

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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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 an oral 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 talk 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 discuss a treatment, or talk on the phone about how we can help each other, please call or email my office with specific days and times when you're available.

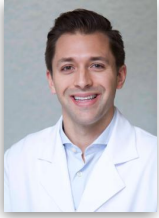
Prosthodontic Publication

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: Maxillary Rehabilitation with Digital Workflow



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

Patient “Jan” was referred to me by another dental professional in the area due to her complex needs. She was a very anxious patient who had not been to a dentist in 5 years. She was concerned about the health of her mouth and “hated” her smile, especially her upper front teeth.

Challenges included the following:

- Working around older ceramo-metal crowns on maxillary premolars and molars, as they were clinically sound and Jan did not want to change them solely for esthetics.
- Dealing with significant recession and crowding of maxillary anterior teeth.

As a prosthodontist, I have experience with complex cases and coordinating with a patient’s general dentist and other specialists to achieve the best function and esthetics.

The treatment plan for Jan was:

- Remove non-restorable molars (#15,30-32).
- Replace some smaller failing posterior restorations.
- Limited orthodontics to create proper spacing for maxillary anterior restorations and close mandibular diastemata.
- Restore #6-11 with ceramic crowns; doing this in such a way as to bring incisal edges superiorly, masking the true length of the existing supra-erupted teeth.
- Replace #19,30 with dental implants and screw-retained restorations.
- Fabricate occlusal guard.

Note: This entire case was done with a digital workflow — the only model was a printed model of the maxillary digital wax-up, used for fabricating a provisional guide.

Jan became much more comfortable as time progressed, ultimately saying she was no longer afraid of going to the dentist. She was thrilled with the result. I gave her my full warranty and sent her back to the referring office for long-term care. If you have comments or questions about this example, please email me directly at:

bryanjacobs
@dentalprofessionals.com



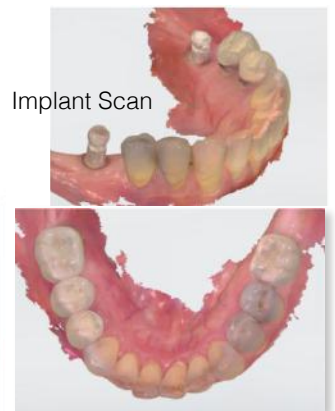
Before Treatment



After Limited Orthodontics



Preps



Implant Scan

#19,30 Implant Restorations



After Treatment

◆ Do you have a patient in Jan’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.

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

The Effect of Tissue Entrapment on Screw Loosening at the Implant/Abutment Interface of External- and Internal-Connection Implants: An In Vitro Study

Helios A. Zeno DMD, Renan L. Buitrago DDS, Sidney S. Sternberger DMD, Marisa E. Patt DMD, Nick Tovar PhD, Paulo Coelho DDS PhD, Kenneth S. Kurtz DDS, FACP, and Frank J. Tuminelli DMD, FACP, Journal of Prosthodontics, DOI: 10.1111/jopr.12329

Purpose

To compare the removal of torque values of machined implant abutment connections (internal and external) with and without soft tissue entrapment using an in vitro model.

Materials and Methods

30 external- and 30 internal-connection implants were embedded in urethane dimethacrylate. Porcine tissue was prepared and measured to thicknesses of 0.5 and 1.0 mm. Six groups (n = 10) were studied: External- and internal-connection implants with no tissue (control), 0.5, and 1.0 mm of tissue were entrapped at the implant/abutment interface. Abutments were inserted to 20 Ncm for all six groups. Insertion torque values were recorded using a digital torque gauge. All groups were then immersed in 1 M NaOH for 48 hours to dissolve tissue. Subsequent reverse torque measurements were recorded. Mean and standard deviation were determined for each group, and one-way ANOVA and Bonferroni test were used for statistical analysis.

Results

All 60 specimens achieved a 20-Ncm insertion torque, despite tissue entrapment. Reverse torque measurements for external connection displayed a statistically significant difference ($p < 0.05$) between all groups with mean reverse torque values for the control (13.71 ± 1.4 Ncm), 0.5 mm (7.83 ± 2.4 Ncm), and 1.0 mm tissue entrapment (2.29 ± 1.4 Ncm) groups. Some statistically significant differences ($p < 0.05$) were found between internal-connection groups. In all specimens, tissue did not completely dissolve after 48 hours.

Conclusions

External-connection implants were significantly affected by tissue entrapment; the thicker the tissue, the lower the reverse torque values noted. Internal-connection implants were less affected by tissue entrapment.

◆ Have A Laugh: Root Canal Diving...

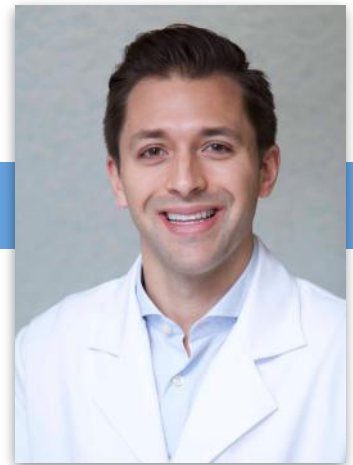
I hope I made you smile during your busy day! I take the care of patients referred to me very seriously, including knowing how to educate them so they feel comfortable. I specialize in the treatment of complex cases, usually involving several procedures over months of care.

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

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.