

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

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Do You Have a Patient With Failing Anteriors?



Immediacy in implant therapy has become increasingly appealing for patients who want their implant surgery performed at the same time as extraction of the failed tooth. This newsletter will cover anterior implants. An upcoming newsletter will cover cases examples with posterior implants.

Immediate implant therapy successes and advantages have been discussed in the literature by numerous peer-reviewed published articles. To name just a few: Kan 2000 in PPAD, Araujo et al 2006 COIR, Kan et al 2011 IJOMI, Cosyn et al 2016 JCP, and Tarnow et al 2014 IJPRD (you can read the abstract for this article on page 4). Variations of the technique have been studied and have led to a better understanding of treatment planning cases for the best outcome prior to surgery. Variations have included: large diameter vs narrow diameter implants, flap raised vs. flapless procedure, particulate bone grafting socket or buccal onlay graft at time of implant placement, connective tissue graft at time of surgery vs. no grafting, dual zone bone grafting, and partial extraction therapy (root membrane technique).

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 our experience with restorative treatments, we can work together on advanced cases and both benefit! 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.

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
/ NWpros



SPECIAL REPORT: Immediate Anterior Implants

by Dr. Joshua Manchester, DDS, MSD, Prosthodontist

Continued from page 1... The main advantages of the immediate implant placement and immediate provisional placement technique include:

- Immediate esthetically acceptable outcome for anterior teeth.
- Preservation of interproximal tissue height with minimal changes.
- Preservation of facial tissue height and scallop of tissue.
- One surgical intervention instead of two or more.
- Less appointments for patients which reduces time off from work or away from daily activities.
- Decreased total treatment time.

Several requirements for successful immediate implants: a compliant patient, intact buccal bony wall, healthy soft tissues surrounding the failed tooth, and apical bone of 4-5mm past the root as seen on a CBCT cross section.

Example 1: Patient “Todd” fractured tooth #7 that had a previous crown on the tooth. The patient was given the option for a root canal therapy, post and core, orthodontic extrusion for adequate ferrule and final crown. Patient elected to extract the tooth and have implant placed due to simplicity of treatment and reduced dental appointments. Partial extraction therapy was performed leaving a thin 1mm buccal shell of the root in place to prevent buccal plate bone resorption. An immediate implant was placed and provisionalized with a temporary titanium abutment, bisacryl resin and flowable composite. His healing went well and uneventfully.



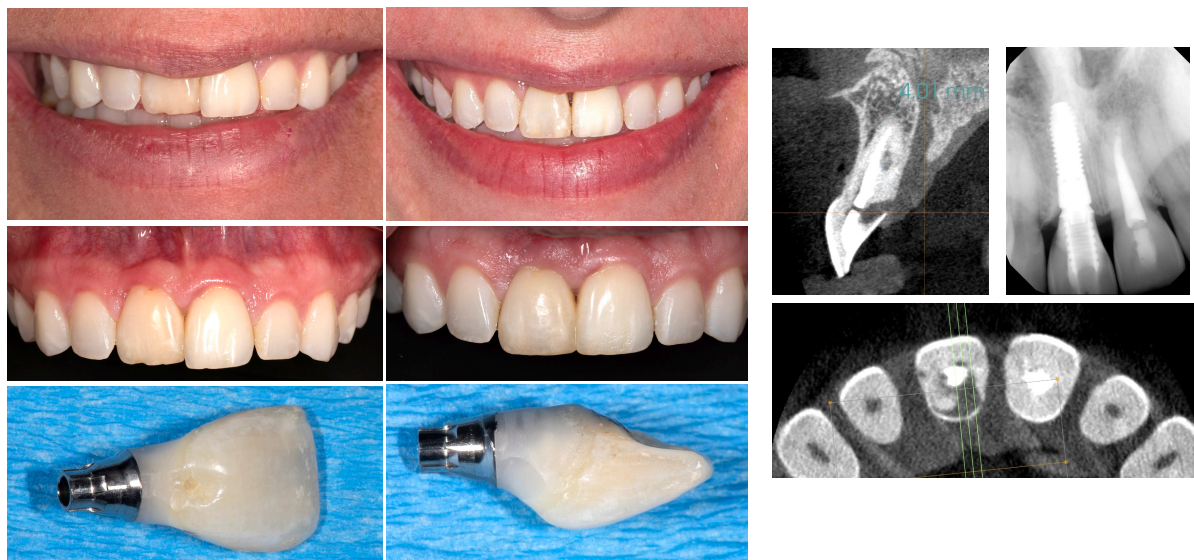
Example 2: Patient “Helen” had a history of trauma and avulsion of teeth #8 and 9 as a child. Teeth were reimplanted in the mouth within 2 hours and had root canal treatment performed. Tooth #8 had developed ankylosis and invasive cervical resorption. Though she had no pain and could function with the tooth until it had a catastrophic fracture, she wanted her tooth #8 to be level with the adjacent #9 and the shade to match. During the surgery, tooth #8 was sectioned and the palatal part of the root was extracted. The buccal shell was allowed to remain in place for a root membrane to preserve the buccal bone. The coronal part of #8 was utilized for the provisional crown, placed in a position that was level with #9 and luted to the temporary titanium abutment with flowable composite. Her healing went well and uneventfully. Photos of Helen’s treatment at the **top of the next page...**

◆ **Do you have a patient needing anterior teeth replaced? Or another complex case?**

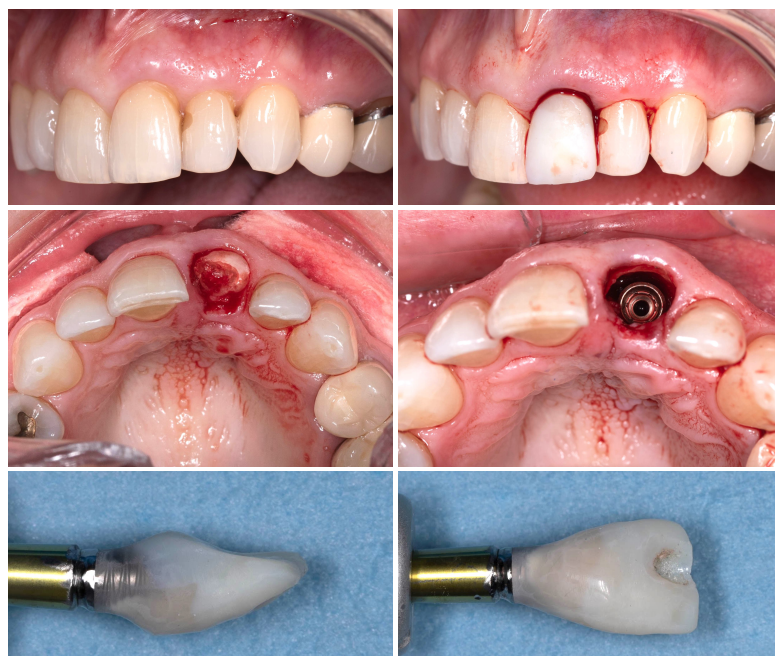
Photos on next page...

If you have a question about a patient and want another opinion, give our office a call.
Or, if you would like to work together for treatment, please fill out and send in the enclosed referral form.
Our office will take great care of your patient and keep you informed.

Example 2
(photos of
Helen's
treatment)...



Example 3: Patient “Emily” had been recently referred to a local endodontist by her general dentist and diagnosed with invasive cervical resorption of tooth #9. Emily elected to extract the tooth and have implant placed due to avoiding a catastrophic fracture in the future and being left without a tooth for a period of time. Partial extraction therapy was done to prevent buccal plate bone resorption. An immediate implant was placed and provisionalized with a temporary titanium abutment and bisacryl resin. No bone grafting was performed. Her healing went well and uneventfully.



As surgically trained prosthodontists, Drs. Joshua Manchester and Rodger Lawton have performed numerous anterior and posterior implant surgical procedures with immediate provisional placement or custom healing abutment placed at the time of surgery.

If you have questions about this treatment, please email Josh at: DDS@OlympiaSmileDesign.com

◆ How can a Certified 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 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.

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

Flapless Postextraction Socket Implant Placement

Tarnow DP, Chu SJ, Salama MA, Salama H, Stappert CF, Garber DA, Sarnachiaro GO, Sarnachiaro E, Gotta SL, Saito H.

Int J Perio. Restorative Dent. 2014 May-Jun;34(3):323-31. doi: 10.11607/prd.1821 & 2015 Nov-Dec;35(6):803-9. doi: 10.11607/prd.2178

PART 1: The Effect of Bone Grafting and Provisional Restoration on Facial-Palatal Ridge Dimensional Change - A Retrospective Study

Dental literature has reported vertical soft tissue changes that can occur with immediate implant placement, bone grafting, and provisional restoration ranging from a gain or loss of 1.0 mm. However, little is known of the effects of facial-palatal collapse of the ridge due to these clinical procedures. Based upon treatment modalities rendered, an ensuing contour change can occur with significant negative esthetic consequences. The results of a retrospective clinical cohort study evaluating the change in horizontal ridge dimension associated with implant placement in anterior postextraction sockets are presented for four treatment groups:

- (1) no BGPR = no bone graft and no provisional restoration;
- (2) PR = no bone graft, provisional restoration;
- (3) BG = bone graft, no provisional restoration; and
- (4) BGPR = bone graft, provisional restoration.

Bone grafting at the time of implant placement into the gap in combination with a contoured healing abutment or a provisional restoration resulted in the smallest amount of ridge contour change. **Therefore, it is recommended to place a bone graft and contoured healing abutment or provisional restoration at the time of flapless postextraction socket implant placement.**

PART 2: The Effects of Bone Grafting and Provisional Restoration on Peri-implant Soft Tissue Height and Thickness - A Retrospective Study

This is a follow-up study to PART 1. This article presents the results of evaluating the changes in peri-implant soft tissue dimensions associated with immediate implant placement into anterior postextraction sockets for these four treatment groups:

- (1) no BGPR = no bone graft and no provisional restoration;
- (2) PR = no bone graft, provisional restoration;
- (3) BG = bone graft, no provisional restoration; and
- (4) BGPR = bone graft, provisional restoration

The vertical distance of the peri-implant soft tissue was greater for grafted sites than for nongrafted ones (2.72 mm vs 2.29 mm, $P < .06$). The facial soft tissue thickness at the gingival third also was greater for grafted than for nongrafted sites (2.90 mm vs 2.28 mm, $P < .008$) and for sites with provisional restorations compared to sites without them (2.81 mm vs 2.37 mm, $P < .06$), respectively. The net gain in soft tissue height and thickness was about 1 mm. The increases in vertical and horizontal dimensions for grafted sites were between 0.5 and 1.0 mm, as compared to sites with no bone graft and no provisional restoration.

◆ 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.
2. You have a patient with complex needs that may drain your time.
3. You have a demanding patient who wants perfect esthetics.
4. You have a question and want to discuss a case to ease your mind.

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.