

# Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

## INSIDE THIS ISSUE

### CASE SUMMARY:

Do You Have a Patient With This Situation? (see photos on right)...  
**pages 1-2**

Details for this Full Mouth Rehabilitation...

Background  
**page 2**

Treatment Sequence  
**pages 2-3**

Challenges & Final Result  
**page 3**

### COMPLEX CASES:

Dr. Jacobs' Specialized Training & Skill Make These Treatments More Successful...  
**page 4**

© Sams Media Group, LLC

## Do You Have a Patient with Failing Dentition and Restorations?



Here's the story of a patient who was referred from another dental professional...

If you have a patient with several missing, broken or severely worn teeth — or with failing restorations — they may be a candidate for a full mouth rehabilitation 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.

### Prosthodontic Publication

#### Want to see recent issues?

Stay informed on new findings and best practices for implant and restorative dentistry. See more examples of complex cases online at:

**AdvancedProsthodontist.com**  
/ Jacobs

## CASE SUMMARY: Full Mouth Rehabilitation

by Bryan Jacobs, DMD, MS, *Board Certified Prosthodontist*



Historic

Patient “Linda” presented for emergency care approximately four years ago, concerned because she believed she had oral cancer above her upper left teeth (see historic reference photos to left). Fortunately, she did not have cancer. Her non-restorable maxillary teeth were emergently extracted, but she then failed to return for follow-up care. She reports that she had a denture made soon after the extractions by her local general dentist, and eventually had it relined there, but then was ready to “get rid of the denture” in her words and save her remaining lower teeth, if possible.



Before Treatment



Linda stated that having removable maxillary teeth was a source of embarrassment, as well as that it changed what she feels she can eat. Specifically, she didn’t want her husband or grandchildren to ever see her without teeth. She had all but given up on eating foods with a tougher consistency and felt food doesn’t taste the same. She knew some of her mandibular teeth might be “bad” but wanted to keep “at least some of my own teeth.” She had been a pack-a-day smoker for 42 years.

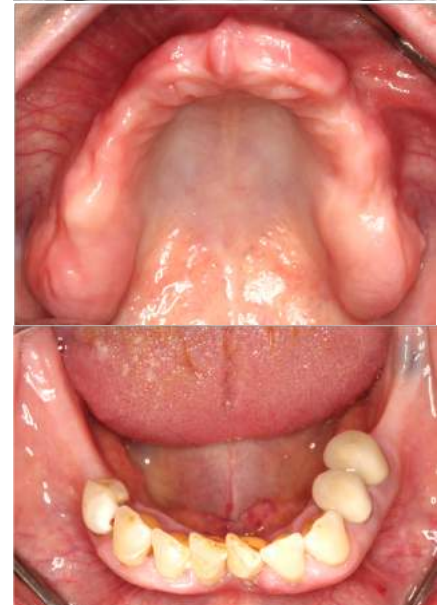
A thorough prosthodontic work-up was completed. **Linda’s diagnoses and problems included:**

- Complete edentulism in the maxillary arch (PDI Class III).
- Kennedy class I partial edentulism in the mandibular arch (PDI Class III).
- Dental caries.
- Periodontal diagnoses: Generalized stage IV periodontitis, Grade C, Generalized Miller Class III recession.
- Functional limitations, including limited diet, limited taste sensation, inadequate mastication of food.
- Occlusal plane discrepancy with associated overgrowth of maxillary tuberosities.

A **treatment plan was developed** based upon a thorough analysis of Linda’s chief complaint and historical, clinical and radiographic exam findings, mounted diagnostic casts, photographic analysis, and an endodontic consultation. Linda’s treatment plan consisted of the following:

**In the Maxillary Arch** (photos on next page) — a non-grafted solution was planned, including:

- Bilateral tuberosity reduction.
- Guided placement of six dental implants.
- Restoration with an implant-supported, screw-retained complete dental prosthesis (monolithic zirconia).



Continued on next page...

Final photos on next page...

### ◆ Do you have a patient in Linda’s situation? 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. Dental professionals refer to me as **The Complex Case Specialist™** because I perform complex cases every day.

Continued from previous page — Linda’s treatment and challenges...

**In the Mandibular Arch:**

- Extraction of teeth #'s 23-26.
- Non-surgical periodontal therapy for the remaining teeth.
- Removal and replacement of the #21 post and core.
- Restoration of #20,21,22 with splinted, surveyed metal-ceramic crowns.

**After Treatment**



- Restoration of #27,28 with splinted, surveyed metal-ceramic crowns.
- Replacement of #19,23-26,29,30 with a cast-framework removable partial denture (Kennedy Class I, Modification I).

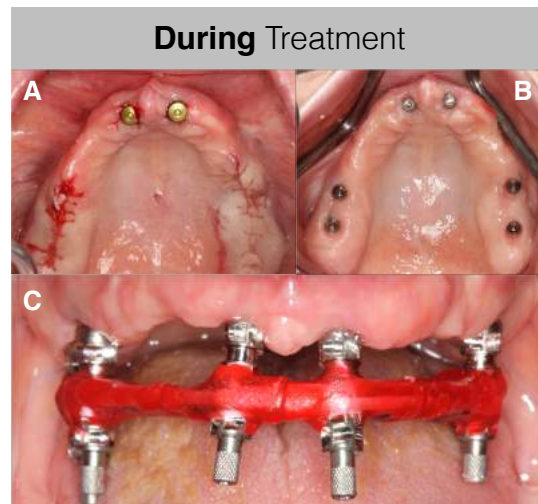
**What made this case challenging**

was the Maxillary Anatomy. Linda had enlarged maxillary tuberosities, as well as limited bone in all but the central incisor region and the distal molar/tuberosity regions. Thus, soft tissue reduction of the tuberosities needed to be completed to correct the occlusal plane and the bone height required short implants (6-8mm). Careful design of the surgical guide allowed all of this to be completed in one procedure. Also, significant homecare and health changes were discussed and followed, including a total overhaul of her homecare routine, diet, and a reduction in smoking to two cigarettes per day.

**This case is an interesting mix of “old school” and “new school.”** The maxillary case is on short implants with a zirconia prosthesis, while the patient’s desire to save her mandibular teeth for some amount of time required splinted PFM crowns and a cast framework RPD.

Linda was extremely happy with the result. On multiple occasions since we completed treatment, she has expressed sincere gratitude for her personalized prosthodontic care. I give all referred patients a warranty and usually refer them back to the general dentist for regular hygiene unless advised otherwise by the referring office, depending on the patient and treatment. In this case, Linda’s dentist requested that I oversee her long-term maintenance, in order to remove and clean her large implant prosthesis.

If you have comments or questions about how I treated Linda from this example, please email me directly at: [bryanjacobs@dentalprofessionals.com](mailto:bryanjacobs@dentalprofessionals.com)



**During Treatment**  
**A - Tuberosity Reduction + Guided Implant Placement**  
**B - Implants Abutments**  
**C - Impression Technique**

◆ **How can a Board Certified Prosthodontist assist you and your dental team?**

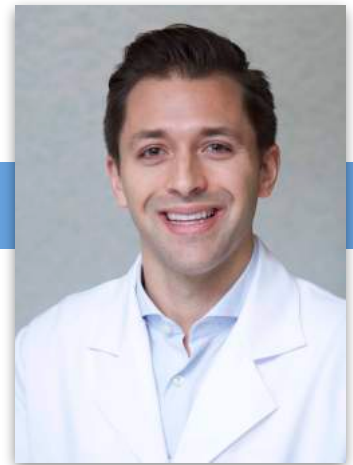
I specialize in the treatment of complex cases, usually involving several procedures over months of care.

The next time you see a challenging case, please feel free to call me and we can discuss treatment planning or I can help you with any part of the treatment.

My goal is to be a resource for your office by helping manage difficult and time-consuming procedures, restoring the function and esthetics that the patient desires, then referring them back to your office for their ongoing care.

# Dr. Bryan Jacobs

DMD, MS, Prosthodontist ♦ The Complex Case Specialist™



## 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 is Board Certified by the American Board of Prosthodontics. His 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.

*Dr. Bryan Jacobs practices prosthodontics at Dental Professionals in Chicago and Skokie, working with GP's and other dental specialists to restore the smiles and confidence of patients facing a difficult diagnosis.*

## Personal 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 the following website:

[DentalProfessionals.com/referring-doctors](http://DentalProfessionals.com/referring-doctors)

### Protho Pledge

When your patient is referred:

- ✓ I will only treat what's been referred.
- ✓ I will send you updates.
- ✓ I will be part of your team, not take over your patients.

## ◆ Why other dental professionals work with a Board Certified Prosthodontist

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

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

Examples include patients with vertical dimension discrepancies, severely resorbed ridges, inadequate interarch space, 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, Board Certified 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. Board Certified Prosthodontists are 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.

Board Certified Prosthodontists 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 a Board Certified Prosthodontist for complex implant-supported restorations. They can work with you or complete the treatment for you to achieve the best in both function and esthetics.