation in the patient, but about creating a natural harmony of the smile in the context of the face.

CONCLUSION

To deliver a complete and excellent treatment, we need to act in a multidisciplinary way, accurately evaluating intraoral and extraoral aspects. In this case, we saw the importance of joint and multidisciplinary work delivering aesthetics and orofacial function.

REFERENCES

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