

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have A Patient with Wear from Erosion?



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 failing restorations — they may be a candidate for 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.

If you'd like 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.

More Examples

Stay informed on new findings and best practices for cosmetic and restorative dentistry.

See more examples of complex cases online:



AdvancedProsthodontist.com / MADE

Oral Rehabilitation for a Patient with Erosion

by Don Kim, DDS, et al. Prosthodontist at **MADE Dental Implant & Prosthodontics Center**

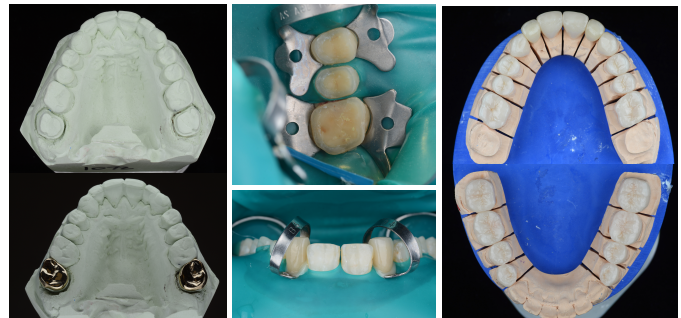
Pre op

Patient “Ashley” was only 19 when I saw her for an initial consultation. Her chief complaint was: *“My teeth are sensitive and it’s hard to eat. I want treatment done this summer break if possible.”*

Upon examination, my diagnosis was generalized erosion, likely due to a sugary and acidic diet; Ashley said she had 6 cans of soda each day. She was counseled on diet modification and prescribed prevident 5000 for remineralization. Due to her age, she needed a treatment that would preserve her natural dentition with minimal prosthetic intervention. **As prosthodontists**, we have experience with complex cases, and can plan multi-stage treatments that coordinate with a patient’s general dentist and other dental specialists.



Models and Lab Restorations



Ashley’s treatment included:

- **Provisional phase** — Direct composite mock up at 3 mm increased vertical dimension of occlusion.
- **Definitive phase** — Immediate dentin sealing, pressed lithium disilicate overlays / palatal veneers / crowns, and gold crowns were delivered using selective etch technique and MDP-containing adhesive resin cementation protocol (Panavia V5), with #22-27 as labial direct composite.

What made this case challenging was the short, 2-month timeframe, and Ashley’s age.

Prosthodontic Tip: Rehabilitation of young patients with generalized erosive wear demands etiological identification and minimization, early intervention, and biologically-driven reconstruction. Defect-driven preparations with VDO increase, immediate dentin sealing, and adhesively retained overlays with compression dome design are one approach to achieve these goals. **See the chart (next page) as a resource for etiological identification...**

Final Result



- 2, 15:** Gold crowns due to extensive caries
- 3-5, 12-14, 18-21, 28-31:** Lithium disilicate overlays
- 6,8,9,11:** Lithium disilicate palatal veneers

Note: Due to limited length of treatment (2 months), treatment was completed as full arch instead of quadrants.



We 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 questions about our prosthodontic protocols, please call us at: **(219) 258-7076**

◆ **Do you have a patient in Ashley’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 see the enclosed referral info sheet to learn more about what you and your patient can expect when referring to our specialty office. 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.

Analyzing the Etiology of an Extremely Worn Dentition

Ronald G. Verrett, DDS, MS, J Prosthodont 2001;10:224-233.

Abstract

Patients requiring extensive restorative care frequently exhibit significant loss of tooth structure. Specific clinical findings in an extremely worn dentition may vary widely and are often confusing. Severe wear can result from a mechanical cause, a chemical cause, or a combination of causes. The location of the wear, the accompanying symptoms and signs, and information gained from the patient interview are essential components in determining the etiology. A diagnostic decision tree facilitates a systematic analysis and diagnosis of dental wear.

Takeaways

Organizing the evaluation of a severely worn dentition involves determining whether the character of the surface loss is chemical, mechanical, or both. In turn, identification of surface loss locations should be made and accompanying clinical signs and symptoms identified. These observations, along with information gained from the patient interview, can then be combined to guide the diagnostic process. It is important to remember that surface

loss may result from a combination of chemical and mechanical factors. Attrition from bruxism often can be identified in association with other causes. Patients may remain secretive about eating disorders and dietary habits. Establishing a diagnosis represents a challenge, but analysis and identification become more manageable if an orderly system of information gathering and analysis (Figure 15, to the right) is used to guide the process.

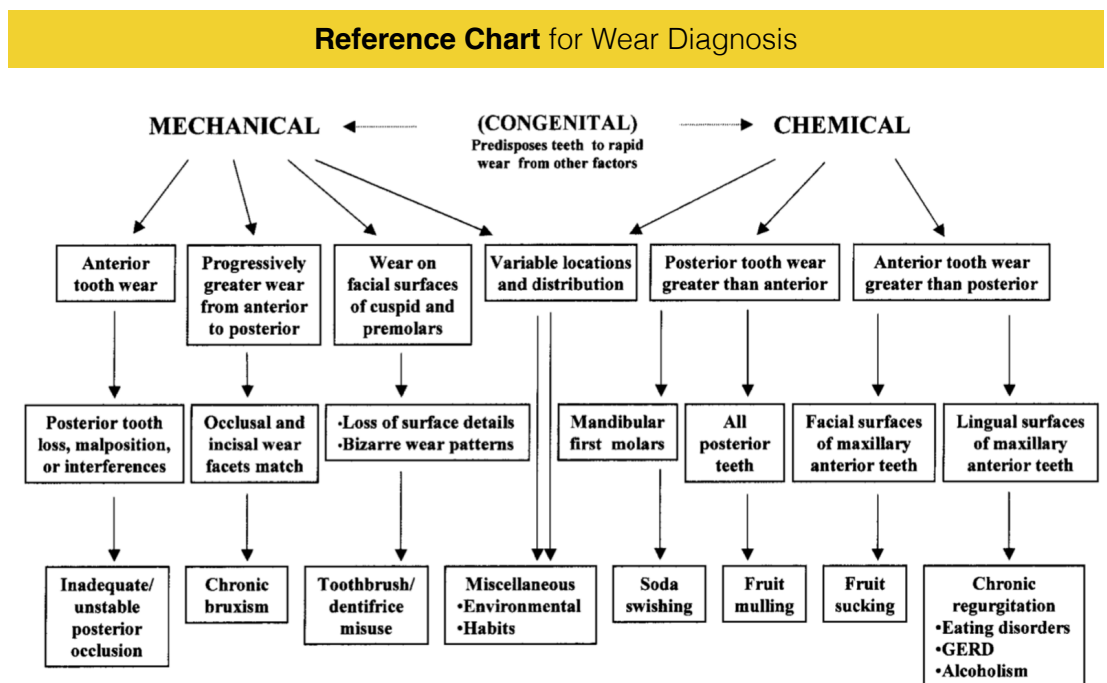


Figure 15. The chemical and mechanical branches of the diagnostic decision tree can be combined to provide a methodical framework for analyzing an extremely worn dentition.

With 2 prosthodontists in the same specialty practice, we have increased capacity to work with you on challenging treatments, so your patients don't have to wait weeks to get a plan for comprehensive care and/or to address reconstructive emergencies. In addition, we have digital workflows that reduce the number of appointments even for comprehensive treatment, while still maximizing function and esthetic outcomes, so your patients can receive restorative care in fewer appointments. If you have questions about our prosthodontic protocols, please call us at: (219) 258-7076

◆ How can a Prosthodontist assist you and your dental team?

We 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 us and we can discuss treatment planning or we can help you with any part of the treatment. Our 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.

ABOUT OUR SPECIALTY PRACTICE



Anthony Pallotto
Board Certified
Prosthodontist

MADE Dental Implant & Prosthodontics Center is a specialty dental practice focusing on fixed and removable prostheses, dental implants, and all phases of esthetic dentistry. As Prosthodontists, Drs. Pallotto & Kim at **MADE** have training and private practice experience that 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 in a day.
- 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 mouth rehabilitation to restore function & esthetics.



Don Kim
Board Eligible
Prosthodontist

In addition, the **MADE** office is equipped with an **in-house dental lab** to create custom restorations for referred patients from only the best materials using the latest technology. This allows your patients to receive individual customization for higher satisfaction, and in less time.

Learn more about how they can help your patients by scanning this QR code:



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. We want to work with you to provide your patients with the best possible treatment outcomes. 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 patient’s care is completed, they are referred back to your office for their ongoing dental care. We are grateful for your collegueship and trust with your patients!”

Our Pledge

When your patient is referred:

- ✓ We will only treat what your patient needs.
- ✓ We will send you updates.
- ✓ We will be part of your team, not take over your patients.

◆ **Have you seen a patient in one of these situations?**

These are the most common reasons why other dentists refer to a Prosthodontist:

- **Failing Restorations** — Broken or worn prosthetics, or poorly-fitting dentures
- **Implant Complications** — Mal-positioned or loose implants, or multiple systems
- **Severe Wear** — Advanced attrition from grinding or erosion, and collapsed vertical
- **Terminal Dentition** — Perio disease or neglect, requiring extractions and prosthetics
- **Edentulous Problems** — Resorbed ridges or lack of bone, wanting a fixed solution
- **Occlusal Issues** — Advanced mal-occlusion, jaw discrepancies, canted plane
- **Challenging Esthetics** — Un-esthetic restorations, high smile line, high expectations
- **Missing Anteriors** — Central incisors from trauma or laterals from genetics

These “complex cases” may drain your time — how to help these patients:

Prosthodontists can be a resource to ask questions or help properly stage and manage complex treatment, often involving multiple specialists and providers over months of care.