

Advances In Prosthodontics™

New Findings & Best Practices for Cosmetic & Restorative Dentistry

Do You Have a Patient with a Severe Overbite?

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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 another complex situation — 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 / Maratta



CASE SUMMARY: Class II malocclusion with existing implants and old crowns

by Francesco P. Maratta, DMD, FACP
Board Certified Prosthodontist

Patient “Debra” had her restorations done mostly in Eastern Europe. **What made this case challenging** was working with her existing restorations to correct her Class II malocclusion (collapsed vertical dimension / overbite).

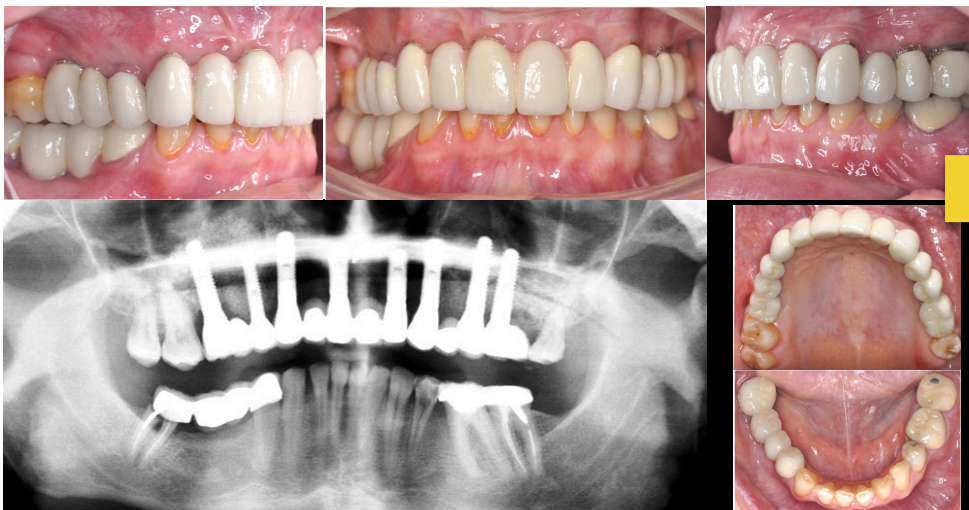
As a prosthodontist, I have experience with complex cases, and can plan multi-stage treatments that coordinate with a patient’s general dentist and other dental specialists. I also have experience repairing or replacing dental restorations whether they are complete or partial dentures, dental implants, crowns, or bridges.

The options available were to:

1. Do nothing,
2. Remove all teeth and do All-on-4’s,
3. Improve her existing crown and bridge work to better support her teeth and correct her occlusion.

She chose the third option, and I worked through treatment with provisionals and final crowns to increase her vertical dimension and allowance for freedom in excursions. Below and on the next page you can see the treatment photos...

Pre-treatment



Final photos on next page...

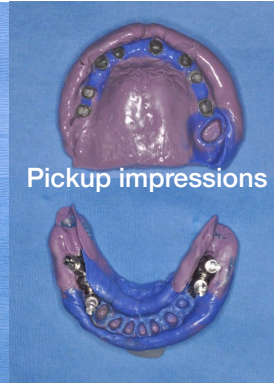
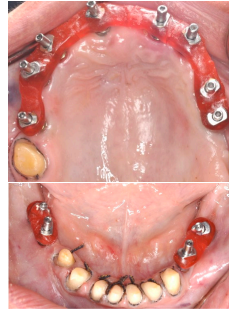
Continued on next page...

◆ Do you have a patient in Debra’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. Dental professionals refer to me as **The Complex Case Specialist™** because I perform complex cases every day.

Treatment



Provisionals

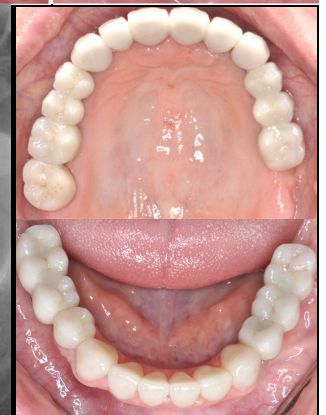


Final

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 this example, please email me at:

nhpros@att.net



◆ How can a Prosthodontist assist you and your dental team?

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 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 each patient desires, then referring them back to your office for their ongoing care.

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

Dentures are a Reservoir for Respiratory Pathogens

Lindsay E. O'Donnell BSc, Karen Smith BSc, PhD, Craig Williams MB, MD, Chris J. Nile BSc, PhD, David F. Lappin BSc, PhD, David Bradshaw BSc, PhD, Margaret Lambert BSc, MSc, Douglas P. Robertson PhD, BDS (Hons), MFDS, FHEA, Jeremy Bagg PhD, FDS, FRCPath, FFPH, Victoria Hannah BSc, BDS, PhD and Gordon Ramage BSc, PhD, FRCPath1. Journal of Prosthodontics, 10 AUG 2015, DOI: 10.1111/jopr.12342

Purpose

Recent studies have established a relationship between dental plaque and pulmonary infection, particularly in elderly individuals. Given that approximately one in five adults in the UK currently wears a denture [about one in six adults in the US], there remains a gap in our understanding of the direct implications of denture plaque on systemic health. The aim of this study was to undertake a comprehensive evaluation of putative respiratory pathogens residing upon dentures using a targeted quantitative molecular approach.

Materials and Methods

One hundred and thirty patients' dentures were sonicated to remove denture plaque biofilm from the surface. DNA was extracted from the samples and was assessed for the presence of respiratory pathogens by quantitative polymerase chain reaction (qPCR). Ct values were then used to approximate the number of corresponding colony forming equivalents (CFEs) based on standard curves.

Results

Of the dentures, 64.6% were colonized by known respiratory pathogens. Six species were identified: *Streptococcus aureus*, *Streptococcus pneumoniae*, *Pseudomonas aeruginosa*, *Haemophilus influenzae* B, *Streptococcus pyogenes*, and *Moraxella catarrhalis*. *P. aeruginosa* was the most abundant species followed by *S. pneumoniae* and *S. aureus* in terms of average CFE and overall proportion of denture plaque. Of the participants, 37% suffered from denture stomatitis; however, there were no significant differences in the prevalence of respiratory pathogens on dentures between healthy and inflamed mouths.

Conclusions

Our findings indicate that dentures can act as a reservoir for potential respiratory pathogens in the oral cavity, thus increasing the theoretical risk of developing aspiration pneumonia. Implementation of routine denture hygiene practices could help to reduce the risk of respiratory infection among the elderly population.

Thoughts

This may not be a surprise to you, but the clinical research supports the need for regular hygiene and can be a good talking point with patients. Now we need to determine by research the best way to disinfect the dentures with the least damage to the dentures. But certainly, just brushing and using cleaning agents will decrease these pathogens. Depending on the patient, it may also be a reason to consider dental implants.

◆ Why other dental professionals work with a Certified Prosthodontist

Certified 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 with a colleague to ease your mind.