

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have A Patient with a Genetic Disorder?



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 a genetic disorder — 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?

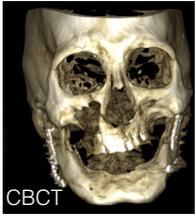
There are many ways we can help each other by working together on complex cases and by sharing knowledge and experience. With your reputation for quality dental care, and my experience with restorative treatments, we can work together on advanced cases and both benefit! If you'd like to discuss a treatment, or talk on the phone about how we can help each other, please call or email my office with specific days and times when you're available.

Prosthodontic Publication

Want to see recent issues?

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

AdvancedProsthodontist.com
/ Han



CASE SUMMARY: Maxillary and Mandibular Implant Supported Overdentures for a Patient with Cherubism

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

Patient “Paul” had been treated at the University of Michigan ever since he was 11 years old due to condition called Cherubism, which is a disorder characterized by abnormal bone tissue in the jaw. Beginning in early childhood, both the lower jaw (the mandible) and the upper jaw (the maxilla) become enlarged as bone is replaced with painless, cyst-like growths.

At a young age due to this abnormality, he went through multiple surgeries and total loss of his dentition. As you can see in his CBCT scan and pre-treatment records, multiple implants were placed to restore his teeth but unfortunately all his implants had failed due to improper osseointegration and recurrent cherubism in his early 20s.

Paul was in his late 20s when he came to my specialty office, and decided he was finally ready for treatment with dental implants and new prostheses. His maxillary implants were stable, although the positions were not ideal at the time of evaluation. He had adequate ridge and width / height of the mandible, but placing implants to provide the mandibular prostheses was questionable due to uncertainties of his genetic condition. Also, placing more implants was suggested, in case of failure.

Once the mandibular implants were stable, Maxillary and Mandibular Implant Supported Overdentures were suggested. Paul did not want to invest in fixed restorations in case the implants failed in the future. I performed the treatment and Paul was very happy with the outcome.

The most challenging part of this case was two-fold:

- (1) I had to make constant contact with a previous OMFS from the University of Michigan regarding this patient’s genetic condition. According to studies, a recurrence of Cherubism at age 30 or after is rare; however, the surgical team and I had to ensure long-term success for this particular patient. Thus, counseling with the patient was necessary to maintain proper expectations and care for the prostheses.
- (2) The excessive undercuts and irregular ridges on the maxilla were particularly a challenge due to the abnormal path of insertion. Impressions of the maxilla had to be done carefully to relieve any undercuts, and the path of the maxillary implant supported overdenture had to be corrected so that the patient understood how to insert / remove the denture properly.



Prostho tip: Always verify the path of insertion when doing implant supported overdentures. You can correct the angle by using different abutments, inserts or designing the denture in a rotational path. I 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 comments or questions about my prosthodontic protocols, please email me at: AskDrHan@gmail.com

◆ Do you have a patient in Paul’s situation? Or another complex case?

If you have a question about a case and want another opinion, give my 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.

My office and I will take great care of your patient and keep you informed. Other dentists refer to me as **The Complex Case Specialist™** because I perform complex cases every day.

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

Implant Treatments and Complications in Private Practice

Jason Hsuan-Yu Wang, BDS, DCD/Roy Judge, BDS, LDS, RCS, MDS, PhD/ Denise Bailey, BDS (Hons), MSc, Grad Cert. Int J Prosthodont 2016;29:435-444. doi: 10.11607/ijp.4794

Purpose

This report aims to describe the restorative outcome of 5,491 implant-supported single crowns, fixed partial dentures, and splinted restorations that were prescribed or had implants placed during the study period. Timing of the complications and the relationship between the complications and different factors (practitioner, patient, and restoration) are examined.

Materials and Methods

Dental clinicians qualified in or before December 2004, registered in Victoria, and placing and/or restoring implants in private practice were invited to participate in the study. Data extraction was conducted by two trained and calibrated research assistants with specific training in implant terminology and previous research experience extracting data from dental records. Prostheses average time observed/in function was calculated using the difference between the definitive restoration date and the patient record examination date or the date of implant/restoration lost. Both descriptive statistics and generalized linear mixed modeling were used to describe the restorative complications.

Results

Over the study period a total of 499 mechanical complications were recorded. Single-implant crowns had the largest sample size ($n = 4,760$) and a recorded complication rate of 2.56 per 100 prostheses per year. The majority of screw loosening recorded in this study were inadequately described. In single-implant crowns, abutment screw loosening occurred at a rate of 0.07 per 100 per year while unspecified screw loosening occurred at a rate of 0.53. Lateral screw loosening was more common in lateral screw-retained implant crowns (1.06) than decementation was in cement-retained implant crowns (0.57). Esthetics (0.25), veneer chipping or fracture (0.41), and food packing/contact point issues (0.53) also represent significant portions of the restorative complications. Each type of complication presented with a slightly different timing profile. Clustering within the first year was common. The ratio of screw loosening between the group who prescribed between 1 and 100 during the study period and those who prescribed more than 501 implant restorations was 1:0.15 ($P = .005$). Patients with operator-reported attrition had double the rate of veneer fracture ($P = .005$). Contact point issues were approximately three times more common in the posterior segment ($P = .001$).

Conclusion

During the period of January 2005 to December 2009, screw loosening, lateral screw loosening, decementation, esthetic complication, veneer chipping or fracture, and food packing/contact point issues were recorded at different rates for different types of prostheses in the private practices included in this study. Clusters of several complications within the first year were observed. For single-implant crowns, screw-loosening complications were less frequent in the more experienced group. Operator-reported attrition was related to higher rate of veneering material fracture. More contact point complications were found in the posterior regions of the oral cavity.

◆ Have A Laugh: Dental Potty Humor

I hope I made you smile during your busy day! I take the care of patients referred to me very seriously, including knowing how to educate them so they feel comfortable. I 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 me and we can discuss treatment planning or I can help you with any part of the treatment. My 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.



Dr. Joon Han

DDS, MS, FACP, Prosthodontist ♦ The Complex Case Specialist™



Dr. Joon Han works with other dental professionals to restore the smiles and confidence of patients facing a difficult diagnosis.

About Dr. Han's specialization:

As a Prosthodontist, Dr. Han specializes in fixed and removable prosthodontics, dental implants, and all phases of esthetic dentistry. Dr. Han is Board Certified by the American Board of Prosthodontics, and his training along with private practice experience make treatments of complex cases more successful, including:

- 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.

In addition, Scharrington Dental & Prosthodontics is equipped with an **in-house dental lab**, allowing for individual customization, precision, and higher patient satisfaction.

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. I want to work with you to provide your patients with the best possible treatment outcomes. I will treat your patient in a manner that will reflect well on you and strengthen your relationship with your patient. I am 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. I am grateful for your collegueship and trust with your patients!”

Prostho Pledge

When your patient is referred:

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

◆ Why other dental professionals work with a Board Certified Prosthodontist

Board Certified 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, Board Certified 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. Board Certified Prosthodontists are 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.**
Board Certified Prosthodontists 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 Board Certified 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.