2018 brings us a renewed opportunity to put our best foot forward, that is why I’m happy to announce the creation of “The Restorative Connection” a bimonthly dental publication courtesy of myself and iDENTity Dental Studio.

Articles, interesting cases or topics of research from peer reviewed journals such as the Journal of Prosthetic Dentistry, Journal of Prosthodontics will be selected and I will share with you my general thoughts and perspective and sometimes even interesting cases I’m working on.

My hope is to raise awareness of current technologies and techniques in prosthodontics, and to open the lines of communication with you that will afford you and your patients a greater specialty level support in regards to dental prosthetics and implant dentistry.

As you discover and diagnose a challenging case of either increased magnitude or an elevated level of complexity, I want you to know that I’m here for you on any level that is necessary — for consultation or referral.

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Prosthodontist
In the first edition of The Restorative Connection I want to highlight a treatment decision that many clinicians face on a regular basis, treating the edentulous maxillary arch. As clinicians, we all desire to provide patients with outcomes that satisfy their treatment goals and improve their quality of life. When treating the challenging edentulous maxillary arch, we have the responsibility to educate patients on the potential outcomes with different prosthetic treatments. Our confidence in those recommendations and outlining the patient’s expectations following treatment will help guide the patient in their decision.

A patient’s desire to pursue dental implant therapy typically revolves around a psychosocial fear of having a Complete Removable Denture Prosthesis (CRDP) or an unsuccessful history with a CRDP. The patient’s perception following treatment can be influenced by a number of factors including esthetics, function, comfort, taste, speech, ability to clean, self-esteem, and the presented perception of the restoration by the practitioner. There are limited unbiased clinical trials evaluating the difference between implant-supported complete fixed dental prosthesis (ICFDP) (relating to crown and bridge style fixed metal ceramic and/or metal-acrylic “hybrid” style) and implant-supported removable dental prosthesis (ICRDP)(bar overdenture style).¹

The available research studies for the maxillary edentulous arch compare an ICFDP and ICRDP (using a bar supported design) to compare several measures of treatment outcome. Regardless of design, it has been shown in a prospective study that dental implant therapy is of major benefits to patients in improving functioning and enhancing quality of life.² Contrary to conventional thinking that ICFDP provides higher patient satisfaction, ICRDP can provide successful patient satisfaction outcomes.² In some instances, an ICRDP may even provide a more appropriate outcome.²,³,⁴ In a systematic review by Selim et al, cleansability can have a significant impact on the patient perception of the treatment outcome in which an ICRDP was more favored than ICFDP.¹ In two studies, the treatment outcome related to speech was actually more favorable for an ICRDP.⁵,⁶

When a patient presents for evaluation, they present with most of the diagnostic parameters to help decide what prosthetic solution is appropriate specifically
the lip position, length, mobility, and position of the edentulous alveolar ridge. For the edentulous maxilla, it may be necessary to complete a tooth set-up or a diagnostic wax-up prior to prosthetic and implant planning. Understanding the current condition of the maxillary anatomy will help to highlight the patient specific clinical parameters to aid in selecting the appropriate prosthesis for the patient. Patient specific classifications are available to assist the clinician in selecting the prosthesis that will fulfill the treatment outcomes. A reference, “The Lip-Tooth-Ridge Classification” (LTR) by Pollini et al, can be helpful in determining a prosthesis that for the challenging edentulous maxillary arch. This is achieved by taking into careful consideration during diagnosis and treatment planning the “anatomical characteristics, bone resorptive pattern, quality of bone, development of prosthetic emergence profile, oral hygiene limitations, influence of the teeth and hard tissue during speech, and the importance of the prosthesis for facial and dental esthetics”.

Illustration from Pollini et al: From Left to Right, Class I, Class II, Class III, Class IV

In conclusion, the most important aspects of treating the edentulous maxilla are to understand WHY the patient is seeking treatment and how patient specific diagnosis and treatment planning can identify the appropriate prosthetic option(s). In many instances, a removable prosthesis can provide the patient with an outcome that meets or exceeds their expectations.

I hope that you enjoyed the first bi-monthly issue of The Restorative Connection co-written and provided by Dr. Brandon Stapleton and iDENTity Dental Studio.

Please submit any topic suggestions for a future issue of The Restorative Connection via email to info@identitylexington.com.
Citations


