

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have a Patient with High Esthetic Demands?



**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 high esthetic demands — 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?

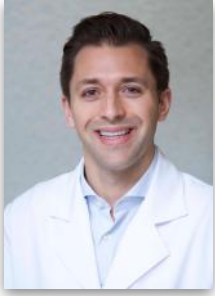
There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience. With your reputation for quality dental care, and my experience with restorative treatments, we can work together on advanced cases and both benefit! If you'd like to discuss a treatment, 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 cosmetic and restorative dentistry. See more examples of complex cases online at:

AdvancedProsthodontist.com
/ Jacobs



CASE SUMMARY: Challenging Esthetic Case

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

Patient “Lisa” was referred to me by her general dentist for esthetic consultation and treatment. Lisa had whitening and direct bonding eight years prior. She was unhappy with the following:

- How the bonding stained over time
- The rounded edges of her central incisors, and their triangular shape
- That she couldn’t see much of her teeth when smiling

During the planning phase comprehensive records were made and analyzed.

As a prosthodontist, I have experience with complex cases, and can plan multi-stage treatments that coordinate with a patient’s general dentist and other dental specialists. I also am comfortable treating patients with high esthetic demands. Lisa felt comfortable knowing that I have experience with complicated dental issues, and have developed protocols to ensure the highest esthetic and functional outcome for the restorations.

The recommended treatment plan included:

1. Digital design of #4-12 for conservative restorations,
2. Laser gingival recontouring of #7-10,
3. Provisionalization and esthetic evaluation of changes, and
4. Final ceramic restorations: veneers #6-11, with full coverage restorations of #4, 5, 12.

Continued on next page...

Before



◆ Do you have a patient in Lisa’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.

Final photos on next page...

After



Lisa's Outcome:

Following treatment we were able to fully correct esthetic concerns, close diastemata around #5, restore gingival symmetry, while also simultaneously maintaining gingival health. Lisa was extremely happy and grateful with the outcome.

Key Technique:

When adding length and changing shapes, **digital design** before treatment is critical. This allows a very precise reduction guide to be fabricated — the result is as minimal a preparation as possible for the planned restorative material.

For this case, arbitrary preparation would likely have resulted in the removal of much more structure than necessary.

The digital design also allows provisionals to be fabricated on the day of preparation that mimic the proposed final outcome, allowing patient input, and dentist evaluation, before permanent elective restorations are fabricated.

I gave Lisa 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 / questions about this example, or my digital design protocols, please email me:

bryanjacobs@dentalprofessionals.com

◆ 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.

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

Clinical marginal fit of zirconia crowns and patients' preferences for impression techniques using intraoral digital scanner versus polyvinyl siloxane material

Statement of Problem

The use of digital intraoral scanners is increasing; however, evidence of its precision in making crown impressions clinically remains scarce. Patients should also feel more comfortable with digital impressions, but only a few studies evaluating this subject have been performed.

Purpose

The purpose of this clinical study was to evaluate the marginal fit of monolithic zirconia crowns and patients' preferences for digital impressions versus polyvinyl siloxane (PVS) impressions.

Material and Methods

Sixteen participants with indications for single molar crowns were included. After crown preparation, digital impressions by intraoral scanner and PVS impressions were made. The participants were asked to complete a 6-item questionnaire with a visual analog scale related to perceptions of each of the following topics: time involved, taste/smell, occlusal registration, size of impression tray/scanner, gag reflex, and overall preference. Computer-aided design and computer-aided manufacturing monolithic zirconia crowns were fabricated from both impressions. The crowns were evaluated intraorally, and a blinded examiner measured the marginal discrepancy of silicone replicas under a stereomicroscope. Intraexaminer reliability was evaluated by calculating the intraclass correlation coefficient. Data for patients' preferences and marginal discrepancies were analyzed using the paired t test ($\alpha=.05$).

Results

Visual analog scale scores for digital impressions were statistically significantly higher than those for PVS impressions in every topic ($P<.05$), except for occlusal registration. The results showed excellent reliability of the examiner with an intraclass correlation coefficient of .996. No significant difference was found in marginal discrepancies between the PVS group and the digital group on all sides ($P>.05$).

Conclusions

No differences were found in the clinical marginal fit of zirconia crowns fabricated from either digital impressions compared with PVS impressions. Furthermore, patients' satisfaction with digital impressions was significantly higher than with conventional impressions.

◆ Why other dental professionals work with a Prosthodontist

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

1. You have a patient requiring treatment outside your typical scope of practice.
2. You have a patient with complex needs that may drain your time.
3. You have a demanding patient who wants perfect esthetics.
4. You have a question and want to discuss a case to ease your mind.

Prosthodontist 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.