

PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

C997A REMOVAL OF SUPERFICIAL TOOTH STAINS (NEW CONCEPTS VIDEO SERIES)

Gordon J. Christensen, DDS, MSD, PhD

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PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
C997A Removal of Superficial Tooth Stains
(New Concepts Video Series)

Presented by: Gordon J. Christensen, DDS, MSD, PhD

1. **PREMA**
Premier Dental Products, Co.
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(610)239-6000
www.premusa.com

2. **PREVIDENT**
Colgate Oral Pharmaceuticals
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(212)310-2000
www.colgateprofessional.com

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Woodside, NY 11377
(800)221-0750
(718)672-4670
www.medidenta.com

4. **WEDJETS**
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(330)916-8800
www.coltene.com

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PROGRAM

C997A REMOVAL OF SUPERFICIAL TOOTH STAINS (NEW CONCEPTS VIDEO SERIES)

CLINICIAN RESPONSIBLE

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CEO, CR Foundation
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GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. List indications for superficial tooth stain removal.
2. List contraindications for tooth stain removal.
3. Describe supplies necessary for superficial tooth stain removal.
4. Describe acid used for superficial tooth stain removal.
5. List steps in technique for superficial tooth stain removal.
6. Describe precautions to be observed during stain removal.
7. Describe adequate education of patients for stain removal.

OVERVIEW

Many situations produce tooth staining, some of which are deeply impregnated into teeth, while other stains are more superficial. Stains up to 0.5 mm deep can be removed easily using a weak hydrochloric acid solution mixed with pumice to form a thick slurry. After placing a rubber dam and protection for the eyes and face, an acid slurry is placed onto the surface of the affected teeth. The slurry is allowed to sit for 20 seconds to one minute on the stained tooth surfaces. During this time, the superficial enamel is softened and dissolved. A soft ribbed rubber cup is used on the partially dissolved enamel surfaces. During the described procedure, tooth structure, including superficial stains are removed. Good clinical judgement must be used to ensure that too much tooth structure is not removed. Subsequent to stain removal, teeth are smoothed, polished, and fluoridated.

REFERENCES

1. CROLL, T.P. **Enamel Microabrasion**. Quintessence Publishing Co., Lombard, Illinois, 1991.

POST TEST

**C997A REMOVAL OF SUPERFICIAL TOOTH STAINS
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1. Muriatic acid removal of tooth stains is effective for:
 - a. mild blue-gray tetracycline stain
 - b. moderate blue-gray tetracycline stain
 - c. mild fluorosis stains
 - d. dentinogenesis imperfecta

2. Muriatic acid is dilute:
 - a. phosphoric acid
 - b. hydrochloric acid
 - c. acetic acid
 - d. citric acid

3. If tooth stains appear to be too deep for conventional stain removal with muriatic acid:
 - a. inform patients that a resin restoration may be necessary to cover some of the stain
 - b. use stronger acid
 - c. use muriatic acid for 30 minutes
 - d. have the patient return at least 6 times until stains are removed

4. Bleaching with carbamide peroxide may be necessary after muriatic acid use if:
 - a. white stains are difficult to remove
 - b. deep brown stains are present in some areas of tooth
 - c. large snow white spots are present
 - d. underlying tooth structure is a darker hue

5. The optimum thickness of enamel removed by muriatic acid procedure is:
 - a. 0.25 mm
 - b. 0.50 mm
 - c. 1.00 mm
 - d. only few microns

6. Fluoride application on the treated enamel surface is needed for:
 - a. prevention of subsequent caries
 - b. prevention of stain recurrence
 - c. replacement of fluorapatite and desensitizing teeth
 - d. polishing the tooth surface

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