

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do you have a patient with a challenging implant-esthetic situation?



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, they may be a candidate for oral rehabilitation and esthetic enhancements with the assistance of a 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. I'd like to invite you to lunch, dinner, or an office meeting to talk more about a difficult procedure or to share ideas. With your reputation for quality dental care, and my experience with restorative treatments, we can work together on advanced cases and both benefit! I'm looking forward to talking with you on the phone or meeting in person.

**Please call either office location with specific days and times
when you are available for a meeting...**

CASE SUMMARY: Implant & Veneer in the Esthetic Zone

Dr. Bryan Jacobs, Prosthodontist

Patient “Jill” was referred to me by another dental professional in the area who was busy with their patient load, and Jill’s needs were more complex than they wanted to manage. Jill was only 26 years old when she came to see me, and presented with traumatized tooth #8. It was diagnosed with a fracture by her general dentist and she came to me for the implant. She was also concerned about the appearance of tooth #9 (see the defect on the facial and black triangle distal to it in before photo).

As a prosthodontist, I am comfortable with complex cases, including patients with high esthetic demands. Jill felt comfortable knowing that I frequently work on complicated dental issues, and have developed protocols to ensure the highest esthetic outcome of the restoration.

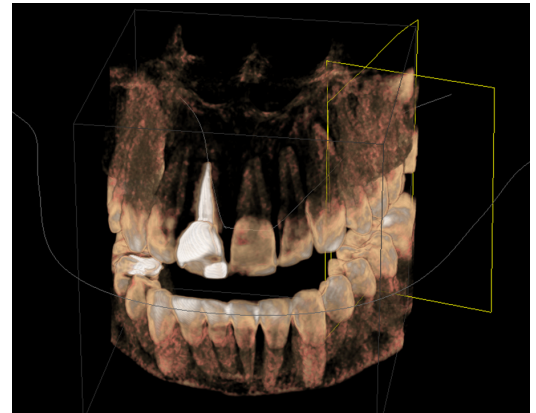
The treatment sequence for Jill included the following:

- I placed an immediate implant using a sloped implant design (Astra Profile) with bone grafting and a CAD/CAM bonded temp.
- After healing, I provisionalized the implant and the veneer for tooth #9 — sculpting the tissues and ensuring Jill loved the projected result.
- Final restoration was with a gold-hue titanium custom abutment and ceramic crown for #8 and ceramic veneer on #9.

When the treatment plan was completed, Jill was extremely happy with the outcome. I gave her my full warranty and sent her back to the referring office 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 Jill from this example, please call or email me at:

bryanjacobs@dentalprofessionals.com



Before



prior to the temporary being fabricated, showing healthy tissue that still needs to be sculpted



After



Do you have a patient in Jill’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. Other dentists refer to me as **The Complex Case Specialist™** because I perform complex cases every day.



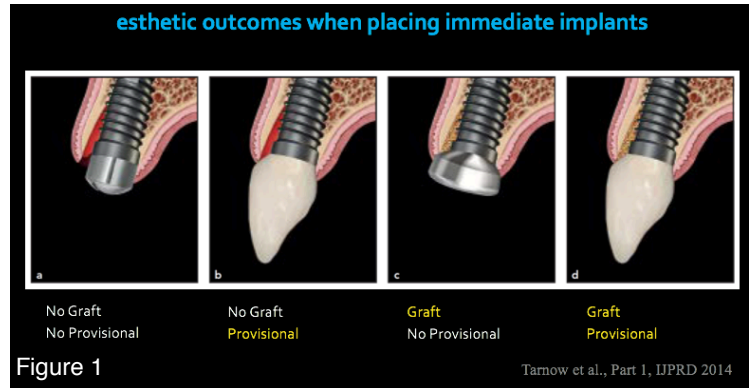
Flapless Postextraction Socket Implant Placement

Tarnow DP, Chu SJ, Salama MA, Salama H, Stappert CF, Garber DA, Sarnachiaro GO, Sarnachiaro E, Gotta SL, Saito H.

Int J Perio. Restorative Dent. 2014 May-Jun;34(3):323-31. doi: 10.11607/prd.1821 & 2015 Nov-Dec;35(6):803-9. doi: 10.11607/prd.2178

PART 1: The Effect of Bone Grafting and Provisional Restoration on Facial-Palatal Ridge Dimensional Change - A Retrospective Study

The dental literature has reported vertical soft tissue changes that can occur with immediate implant placement, bone grafting, and provisional restoration ranging from a gain or loss of 1.0 mm. However, little is known of the effects of facial-palatal collapse of the ridge due to these clinical procedures. Based upon treatment modalities rendered, an ensuing contour change can occur with significant negative esthetic consequences. The results of a retrospective clinical cohort study evaluating the change in horizontal ridge dimension associated with implant placement in anterior postextraction sockets are presented for four treatment groups (shown in Figure 1 to right). Bone grafting at the time of implant placement into the gap in combination with a contoured healing abutment or a provisional restoration resulted in the smallest amount of ridge contour change. **Therefore, it is recommended to place a bone graft and contoured healing abutment or provisional restoration at the time of flapless postextraction socket implant placement.**



PART 2: The Effects of Bone Grafting and Provisional Restoration on Peri-implant Soft Tissue Height and Thickness - A Retrospective Study

This is a follow-up study on the same four groups of patients. Specifically, this article presents the results of evaluating the changes in peri-implant soft tissue dimensions associated with immediate implant placement into anterior postextraction sockets for the same four treatment groups (shown above in Figure 1). The vertical distance of the peri-implant soft tissue was greater for grafted sites than for nongrafted ones (2.72 mm vs 2.29 mm, $P < .06$). The facial soft tissue thickness at the gingival third also was greater for grafted than for nongrafted sites (2.90 mm vs 2.28 mm, $P < .008$) and for sites with provisional restorations compared to sites without them (2.81 mm vs 2.37 mm, $P < .06$), respectively. The net gain in soft tissue height and thickness was about 1 mm. The increases in vertical and horizontal dimensions for grafted sites were between 0.5 and 1.0 mm, as compared to sites with no bone graft and no provisional restoration.



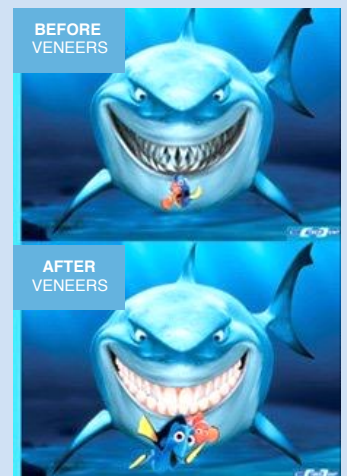
Have A Laugh:

Shark from the "Finding Nemo" movie...

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™



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.

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

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!"

◆ 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.