

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have a Patient With An Implant That is Placed Shallow and Showing?



Here are examples of patients who were referred from other dental professionals...

If you have a patient with several missing, broken or severely worn teeth—or any challenging esthetic problem—they may be a candidate for oral rehabilitation and esthetic enhancements with the assistance of an advanced Prosthodontist.

Read more on the next page...

◆ Do you want another opinion on a complex case? Or to meet and share ideas?

There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience.

With your reputation for quality dental care, and my experience with restorative treatments, we can work together on advanced cases and both benefit!

If you'd like to meet to discuss a treatment, or talk on the phone about how we can help each other, please call or email me with specific days and times when you're available to talk or meet.

CASE SUMMARY: Covering Shallow Implant with Crown

Dr. Bryan Jacobs, Prosthodontist

In this newsletter I'll review the same treatment for different patients. Both patients had implants that were placed shallow and restored by other dentists. Both eventually had the implant itself showing. Multiple specialists told both patients the only solution was removal and replacement of the implant. The patients' general dentists sent them to me to see if there was any other option.

As a prosthodontist, I have experience with complex cases, including situations where a creative solution is needed. For these patients, I provided the following alternative solution to try before implant removal: prep the implant itself, preserving the existing abutment and making new crowns with the margin on the prepped implant.

There were several challenges to this approach:

- Careful implant preparation — I had to avoid overheating the metal and respecting the soft tissues at the same time.
- Careful crown fabrication — I had to be extremely precise to mask the gray of the implant with ceramics.
- Careful patient communication — I had to set expectations that this is not an ideal situation or solution for every patient. However, both patients agreed that in their situation it was worth trying before taking the implant out and attempting to regenerate the site.

Notes for each patient included:

- Case #1: 30 y/o woman; follow-up photos are 16 months after new restoration (shows that gingival position maintained and no inflammation), #6 (upper right canine), would be a very difficult site to re-generate ideal bone and soft tissue if implant were removed.
- Case #2: 50 y/o woman; #29 had previous peri-implantitis treatment with perio (bone position was currently stable when I treated her).

I gave each patient my full warranty and sent them back to the referring offices for long-term care. I give all referred patients a warranty and refer them back to the general dentist for regular hygiene unless advised otherwise by the referring office, depending on the patient and treatment. If you have comments or questions about how I treated these patients, please email me at: bryanjacobs@dentalprofessionals.com



Do you have a patient with a shallow implant? Or another complex case?

If you have a question about a case and want another opinion, give my office a call. Or, if there's a case that you want to work together on, please fill out and send in the enclosed referral form.

My office and I will take great care of your patient and keep you informed. Other dentists refer to me as **The Complex Case Specialist™** because I perform complex cases every day.



Quickly Get the Latest Research On Procedures & Materials For Better Outcomes...

Zirconia: A Proven, Durable Ceramic for Esthetic Restorations

Russell Giordano II, DMD, CAGS, DMSc, Associate Professor, Director of Biomaterials, Boston University Goldman School of Dental Medicine; Compend Contin Educ Dent. 2012 Jan;33(1):46-9.

Background

Computer-aided design/computer-aided manufacturing (CAD/CAM) has enabled materials to be used in dental applications that typically could not be fabricated by conventional means. One of the most significant of these materials is yttria partially stabilized tetragonal zirconia. Zirconia (ZrO_2) is the oxidized form of zirconium (Zr) just as alumina (Al_2O_3) is an oxide of aluminum (Al). In dental ceramics, zirconia has proven to be a durable, reliable framework material capable of inhibiting crack growth and preventing catastrophic failure. Zirconia, which is the oxidized form of zirconium, can exist in several phases, depending on temperature. Used in combination with CAD/CAM technology, zirconia enables the fabrication of esthetic all-ceramic restorations in all areas of the mouth.

Zirconia Facts

The most widely used all-ceramic material is what is commonly referred to in dentistry as “pure zirconia.” While not exactly pure, machinable zirconia is predominately zirconia with stabilizing components such as yttria and minor components such as alumina, which are important for long-term stability. Zirconia may exist primarily in the tetragonal phase at room temperature by adding components such as calcia (CaO), magnesia (MgO), yttria (Y_2O_3), and ceria (CeO_2).

Keys Considerations

As zirconia’s popularity has increased, so, too, has the number of suppliers of machinable blocks. Differences among zirconia ceramics can be found in the level of zirconia purity, grain size, trace elements, as well as stabilizing compounds. Differences also exist among zirconia powders and the processing of those powders into blocks.

The high cost of blocks is not necessarily due to the material, but can be attributed to the processing required to produce a reliable, homogeneous block. Poor-quality zirconia blocks may warp and have significant porosity. Consequently, clinical outcomes such as fit, translucency, strength, and long-term stability can be significantly affected. Also, zirconia may degrade over time; minor components such as alumina help prevent this degradation.

If producing zirconia crowns, the surfaces must be highly polished and remain intact. If the occlusion needs to be adjusted and the clinician cannot achieve a high polish, the restoration should be sent back to the lab for finishing.

Conclusions

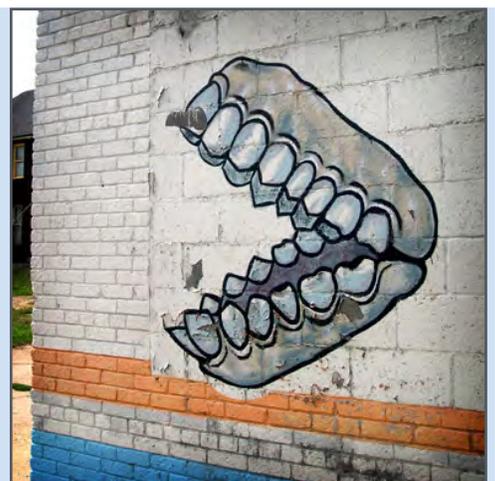
Zirconia has become one of the dominant types of ceramic used for a variety of CAD/CAM restoration classes, including framework/hand veneer, framework/milled veneer, full-contour fixed prosthodontics, implant abutments, and large implant-supported substructures. Although zirconia is currently the strongest dental ceramic available, fabrication variations and finishing procedures can affect the longevity of this material as well as the veneer porcelain. Having a good working relationship with a dental laboratory is strongly recommended.

Have A Laugh: Denture Graffiti or Fine Art?

I hope I made you smile during your busy day!

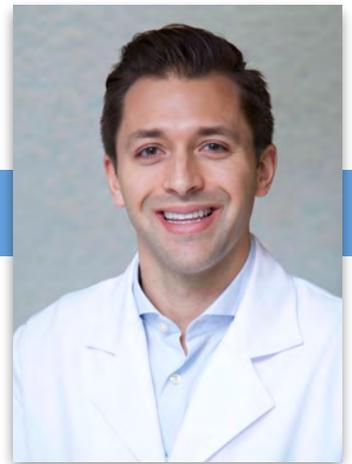
I take the care of patients referred to me very seriously, including knowing how to educate them so they feel comfortable.

It’s my goal to help every patient understand even the most difficult procedures, so they can regain the function and esthetics they desire.



Dr. Bryan P. Jacobs

DMD, MS, Prosthodontist ♦ The Complex Case Specialist™



Dr. Bryan Jacobs practices prosthodontics at Dental Professionals in Chicago and Skokie

About Dr Jacobs' specialization:

As a Prosthodontist, Dr. Bryan Jacobs specializes in fixed and removable prostheses, dental implants, and all phases of esthetic dentistry.

Dr. Jacobs' prosthodontic training and experience make treatments of complex cases more successful, including the following examples:

- Patients with ill-fitting dentures, severely worn or damaged teeth can receive a single dental implant or a full arch of natural-looking teeth.
- Patients who have suffered from traumatic injury, congenitally missing teeth, or a chronic condition can receive oral prostheses, which may be a combination of dental implants, crowns, bridges, or veneers.
- Patients with severe neglect of their oral health can receive a full reconstruction to restore function and esthetics.

A Special Message To Fellow Dental Practitioners:

“As the referring dentist, you know your patient’s mouth and have key insight into your patient’s needs. I want to work with you to provide your patients with the best possible treatment outcomes. I will treat your patient in a manner that will reflect well on you and strengthen your relationship with your patient. I am here to make you look good! When your patient’s care is completed, they are referred back to your office for their ongoing dental care. I am grateful for your collegueship and trust with your patients!”

Dr. Jacobs' has an easy online referral form at: DentalProfessionals.com/referring-doctors

◆ Why other dental professionals work with a Prosthodontist

Prosthodontists are specialists in implant, esthetic, and reconstructive dentistry.

1. You have a patient requiring complex treatment outside of your typical practice.

Examples include patients with vertical dimension discrepancies, severely resorbed ridges, inadequate interarch space, TMJ, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. You have a patient with complex needs that may drain your time.

If your patient may require treatment from several specialists, Prosthodontists can help because they are trained to appropriately stage and manage complex treatment plans.

3. You have a demanding patient who wants perfect esthetics.

Examples include patients with a high smile line or needing a single tooth replacement in the esthetic zone. A Prosthodontist is trained in selecting the best solutions for high-demand patients.

4. You have a question and want to discuss a case with a colleague to ease your mind.

A Prosthodontist can be an excellent resource for you to ask questions because they are trained in many types of complicated treatments. For example, you may want to consult or refer to a Prosthodontist for complex implant-supported restorations. A Prosthodontist can work with you or complete the treatment for you to achieve the best in both function and esthetics.