

PROSTHODONTIC

— Insights —

A Digest of Recent Trends, Techniques and Clinical Concepts of Dental and Facial Esthetics

PAIN RELIEF Just a Smile Away



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There is a paradigm shift underway in our profession. It takes us from the indiscriminate preservation of teeth to the requisite preservation of bone. When we view patient radiographs, clinical recorded findings, articulated casts and photographs, as we have for decades, we must now endeavor to readjust our perspective to include the concept of retaining useable bone for life. This does not discount the restoration of teeth in the traditional fashion. It does, however, place upon the treating doctor the responsibility of:



1. Weighing risks, benefits, and costs of prolonged tooth maintenance versus bone preservation and reconstruction.
2. Accurately counseling the patient about these options.
3. Providing appropriate treatment or referrals to specialists schooled in the philosophy of long term preservation and function.

The following report of a patient's desire, search, and selection of treatment is not atypical. She followed a common path in the beginning; but was fortunate to be directed by a friend to the specialists who provided the treatment, espousing the heart of the paradigm shift in today's reconstructive techniques. This is the story of Lori.

Lori is a very outgoing, energetic and active 34 year-old wife, mother and student. She enjoys the ability to eat, speak and smile without difficulty, pain or embarrassment. This was not always a reality for her.



Pre-treatment smile



Post Teeth In A Day™ smile



Severe decay and missing teeth are evident prior to Teeth In A Day™ treatment



Palatal view of missing maxillary posterior teeth

Lori remembers undergoing dental treatment since early childhood. It seemed that she went to the dentist much more frequently than her friends. She had her first root canal treatment at age ten. Despite continual visits to the dentist, there always seemed to be more to do. By age 33, she had undergone at least 5 more root canal treatments, had lost 10 teeth, had 5 current abscesses and had been in pain for most of the last 7 years. She felt that the treatment she was receiving was focused on emergency relief and not moving

towards identifying her underlying problems or developing a definitive plan of care. She was in pain, depressed by the way her teeth appeared, and uncertain of who to turn to for help when a friend recommended that she see a prosthodontist for evaluation. She made the appointment.

Lori underwent a comprehensive clinical and radiographic examination including a review of a detailed medical history and evaluation of study casts for an occlusal analysis. Based on these



Retracted view of maxillary and mandibular arches



Numerous missing teeth in the mandibular arch



Pre-operative frontal view and profile reveal a dental condition that detracts from otherwise attractive features.



Patient smile prior to Teeth In A Day™ treatment



Complete mouth rehabilitation following Teeth In A Day™ treatment

findings, she was referred to Prosthodontics Intermedica for further evaluation to consider a full arch fixed implant supported reconstruction for both jaws using the Teeth in a Day™ protocol.

Lori had additional records, photographs from every angle, working casts and an i-CAT Cone Beam CT-Scan made in one visit. Her medical history was contributory to her dental condition since she suffered with a kidney defect causing ureter reflux which required surgical treatment as a young child. She reported having Hashimoto's Thyroiditis (an autoimmune disease), eosinophilic gastroenteritis, IBS (irritable bowel syndrome), anemia and hypertension. She was under the care of many physicians for these conditions. From her late high school years until her mid-twenties, she suffered from ulcers and gastrointestinal problems resulting in two separate incidents of daily vomiting lasting three and nine months, respectively. It is likely that these multiple conditions contributed heavily to the demise of her enamel and the resultant tooth loss and severe dental complications.

Due to decay, abscesses, periodontal disease, bone loss, infection, malocclusion and lack of function, the prosthodontist recommended extraction of all remaining teeth and reconstruction of both arches with full arch fixed prostheses supported by osseointegrated dental implants. Lori requested that she be "put to sleep" during treatment. Two surgeries were planned using the Teeth In A Day™ (TIAD) protocol with the patient under general anesthesia. There was one

recovery day in between surgeries. On the first surgical day, the remaining fifteen maxillary and mandibular teeth were extracted and all infection was removed. Seven Brånemark Ti-Unite™ surfaced implants were then placed in the lower jaw. Bone harvested during the implant placement was used for grafting. Platelet-rich plasma (PRP) coated the implants following the Rassmussen spin technique. The mandibular denture was modified to create the TIAD fixed teeth. A whole new look was given to the patient at the same visit with a new upper denture. Post-operative instructions and medications were given.

Two days later under general anesthesia, ten Brånemark implants were precisely placed in the upper jaw. Because of severe bone loss a zygoma implant was placed in the left posterior area. PRP and grafting similar to the mandibular surgery were performed. The maxillary denture was converted to the TIAD set of fixed teeth. Post-operative instructions were again reviewed.

Lori was closely followed during the healing phase. She reported some sinus headache and general soreness, over the first seven to ten days, which was treated with the prescribed medications. At day twelve, Lori was pain free. Sutures were removed and healing was progressing normally. She was learning to chew with an ideal occlusion. At four weeks she realized that she didn't have to think about chewing and noted that her stomach problems were getting better.

Three months later, the lower acrylic/gold tissue integrated prosthesis was



Mandibular tissue integrated prosthesis



Maxillary conversion prosthesis



Maxillary casting try-in

delivered. Two months following the lower delivery, the upper porcelain/gold fixed teeth were inserted. A bite guard was also constructed to protect the new smile.

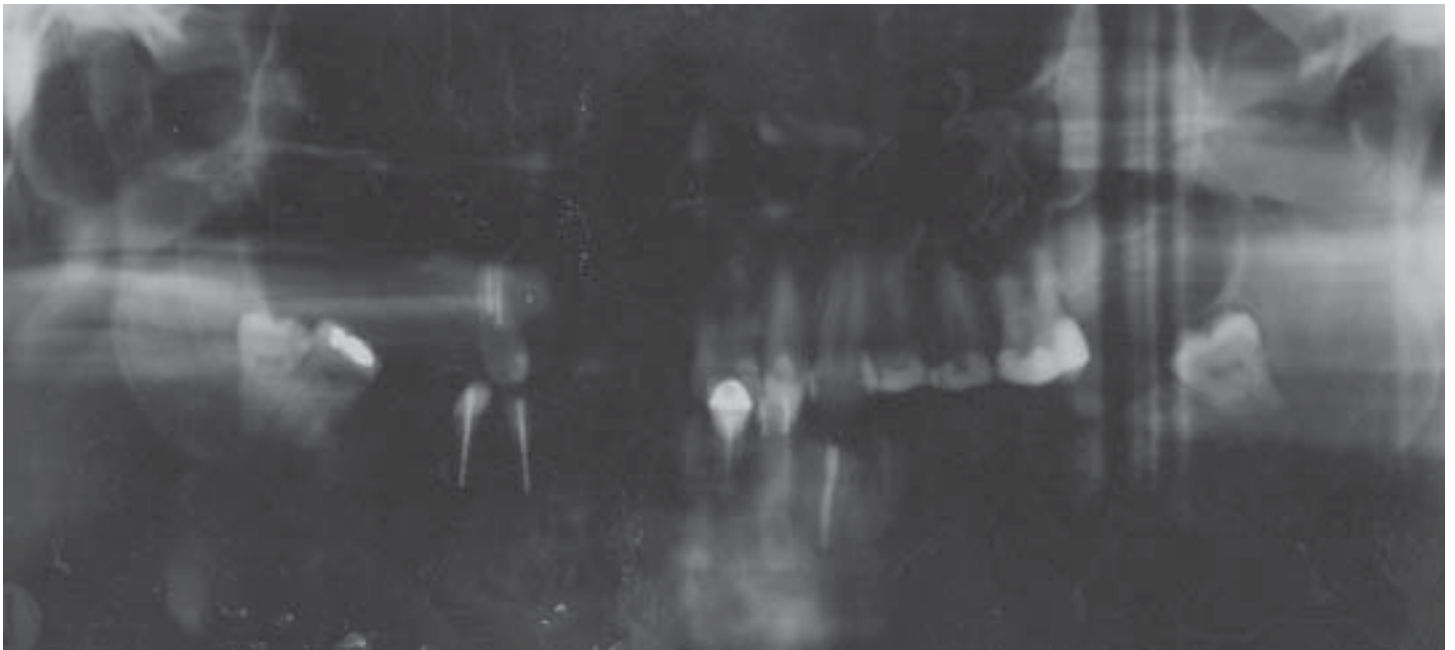
The acrylic teeth of the lower prosthesis wear over time and can be rebuilt. The mating of these biting surfaces reduces the porcelain fracture



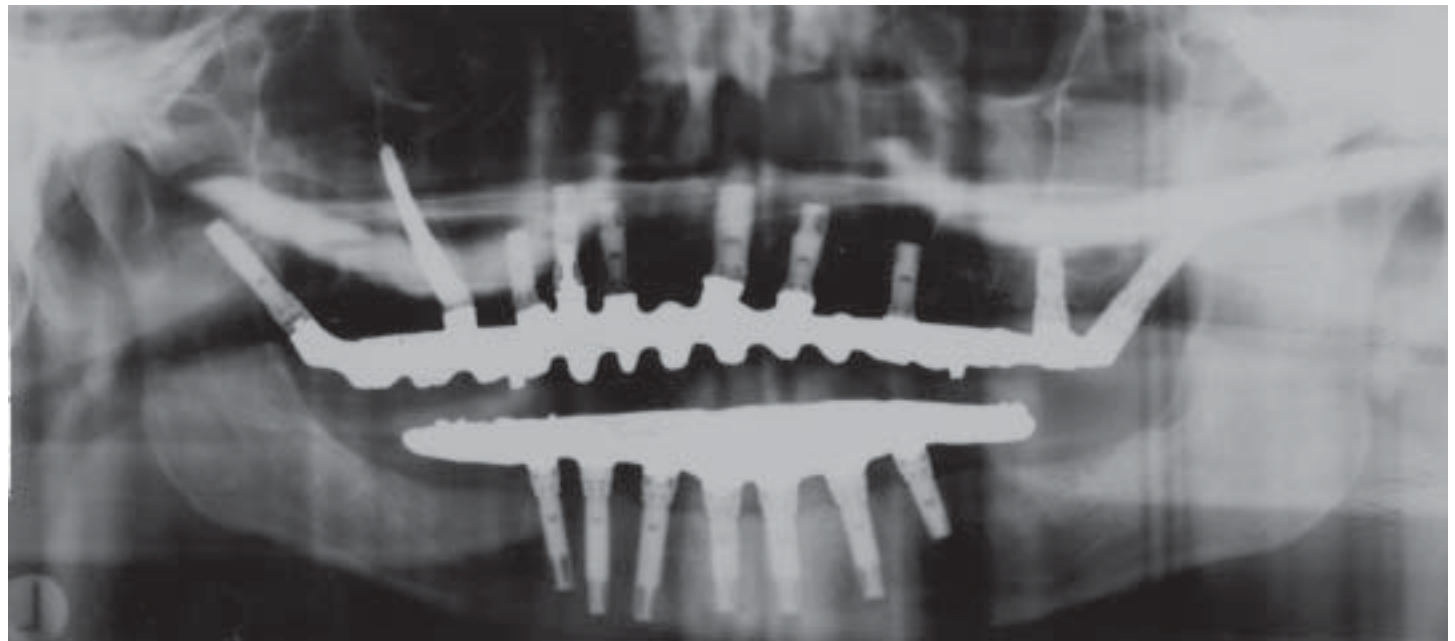
Final maxillary tissue integrated prosthesis



Occlusal surface of maxillary tissue integrated prosthesis



Pre-operative panoramic radiograph



Post-operative panoramic radiograph



Post-operative smile

rate often seen when the teeth are so securely connected. Additionally, the wear is reduced to one arch only, a great financial factor in the long-term maintenance of the reconstruction.

The outcome of Lori's dental reconstruction using the TIAD protocol was more far reaching than just relieving her pain and giving her back the ability to chew and smile. The friend who recommended that she see her prosthodontist said that Lori became a different person, evidenced by her new social life. Lori said that she became more outgoing and socially involved. She no longer had to cover her mouth when talking. She smiled more and realized that her energy levels increased. She said that she hadn't realized how much her dental conditions had adversely affected her life. She is no longer hesitant to be in front of groups of people and is now doing her student teaching. In her parting comments she said, "my personality is back." You can see this yourself in the sparkle in her eyes and the glow of her smile.

Acknowledgements:

Fort Washington Dental Lab, Inc.
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Michael Kostrycky, CDT



Post-operative profile

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Faculty:

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John J. Thaler II, DDS

Stephen F. Balshi, BBE

Robert Winkelman, CDT, MDT

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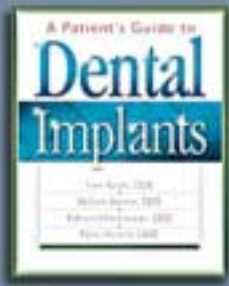
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A Patient's Guide to Dental Implants
A Patient's Guide to Dental Implants
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