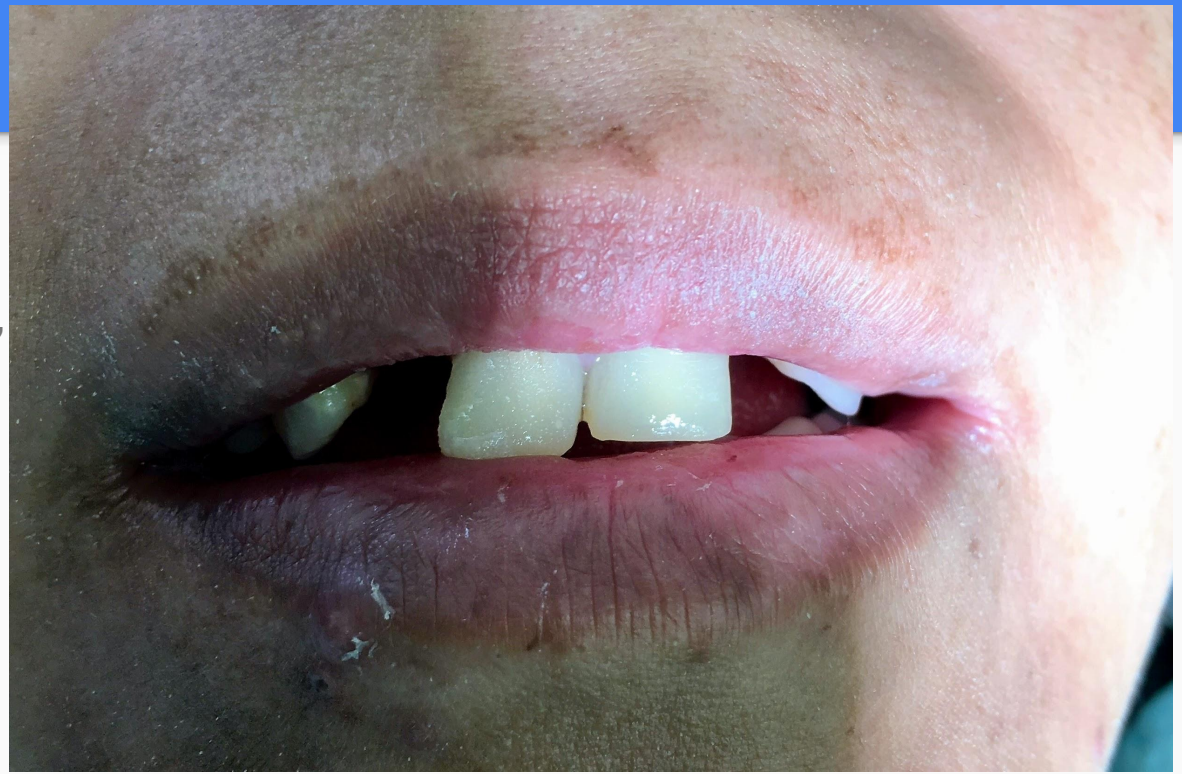
Anterior Bridge: 6-11

Ricardo Wassmer
Sia Novshadian
Mohammed Shehab
Lindsay Zhou
Fernando Vargas
Ryan Tuinstra
Cameron Walsh
Jeffrey Delgadillo

Patient Info

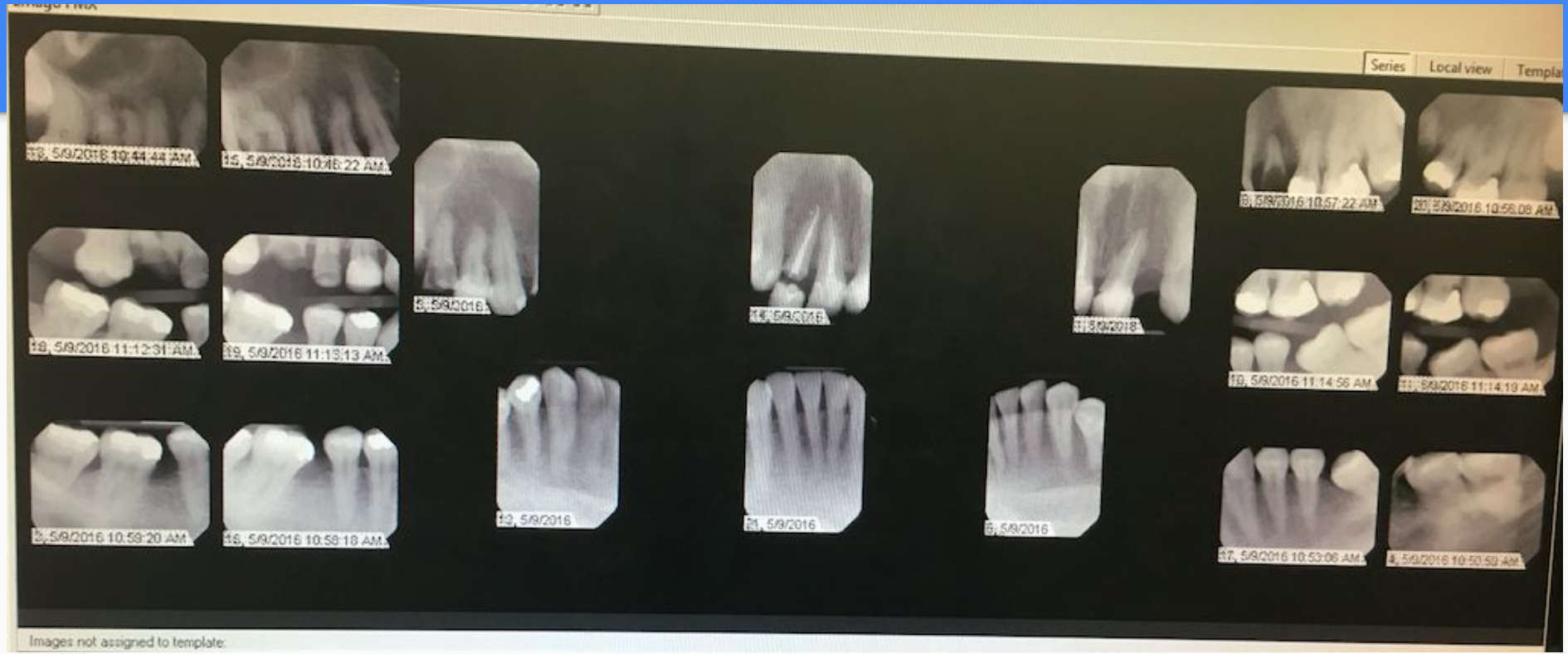
- 35 y.o Female
- CC: “I don’t like my smile
- and my front tooth is broken”



Medical and Dental History

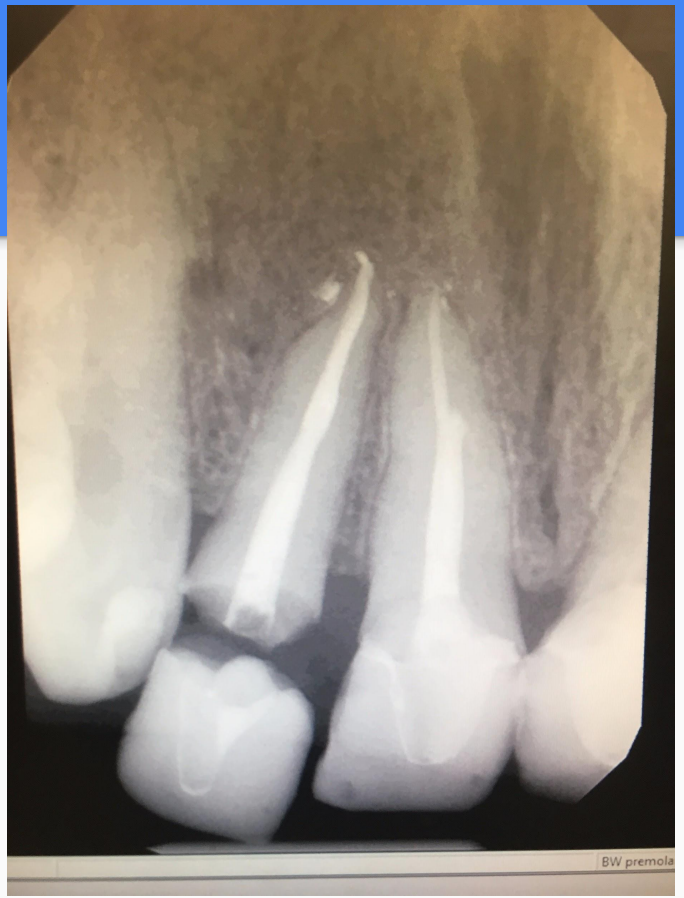
- Healthy
- Patient became pregnant during treatment
- No medications
- NKDA
- Irregular dental care with majority of work done in Mexico
- #7 fracture during FMX

Radiographs



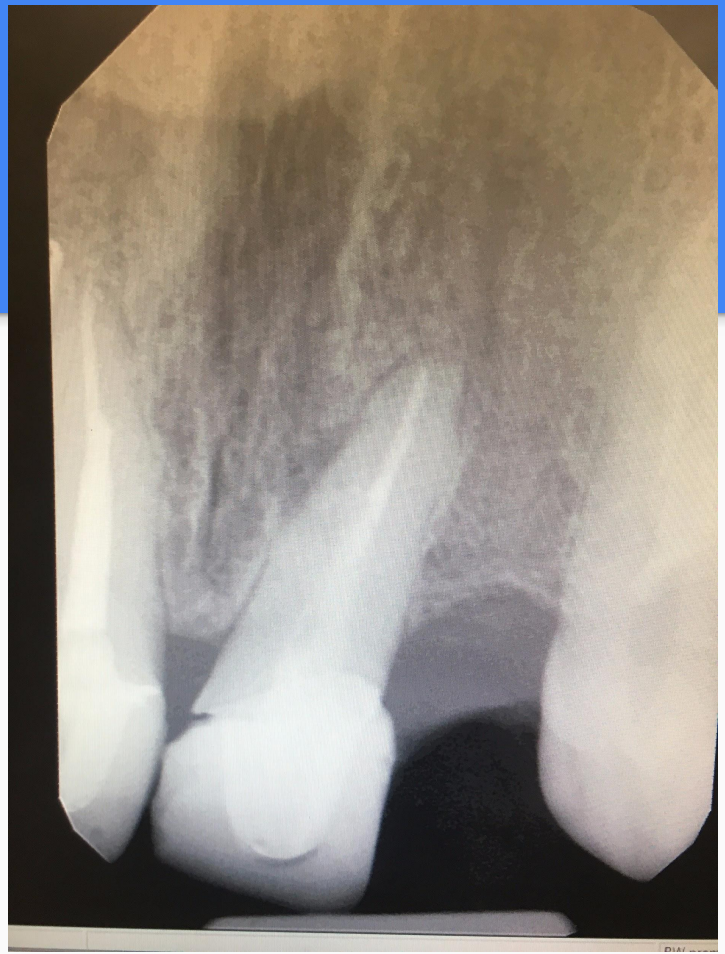
Problem List

- Missing teeth: #10, 19 and 30
- #3, 4, 7 and 12 fractured to gum line deemed unrestorable
- Recurrent active decay to pulpal third of dentin on distal of #14
- Occlusal caries #17
- Inadequate prevention
- Defective restorations: open margins #6ML composite, #8 and 9 crowns



Diagnoses

- Generalized Gingivitis w/o local contributing factors
- Caries of Dentine
- Enamel and dentin fracture with pulpal involvement- #7
- Caries risk high
- Missing teeth #19,30
- Root tips remaining # 3,4,7,12
- Defective restoration- open margin



Proposed Tx Option 1- Treat Active Disease, No replacement of missing teeth

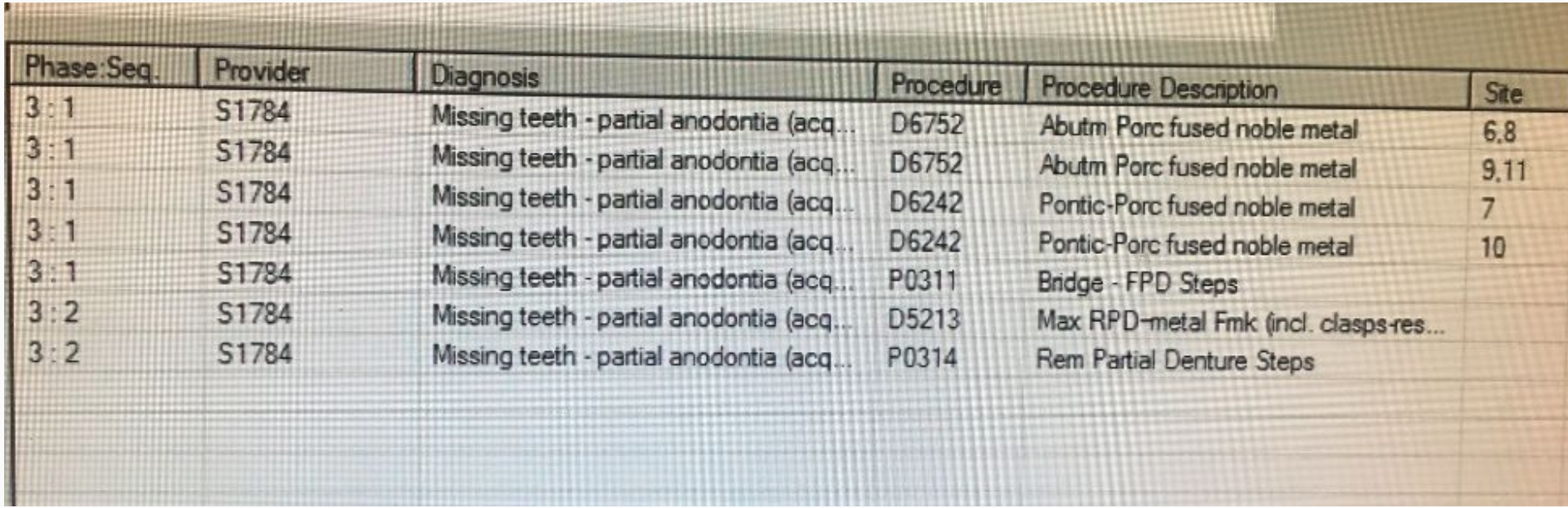
- EXT unrestorable teeth
- Treat caries

Proposed Tx Option 2- Restore missing teeth with RPD

			Procedure	Procedure Description	Site	Surf.
1 : 1	S1784	Plaque induced gingival disease wit...	D1110	Prophy - adult		
1 : 1	S1784	Plaque induced gingival disease wit...	D1330	Oral hygiene instr with Kit		
1 : 1	S1784	Caries risk high	D04061	Caries Risk Assessment (Package)		
2 : 1	S1784	Enamel and Dentine fracture with Pu...	D7140	Simple tooth extraction	3	
2 : 1	S1784	Enamel and Dentine fracture with Pu...	D7140	Simple tooth extraction	4	
2 : 1	S1784	Enamel and Dentine fracture with Pu...	D7140	Simple tooth extraction	7	
2 : 1	S1784	Enamel and Dentine fracture with Pu...	D7140	Simple tooth extraction	13	
2 : 1	S1784	Recurrent active extensive dentin c...	D7140	Simple tooth extraction	14	
2 : 2	S1784	Primary active moderate dentin carie...	D2140	Amalgam, 1 Surf	2	O
2 : 2	S1784	Defective restoration: open margin	D2331	Composite 2 surf. - ant.	6	ML
2 : 3	S1784	Recurrent active moderate dentin ca...	D2391	Composite 1 surf - posterior	17	O
2 : 4	S1784	Recurrent active moderate dentin ca...	D2752	PFM noble metal	5	MODBL
2 : 4	S1784		P0309	Crown Steps	5	
2 : 5	S1784	Defective restoration: open margin	D2752	PFM noble metal	9	MIDFL
2 : 5	S1784	Defective restoration: open margin	P0309	Crown Steps	9	
3 : 1	S1784	Missing teeth - partial anodontia (acq...	D5213	Max RPD-metal Fmk (incl. clasps-re...		
3 : 1	S1784	Missing teeth - partial anodontia (acq...	P0314	Rem Partial Denture Steps		
4 : 1	S1784	No term can be assigned – Administr...	P0917	Recall		

* #13 was a mistake; #12 needed extracting and Tx plan was amended

Proposed Tx Option 3 - Restore missing anterior teeth with 6 unit bridge with 4 abutments.



Phase:Seq.	Provider	Diagnosis	Procedure	Procedure Description	Site
3 : 1	S1784	Missing teeth - partial anodontia (acq...	D6752	Abutm Porc fused noble metal	6,8
3 : 1	S1784	Missing teeth - partial anodontia (acq...	D6752	Abutm Porc fused noble metal	9,11
3 : 1	S1784	Missing teeth - partial anodontia (acq...	D6242	Pontic-Porc fused noble metal	7
3 : 1	S1784	Missing teeth - partial anodontia (acq...	D6242	Pontic-Porc fused noble metal	10
3 : 1	S1784	Missing teeth - partial anodontia (acq...	P0311	Bridge - FPD Steps	
3 : 2	S1784	Missing teeth - partial anodontia (acq...	D5213	Max RPD-metal Fmk (incl. clasps-res...	
3 : 2	S1784	Missing teeth - partial anodontia (acq...	P0314	Rem Partial Denture Steps	

Extra Considerations

- Pregnancy
  - safety precautions?
- Age
  - mental readiness for RPD?
- Dental hx
  - RPD maintenance easier than bridge maintenance
- Posterior stops
  - sufficient?
- Inflamed anterior gingiva
  - Margins of preparations and contour of final restorations

Pregnancy Considerations

-Best time to treat = 2nd trimester

-Lidocaine 2% w/ 100k epi- Category B- safe- more studies needed

-Antibiotics: PCN, clindamycin, cephalosporins

-Avoid: Tetracyclines, Fluoroquinolones

-Analgesics: Acetaminophen (BEST) Avoid: NSAID

-1st trimester = organogenesis

-3rd trimester = supine difficult

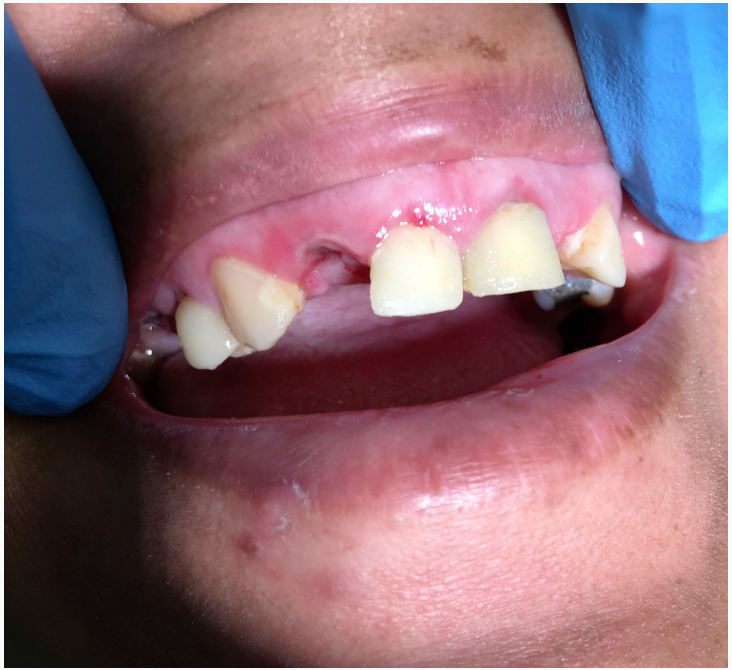
-X-rays- ok - avoid 1st trimester

Posterior Stops

- Posterior occlusal stops → more stable occlusion
- Contraindicated to treat partial edentulism w/ FPD if inadequate support
- If remaining teeth cannot support bridge → wear on FPD, abutment teeth
  - Opt for RPD or implant based prosthesis
- Ultimately, lack of posterior occlusion can lead to TMD, myofascial pain
  - Due to loss VDO

Phase I Tx

- Adult Prophy
- OHI
- CAMBRA Package
- EXT: 3, 4, 7, 12 and 14
- Waited 9 weeks before proceeding with FPD to let gingiva heal



Phase II Tx

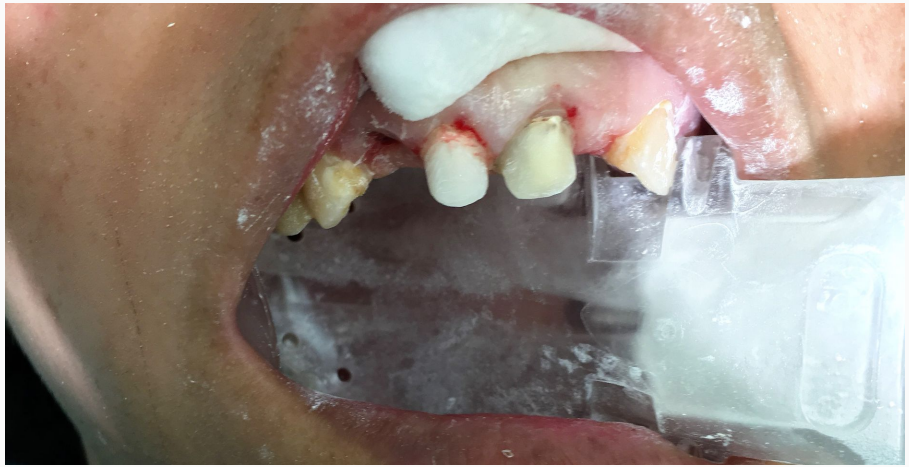
- #17 occlusal composite

Phase III Tx

- RPD to replace all teeth vs Anterior Bridge + RPD
  - Patient was not psychologically ready for a removable device to replace her anterior teeth.
  - Discussed the possibility of anterior 6 unit bridge with rest seats on the abutments for future fabrication of RPD to replace posterior teeth.
- Posterior Stops
  - Prosthodontic consult obtained to assess adequacy of posterior stops.
  - Patient had 2 posterior stops on both the left and right sides, allowing us to proceed with an anterior bridge w/ a good prognosis

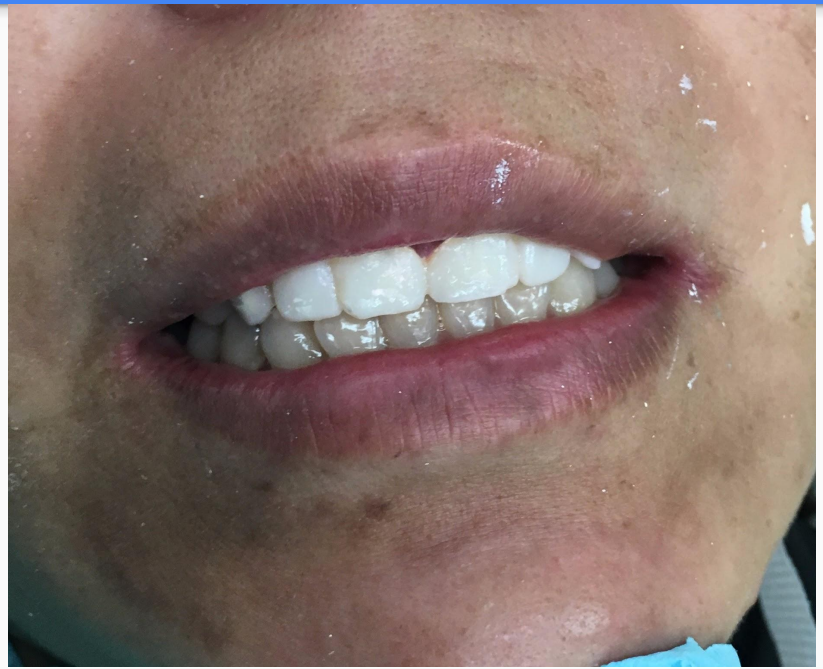
Initial Preparation

- Rough preps of 8 and 9 after EXT of 7
- Patient did not want to be without anterior laterals while waiting to continue with tx



Provisional Restoration

- Patient wanted to see what FPD would roughly look like
- Impressions and wax-up
- Putty matrix
- Provisional made with 7 and 10 as cantilevers off 8 and 9 after rough preparation

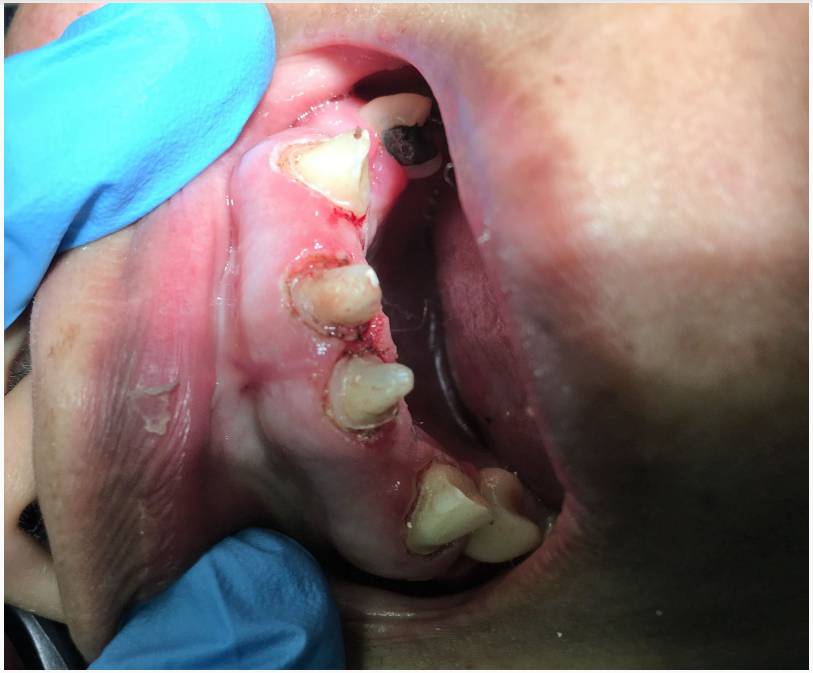


Laser Gingivectomy: Indications

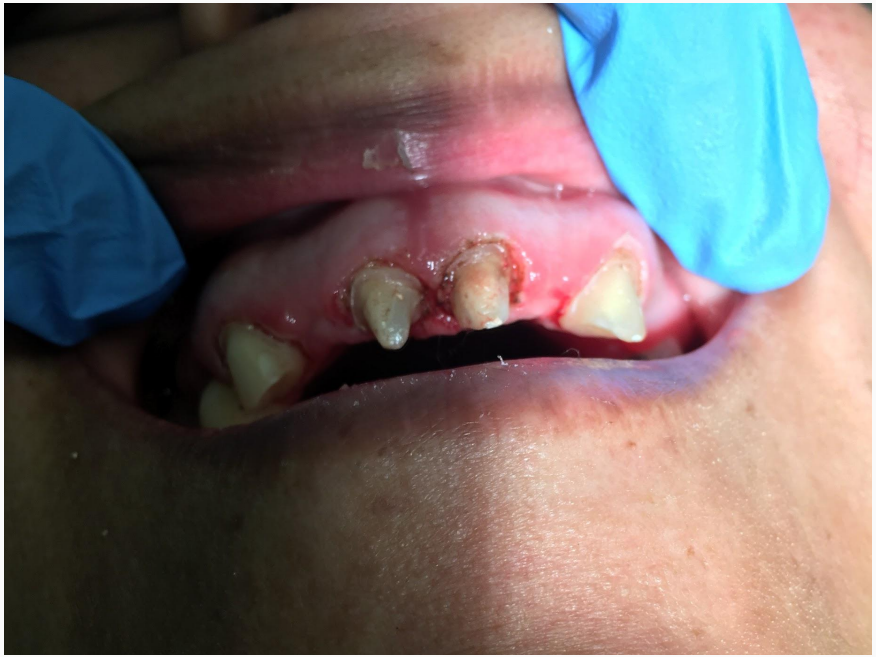
- Soft tissue crown lengthening/contouring- optimal esthetics

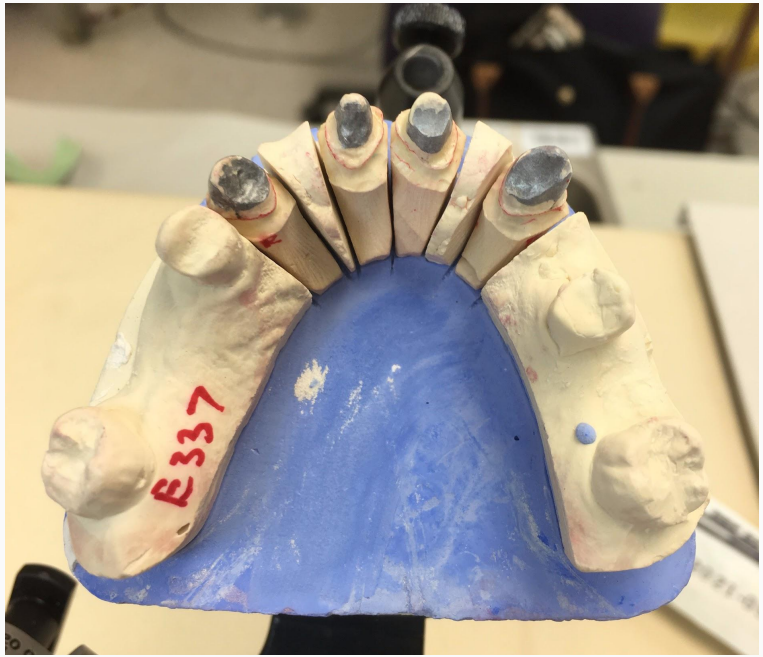
- Overgrown gingival tissue

- Removal of pigmentation



Final Preparation





Taper and Parallelism (Draw)

-Multiple unit abutments require similar taper

-All abutment units should be parallel in order for the unit to seat properly

-Assuring these parameters, allows for a better insertion path and outcome

To splint or not to splint?

Splint:

- Harder to maintain the hygiene

-To stabilize perio compromised teeth

- If it is a provisional bridge

- Structurally compromised teeth (lack of adequate tooth structure, short preps, etc.)

- Short implants

Not to splint:

- Inadequate oral hygiene

- Patient with bruxism and parafunctional habits

- Implant and a natural teeth.

- Severe occlusal interferences.

-

Final Impression: Laser vs Cord?

Laser

Pros

- Coagulation
- Sulcus sterilization

Cons

- Expensive
- Iatrogenic damage

Cord

Pros

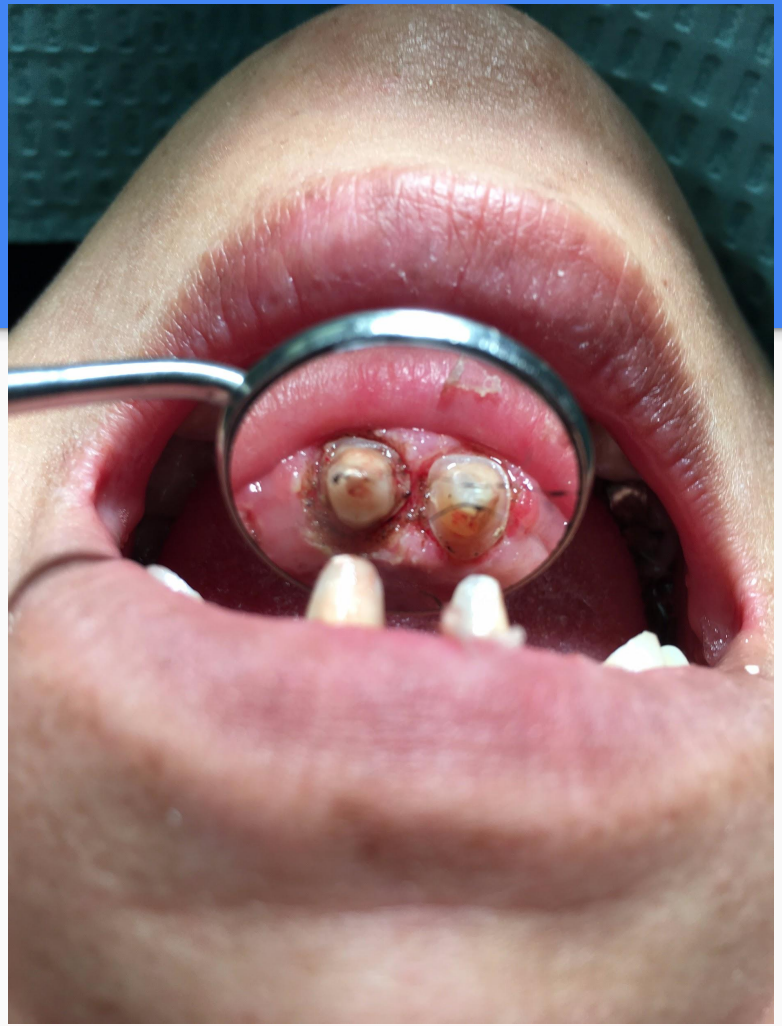
- Inexpensive
- Post op discomfort

Cons

- Chemicals for coagulation
- Gingival recession

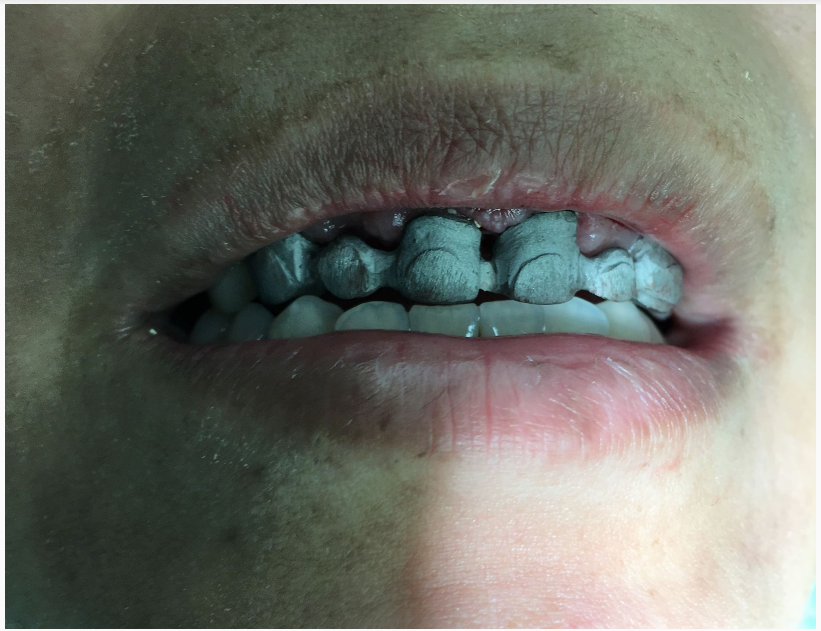
Final Impression

- Gingival retraction achieved with Picasso Diode Laser
- Cauterizing factor when decreasing power
- Troughing

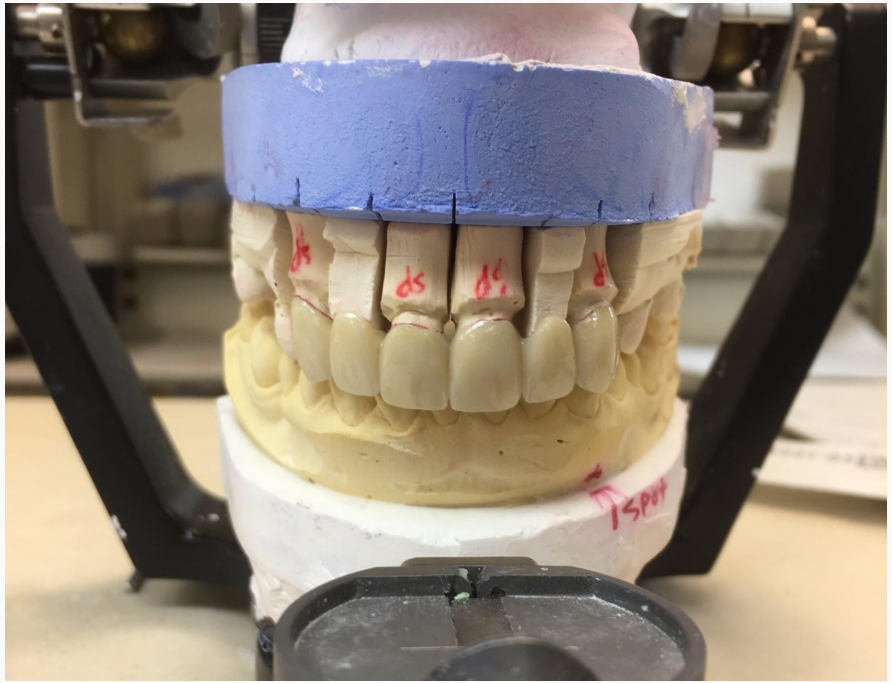


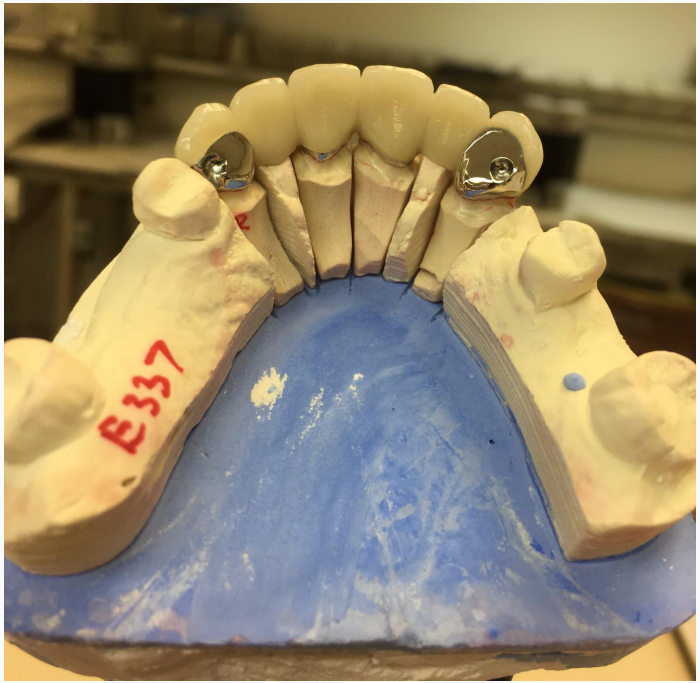
Metal Framework Try-In: Why Do It?

1. To check metal margins and ensure that they are well sealed and contoured
2. To prevent risk of porcelain fracture.
    a. Check for passive fit

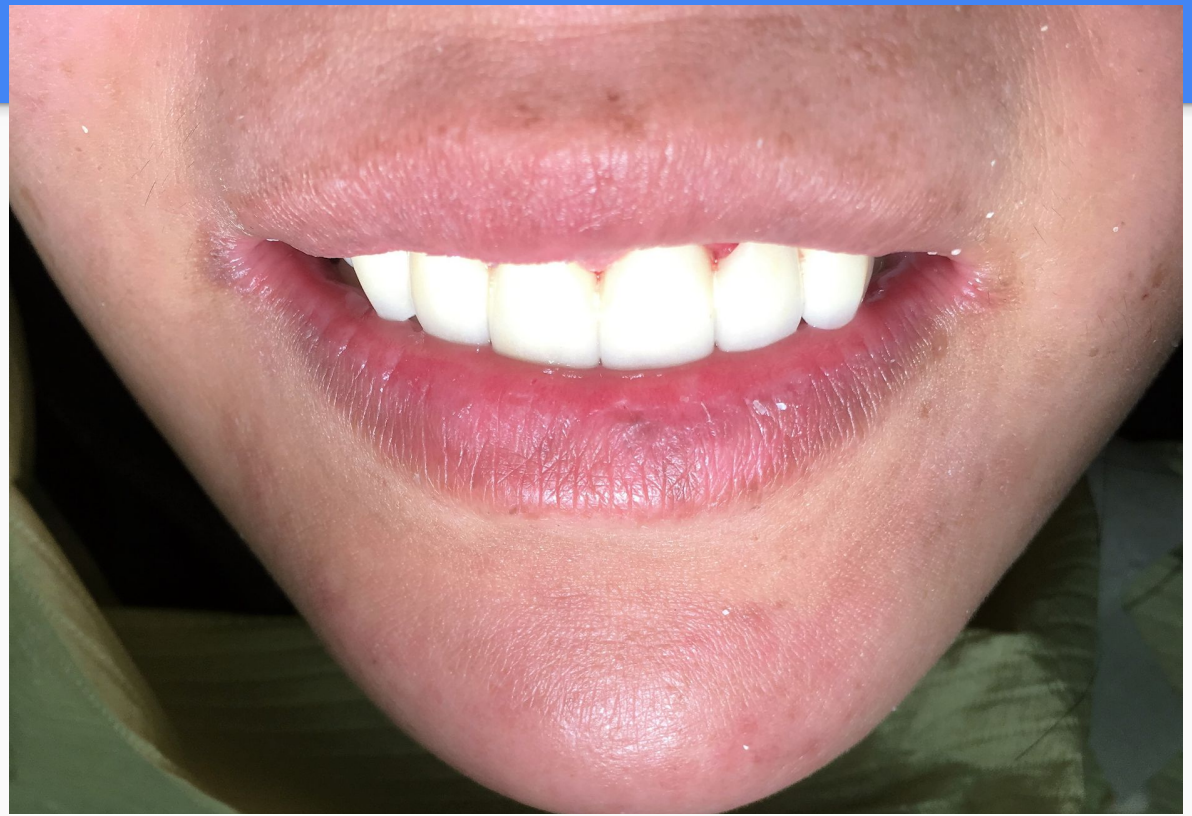


Restoration returned from lab





Delivery



Post-Delivery Appt

- Ensured patient was comfortable with FPD
- Re-checked occlusion
- Reinforced OHI

What Now?

- Patient to continue treatment after baby is born
- Max RPD
- Recall

Things I Learned

- Look at the whole picture
- Patient CC
- Need to be innovative and adaptable
- Takes a team

Special Thanks

- Dr. Eaton
- Dr. Sun
- Dr. Hahn

Questions?