

# Advances In Prosthodontics™

Innovative Practices for Restorative & Cosmetic Dentistry

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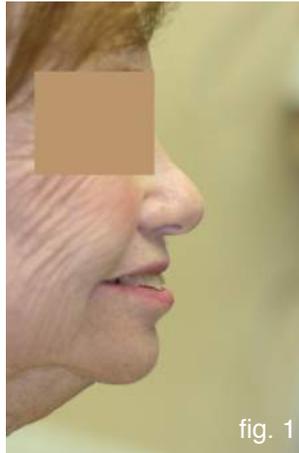
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## Do You Have a Patient Like This?



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

In 2009, the patient "Elaine" was kindly referred to my office by her general dentist (Dr. Marvin Kaufman from Freehold, NJ), who identified that she required advanced care. After initial consultation, she felt she was not ready for treatment and left our office, only to return 2 years later.

In 2011, Elaine was suffering physically and emotionally; she reported difficulty with eating, and felt self-conscious about her "bucky teeth" that were now chipped in the front. She expressed regret about waiting so long to return for treatment, as her condition had worsened (fig. 1, 2, 3 above).

If you have a patient with several missing, broken or worn teeth, they may be a candidate for a full mouth reconstruction with the assistance of a Prosthodontist.

Read more on the next page...

### ◆ Do you want an 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. We'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 our experience with restorative treatments, we can work together on advanced cases and both benefit! We're looking forward to talking with you on the phone or meeting in person.

**Please call or email our office with specific days and times when you are available for a meeting.**

# CASE SUMMARY: Upper & Lower Implant Retained-Tissue Supported Overdenture

by Dr. James Courey, Prosthodontist

Continued from page 1, patient Elaine's diagnosis included:

- Significantly overclosed with a diminished vertical dimension of occlusion (fig. 4).
- All anterior teeth facially flared with significant mobility (fig. 5).
- Left posterior quadrant supraerupted to point where the buccal cusp tips of #11-15 were touching the mandibular ridge (fig. 6, mirror shot of left side).
- Her teeth, in their current presentation, were deemed non-restorable (fig. 7).
- The anterior flaring of the teeth, mandibular tori and supraeruption of the left maxillary quadrant were considerable challenges in the treatment planning of this case (fig. 8 and 9, you can see directly below).



The treatment options that were presented to Elaine were:

1. upper and lower implant fixed prostheses,
2. implant retained prostheses, or
3. conventional removable dentures.

Elaine's considerations included finances, denture retention, and the ability to keep her prostheses clean. After consulting with her husband, she chose to move forward with a Four (4) Implant Maxillary "Snap On" Denture with an Open Palate and a Two (2) Implant Retained Mandibular Denture as her final treatment goal.

Elaine's treatment sequence included:

- Referral to an Oral Surgeon (Dr. Marten Ladman from Marlboro, NJ) for Phase I which included extraction of the left posterior teeth #11-15 with an additional 4 mm of alveolar reduction and extraction of right posterior teeth #3 and 4 with minimal alveolar reduction.



Continued on next page...

## Do you have a patient in Elaine's situation? Or another complex case?

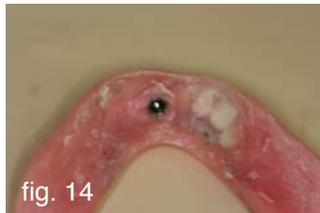
If you have a question about a case and want another opinion, give our office a call. Or, if there's a case that you want to work together on, please fill out and send in the enclosed referral form.

We will take great care of your patient and keep you informed. Dental professionals refer to us as **The Complex Case Specialists™** because we perform complex cases every day.



## Continued from previous page... Elaine's treatment included:

- Three months of healing was indicated to allow the patient to tolerate upper and lower immediate dentures. Wax rims were fabricated and immediate dentures were delivered (fig. 10, 11, 12).
- Because Elaine had minimal mandibular ridge remaining post extractions, a transitional/temporary implant was placed in the #25 area and the housing was picked up in the immediate dentures for better retention (fig. 13 and 14, below).



- During the healing period of the immediate dentures, Elaine enjoyed better cosmetic appearance and an improved profile than her natural teeth could provide (fig. 15, to right).



- All implants potentially can have complications if the prosthetic housings get too close to the denture teeth. This case was no exception (fig. 16 and 17, below).
- 6 months after the immediate dentures were placed, four (4) final maxillary implants (locations # 4, 7, 10,13) and two final mandibular implants (locations # 22 & 27) were placed and allowed to integrate for 6 months. The final prostheses were then fabricated and inserted (fig. 18 and 19).



After treatment, Elaine was so thrilled with her results, that she kisses me full on the lips every time she sees me! She got everything that she wanted out of her restoration journey—a beautiful smile, the ability to eat anything she wanted, great retention so she is not self-conscious, and ease of care and cleansibility (fig. 20 and 21).

The only regret that she expressed was not having this treatment done sooner. She is a beautiful person and now feels beautiful with a dramatically improved quality of life.



## Final Result: Implant-Supported Overdenture...

Complicated cases such as the one presented in this newsletter take lots of time planning and lots of time in execution. This case took at total of 2 ½ years to complete from consultation to final delivery.

We take the care of patients referred to us seriously. Establishing and reinforcing YOUR role and value to the patient and their dental health is our top priority.

It's our goal to help manage complex and time-consuming procedures, restoring the function and esthetics the patient desires, then referring them back to your office for their ongoing care.



## NECESSITY IS THE MOTHER OF INVENTION

### Implant-Supported “Night” Prosthesis

“Patients are often instructed to take out their removable prosthesis at night while they are sleeping. Elaine from the case summary in this newsletter was told to do this, but two of her locator attachments in positions #10 and 22 would contact, causing pre-mature wear on the gold locators (fig. 22). In addition, Elaine reported jaw pain in the morning, which was most likely caused by being overclosed while she slept without her prostheses. **To remedy this**, we fabricated metal reinforced flat plane night guards at the same vertical dimensions of her dentures—also implant supported and retained (no tissue loading). As a result, she no longer experiences jaw soreness and her gold locators have not required replacement (fig. 23, 24, 25).”



“If you would like to refer your patient to us, it can be as simple as a phone call to introduce us to your patient’s needs. When your patients’ care is completed in our office, they are referred back to you for ongoing dental care. We’re here to make you look good!”

### ◆ Top 5 Reasons Why Dental Professionals Refer to a Prosthodontist

1. **Treatment requiring the coordinated intervention of several specialists:**  
Patients with extensive rehabilitation involve care from multiple disciplines, which often present unique and time-consuming problems for general dentists.
2. **Intricate esthetic procedures:**  
From the restoration of a single maxillary central incisor to the rehabilitation of an extremely worn dentition, pleasing esthetic and functional results are critical to both the patient and practitioner.
3. **Complex implant restorations:**  
This may include the extraction of teeth, surgical placement of implant-supported crowns, bridges, or complete-arch prostheses.
4. **Challenging dental cases:**  
Providing conventional or implant-supported dentures for edentulous patients with severely resorbed ridges, vertical dimension discrepancies or significantly inadequate interarch space can be difficult. Treating dentate patients with extremely worn teeth, deep vertical overlap and/or a history of bruxism, clenching or TMJ disorders also present a difficult scenario. The design and placement of dentures, crowns, bridges, and removable partial dentures for such patients is often time-consuming and frustrating.
5. **Comprehensive reconstructive dentistry:**  
Patient with functional deficits resulting from trauma, cancer surgery, eating disorders, or developmental defects as cleft palate or other craniofacial anomalies require treatment that deals not only with the current problem, but looks ahead to the future to avoid compromises in appearance as well as function (including speech, swallowing, and chewing).