

Advances In Prosthodontics™

Innovative Practices for Restorative & Cosmetic Dentistry

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Do You Have a Patient With Failing Dentition?

If you have a patient with several missing, broken or worn teeth—or failing dentition—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...

The patient I'll highlight this time was only 55-years-old and delayed seeking help for her failing maxillary dentition because in her words she had “a traumatic response to the reality that she was loosing her upper teeth.”

When she was ready to move forward with care, she insisted I promise that at no time she would be without her full smile. Much of her apprehension was fear of developing a sunk-in appearance of her cheeks and in her words again: “a face like an old woman.” This thought absolutely paralyzed her.

You probably have patients like this who need assistance but will never tell you. Here's how I helped this patient, and if you encounter someone who you think may be in a similar situation, let me know and we can discuss the case.

Read more on the next few pages...

◆ Do you want an opinion on a complex case? Or to meet and share ideas?

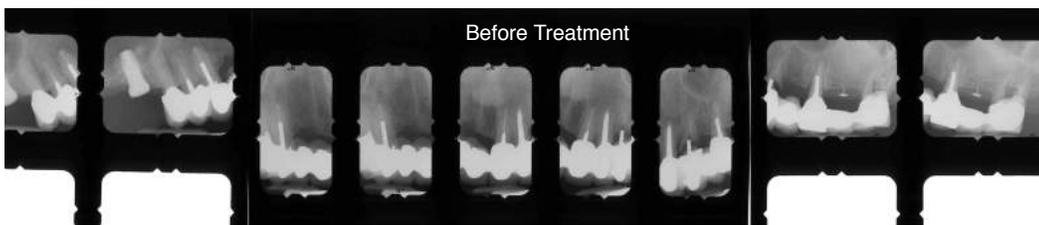
There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience.

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 to 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: Serial Extraction / Implant Treatment

by Dr. James Courey, Prosthodontist



There is no textbook technique to be followed while carrying out treatment planned serial extractions cases. Careful diagnosis, provisionalization and continuous re-evaluation during the course of treatment are all mandatory to achieve optimal results. The following is an example of such a case that required adjustment to the treatment plan just as the finalization stage began.



When we met with patient “Lori” she presented with the following background:

- Failing maxillary dentition due to a long history of periodontal bone loss.
- Mobile maxillary teeth that were non-restorable (she also had failing mandibular posterior segments).
- She delayed necessary treatment of both arches, and was willing to initially restore the upper.
- Dental health aside, she was in very good health and a non-smoker.

A fixed implant phased crown and bridge treatment plan was recommended to meet her aesthetic and long-term dental expectations. Thankfully, she had a low/moderate lip line which would be critical in masking the continued resorption of the alveolus after phased extraction of her maxillary teeth. This was the starting point to a 3.5-year treatment plan for restoration.

Figures 1, 2, 3, and x-rays (above) show retracted upper and lower, right and left side photos. Upper X-rays were taken by the referring periodontist on 11-5-09 at time of initial referral. After the existing fixed crown and bridgework was cut off, the occlusal view in Figure 4 reveals the hard and soft defects that have been an ongoing issue for this patient.

Figures 5 and 6 show the full arch provisional. This allowed Lori to receive bilateral sinus lifts while sequentially adding implants and removing some of the remaining teeth and tooth roots (fig. 7).

Continued on next page...

◆ Do you have a patient in Lori’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.

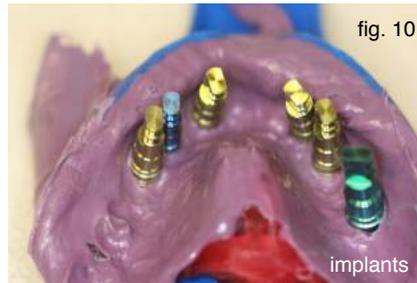
Final photos on next page...

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One major complication: While removing the temporary FPD for final impressions, the implant at #14 became unscrewed/failed, around 9 months after its initial placement, (fig. 8 and 8a). The remainder of the implants were completely integrated and were ready for impression and finalization.



This complication made it necessary to adjust the original treatment plan. By this point, Lori had been in the provisional FPD for nearly 3 years. The decision was made to place 2 more implants at the #13 and #15 positions (the sinus lift was already completed) and allowed to heal and integrate while moving forward with the finalization of #3-12 (fig 9, 10 and 11).



After a 6-month healing period, implants of #13 and #15 were impressed and had analogs attached and prepared for a final bridge to complete the arch (fig. 12). At completion, Lori was presented with a custom-made night guard to protect new crown & bridgework and provide overall longevity to the restorations (see final FMX below).

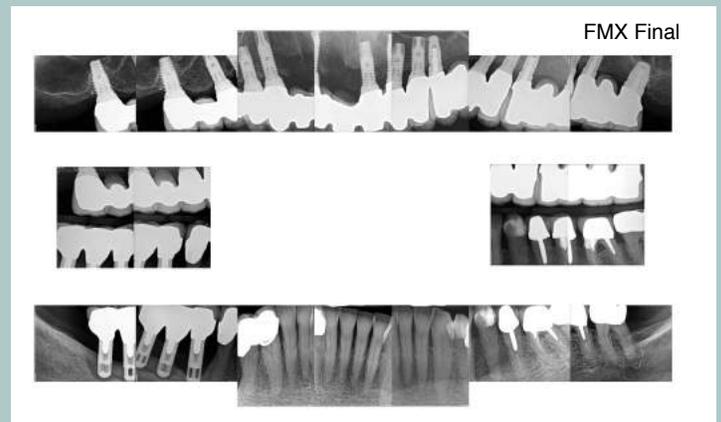


Despite complications, Lori, on more than one occasion, said to me and to my team, that she was so grateful that she did not ever have to face the world without teeth. She has learned how to keep her prosthesis clean and returns for regular maintenance checks on her restorations. If you have comments or questions about this case example or other treatments, please call or email us.

Final Result: Maxillary Rehabilitation...

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.



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 a 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're grateful for your collegiality, and you can trust us with your patients!"

Prosth Pledge

When your patient is referred:

- ✓ We will only treat what's been referred.
- ✓ We will send you updates.
- ✓ We will be part of your team, not take over 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).