

Tetric[®] plus

Casebook



Making People Smile



Foreword

The new simplified universal composite Tetric® plus combines the efficiency of a bulk-fill composite with the esthetics and versatility of a universal composite. Thanks to its extraordinary chameleon effect, it covers all 16 VITA* classical shades and Bleach with just four shades.

This casebook demonstrates the full potential of Tetric plus – from its fast and reliable application in the posterior region to esthetic restorations in the anterior region. The compilation presents 14 clinical cases that will truly inspire you.

Experienced dentists from across Europe share valuable insights into their clinical workflows, along with practical tips and tricks for using Tetric plus. See for yourself how versatile and efficient this material can be – delivering results that are not only functional but also esthetic.

We would like to thank all participating dentists for their contributions and wish you, dear readers, much success and enjoyment as you explore this casebook and try out Tetric plus in your own clinical practice.

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Dr Knut Hufschmidt

completed his dental studies at the University of Freiburg, Germany, and received his license to practice in 1992, followed by a doctorate in 1994. After his residency, he pursued specialized training in oral surgery from 1995 to 1998 in Münster and Wels-Grieskirchen. He later established his own practice, with a focus on esthetic dentistry, implantology, and comprehensive oral rehabilitation. Since 2003, he has been a regular speaker on implantology and, in recent years, has increasingly lectured on composite materials and all-ceramic restorations.

"I've been working with products from the Tetric family for over 25 years – and to this day, they continue to impress with their longevity, functionality and esthetics."



"Tetric plus proves particularly efficient in complex full-mouth rehabilitations."

Case 1 | Cavity Class IV | Dr Knut Hufschmidt

Patient

65-year-old man with severe bruxism

Clinical findings

Fractures and tooth loss despite use of a Michigan splint; significant loss of tooth structure on the palatal surfaces of the upper anterior teeth.



Initial clinical situation: Severe abrasion and erosion defects in the upper and lower jaw.



Final clinical outcome: Functional and esthetic reconstruction of lost tooth structure using the simplified universal composite Tetric plus.



Surface of tooth 21 was cleaned, sand-blasted and etched. Adjacent teeth were isolated using Teflon.



The tooth structure was restored non-invasively using the stamp technique; a transparent silicone index was filled with Tetric plus in shade A2 plus; focus here on tooth 21.



Teeth 14-23 were functionally and esthetically restored using Tetric plus.



The lateral view shows not only the composite restorations with Tetric plus, but also zirconia crowns and IPS e.max® restorations in both the upper and lower jaw.



Indirect and direct restorations in the upper jaw.



Indirect and direct restorations in the upper jaw.

Tip from Dr Hufschmidt:

"In the stamp technique, the wax-up model serves as a reference and helps me to accurately estimate the required amount of composite material. Thanks to the smooth consistency of Tetric plus, I prefer placing the material into the transparent silicone index using OptraSculpt® instruments. This approach ensures optimal adaptation and a natural surface texture."



Dr Riccardo Ammannato

graduated from the University of Genoa, Italy, and completed an internship in adhesive dentistry at the University of Zurich, Switzerland, under Prof. F. Lutz. In 2017, he taught Restorative and Esthetic Dentistry at the University of Rome Tor Vergata under Prof. F. Mangani. He is an active member of EAED, AIC, IAED and an associate member of AARD. He developed the «Index Technique» for restoring worn dentition, published in the International Journal of Esthetic Dentistry (2015, 2018). He lectures internationally and runs a private practice in Genoa, focusing on esthetic and restorative dentistry.

"The 4-mm curing depth is a great plus to speed up restorative procedures. Finishing is easy, fast and predictable, especially with OptraGloss."



Case 2 | Cavity Class II | Dr Ricardo Ammannato

Patient

20-year-old woman

Clinical findings

Defective occlusal restoration combined with mesial caries in the posterior region.



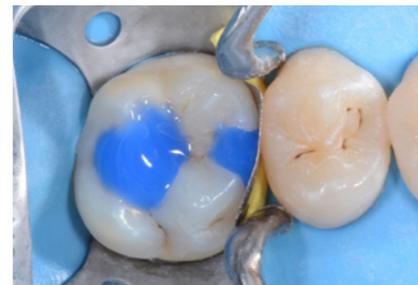
Initial clinical situation: Defective occlusal composite and mesial caries confirmed on tooth 16.



Final clinical outcome at follow-up.



After isolating the treatment field, the existing composite restoration was removed and the mesial marginal ridge was opened.



After caries removal, a wedge, matrix and ring were placed, and phosphoric acid etching was applied according to the adhesive protocol.



Curing was performed with Bluephase PowerCure after completing the adhesive protocol.



Tetric plus Flow in shade A2 plus applied to the cavity floor and cured.



Tetric plus Fill in shade Bleach plus applied in one increment and cured to restore the marginal ridge. The occlusal cavity was layered with Tetric plus Fill in shade A2 plus and cured. Additionally, the fissures were characterized with brown staining material and cured.



After occlusal adjustments, the restoration was polished using OptraGloss.

Dr Ammannato's tips for cases like this:

1. Define the cavity margins well.
2. Build up, contour and cure the proximal wall first.
3. Carefully shape the composite on the occlusal surface, one cusp at a time, before curing.

Case 3 | Cavity Class IV | Dr Riccardo Ammannato

Patient

43-year-old woman

Clinical findings

Major fracture on tooth 21 and a minor fracture on tooth 11 due to trauma.



Initial clinical situation: Fracture on tooth 21 and 11 after trauma. Vitality and X-ray checked. In an initial emergency session, a free-hand composite build-up was carried out and a clear silicone index was created.



Final clinical outcome at follow-up.



Phosphoric acid was applied to tooth 21 in line with the adhesive protocol, after the initial composite restoration was removed, the cavity prepared and a buccal bevel created.



Two customized sectional matrix bands were placed and stabilized with Teflon pellets. Once the adhesive protocol had been performed, curing was carried out with Bluephase® PowerCure.



A clear silicone key was fabricated based on the composite build-up placed at the emergency treatment and its fit was checked. It was going to be used to deliver the palatal/interproximal composite frame.



A small amount of Tetric plus Flow in shade A2 plus was applied to the deeper part of the cavity and cured. Tetric plus Fill in shade Bleach plus was applied to the palatal and interproximal walls in a single increment and contoured while the silicone index was in place, and then light cured.



Palatal view.



The inside of the frame was then filled with Tetric plus Fill in shade A2 plus. On the bevel surface, a small amount of Tetric plus Fill in shade A3 plus was applied to enhance the blend between composite and enamel. The final covering layer was implemented with Tetric plus Fill in shade Bleach plus.

Dr Ammannato's tips for restoring Class IV cavities:

1. Create a 45-degree bevel on the labial margin of the cavity.
2. It is advisable to place Tetric plus in shade A2 plus or A3 plus on the bevel rather than Bleach plus.
3. Carefully contour and polish the labial surface of the restoration with OptraGloss polishers.



Dr Luis Carlos Garza Garza

earned his DDS from Universidad Autónoma de Nuevo León, Mexico, in 2010. He pursued advanced training in Spain, completing a Master's in Aesthetic Restorative Dentistry (2014–2016) and a Postgraduate Diploma in Implantology (2016–2017) at Universitat Internacional de Catalunya (UIC), where he now serves as Assistant Professor in Restorative Dentistry. He is an active member of SEPES, SEOC, and a Key Opinion Leader for Ivoclar. Clinically, he practices in Barcelona, focusing on esthetic rehabilitations and implant-supported restorations. He also contributes to dental research, with publications accessible via ORCID.



"I am very impressed with the shade matching ability of Tetric plus – even when it comes to challenging bleach shades. The composite allows seamless integration with the surrounding dentition, creating smooth transitions without visible margins, especially in cases such as diastema closure or direct veneers."

"Tetric plus streamlines my everyday tasks with easy handling, quick light-curing and minimal finishing. This allows me to work confidently and effectively, delivering beautiful, durable restorations in less time – without sacrificing quality or detail."

Case 4 | Cavity Class IV | Dr Luis Carlos Garza Garza

Patient

25-year-old woman looking for esthetic improvements

Clinical findings

Diastemas between teeth 11-12 and 21-22, along with asymmetry of the central incisors (teeth 11 and 21).



Initial clinical situation: Close-up of anterior teeth with diastemas and visible asymmetry.

Final clinical outcome in maximum intercuspation: Evaluation of occlusion, esthetics and overall harmony with adjacent and opposing teeth.



A treatment plan was developed for the direct restorations of the anterior teeth.



To establish an optimal working field, a rubber dam was placed.



After applying and light-curing Adhese® Universal, Tetric plus Fill in shade Bleach plus was placed and contoured using OptraSculpt Pad.



To create a translucency effect, the incisal edge anatomy was sculpted using Tetric plus Fill in shade Bleach plus. A final covering layer was added to mimic natural light refraction and cured using Bluephase PowerCure.



Completed restoration: cured but not yet polished.



Polishing was performed using OptraGloss polishers.

Dr Garza Garza's 3 practical tips when using Tetric plus:

1. It's best to select the shade at an early stage, under natural light conditions and before the tooth structure becomes dehydrated.
2. When working with Tetric plus, I like to put some extra effort into shaping the anatomy before curing. The material blends so beautifully with the natural tooth structure that a bit of contouring with OptraSculpt can bring out a natural look. A little extra attention before curing goes a long way and saves time on finishing and polishing.
3. I like to use OptraGloss for polishing. I recommend using the polisher with light pressure and water cooling for best results and comfort.



Dr Rafael Piñeiro Sande

graduated in dentistry from the University of Santiago de Compostela, Spain, in 1997, where he also taught part-time until 2001. He completed postgraduate training in orthodontics and implantology and is a guest lecturer for Ivoclar and Zeiss Spain. He teaches at the «I2 Implantología» centre in Madrid and runs a private practice in Vigo, focused on microdentistry. Dr Piñeiro is a member of SEPES, SEPA and ITI, and co-founded the Galician Association of Dental Training. He received the SEPES Communications Award in 2010 and regularly lectures and publishes on esthetic and restorative dentistry.



"The great advantage of Tetric plus is that it can be applied in layers of up to 4 mm, eliminating the need for an incremental layering technique. Cases can therefore be completed quickly and easily, with remarkable efficiency and effectiveness."

"The esthetic results are also highly satisfying, thanks to the material's chameleon effect resulting from its unique composition."

Case 5 | Cavity Class IV | Dr Rafael Piñeiro Sande

Patient

51-year-old patient

Clinical findings

In the past, orthodontic treatment due to microdentia of tooth 12 and conical shape of tooth 22. Deterioration of existing composite restorations on these teeth.



Initial clinical situation: Inadequate composite restorations on tooth 12 and 22.



After removing the existing composite restorations, the restorative space was checked using the silicone key made from a wax-up done earlier. Both teeth required a significant amount of restorative material.



Adhese Universal was applied intraorally with the VivaPen.



Tetric plus Fill in shade A2 plus was placed into the silicone key using OptraSculpt Pad. The silicone key with the material in it was preheated at 45°C for stamping.



Intraoral stamping with the silicone key was performed.



Appearance immediately after precuring the composite and removing the silicone key.



Result after final curing with Bluephase PowerCure followed by high-gloss polishing with OptraGloss polishers.

Final clinical outcome at 15-day follow-up.



Adjust the viscosity to suit your needs

If you prefer smoother handling or want the composite to adapt even more closely to fine structures, there is a simple solution: By gently warming Tetric plus Fill (up to a maximum of 68°C), you can adjust its viscosity to your individual preference. The material becomes noticeably softer, offering pleasant handling during contouring.

Case 6 | Cavity Class IV | Dr Rafael Piñeiro Sande

Patient

32-year-old male patient

Clinical findings

Orthodontic treatment to correct the position of the teeth resulted in interdental gaps. Tooth 21 presented enamel hypoplasia.



Initial clinical situation: Need for esthetic restorations from teeth 13 to 23.



Final clinical outcome one week later.



Initial situation seen against a black backdrop: At this point, alginate impression and photographs were taken to create a wax-up for teeth 13–23.



Diagnostic wax-up for composite veneers.



A transparent silicone key was also fabricated using Transil F, along with a customized individual tray for the stamping process.



Before stamping the composite, a minimally invasive preparation was performed, using a silicone key to verify the incisal height.



Result after etching, bonding with Adhese Universal and stamping with Tetric plus Fill in shade Bleach plus—appearance immediately after pre-curing and removing the silicone key.

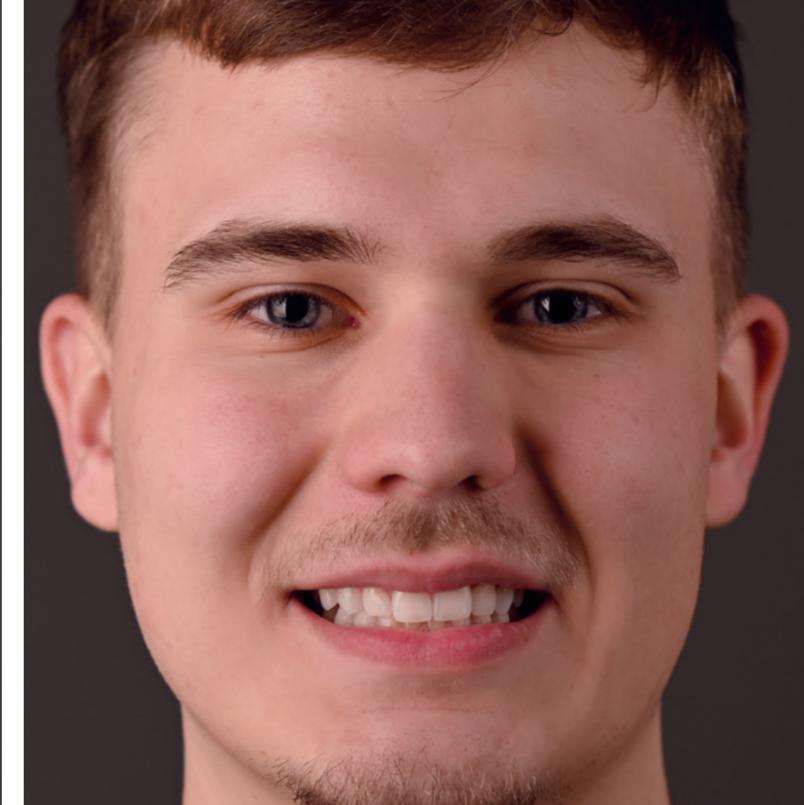
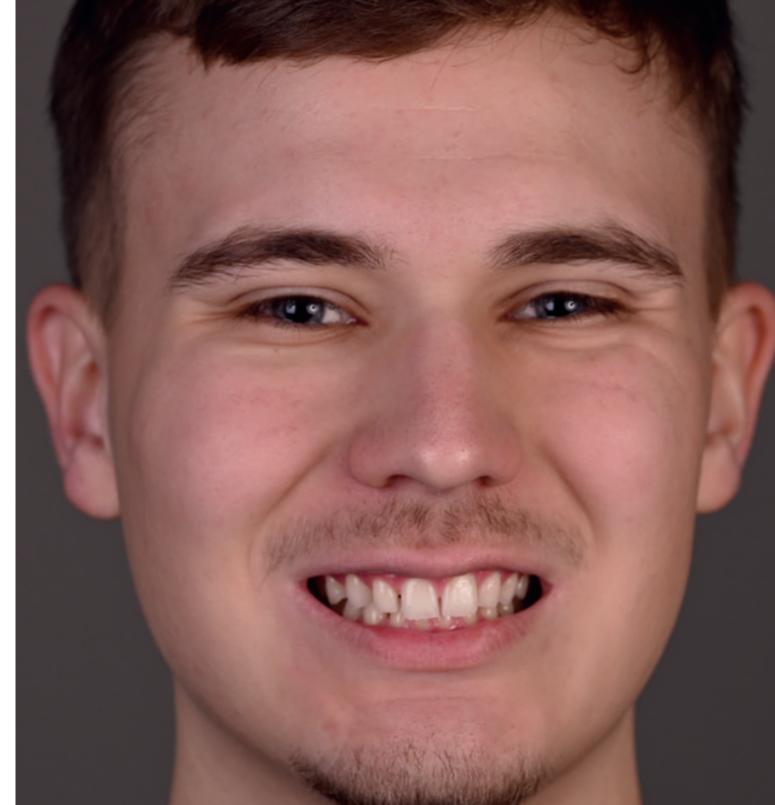
Dr Piñeiro Sande's tip when applying the stamp technique:

- In situations with less than 1 mm of dental structure loss, I use Tetric plus Flow in combination with the stamp techniques to achieve an excellent esthetic, natural effect when fabricating composite veneers.
- When there is more than 1 mm of tooth structure loss, I use Tetric plus Fill in combination with Tetric plus Flow.
 - I place the composite inside the silicone key using an OptraSculpt Pad spatula.
 - Then I heat the key in a composite warmer for a few minutes at 45°C.
 - Next, I apply the stamping technique to alternating teeth to ensure controlled application and prevent unintended contact with adjacent surfaces.



Dr Martin von Sontagh

received his doctorate in 2008 from the University of Innsbruck, Austria. Immediately afterwards, he completed a two-year assistantship at a private dental institute in Vorarlberg. During this time, he deepened his knowledge and specialized in the fields of composite restorations, endodontics and periodontology. From 2011 to 2013, he worked in a group practice and has been running it independently since 2013. His main areas of focus include highly esthetic composite restorations in both the anterior and posterior region, full-mouth rehabilitations, microscopic endodontics and periodontology. He is also an international speaker and published author.



"Tetric plus continues to amaze me. In three words: simple, efficient and esthetic. In case 7, I would normally have used a dentin and an enamel shade to ensure a seamless outcome. But Tetric plus proves to be not only an efficient composite for the posterior region, but also an esthetic composite for anterior teeth."

"For a diastema closure, I would never go without this composite. I have stopped using dentin shades."

Case 7 | Diastema closure | Dr Martin von Sontagh

Patient

20-year-old male patient

Clinical findings

Diastemas in the upper and lower jaw. After consultation with an orthodontist, the patient opted for a direct restorative approach.



Multiple diastemas on initial portrait photography.



Final clinical outcome at the one-month follow-up. Against the black backdrop, the full potential of this new composite is visible.



Shade match was assessed between the teeth using Tetric plus Fill in shade Bleach plus. Result after light curing, without dehydration, was satisfactory.



Upper jaw was isolated and all spaces between the teeth were visualized.



Non-prep approach used: teeth surfaces were only sandblasted and then etched with phosphoric acid.



After the adhesive protocol, including Adhese Universal, had been completed, Tetric plus Fill in shade Bleach plus was applied in increments and light cured. Only one shade was used. Both Tetric plus Fill and Tetric plus Flow were used.



The occlusal picture shows the three-dimensional appearance of the diastema closure.



Same procedure was followed for the lower jaw.

What Dr von Sontagh wants you to consider:

- The results look as if I had used a blue or opalescent effect flowable. However, I only used one shade - Tetric plus in shade Bleach plus - simply amazing.
- In this case, I didn't need to cover the entire tooth surface with composite, as would be done in a veneering procedure. Widening the teeth and creating a smooth transition between tooth and composite was essential.
- Don't give up on Tetric plus at first sight. The composite appears yellowish and translucent at first and only reaches its final shade and opacity after curing.

Case 8 | Direct veneering | Dr Martin von Sontagh

Patient

22-year-old female patient

Clinical findings

Agensis of canine tooth, causing diastemas and an asymmetrical smile. Recommended treatment: direct veneers to transform first premolar (tooth 24) into a canine (tooth 23) and to close diastemas.



Initial situation: Diastemas between teeth 21 and 22, as well as 22 and 24.

Recall after 1 month: Lustrous restorations that fit naturally into the dental arch. The excellent esthetic result that can be achieved with the application of a single shade can be seen especially well when looked at it against a black backdrop.



A mock-up with Tetric plus in shade A2 plus was created to help the patient visualize the planned outcome and the dentist select the appropriate shade and prepare a silicone key for the palatal shell.



Isolation with ligatures, followed by air abrasion, etching and bonding with Adhese Universal was carried out.



The silicone key was positioned and the first layer of Tetric plus in shade A2 plus was applied and then polymerized.



Palatal shell after polymerisation: lengthening of tooth 23.



A second layer of Tetric plus in shade A2 plus was applied and the proximal wall was reconstructed using a matrix band.



The finished restorations on the day of the treatment, with the teeth not yet rehydrated.



Another tip by Dr von Sontagh:

"To close a diastema, I always use a combination of packable and flowable composite. Tetric plus Flow has a good consistency – not too stable and not too flowable."



Case 9 | Cavity Class II | Dr Martin von Sontagh

Patient

28-year-old female patient

Clinical findings

Multiple carious lesions on tooth 24, 25, 26 and 27.



Following caries excavation, the cavities were cleaned and ready for air abrasion.



After selective enamel etching, Adhese Universal was applied intraorally directly from the VivaPen.



Tetric plus Flow in shade A2 plus was placed in a thin layer onto the dentin surface and polymerized.



After reconstructing the proximal wall, the matrix band on tooth 24 was removed.



Once the layering procedure with Tetric plus Fill was completed, IPS Empress® Direct Color was applied to create fissure effects before finishing.



After polishing: On the day of the treatment, the restorations were fairly visible because the tooth structure was still dehydrated.



Initial situation of the quadrant before applying the rubber dam.



Final clinical outcome at the one-month follow-up: With the teeth rehydrated, the restorations are no longer visible.



Right after treatment, when the natural tooth structure is still dehydrated, the restoration may appear slightly mismatched. However, as the tooth rehydrates and the composite material reaches its final opacity, the restoration blends almost seamlessly with the natural tooth.

For highly esthetic outcomes, or when masking pronounced discoloration, Tetric plus can be combined with other composites, such as the Tetric Line or IPS Empress Direct.



Dr Daniele Gensini

graduated with honors in Dentistry from the University of Siena, Italy, in 2004, where he worked as a tutor in the Prosthetics department. He trained extensively in prosthetics, periodontology, implantology, esthetics, and gnathology, attending courses by leading experts including Dr Fradeani and Dr Pontoriero. In his private practice in Rome, he focuses on prosthetics, implantology, periodontology, and esthetic dentistry. He teaches nationally and internationally and is an active member of the Italian Society of Conservative Dentistry. Since 2018, he has been part of the Fradeani Education team as a speaker and tutor.

"The new Tetric plus restorative material is very impressive for its ability to blend easily with the remaining tooth structure and its amazing shade matching capability."

"I really appreciate its ease of handling and how soft and easy it is to sculpt, so it requires minimal finishing. It also cures faster, which allows for shorter clinical sessions with the patient."

Case 10 | Direct veneering | Dr Daniele Gensini

Patient

30-year-old female patient

Clinical findings

Patient dissatisfied with short, irregular teeth; requested quick esthetic improvement in time for her wedding in a few short months.



Initial situation of the patient's smile with too much gum display as well as short and conoid teeth.



Intraoral picture showing much better the issues in this clinical case.



Picture taken right after gum surgery to solve the altered passive eruption with a flap sutured in the final position.



Intraoral picture of the teeth isolated with a rubber dam, immediately after air abrasion and acid etching — ready for application of Adhese Universal directly from the VivaPen.



After the bonding procedure, Tetric plus was applied in cervical increments, which were holding the rubber dam in place without clamps. Incisal increments with Tetric plus Fill in shade Bleach plus were placed and shaped with the help of a silicone key to establish the new restoration lengths.



Angle lines and superficial depressions were outlined to restore proper contours and surface anatomy, aiding the finishing procedure.



Final high-gloss polishing was performed with the OptraGloss spiral wheel.

The patient's new smile shows a bright and natural result.

This is what Dr Gensini thinks about using Tetric plus for direct veneering:

Direct veneering applications are always very challenging, as there are many details and features to consider. The new Tetric plus can simplify this procedure a great deal because of its amazing chameleon effect. In many cases, including the one described here, there is no need to use separate dentin and enamel shades—just the right Tetric plus shade.

I'm personally in love with this material.

Case 11 | Cavity Class II | Dr Daniele Gensini

Patient

30-year-old female patient

Clinical findings

Inadequate direct restorations on upper left teeth, resulting in soreness and pain when chewing. Patient exhibited limited tolerance for long dental procedures, which asked for an efficient procedure.



Initial situation showing inadequate direct restorations with infiltrated margins, discoloration and poor proximal contact areas (teeth 25-27).

Final clinical outcome at follow-up: With the teeth rehydrated, we can appreciate the impressive colour adaptation and chameleon effect of the material.



Existing restorations were removed and the teeth were prepared for selective enamel etching and the adhesive procedure with Adhese Universal directly from the VivaPen.



All exposed dentin was covered with Tetric plus Flow in shade A2 plus; sectional matrix bands were in place for the reconstruction of the proximal walls.



The first proximal wall was reconstructed swiftly and efficiently using a single increment of Tetric plus in shade A2 plus.



The second proximal wall was rebuilt and the contact area was then restored with a single increment.



The final occlusal increment was easy to contour on all the teeth involved in the restorative procedure.



A detailed, well-contoured occlusal anatomy and favourable integration of the restorations with the remaining tooth structure were achieved.

Dr Daniele Gensini points out two advantages of working with Tetric plus:

1. You can focus solely on shaping the restoration, as shade matching is simple and chromatic integration is excellent.
2. It saves time, functioning as a bulk restorative material that allows increments of 4 mm at a time, making it very fast to create natural-looking restorations.



Dr Edoardo Mancuso

graduated with honors in Dentistry and Dental Prosthetics from the University of Bologna, Italy, in 2018 and earned a PhD in 2023, focusing on enamel and dentin ultrastructure and adhesive techniques. He was a visiting scholar at USC in 2017 and conducted research in Geneva in 2021 under Prof. Irena Sailer. He received multiple awards, including the Arthur Frechette New Investigator Award (2024). Since 2020, he has lectured in the Master's program at the University of Bologna and collaborates internationally on adhesive and minimally invasive techniques. He practices privately in Bologna and has published in national and international journals.



"The advanced chameleon effect and universal optical properties of Tetric plus enable seamless blending with the natural dentition, minimizing the need for complex layering or exact shade matching."

"The result (case 12) was a restoration that fulfilled the patient's esthetic and functional expectations – executed in fewer clinical steps and with enhanced procedural efficiency for the clinician."

Case 12 | Cavity Class IV | Dr Edoardo Mancuso

Patient

42-year-old female patient

Clinical findings

Patient expressed esthetic concerns about her maxillary central incisors. An existing direct composite restoration on tooth 11 appeared incongruous, with visible discolouration and marginal degradation.



Initial situation with existing composite restoration on tooth 11.



Following rubber dam isolation, the existing composite restoration on tooth 11 was carefully removed.



Air abrasion was used to optimize enamel surface preparation and enhance micromechanical retention.



Etch-and-rinse adhesive protocol was implemented using Total Etch.



Bonding procedure was applied using Adhese Universal directly from the VivaPen.



Restoration was carried out using Tetric plus Flow in shade A2 plus. A transparent Mylar matrix was used to shape the restoration, with the restorative material applied in a single increment and light-cured for 10 seconds.



Finishing and polishing were completed using OptraGloss polishers to achieve a high-gloss, smooth surface. Minor occlusal adjustments were implemented after removal of the rubber dam using a fine diamond bur to eliminate excessive contacts.

Final restoration demonstrating a virtually seamless transition between tooth structure and restorative material.

Would you have guessed...

... that the entire procedure – including shade selection and clinical photography – took Dr Mancuso only 35 minutes?

For Class IV cavities, Dr Mancuso recommends creating a slight bevel on the vestibular surface of the tooth. This helps integrate the transition between the composite and natural tooth structure more gradually.



Dr Borislav Rangochev

graduated from the Medical University of Plovdiv, Bulgaria, in 2004 and has been a partner at Lege Artis Dental Clinic in Varna since then. In 2015, he received a specialization in Conservative Dentistry and Endodontics. His clinical focus includes esthetic dentistry, smile design, and composite restorations. He is a three-time winner of the Dental Tribune "Smile of the Year" award (2014, 2019, 2021) and lectures internationally on anterior composite restorations. Dr Rangochev collaborates with Ivoclar Vivadent and has trained with leading experts in esthetics, prosthetics, and endodontics.



"Tetric plus features an extremely powerful chameleon effect as well as convenient handling and polishing qualities."

Case 13 | Cavity Class IV | Dr Borislav Rangochev

Patient

34-year-old male patient

Clinical findings

The patient presented with a fracture on tooth 11 with an inadequate restoration that was visibly discoloured.



Initial situation with fracture and inadequate filling on tooth 11.



Existing filling was removed and the tooth prepared.



Shade matching was carried out, comparing various materials — selected for tooth 11: Tetric plus in shade A2 plus and Tetric plus in Bleach plus.



After etching and adhesive application, the palatal wall was reconstructed with Tetric plus Fill in shade Bleach plus using a silicone key.



Tetric plus Flow in shade A2 plus was used to create a shade variation in lieu of a dentin core.



Proximal walls were built with Tetric plus Flow in shade Bleach plus. Mamelons were created with Tetric plus in shade A2 plus. Tooth 21 was restored to achieve esthetic harmony with tooth 11.



A final layer of Tetric plus Fill in shade Bleach plus was applied, followed by the creation of surface texture to replicate natural tooth morphology. The restoration was polished using OptraGloss.

Final result showing the natural contours and smooth transition between composite and tooth structure.



Dr Alexander Bonchev

graduated from the Medical University of Sofia, Bulgaria, in 2014. Since 2015, he has worked as an assistant professor in the Department of Conservative Dentistry of his alma mater. In 2019, he received the Dental Progress Award by Ivoclar. He became a specialist in operative dentistry and endodontics in 2021 and earned his PhD the same year. Since 2022, he has held the position of Chief Assistant Professor. He is an author/co-author of over 20 scientific articles.

"Tetric plus has become a key material in my restorative workflow due to its excellent balance of esthetics, quality, and efficiency."

"Tetric plus features an extremely powerful chameleon effect as well as convenient handling and polishing qualities."



Case 14 | Dr Alexander Bonchev

Patient

28-year-old female patient

Clinical findings

Failed composite restoration in the posterior area, with marginal leakage, greyish discoloration and a visible gap - clinical signs indicative of secondary caries beneath the restoration.



Partial removal of the inadequate composite restoration on tooth 16 revealed the underlying carious lesion, confirming the diagnosis of secondary caries.



Complete removal of the composite restoration and removal of the carious lesions from the occlusal and palatal surfaces were carried out.



Tooth 16 with failed composite restoration.



After etching and adhesive application, the tooth was restored with Tetric plus in shade A2 plus. The initial increment was placed using Tetric plus Flow in shade A2 plus, followed by Tetric plus Fill in the same shade. The restoration was built up using an incremental layering technique to ensure precise contouring of the occlusal anatomy.



Polishing with OptraGloss resulted in a smooth surface and natural gloss for optimal esthetic integration.

Two things Dr Bonchev wants you to consider:

1. In this case, only a single A2 plus shade was needed, simplifying shade selection while achieving highly natural results – thanks to the enhanced chameleon effect of Tetric plus.
2. I prefer placing Tetric plus in bulk and shaping the entire surface, especially the occlusal morphology, in one go.

