

Advances In Prosthodontics™

Innovative Practices for Restorative & Cosmetic Dentistry

INSIDE THIS ISSUE

CASE SUMMARY:

Do You Have a Patient With This Situation? (see photos on right)

Complete Details for this Oral Rehabilitation...

Background
page 1

Diagnosis and Treatment Options
page 2

Treatment Sequence
page 3

Final Result
page 3

COMPLEX CASES:

Dr. Courey & Dr. Zagami's Training & Skill Make These Treatments More Successful
page 4

© Sams Media Group, LLC

Do You Have a Patient With A Failing Partial Denture?

If you have a patient with several missing, broken or worn teeth—or a failing denture—they may be a candidate for oral rehabilitation with the assistance of an advanced Prosthodontist.



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

It's hard to get in front of a group and speak, but it's even more challenging when you're not comfortable with the fit, function, or look of your teeth.

The patient in this newsletter is a minister and public speaker. She was unhappy because she had to use large amounts of adhesives in her existing upper partial denture, multiple times a day, to speak or eat.

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.

With your reputation for quality dental care, and our experience with restorative treatments, we can work together on advanced cases and both benefit!

If you'd like meet to discuss a difficult procedure, or talk on the phone about how we can help each other, please call or email our office with specific days and times when you are available to talk or meet.

CASE SUMMARY: Complex Maxillary Overpartial

by Dr. James Courey, Prosthodontist

Patient “Susan” was referred to our office by her General Practitioner, Dr. Robert Rickards of Milltown, to help her explore more advanced prosthodontic solutions.

When we met with Susan, she presented with the following background:

- Her medical history revealed hypothyroidism, which was being managed with medication, and rheumatoid arthritis in her hands and feet. She also had a recent knee replacement requiring pre-med with Clindamycin before dental treatments.
- She had a fixed partial denture (FPD) from #9-13, and molars 2 and 15 only with a flexible-type, horseshoe-shaped maxillary removable partial denture (RPD). She no longer liked the cosmetics, fit or function of her RPD. Her bridge also revealed #10 with PAP and obvious caries on #11 and 12 with a fistula present (fig. 1, 2).
- When she occluded tightly with the flexible partial, the moderate force could literally create a diastema between her maxillary central incisors (fig. 3).
- Her cosmetics at repose and full smile revealed unlevel central incisors #8 & 9, and minimal tooth display (fig. 4, 5).
- Her lower teeth were in reasonable health, other than root tips on tooth #19 and some minor caries that would be restored by her General Practitioner.
- Being aware that several teeth of her FPD #9-13 were compromised, a definitive treatment plan could not be finalized until the FPD was removed (fig. 6). Teeth #10-13 were deemed “non-salvageable.” As a result, the bridge teeth #9-13 were all leveled to the gum line, but only # 9 could be salvaged (fig. 7).

After reviewing several treatment options including Maxillary Implant Crown & Bridge, a Hybrid Denture, and removable options, Susan chose the removable option which fit into her budget.

Continued on next page...



fig. 1



fig. 2



fig. 3



fig. 4



fig. 5



fig. 6



fig. 7

Do you have a patient in Susan’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... Susan's treatment included:

- The molars #2 and #15 were fine abutments with no issues. Tooth #9 was then cut down to the gumline. An immediate rotational path A-P (Anterior-Posterior, see illustration below) over-partial was made for all teeth anterior to the second molars (fig. 8).
- Then the immediate RPD could be placed as a provisional prosthesis. At a later appointment, a 5 degree root form ERA post was placed into the root of #9 and an ERA attachment was picked up in the denture (fig. 9, 10, 11). Tooth #9 had previous endodontic treatment, so there was no additional cost to the patient (xray #1, 2016).
- Since this was a rotational path RPD, the buccal flange needed to be shortened and then the partial would seat anterior to posterior. Teeth #10-13 were then extracted and the existing partial sectionally relined in the anterior region. This rotational path partial was complex because the RPD must seat anteriorly first and then rotate to lock in around the posterior molars with clasps for retention.

One complication arose: During the 11-month healing phase after extractions, tooth #9 become symptomatic and the patient wanted it extracted (xray #2, 2017). Attempting early on to utilize an existing tooth root (#9) with an attachment for retention added a level of technical complexity. Had tooth #9 remained viable, it would have provided the patient with valuable additional retention and stability. Even without #9 present for retention, the patient continues to do well with her immediate partial and will have a final RPD fabricated. Susan was very pleased with the cosmetics and fit of her prosthesis (fig 12, 13).



fig. 8



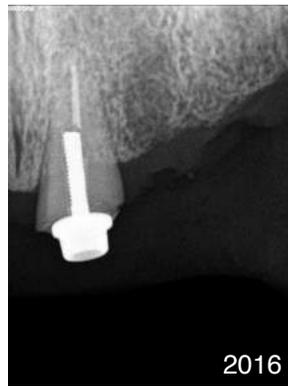
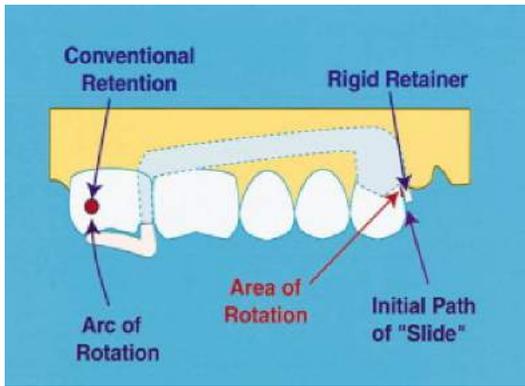
fig. 9



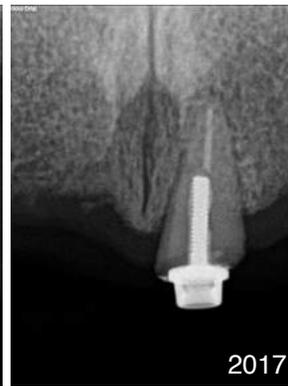
fig. 10



fig. 11



2016



2017

Final Result: Restoring a Maxillary Overpartial...

Susan was thrilled with the outcome. Her husband reported that she smiles so often, people are going to think she's flirting.

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.



fig. 12



Before



After

ABOUT OUR PRACTICE



James Courey, DDS
Specialty Permit #5245

Specialized Dentistry of New Jersey (SDNJ) focuses on fixed and removable prostheses, dental implants, and all phases of restorative and cosmetic dentistry. Dr. Courey & Dr. Zagami's prosthodontic training and experience make treatments of complex cases more successful, including the following examples:

- Patients with severely worn or damaged teeth, resorbed ridges, ill-fitting partials and/or dentures.
- Patients who need phased treatment planning like those receiving dental implant restorations and all-on-four fixed dentures.
- Patients with TMJ disorders, sleep apnea issues, collapsed occlusion, multiple failing teeth and/or restorations.
- Demanding patients with high cosmetic expectations.



Joseph Zagami, DDS
Specialty Permit #6135

PUT YOUR TIME-CONSUMING PATIENTS IN OUR HANDS!

“We encourage you to call us if you have a question or want to discuss a case. We are an excellent resource for you to ask questions because we have experience in treating a vast variety of complicated dental dilemmas and the patients who accompany those dilemmas. For example, you may want to consult or refer to us for complex implant restorations. We can work with you, or complete the treatment for you, to achieve the best in both function and esthetics.

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. You can rest assured that we will treat your patient in a manner that will reflect well on you and strengthen your relationship with your patient. We are here to make you look good! When your patients' care is completed in our office, they are referred back to your office for their ongoing dental care. We are grateful for your collegueship, and bottom line – **you can trust us with your patients!**”

◆ 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).