

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have a Patient With Failing Dentition?



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

Prostho Publication

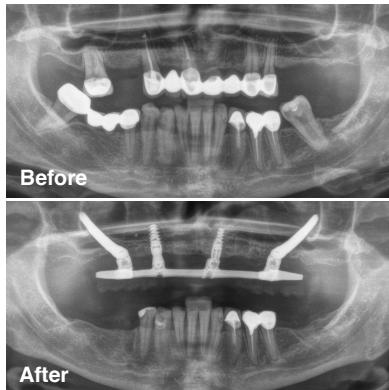
Want to see recent issues?

Stay informed on new findings and best practices for implant and restorative dentistry. See more examples of complex cases online at:

AdvancedProsthodontist.com / Scharrington

CASE SUMMARY: All-on-4® Implant with Zygoma Implants

by Joon Han, DDS, MS, FACP, Board Certified Prosthodontist



Patient "Marie" comes to me on a yearly basis for emergency treatment only. During one visit I advised that her maxillary dentition would not last for another year due to caries and periodontal disease. I suggested a Maxillary Implant supported fixed denture for a long-term prognosis.

Maries's diagnosis included:

- Advanced Chronic Generalized periodontitis
- Partial Edentulism Maxilla and Mandible
- Multiple carious lesions

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 have experience repairing or replacing dental restorations whether they are complete or partial dentures, dental implants, crowns, or bridges.

Marie's treatment plan included:

- Maxillary — Extraction of hopeless teeth and All-on-4® Implant Supported Fixed Denture with Zygoma Implants due to severe resorption of posterior maxilla.
- Mandibular — Extraction of hopeless teeth and Partial Denture (Valplast - due to financial reasons).

Marie's treatment sequence included:

- a. Upper and lower alginate impressions to have the proper diagnostic casts prior to treatment planning.
- b. Process maxillary denture for surgical guide and conversion.
- c. Day of surgery — Marie was under general anesthesia, all maxillary teeth removed and alveolar ridge reduced. Then, placement of four implants (two anterior and two zygoma implants). Finally, conversion of the interim denture to a fixed restoration.
- d. Wait for three months before taking final impressions.
- e. Fabrication of the maxillary implant supported fixed prosthesis and mandibular interim partial denture.

What made this case challenging was explaining the difference between conventional and zygomatic implants. Most patients and even clinicians do not know what zygoma implants are, why they are used, and where they need to be applied (see more to right). Also, Marie was very hesitant with general anesthesia at the office setting. Most patients consider this an operating room situation. This case was all about patient management.

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 this example, please email me at: AskDrHan@Gmail.com

Conventional All-on-4® vs. Zygoma Implants

When considering All-on-4® treatment on the maxilla, you need to examine what is opposing. Is it opposing natural dentition, a removable appliance, or a combination? Also, you have to consider the location of lower dentitions — full lower dentition, only on anteriors, or only on posteriors?

This is an important factor when you have to consider BROAD STRESS DISTRIBUTION. If the patient presents with only anteriors up to premolars, all the stress on the implant will be in the anterior region. Conventional All-on-4® on the maxilla against lower natural dentition is very risky due to the lack of broad stress distribution. Implant fractures or bone loss are often inevitable and the long-term prognosis is guarded or poor. In order to achieve broad stress distribution, you have to place implants strategically. If you don't have proper anterior-posterior spread or ratio, and when all implants are placed more on anterior regions, the chances of failure is very high. This is also challenging when the patient's sinus is pneumatized and limits the clinician to placing implants more posterior.

One solution is placing Zygoma Implants where the posterior implants are placed in the molar area so that we have broad stress distribution on all implants. Also, when the implants are engaged in Zygoma, the stability of the implants increases 10-fold compared to conventional maxilla implant placement.

Zygoma Implants are also an excellent choice for those who have atrophic maxilla where you can no longer provide any implants on patients. This case shows two Zygoma Implants but there are cases where we put four Zygoma Implants.

If your patient has atrophic maxilla and requests dental implants, consider Zygoma Implants, and contact us with any questions.

◆ Do you have a patient in Marie'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.

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

What Implant Is That?

Radiographic identification of dental implants

Sahiwal IG, Woody RD, Benson BW, Guillen GE; J Prosthet Dent. 2002 May;87(5):543-77.

Problem and Purpose

The identification of dental implant bodies in patients without available records is a considerable problem due to increased patient mobility and to the large number of implant systems with different designs. The purpose of this study was to document the designs of selected implants to help clinicians identify these implants from radiographic images.

Materials and Methods

More than 50 implant manufacturers were contacted and asked to provide implants with dimensions as close as possible to 3.75 mm (diameter) x 10 mm (length). Forty-four implants were donated, separated into threaded and non-threaded categories, and further sorted into tapered and non-tapered categories. The implants were examined visually, and features on the entire circumference and length of each implant were recorded and categorized as coronal, midbody, or apical.

Radiographs were made of these implants at 0 degrees, 30 degrees, 60 degrees, and 90 degrees horizontal rotation combined with -20 degrees, -10 degrees, 0 degrees, +10 degrees, and +20 degrees vertical inclination relative to the radiographic beam and film. A total of 20 images per implant were taken and examined to identify consistent, unique features that would aid in implant identification. At a 20 degrees vertical inclination, vital features of implants were distorted enough to be deemed unrecognizable. Therefore, only those observations made from radiographs between -10 degrees and +10 degrees vertical inclination were used for implant identification purposes.

Results and Conclusion

All implants could be recognized from radiographs made between -10 degrees and +10 degrees vertical inclination. A series of tables describe the 44 implants according to coronal, midbody, and apical features. Information from this study should help dentists identify non-threaded and threaded endosseous implants from radiographic images.

Thoughts

Try using WhatImplantIsThat.com – a free “search engine” to quickly identify dental implants these studies inspired. At this website you can search hundreds of x-rays from a dental implant library and sort through them by process of elimination. Or, if you want to hold up a mobile device to a patient’s radiograph for even easier identification, you can download a dental implant identification mobile APP based off the online dental implant library at: WhatImplantIsThat.com/mobile

You can accomplish the same thing with either the free website or the mobile app. There is a one-time charge for the app, which covers the cost of development and maintenance to provide this resource to the dental community.

◆ Have A Laugh: The Grinch Smile Makeover...

We hope we made you smile during your busy day! We take the care of patients referred to us very seriously, including knowing how to educate them so they feel comfortable. 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



Dr. Joon Han
DDS, MS, FACP
Board Certified
Prosthodontist



Dr. Aneeqa Malik
DDS, MS
Prosthodontist

Drs. Han & Malik have prosthodontic training and private practice experience that make treatments of complex cases more successful, including the following examples:

- Patients with severely worn/damaged teeth, missing all teeth, or with ill-fitting dentures can receive a full arch of natural-looking teeth to restore function & esthetics.
- Patients with congenital defects, a chronic condition, or traumatic injury can receive oral prostheses, which may be a combination of dental implants, crowns, bridges, or veneers.
- Patients with difficult anterior cases in the esthetic zone can receive single or multiple dental implants to replace missing teeth, or veneers or crowns to improve the appearance of their smile.

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 reflects 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 colleagueship and trust with your patients!"

Prostho 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.

◆ 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.

Examples include patients with vertical dimension discrepancies, severely resorbed ridges, inadequate interarch space, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. You have a patient with complex needs that may drain your time.

If your patient may require treatment from several specialists, Prosthodontists can help because they are trained to appropriately stage and manage complex treatment plans.

3. You have a demanding patient who wants perfect esthetics.

Examples include patients with a high smile line or needing a single tooth replacement in the esthetic zone. A Prosthodontist is trained in selecting the best solutions for high-demand patients.

4. You have a question and want to discuss a case with a colleague to ease your mind.

A Prosthodontist can be an excellent resource for you to ask questions because they are trained in many types of complicated treatments. For example, you may want to consult a Prosthodontist for complex implant-supported restorations. They can work with you or complete the treatment for you to achieve the best in both function and esthetics.