

# E sthetic evaluation



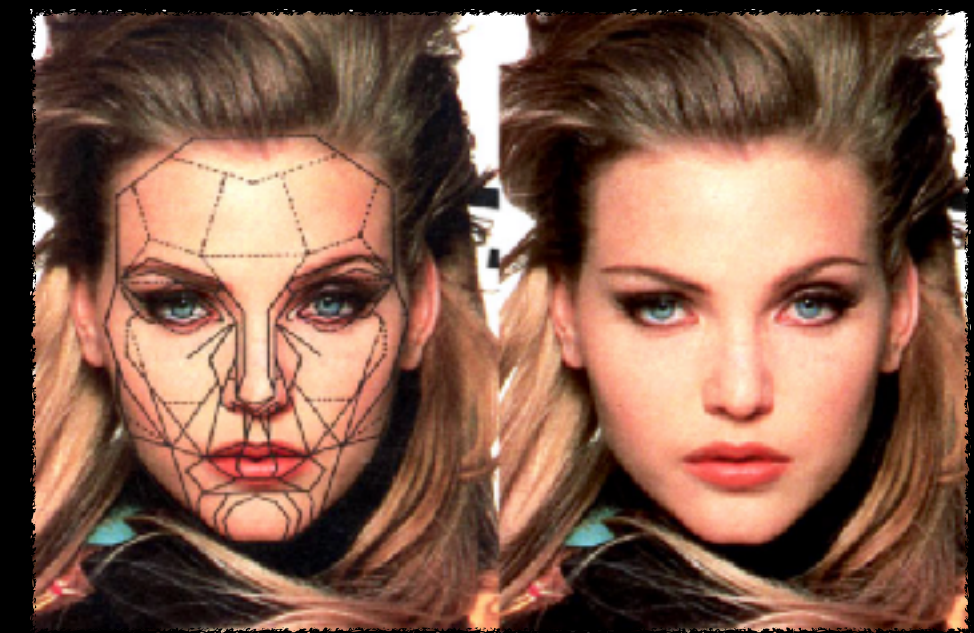
## Facial esthetics (global)

- tissue references, i.e. eyes, nose, lips, etc
- facial symmetry/ esthetic masks



## Smile esthetics (macro/micro/pink)

- "Pink", "White", and
- Golden proportion or relation
- tooth position, alignment, size
- gingival display and architecture
- tooth COLOR
- occlusion/wear patterns



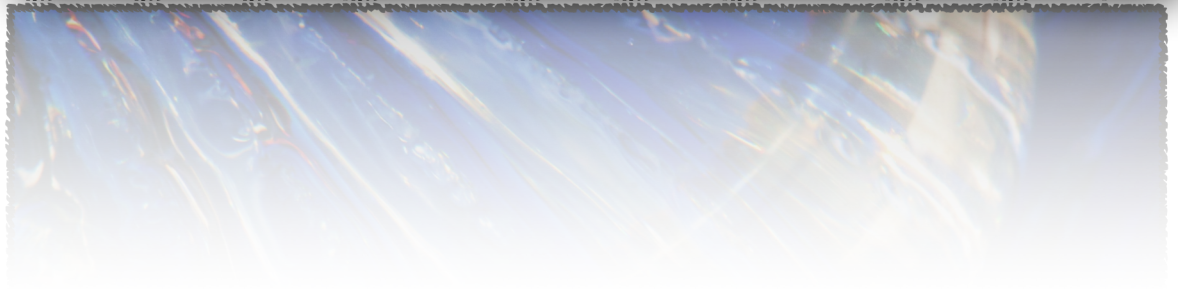
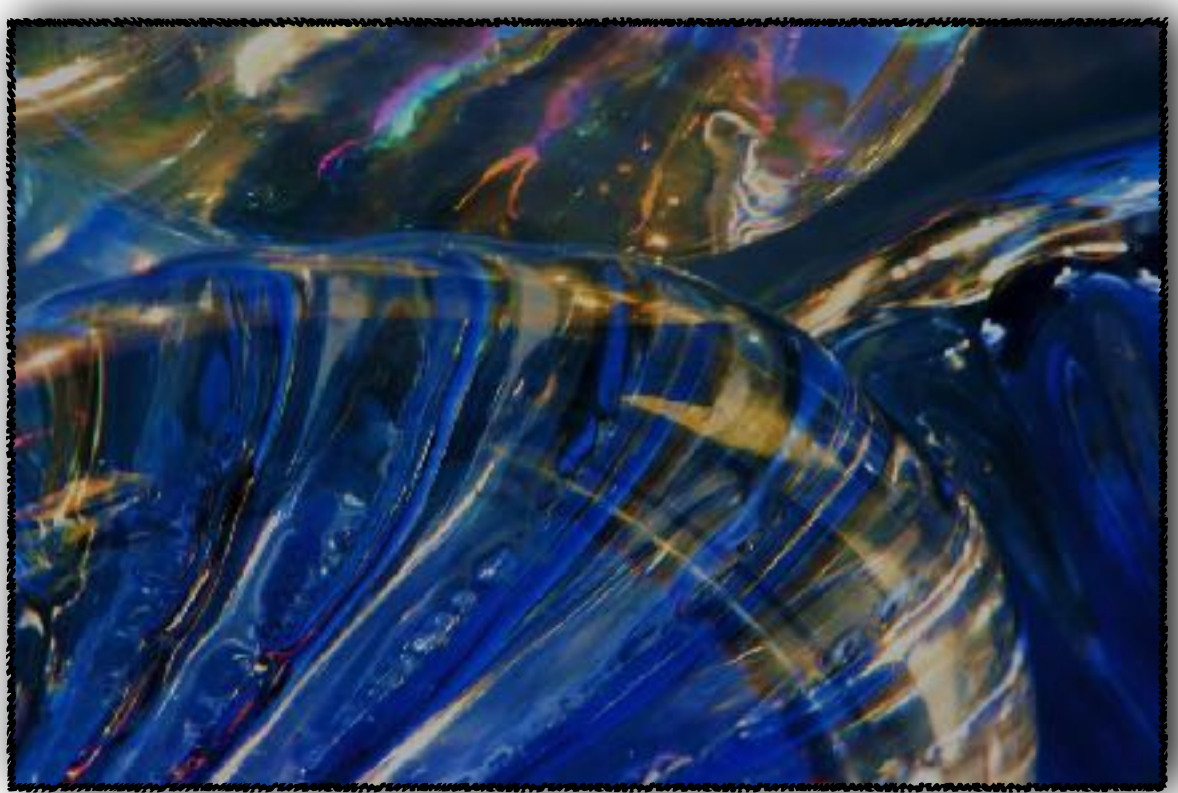
# Esthetic evaluation

Global

Macro

Micro

Pink



The esthetic big four

# Global esthetics

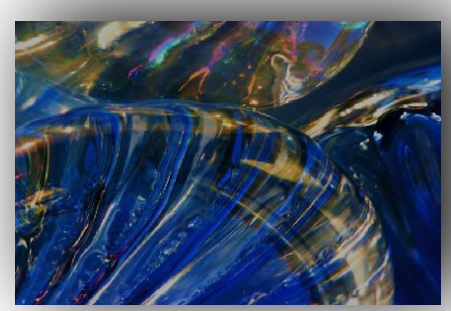
module 1





# Macro esthetics





# Micro esthetics





# Pink esthetics



# Global esthetics







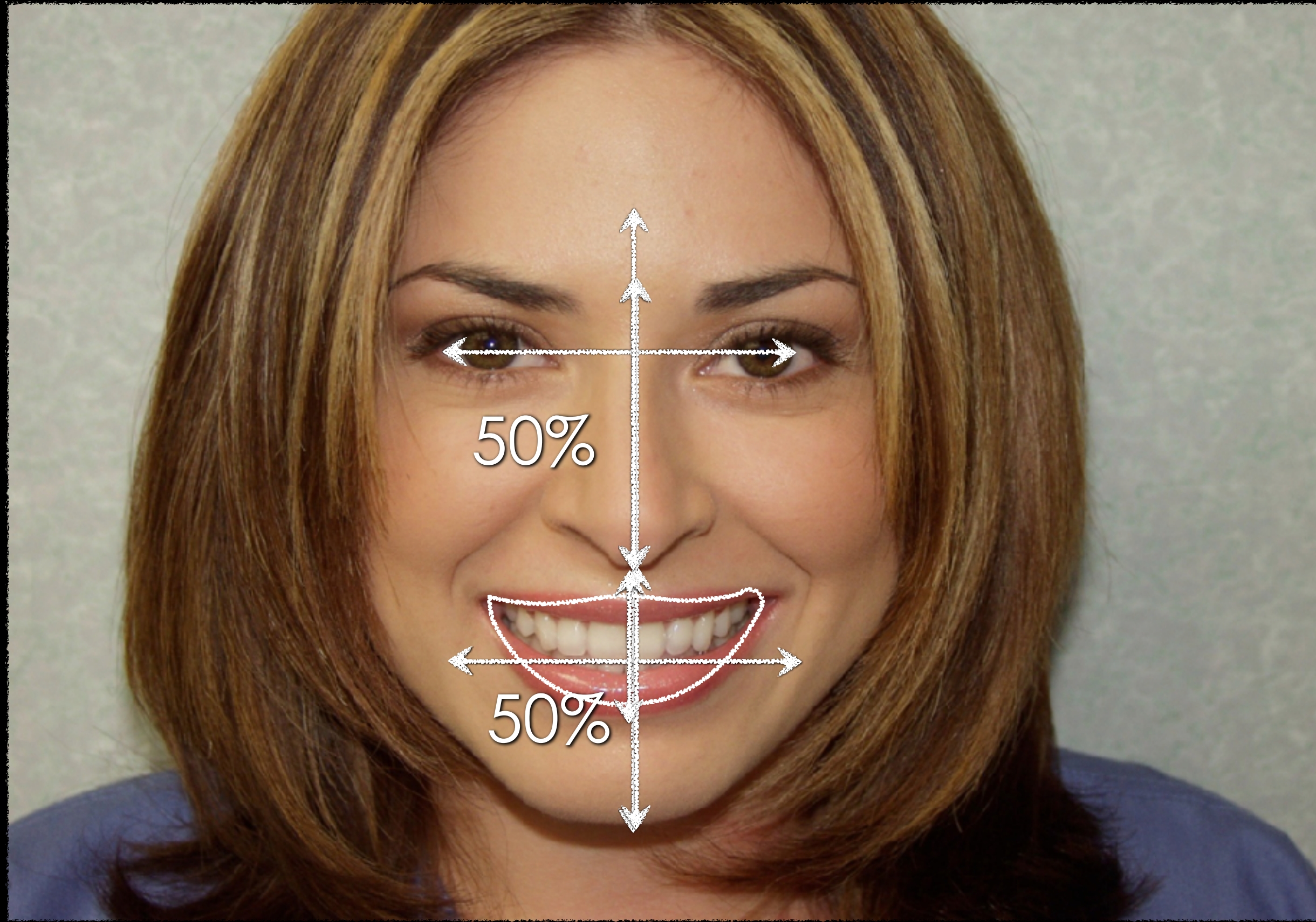
# How do the teeth fit into the face?

## Tissue Symmetry

- eye plane
- lip contours
- nose plane

## Skeletal Symmetry

- max/mand relation



## Center line

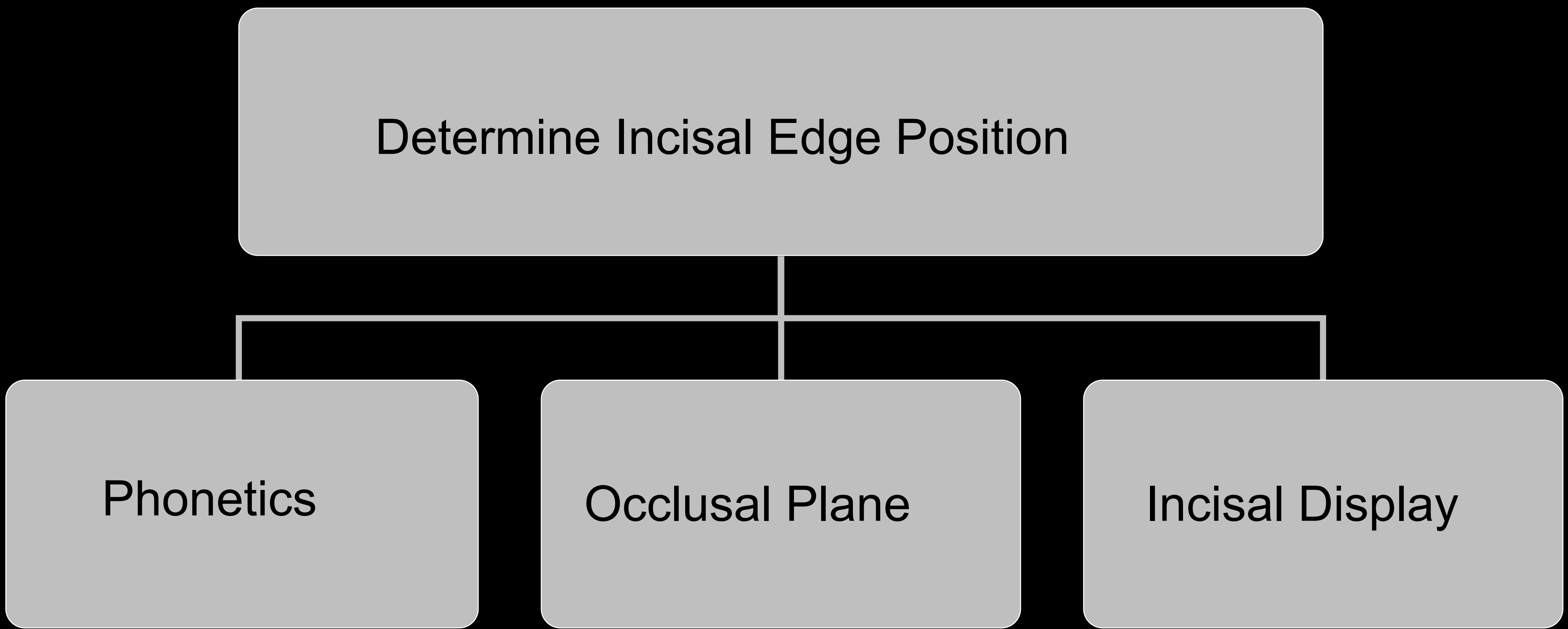
- face/tooth relation

## Dental Cants

- center line
- incisal plane

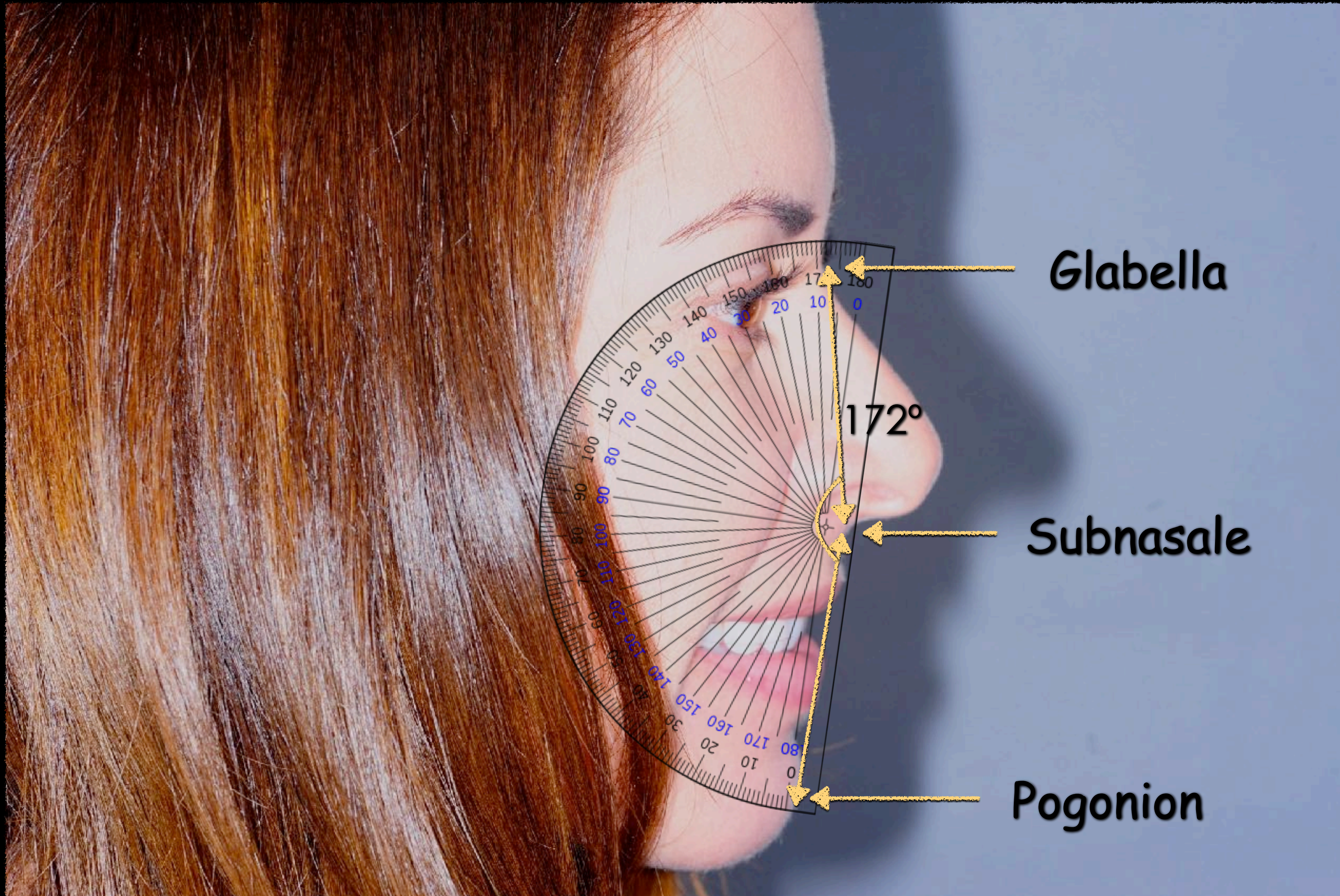


# Starting point





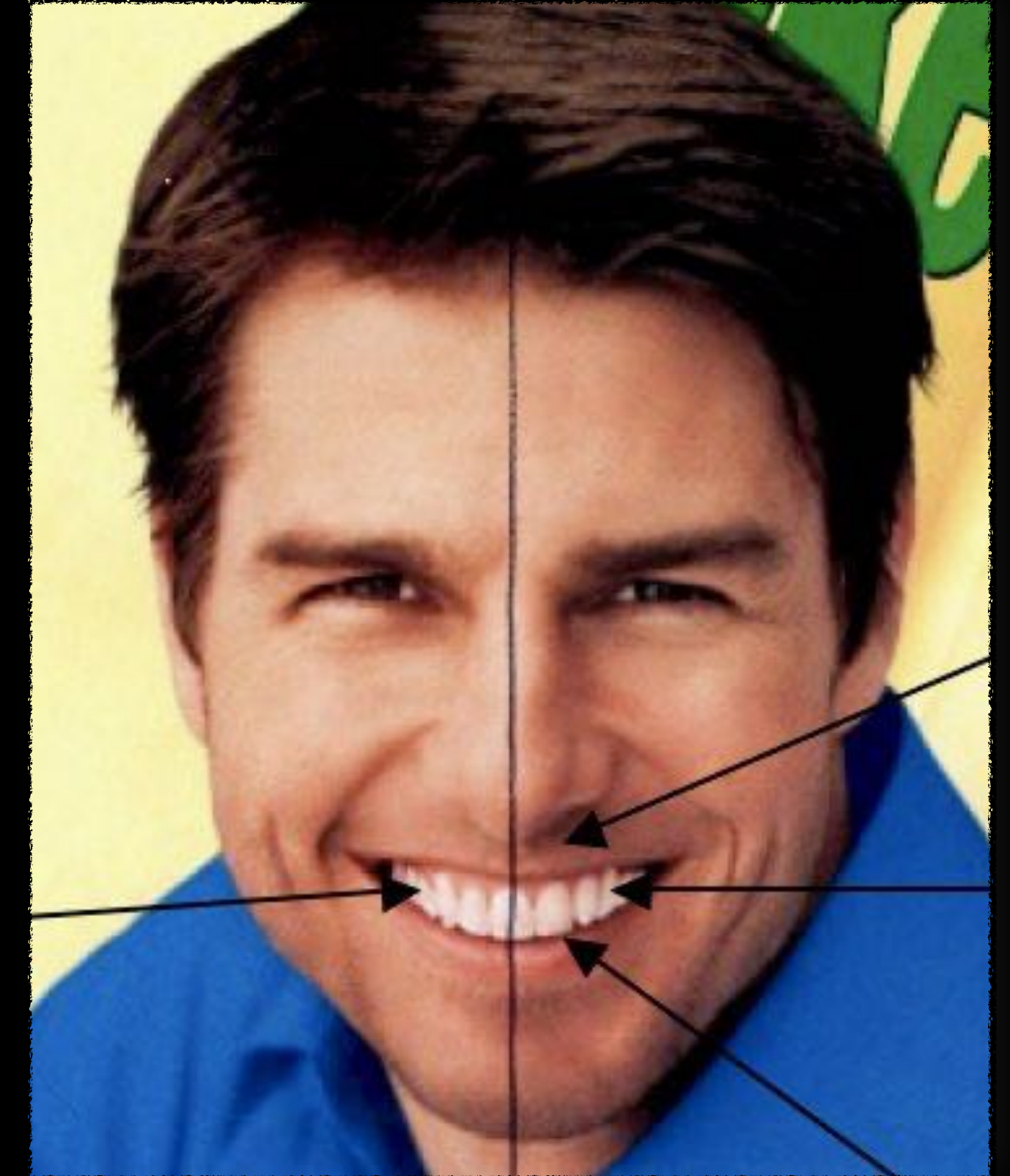
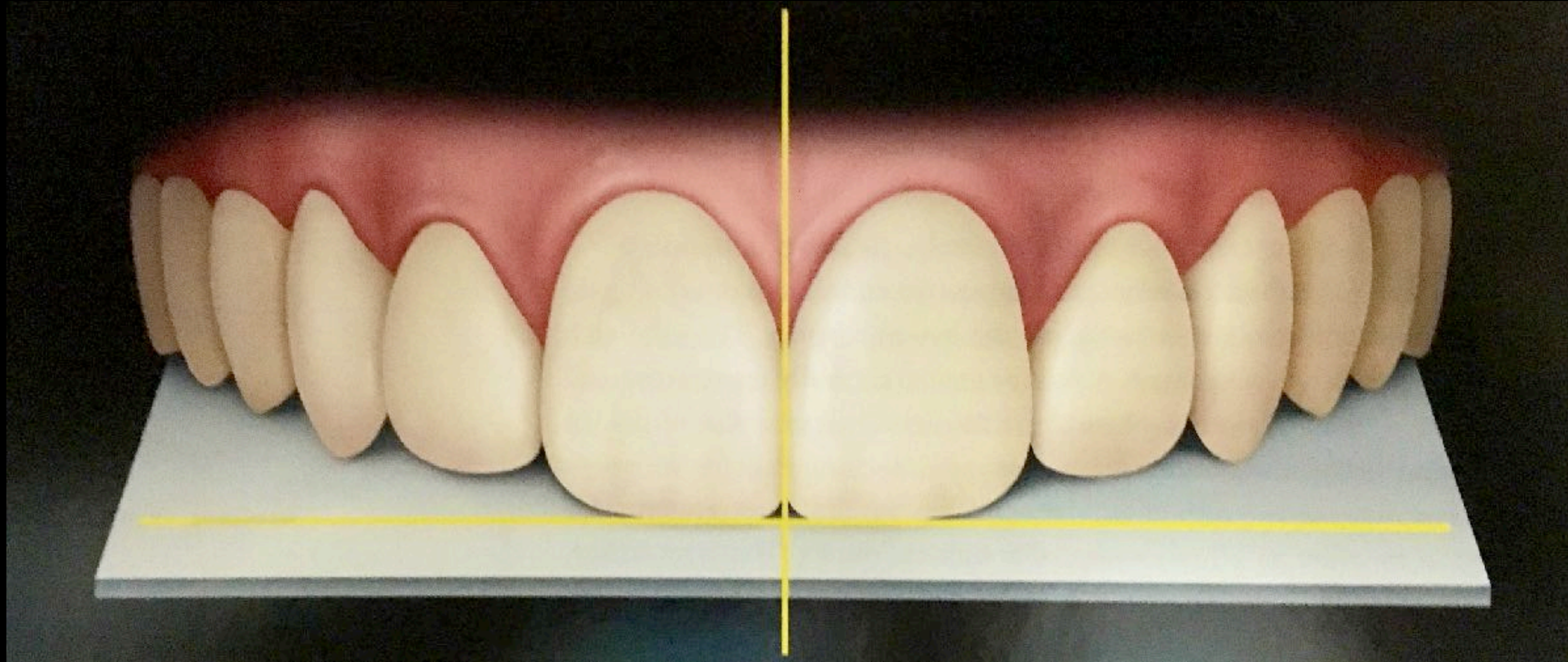
# Skeletal and tissue relationships



*Normal is between  
165° - 175°*



# Midline



Up to 4mm off center is  
an accepted amount for  
most patients



# Buccal corridor





# Buccal corridor

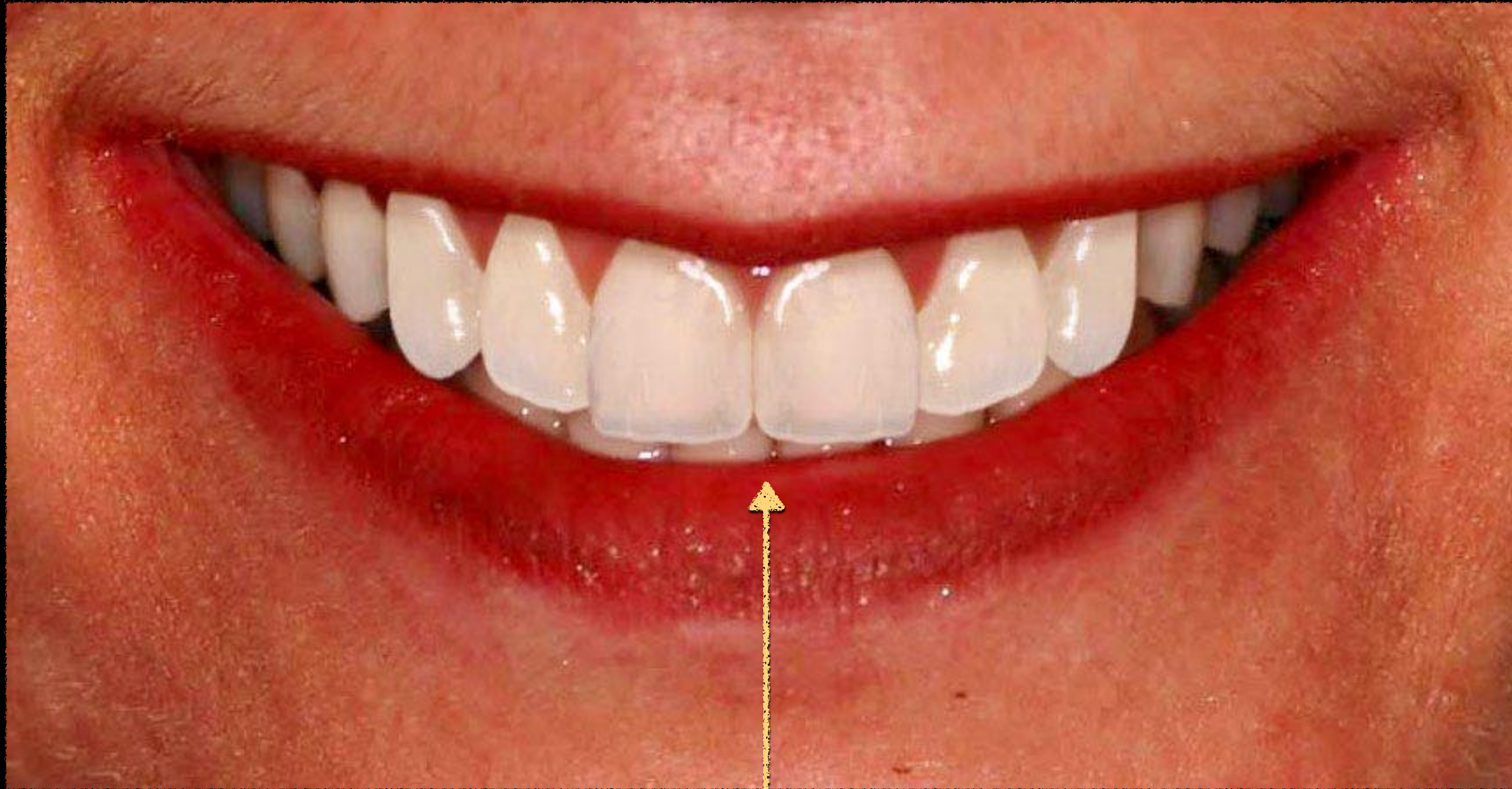


Correct

Deficient



# Buccal corridor



Simulation for only 6 teeth



# Buccal corridor







# Buccal corridor



Poor result!





# Buccal corridor

Correct



Deficient

courtesy AACD



# Buccal corridor



Simulation for  
only 6 teeth



# Buccal corridor



Poor result!

# Macro esthetics



# *How do the teeth fit into the smile?*





# *Evaluating the incisal plane position*

Upper incisors parallel  
to the inter-pupillary  
line, i.e. no cant





# Evaluating the incisal plane position

Relationship of the incisal edge to the lips







# Upper lip symmetry

Asymmetric upper lip  
results asymmetric tooth  
and gingival display

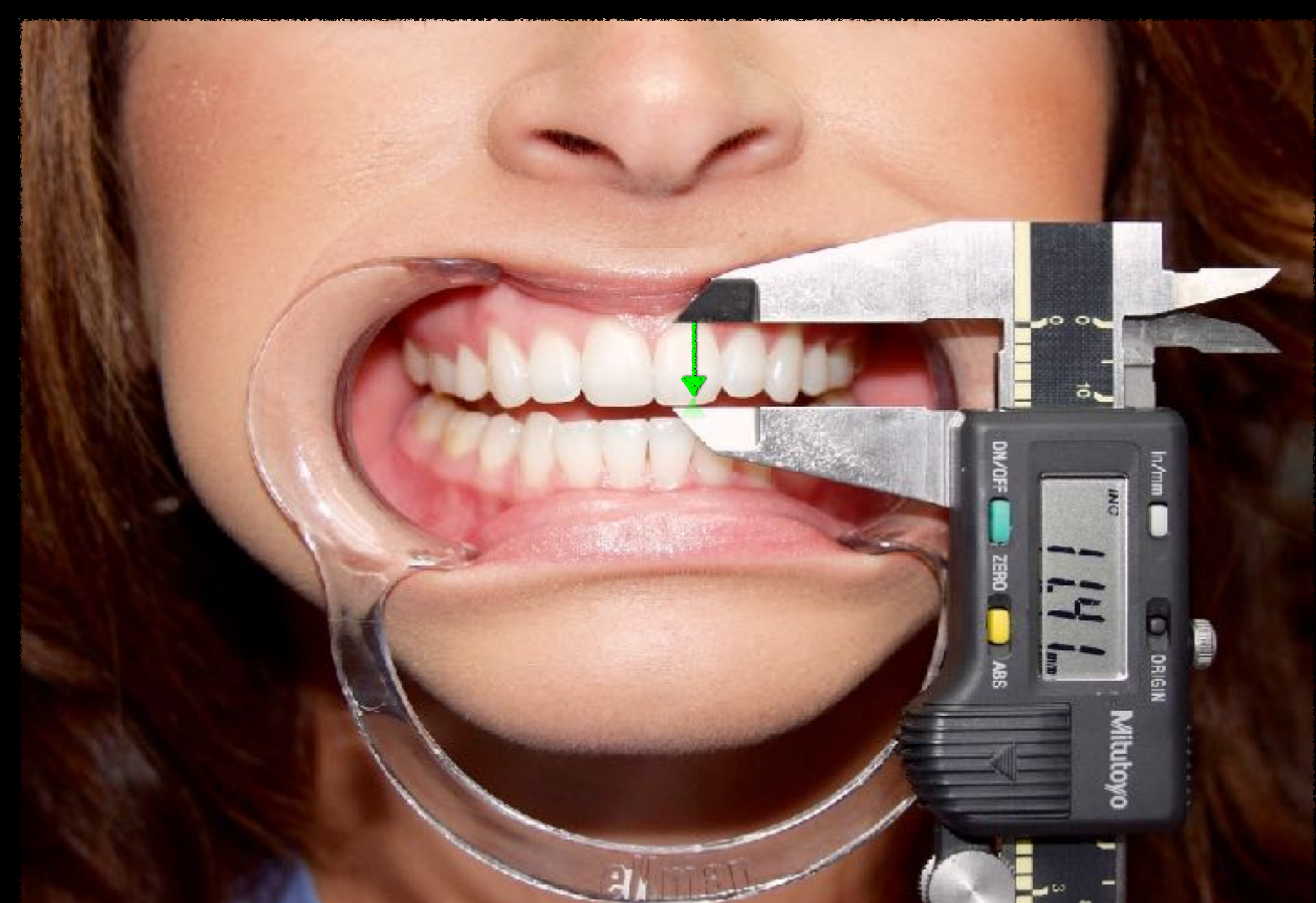
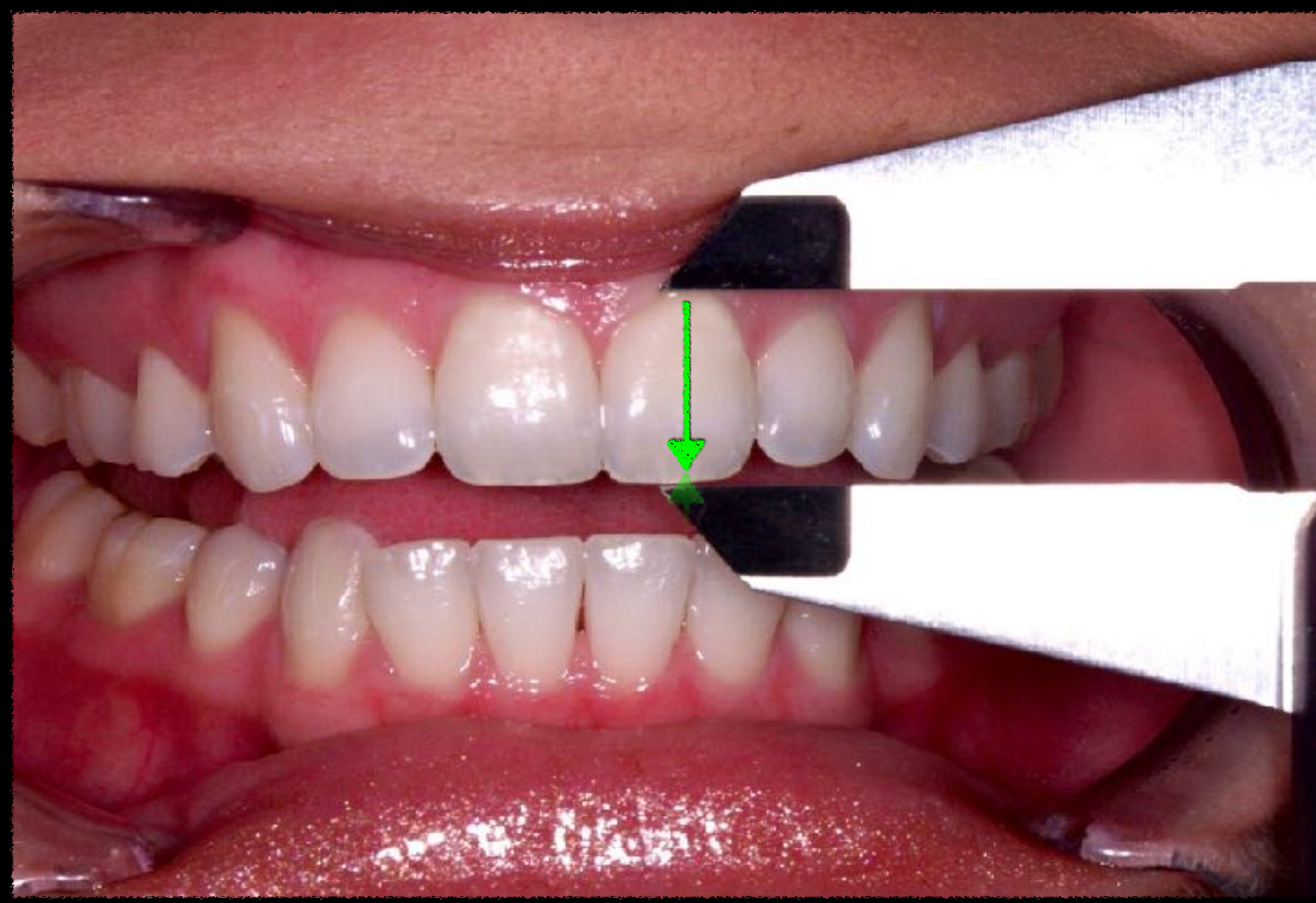




# Lower lip symmetry

Asymmetric lower lip results in the incised plane "appearing" canted

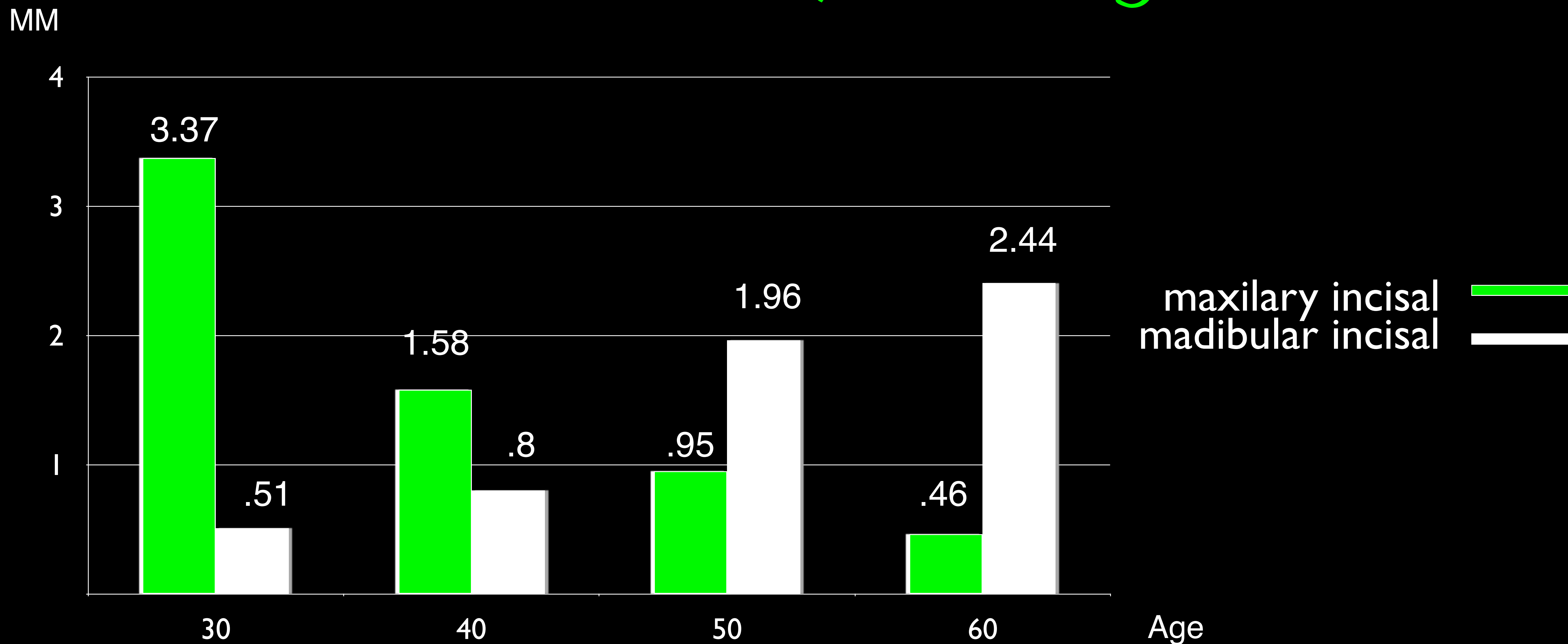




No one longer teeth in youth to be  
short and abayed and lower!

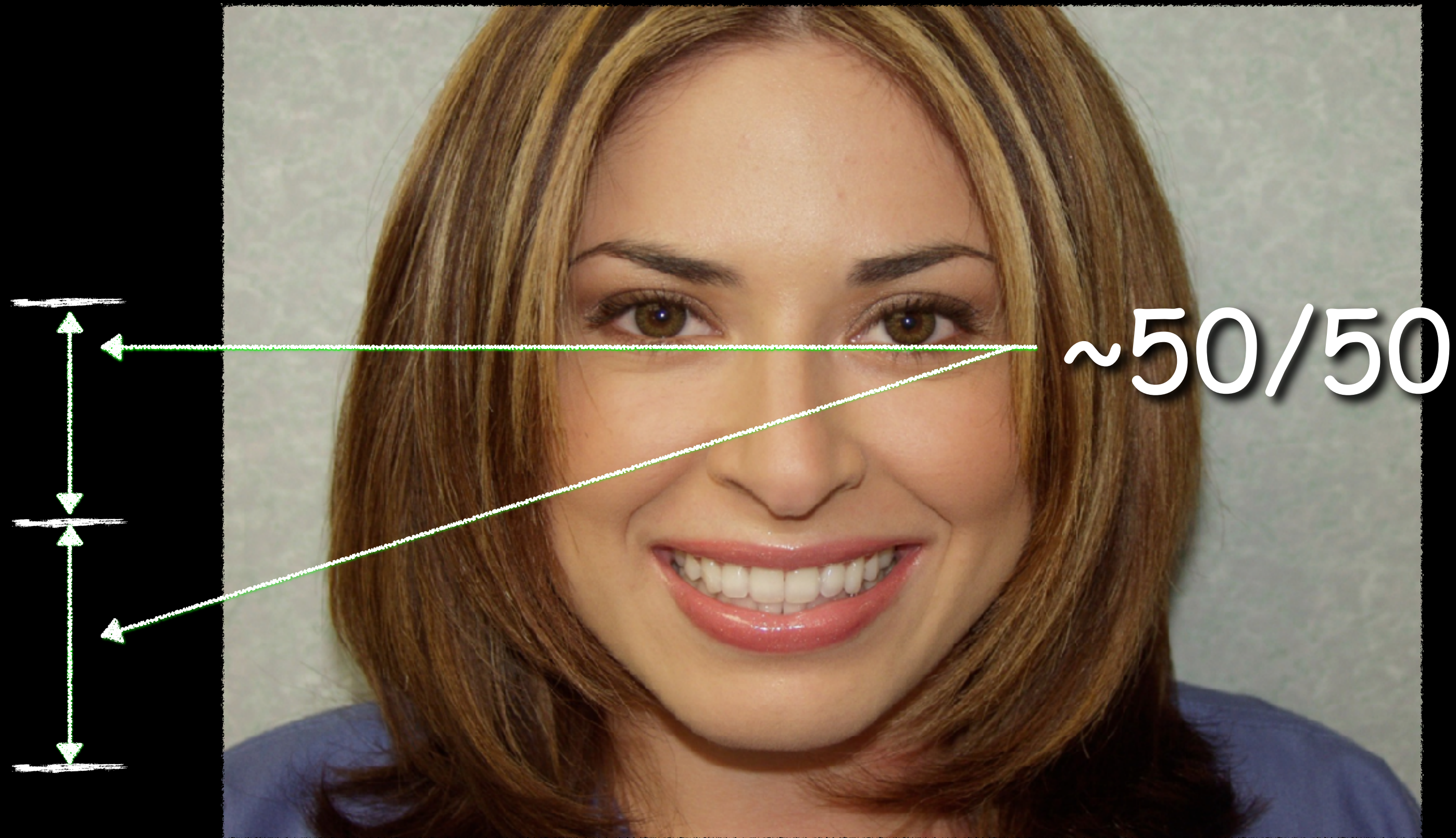


# Tooth display with age



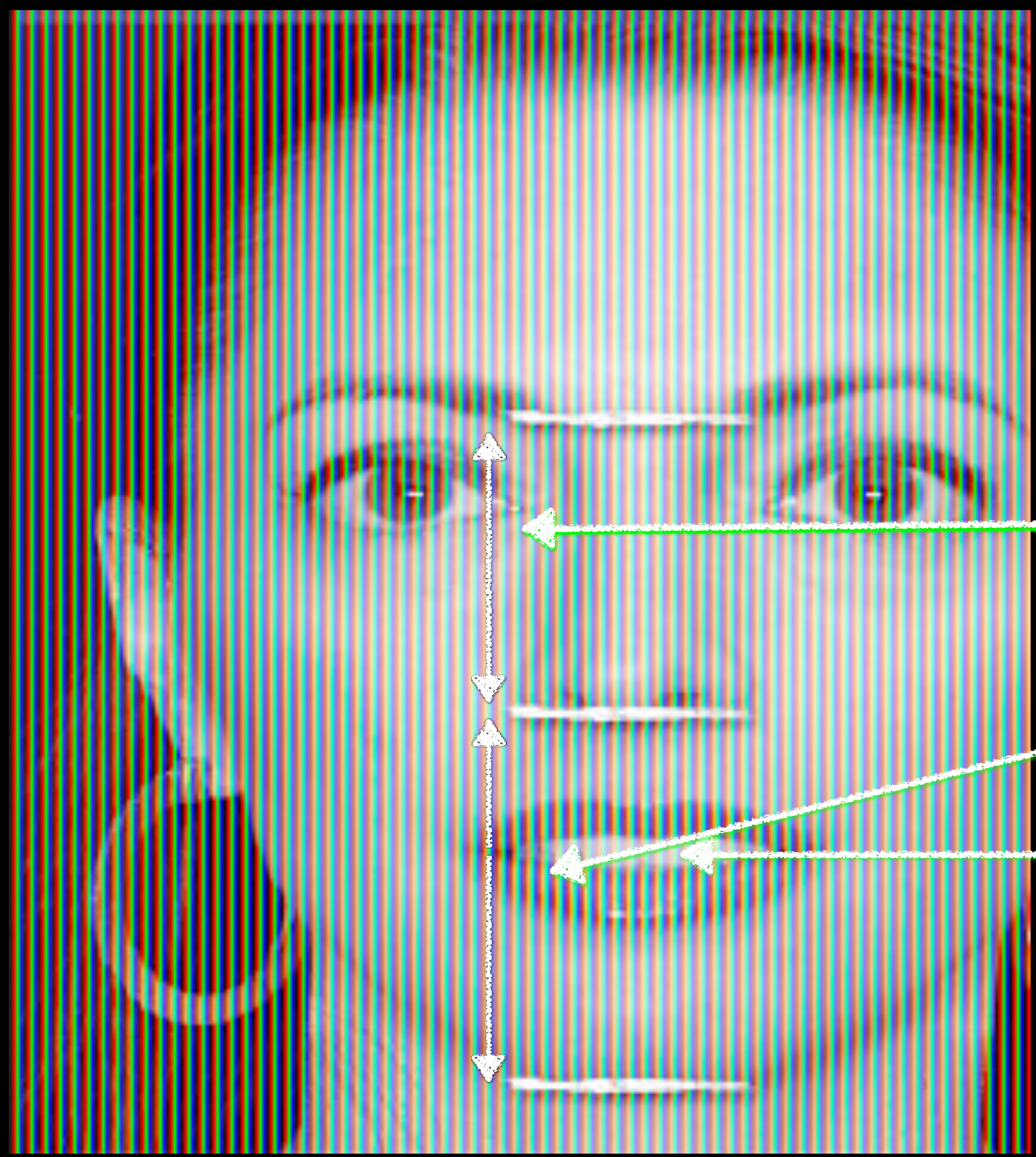


# Mandibular/Maxillary relationship





# Etiology of tooth display in repose?



Normal mandibular/maxillary relationship

~50/50

Anterior over eruption

Courtesy Spear Education



# Etiology of tooth display in repose?



Abnormal mandibular/maxillary relationship

~40/60

VME



# Etiology of tooth display in repose?



If increased display at rest

Over eruption

VME

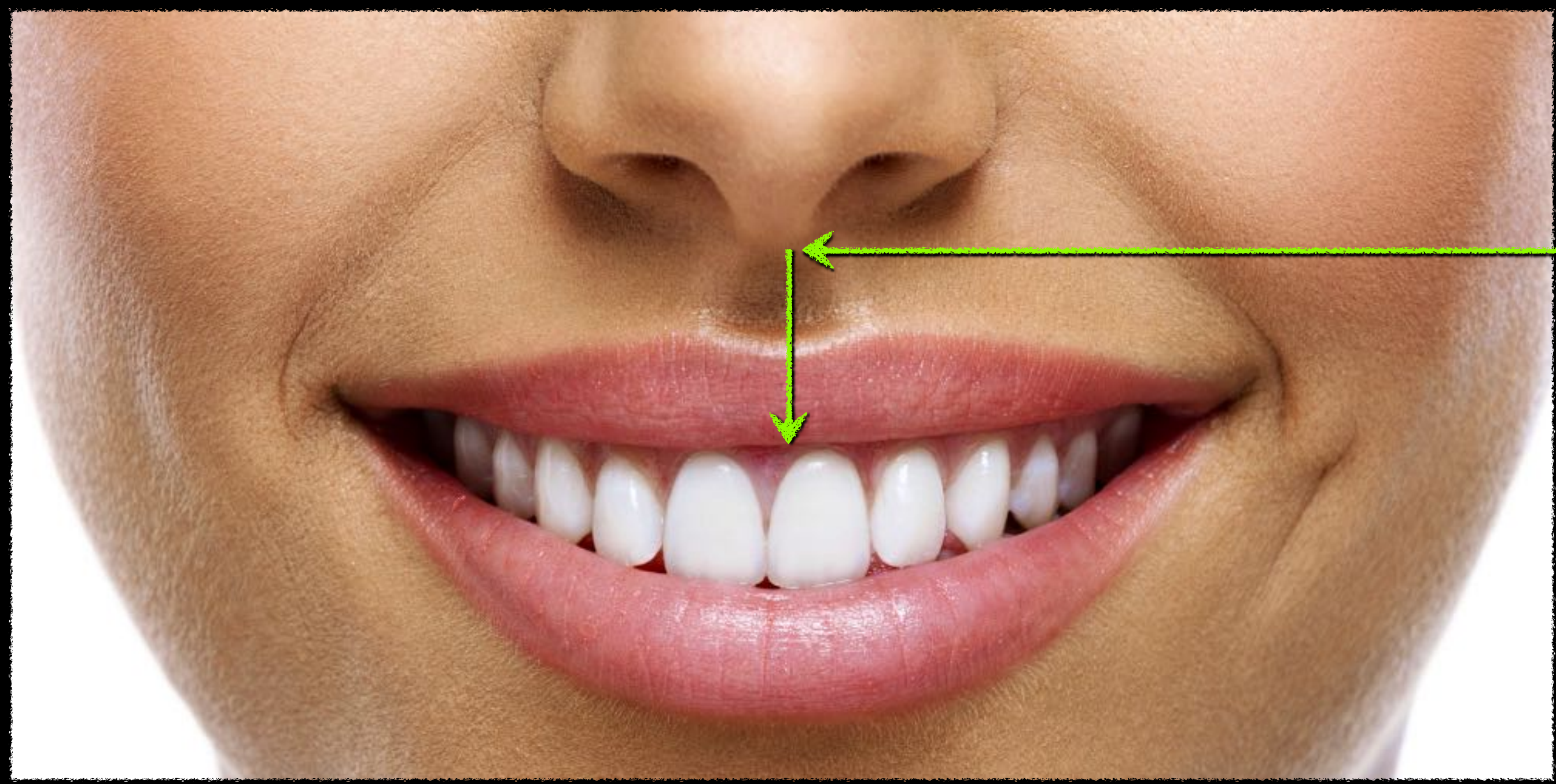
Short upper lip





# Lip position

Ave. lip distance  
Female 20-22mm  
Male 22-24mm

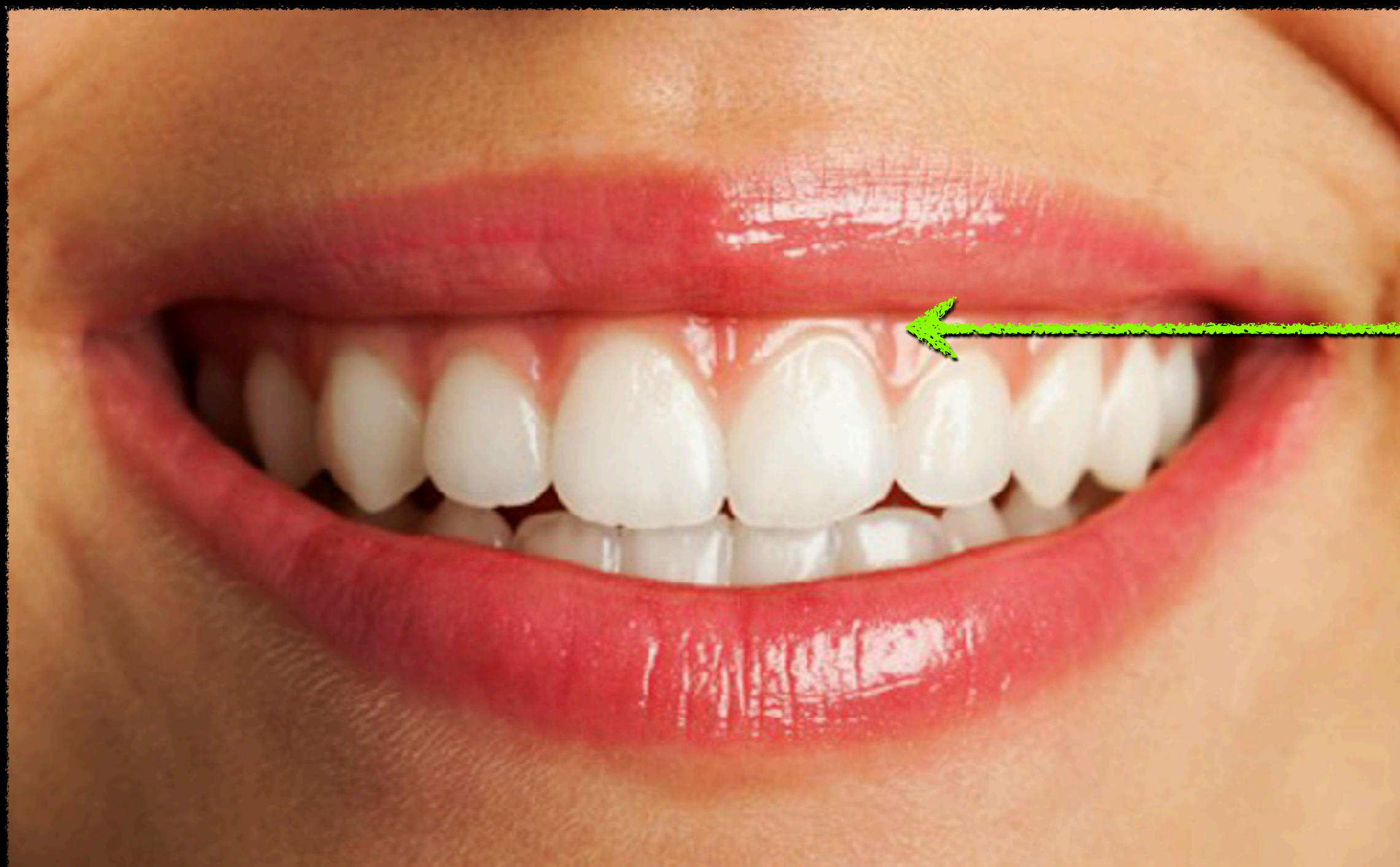


Base of nose to  
the edge of the lip



# *Hyipervivandböljel dip*

Ave. lip movement  
6-8mm!



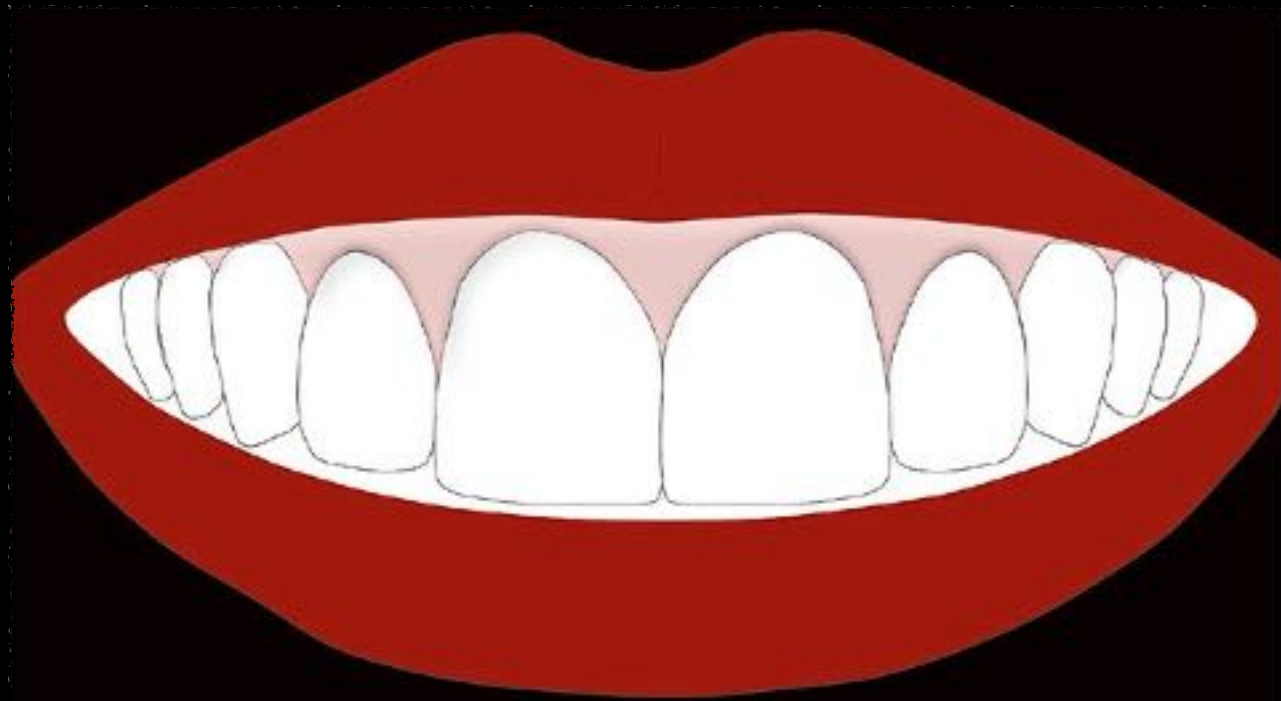
Excessigendip movement  
>8mm!

Tx. - Botox, Restalin, Frenectomy??



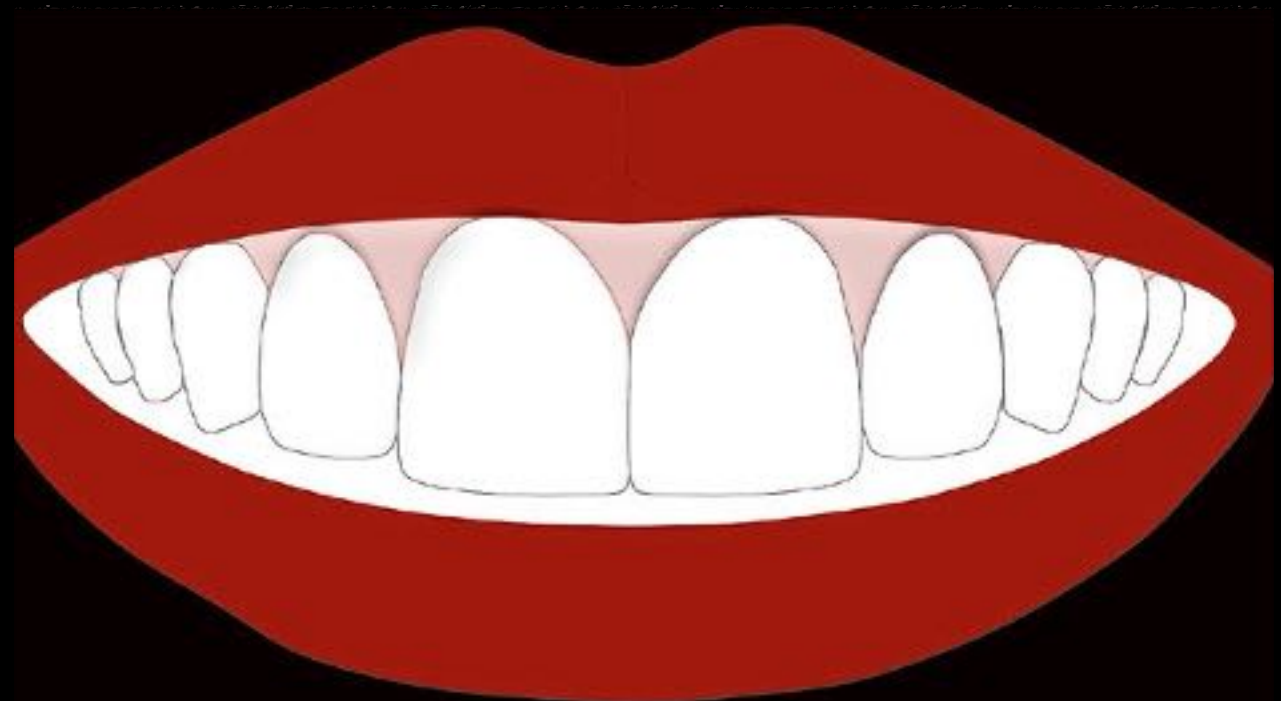
# Lip position influencing tooth/gingiva display

Hyper



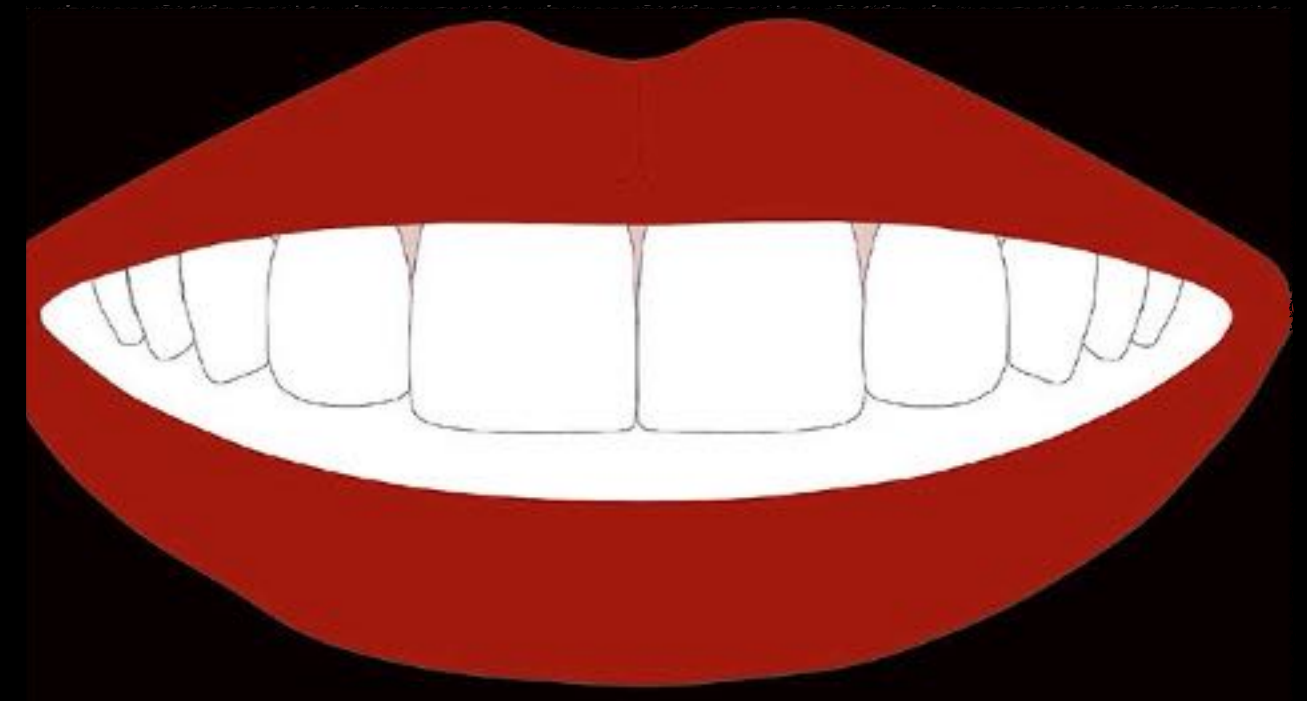
A

Ideal



B

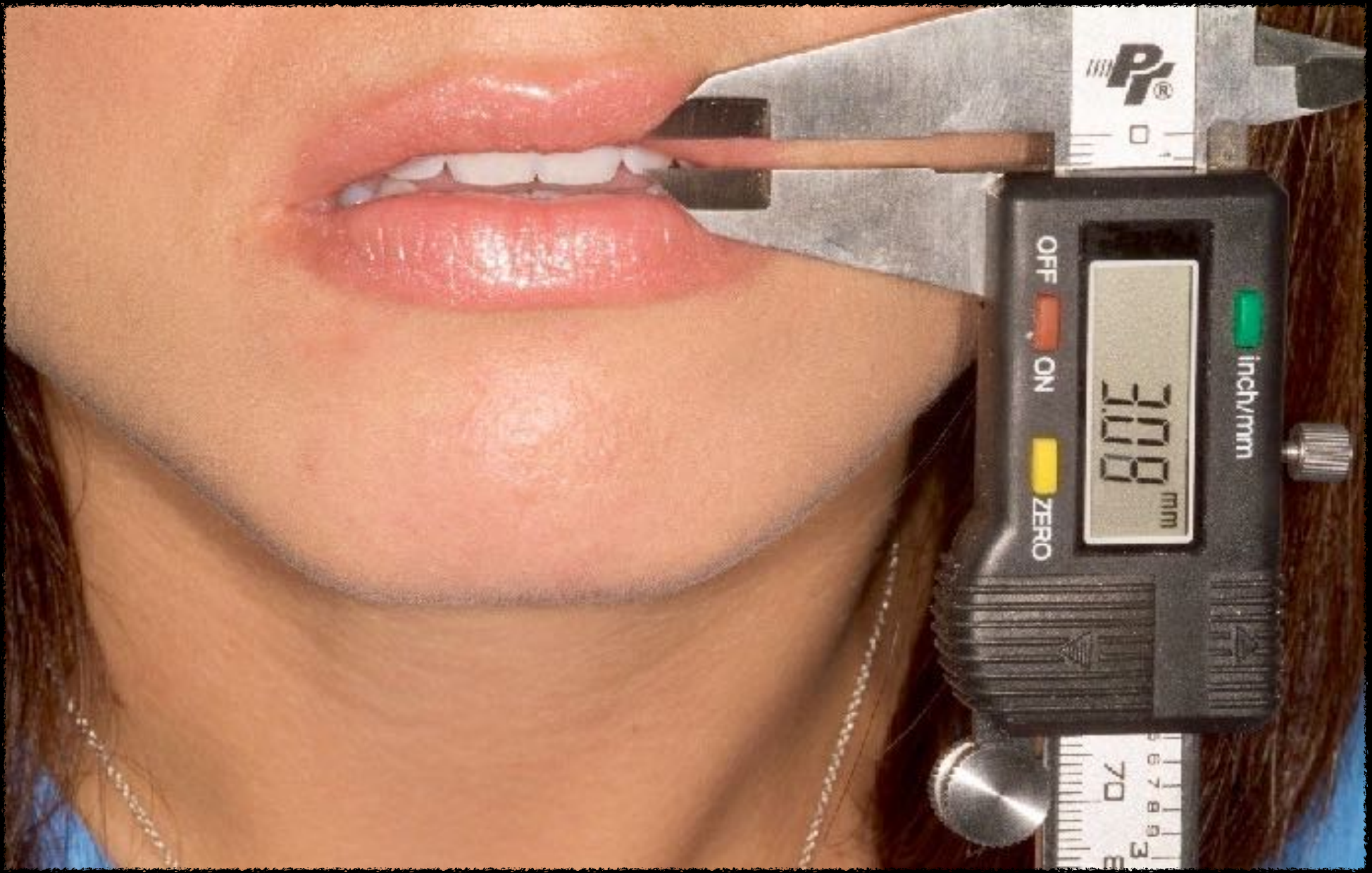
Hypo



C



# Phonetics



3mm ("M" repose)

"M" and "E" tooth positioning



7mm ("E" smile)



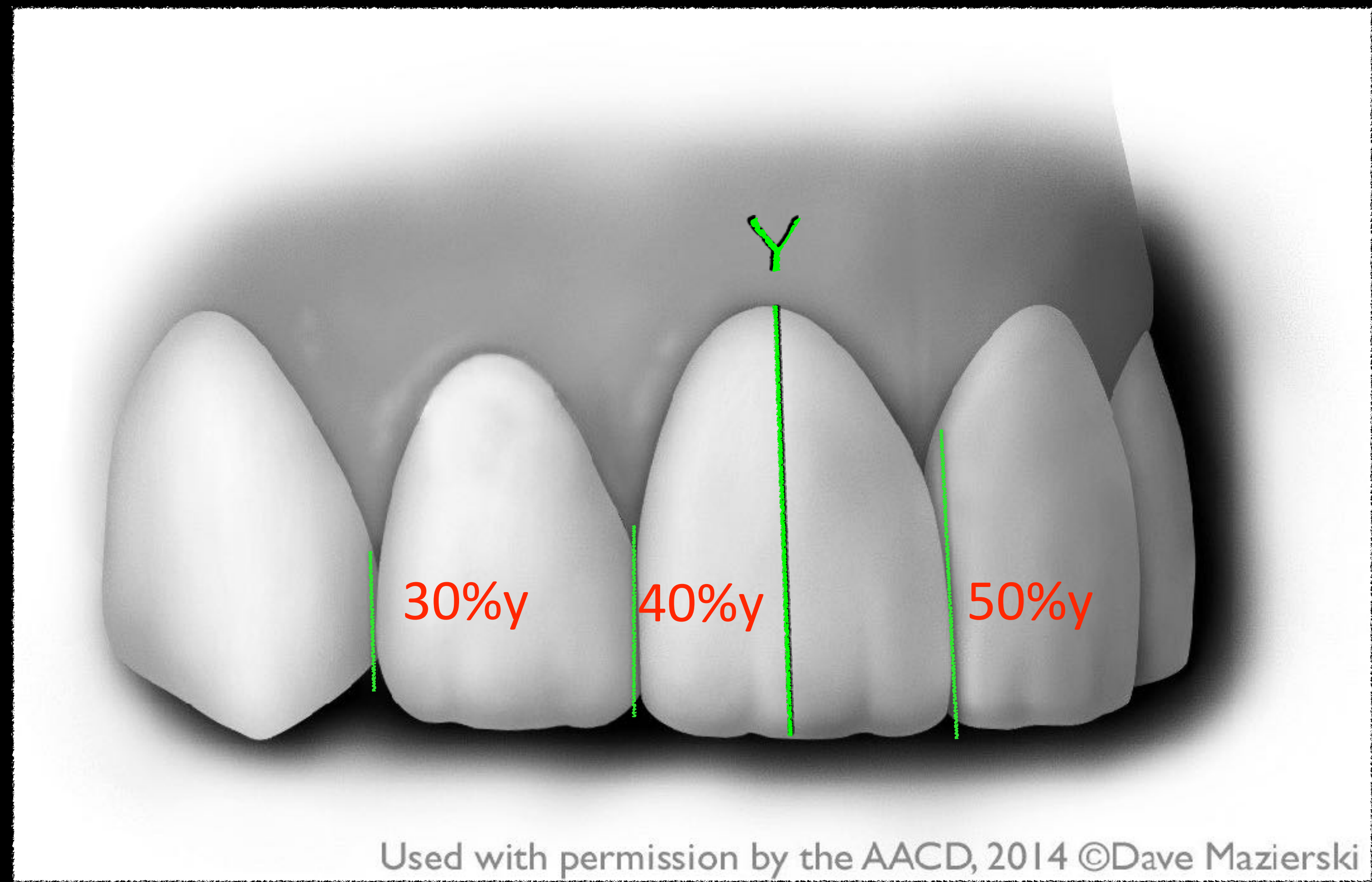
# Embrasure form





# Apparent contact zone

50/40/30 rule



Y = Length of Central Incisor

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# Occlusal/facial line angle

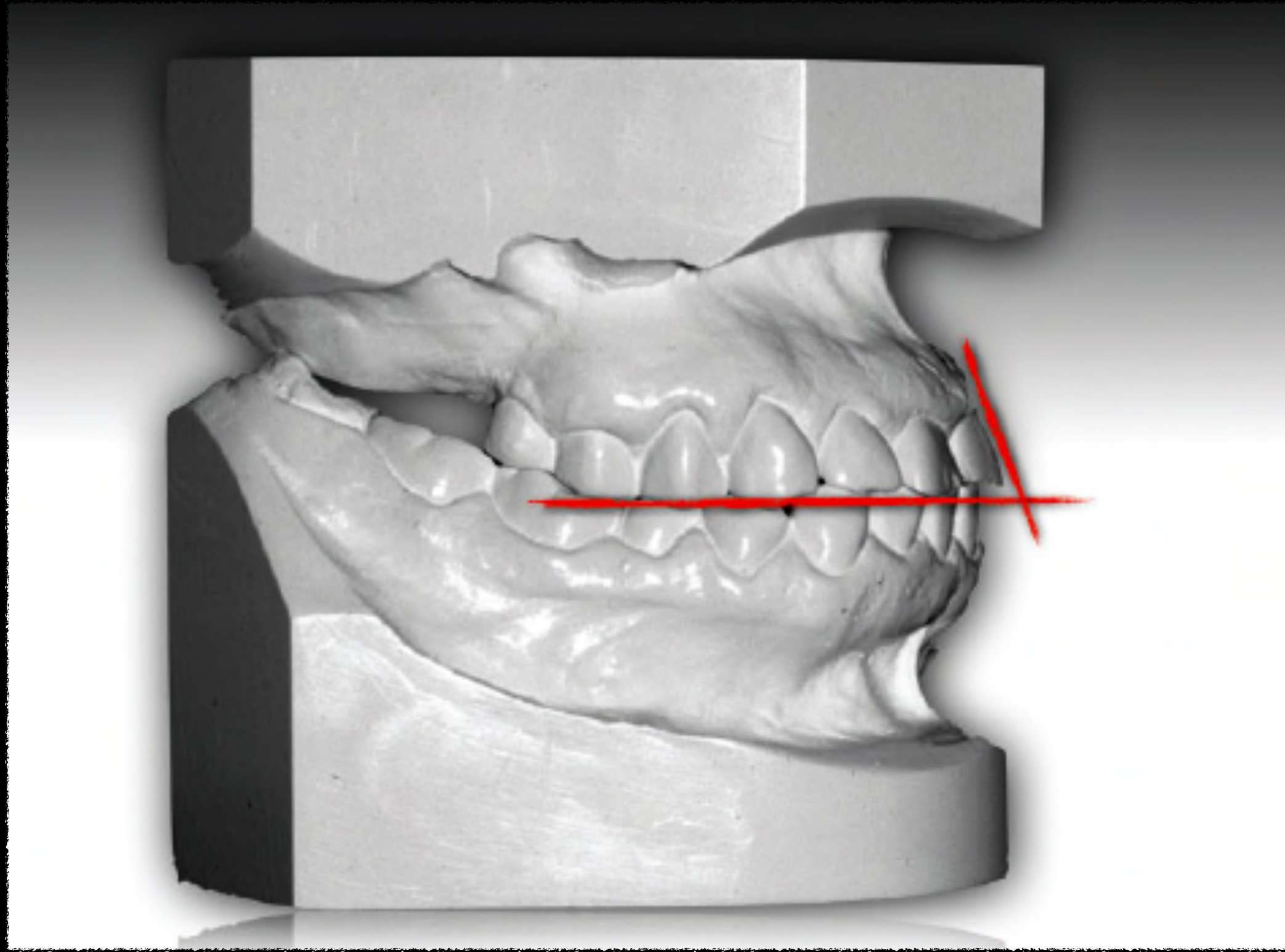


Ideal is 90°

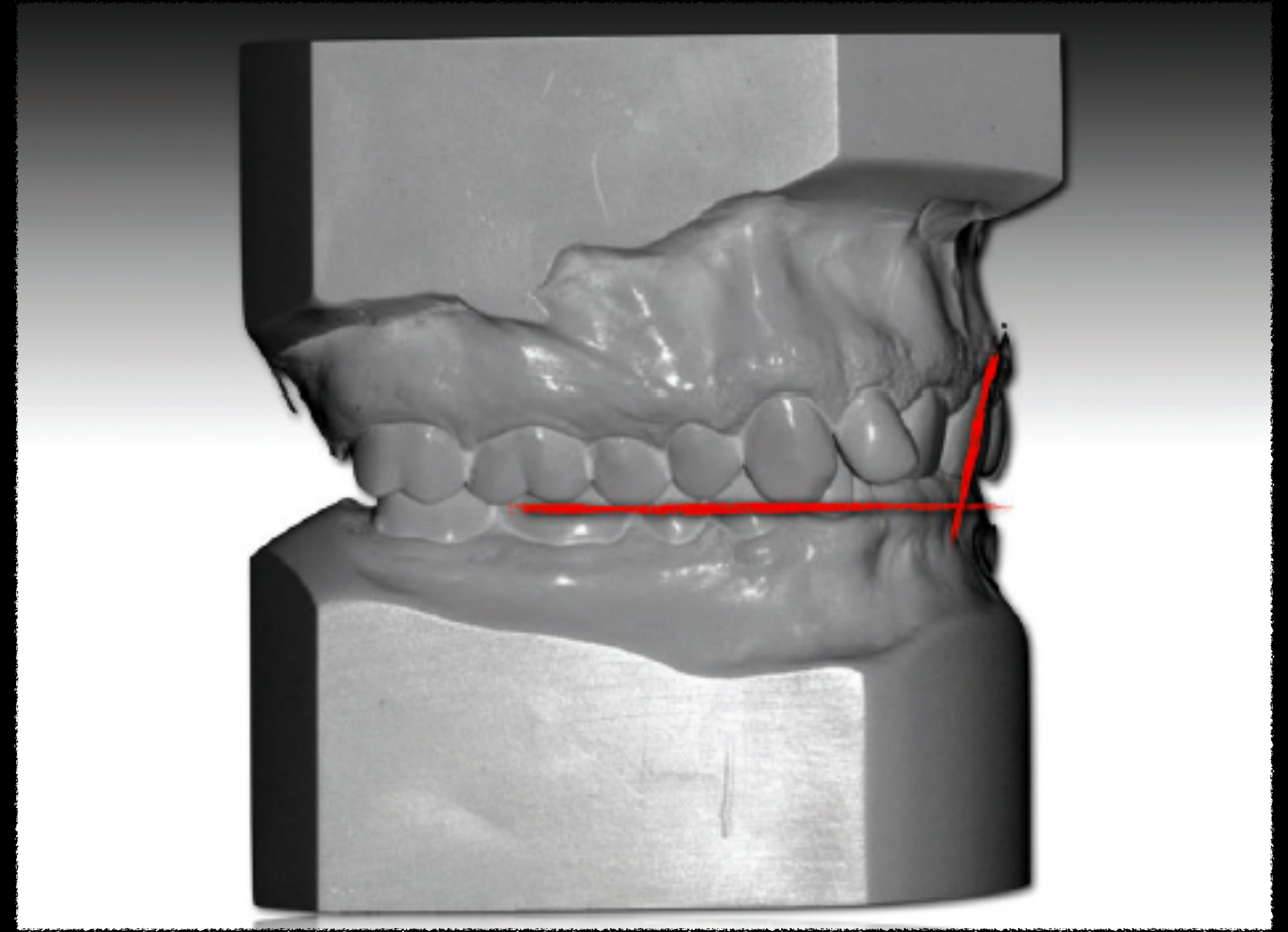
Helps determine inclination of the centrals



# Occlusal/facial line angle



Proclined

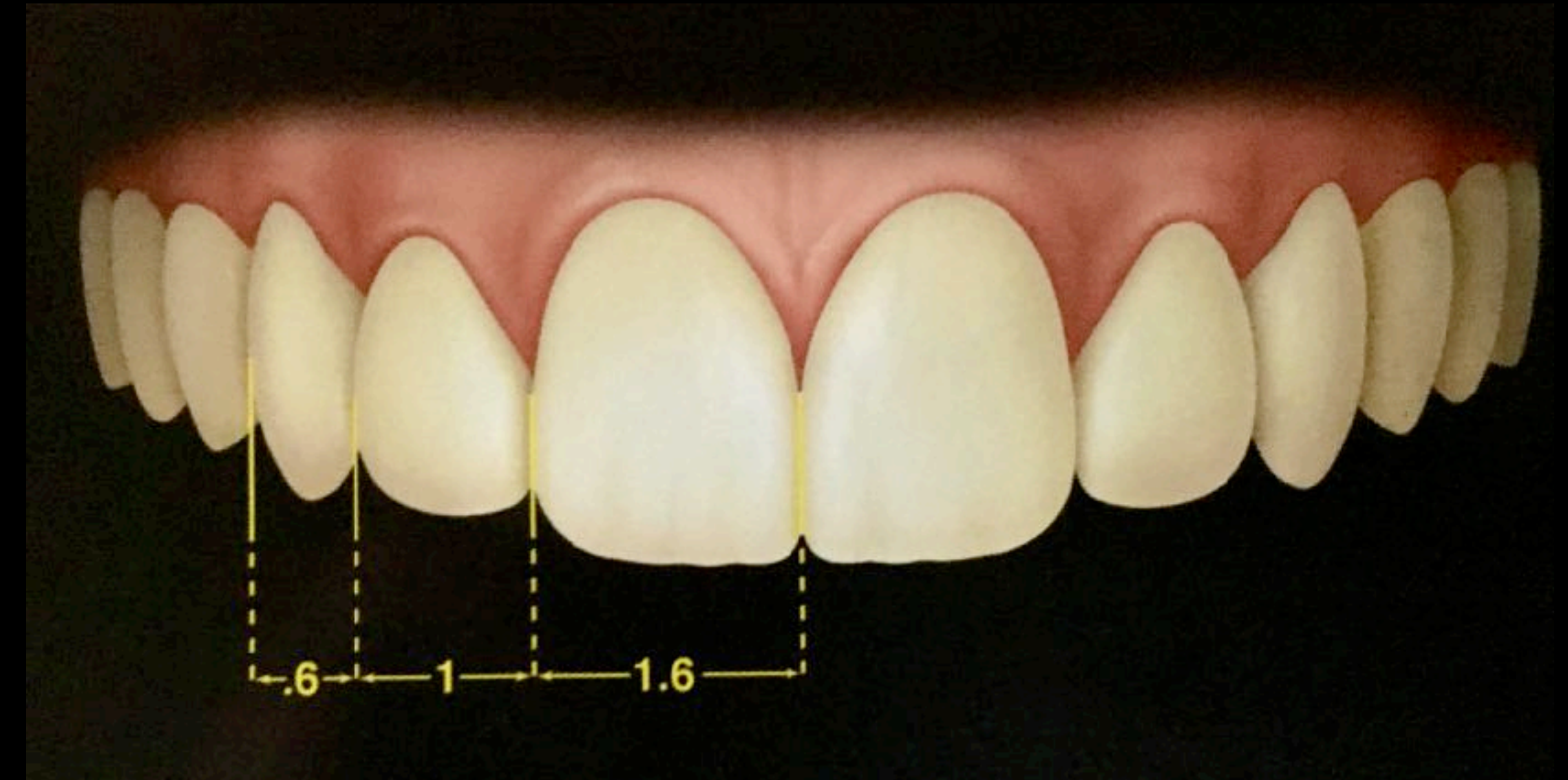
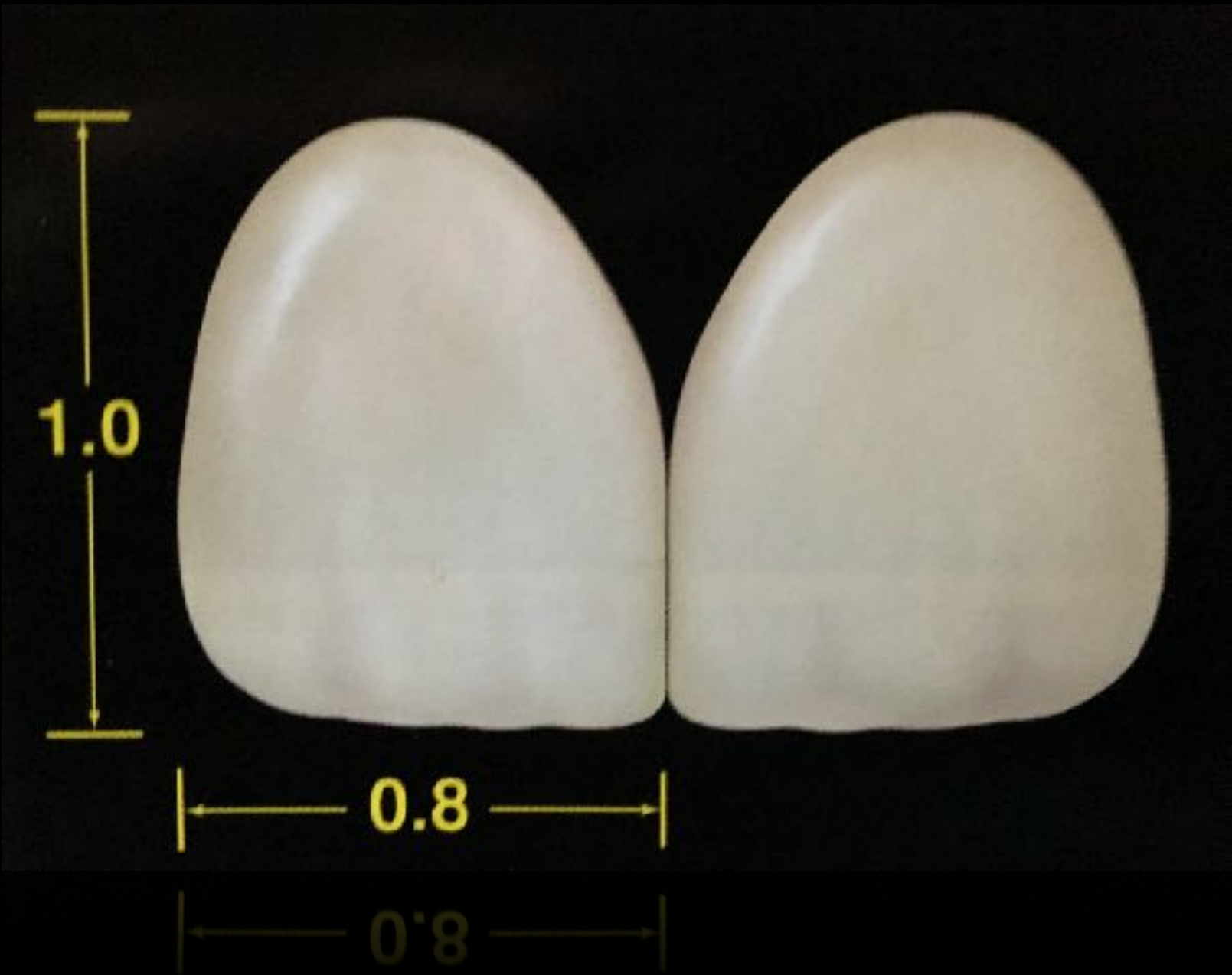


Retroclined





# Principles of proportion

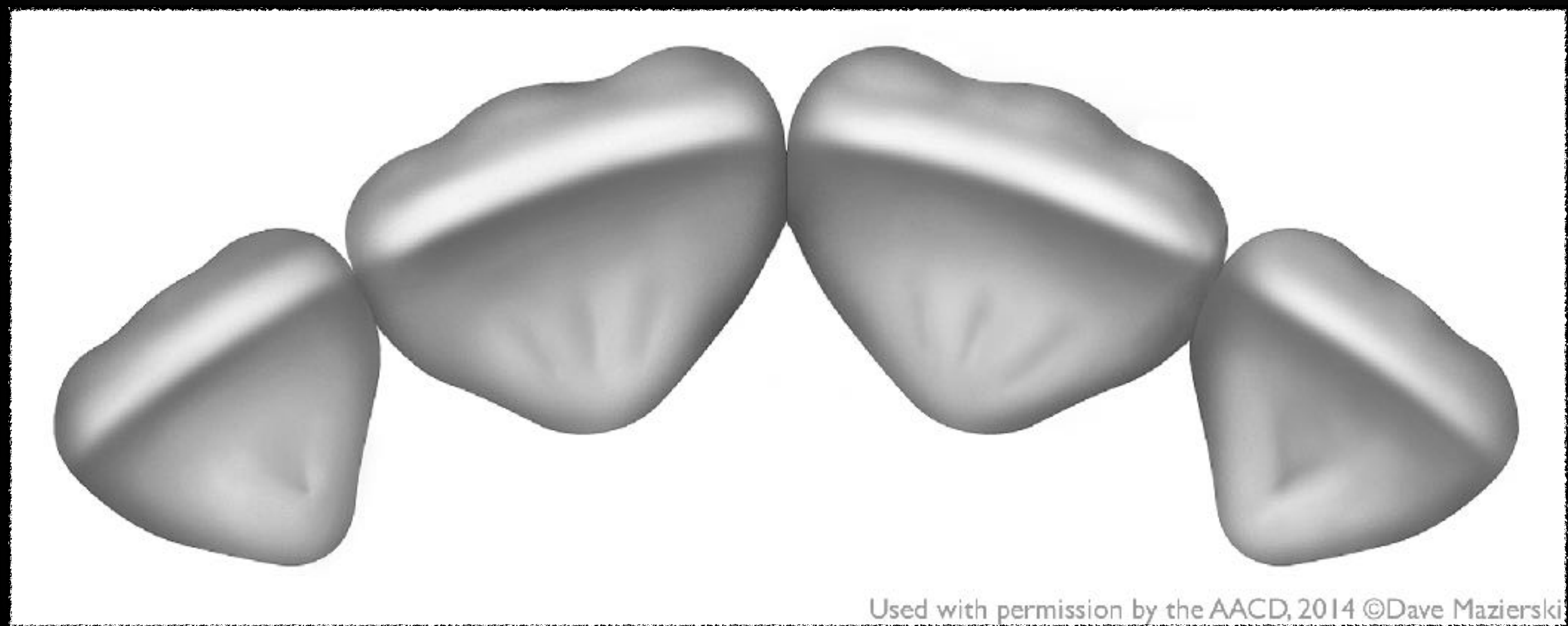


"Golden" proportion or  
"Golden" relation



# The occlusal view

Labial Anatomy



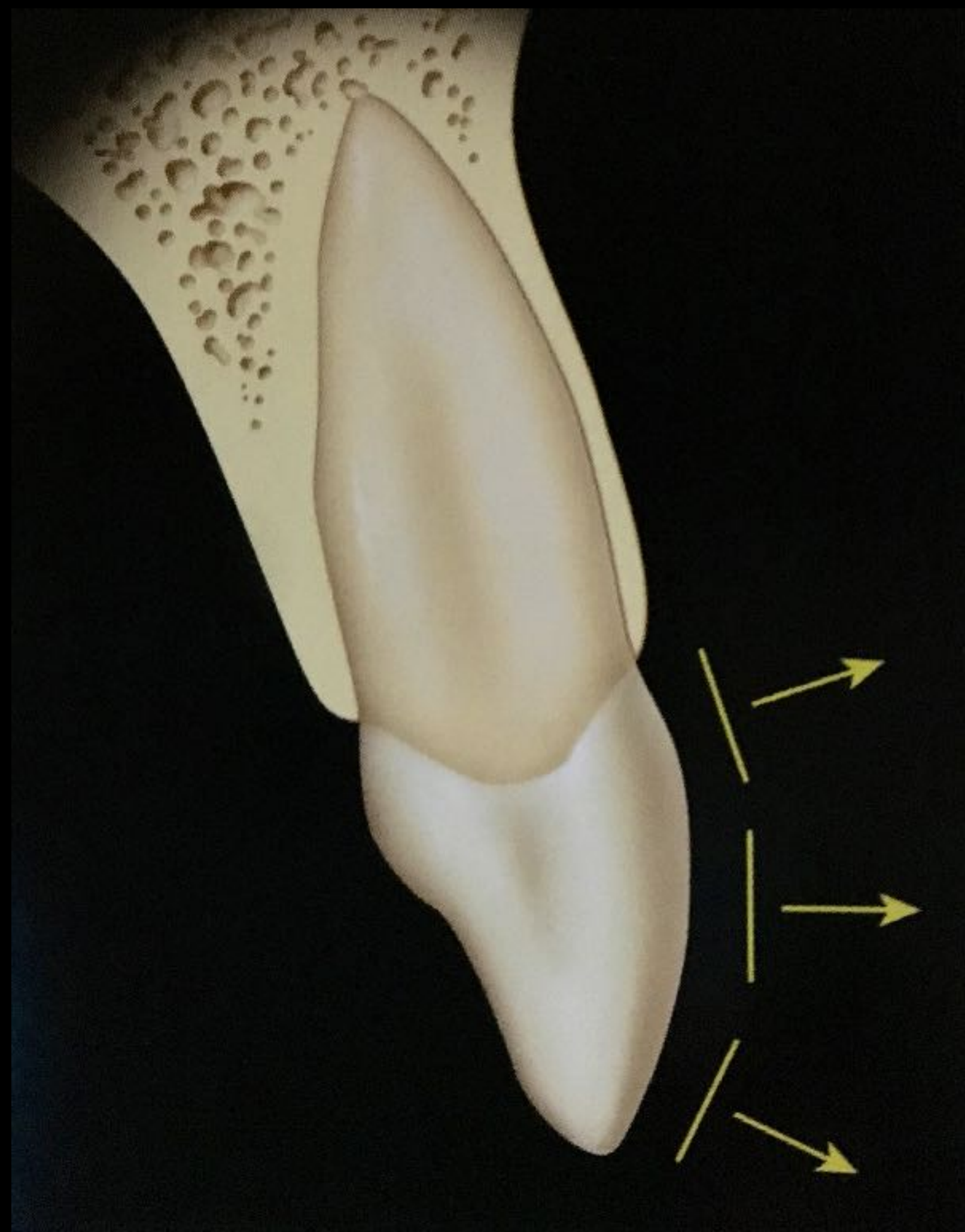
Incisal Edge

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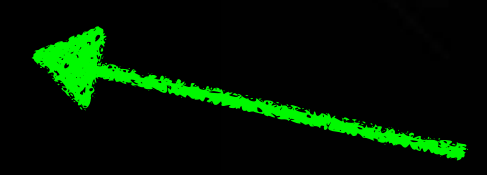
Line Angles



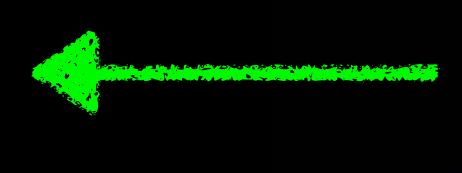
# Emergence profile



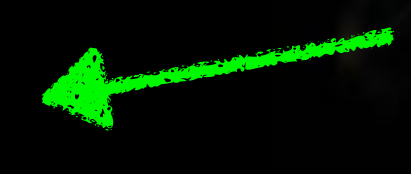
Gingival



Body



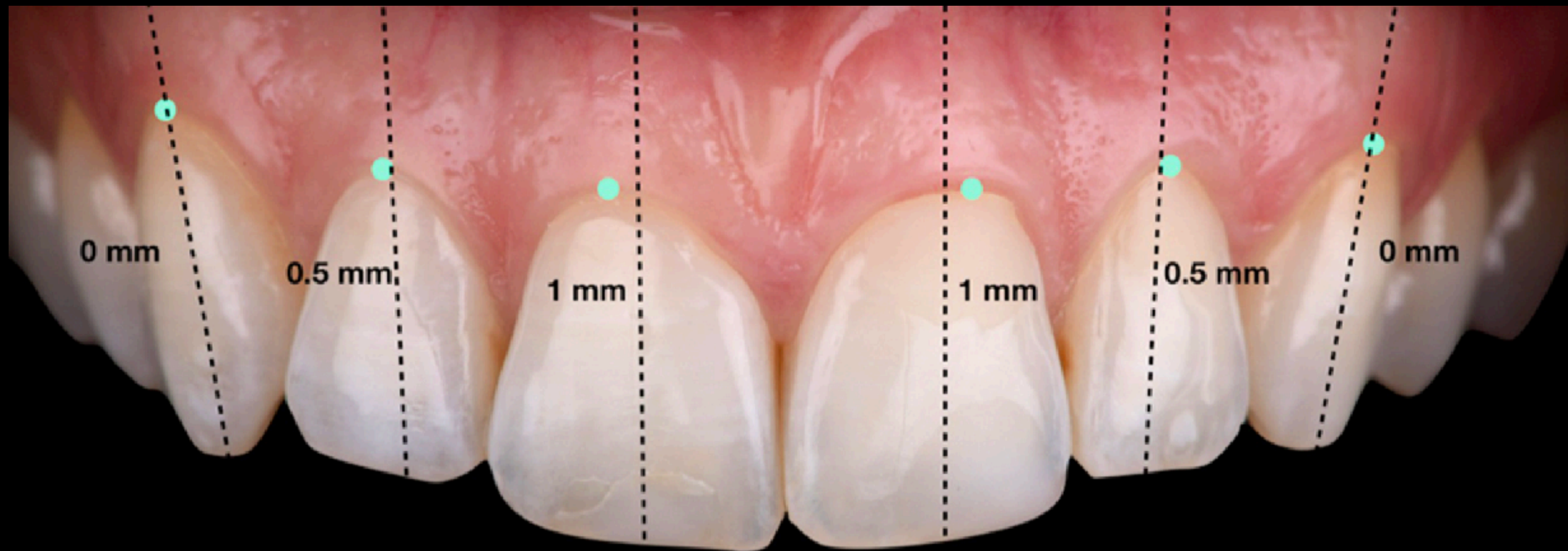
Incisal



3 planes of contour profile!

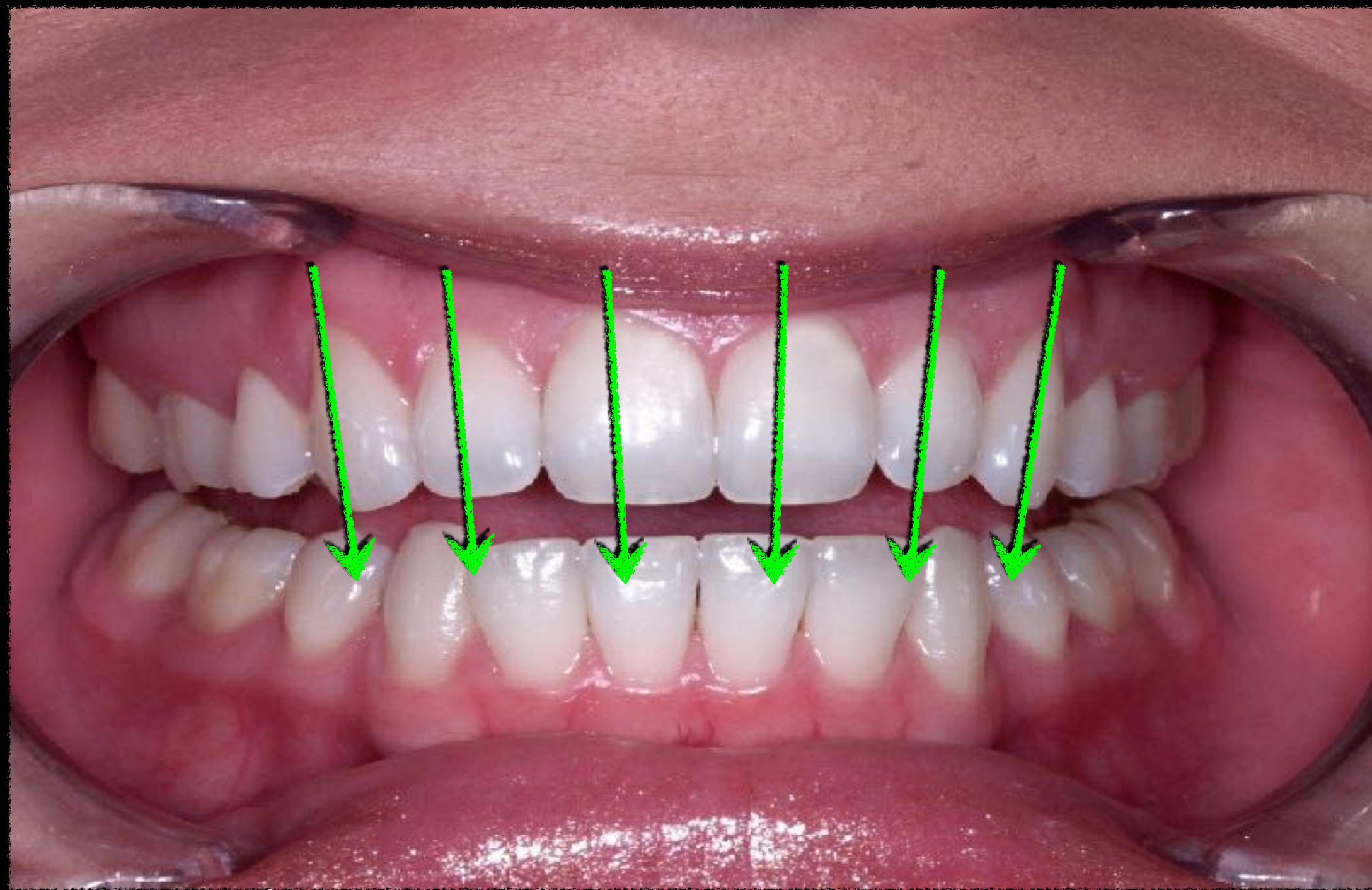


# Gingival zenith position

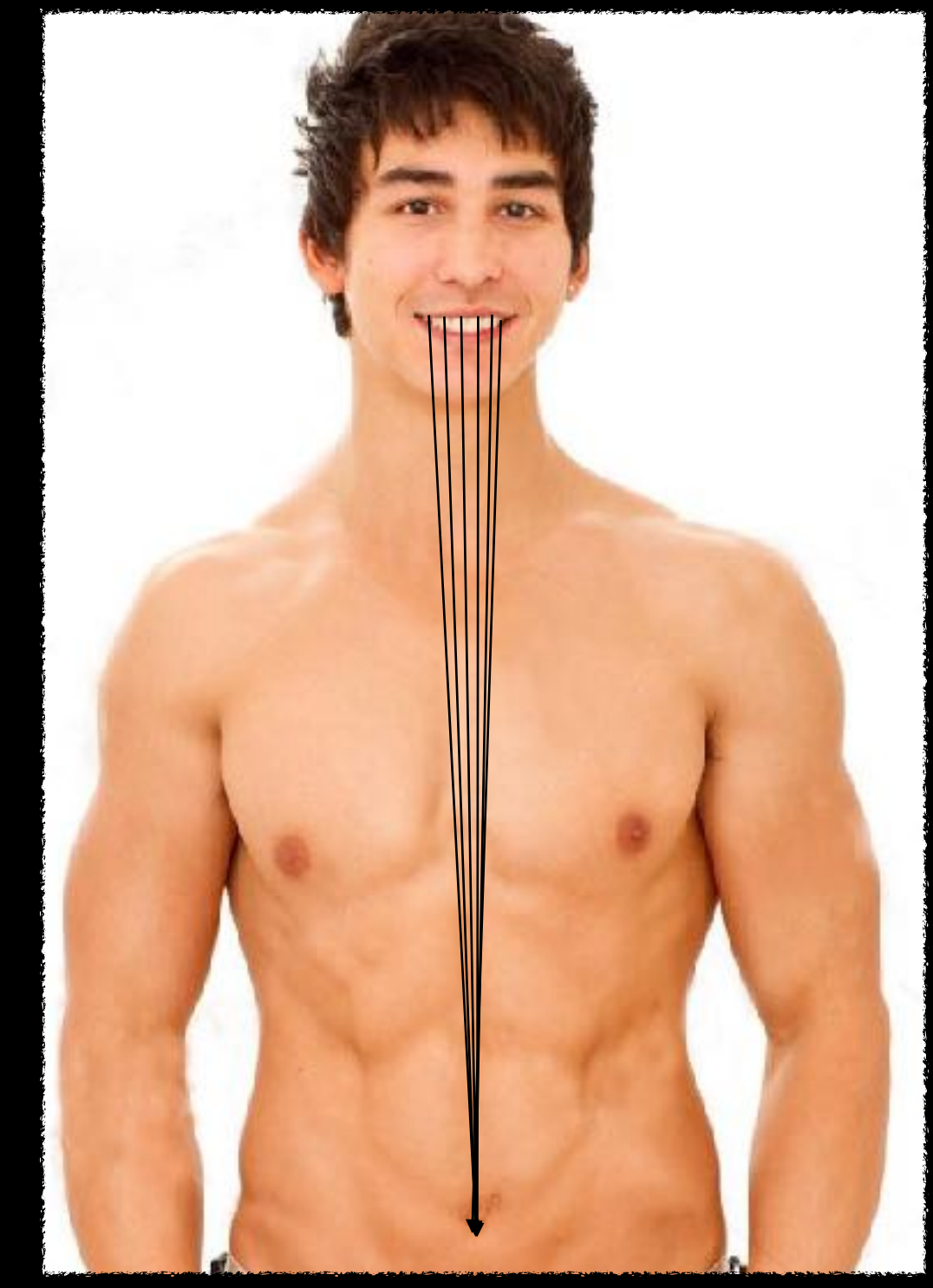




# Root inclination



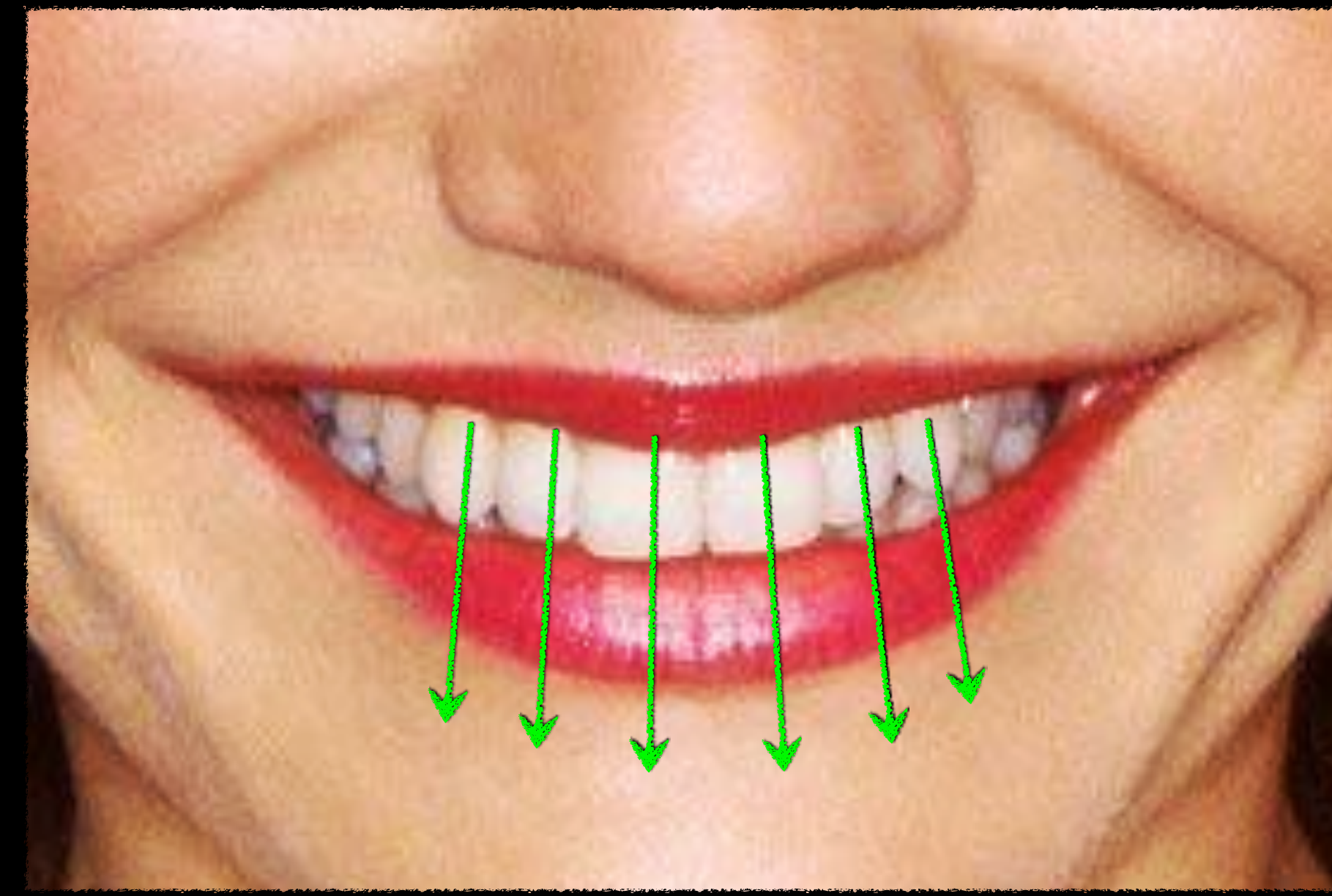
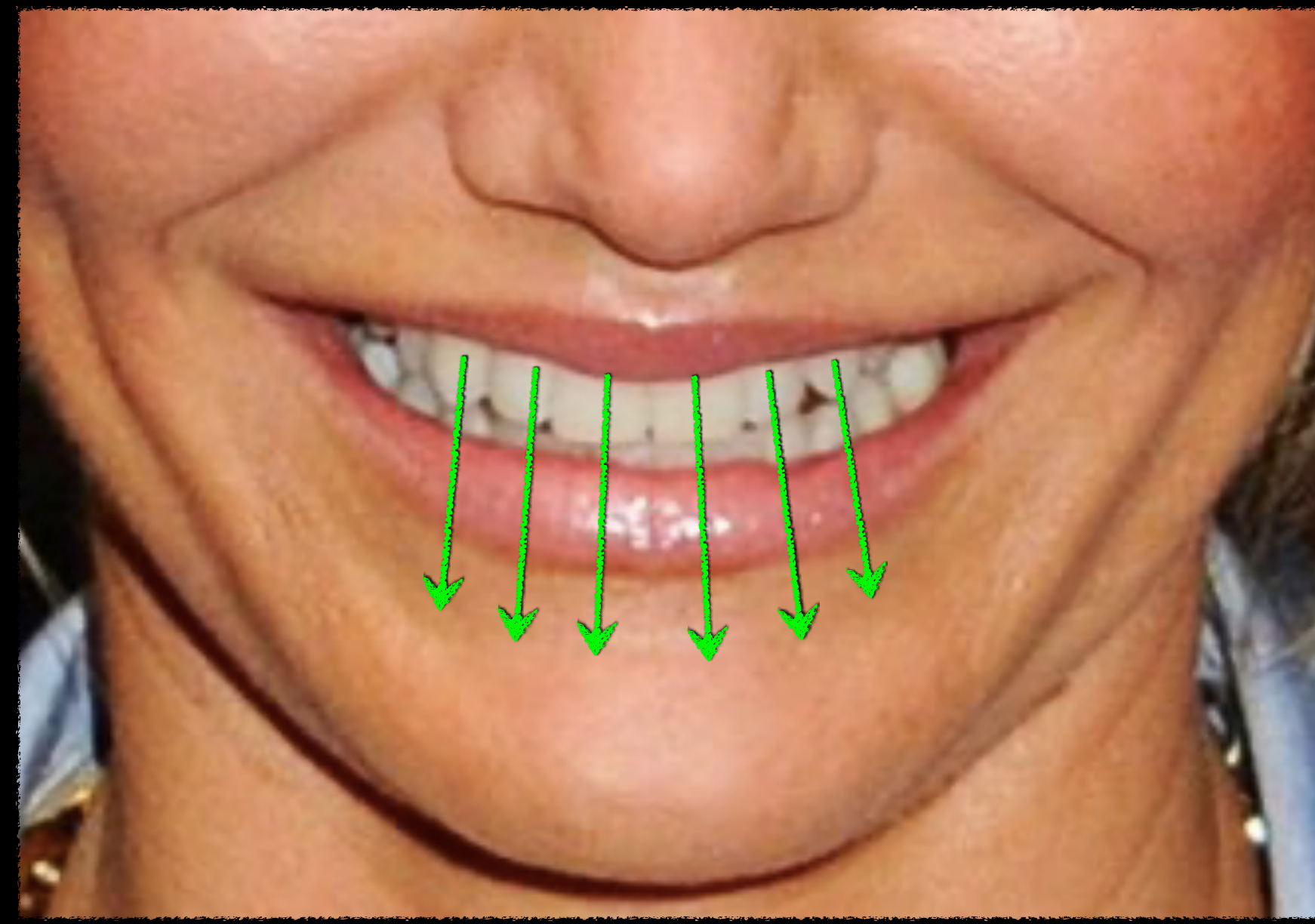
"Belly button convergence"



Mesial inclination



# Root inclination



Divergent!



# Root inclination

