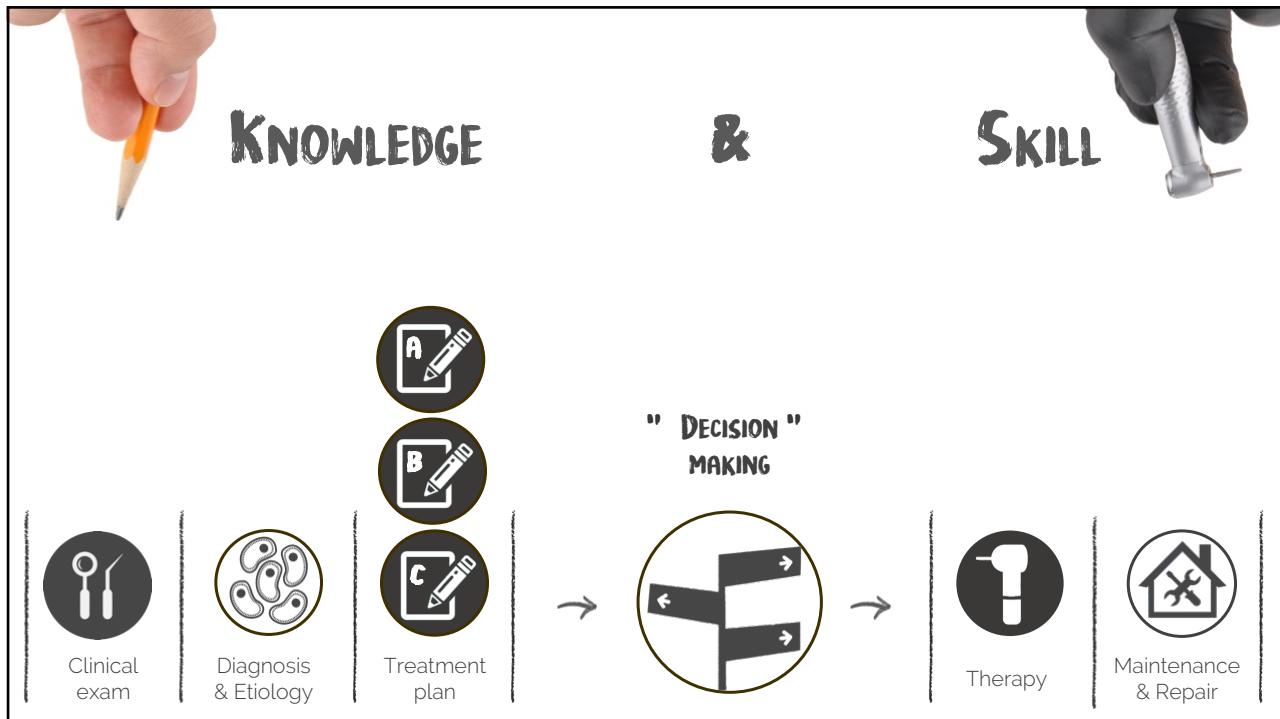


Decision

REST 717 Winter 2022

Hongseok An, DDS, MSD, FACP

Assistant Professor, OHSU School of Dentistry
Diplomate, American Board of Prosthodontics



23. Which of the following statements is NOT true?

- a) Zirconia restorations are typically milled in a partially-sintered stage.
- b) Lithium disilicate restorations can be milled in a partially-crystallized stage.
- c) Lithium disilicate restorations can be heat-pressed using temperatures up to 1200°C.
- d) A partially-sintered zirconia restoration undergoes about 10% volume expansion during the post-milling sintering.

24. Which of the following statements is NOT true?

- a) Fracture strength of zirconia is higher than that of lithium disilicate over time.
- b) Zirconia tends to lose its strength over time.
- c) Wear resistance of lithium disilicate is as high as that of zirconia on human enamel.
- d) Zirconia is more wear-resistant than human enamel.

RIGHT ANSWERS ?

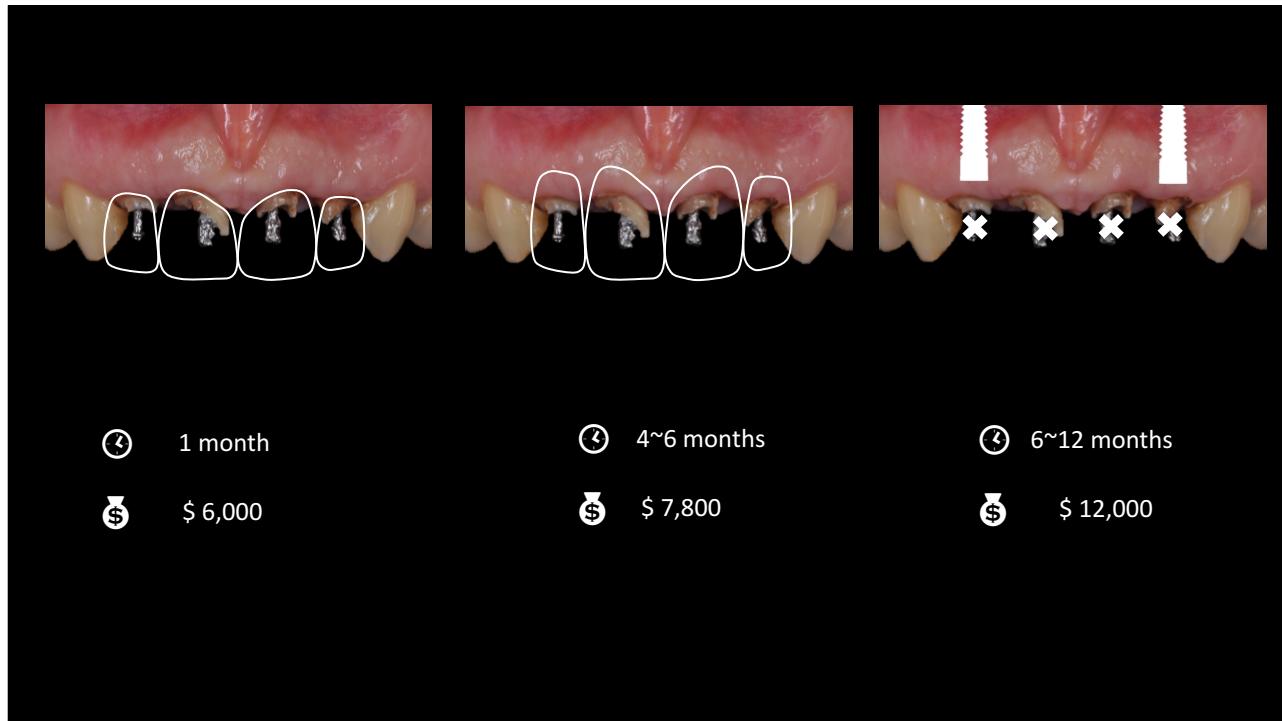
RIGHT ANSWERS ?



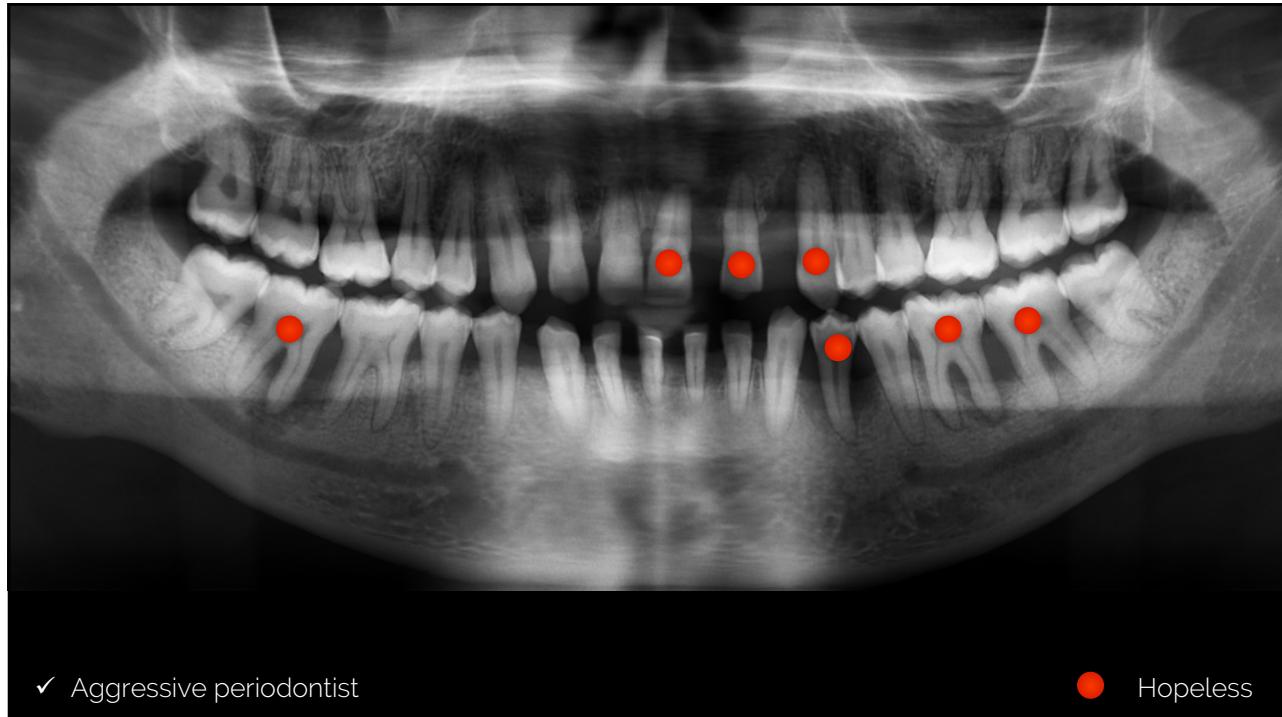


12/17/2021, Portland, OR





Male, 22 years old
CC: I don't like spaces between my teeth



Treatment Plan	Prosthetic Options	Periodontal Options	Orthodontic Options
TX PLAN A <ul style="list-style-type: none">Extraction : # 9, 10, 11, 18, 19, 21, 31Periodontal treatmentOrthodontic treatmentImplant + bone graft : #9, 11, 18, 19, 21, 31			
TX PLAN B <ul style="list-style-type: none">Extraction : # 9, 10, 11, 18, 19, 21, 31Periodontal treatmentInterim partial dentureWatch and further treatment as needed			
TX PLAN C <ul style="list-style-type: none">Full arch extractionMaxillary and mandibular full arch implant supported prosthesis			



Female, 60 years old



Tx PLAN A

- Caries control protocol
- Extraction : #29, 30
- Endodontic tx : #3, 4, 11, 19
- Caries removal & foundation restorations with or without post : #2, 3, 4, 8, 9, 10, 11, 14, 15, 20, 21, 22, 28
- Crown lengthening : #2, 3, 4, 20, 21
- implant placement : #29, 30
- Provisional restorations : #2, 3, 4, 8, 9, 10, 11, 13, 14, 15, 19, 20, 21, 29, 30
- Orthodontic treatment
- Orthognathic surgery
- Definitive restorations(Crowns) : #2, 3, 4, 8, 9, 10, 11, 13, 14, 15, 19, 20, 21, 29, 30

Specialties involved :

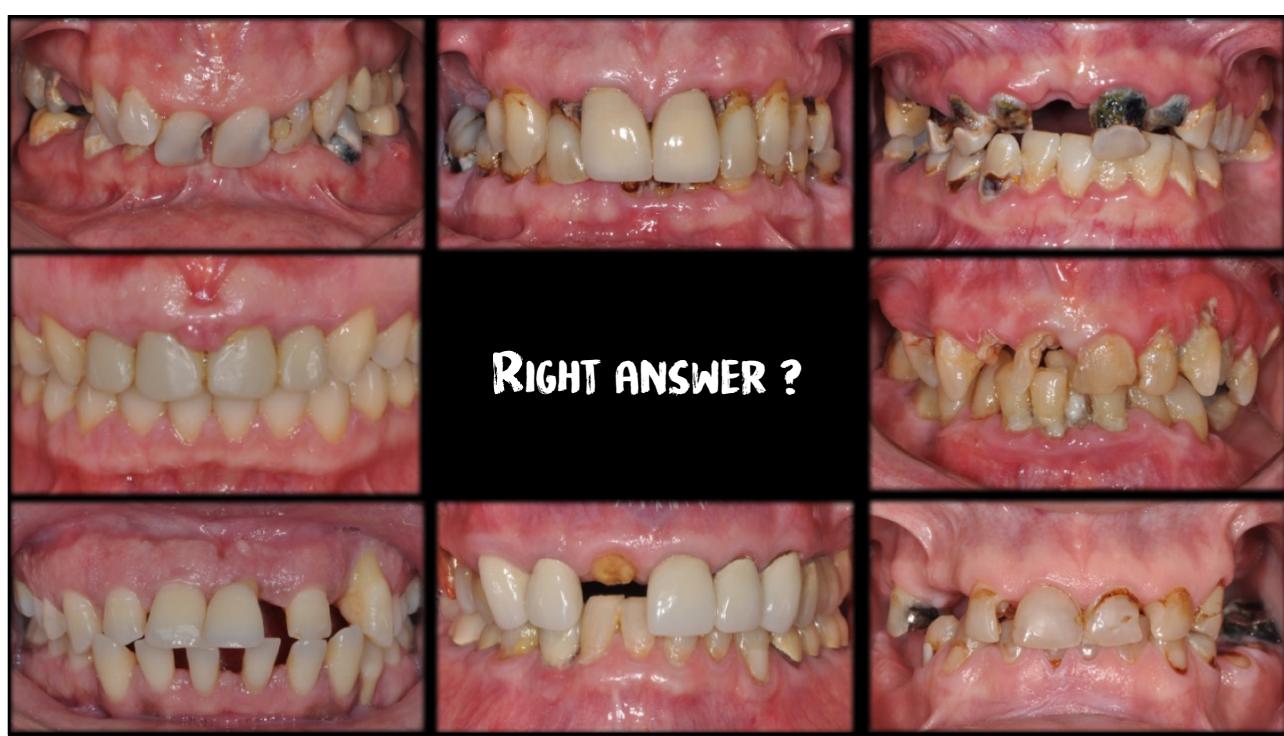
 OMFS
 PROS
 PERIO
 ENDO
 ORTHO

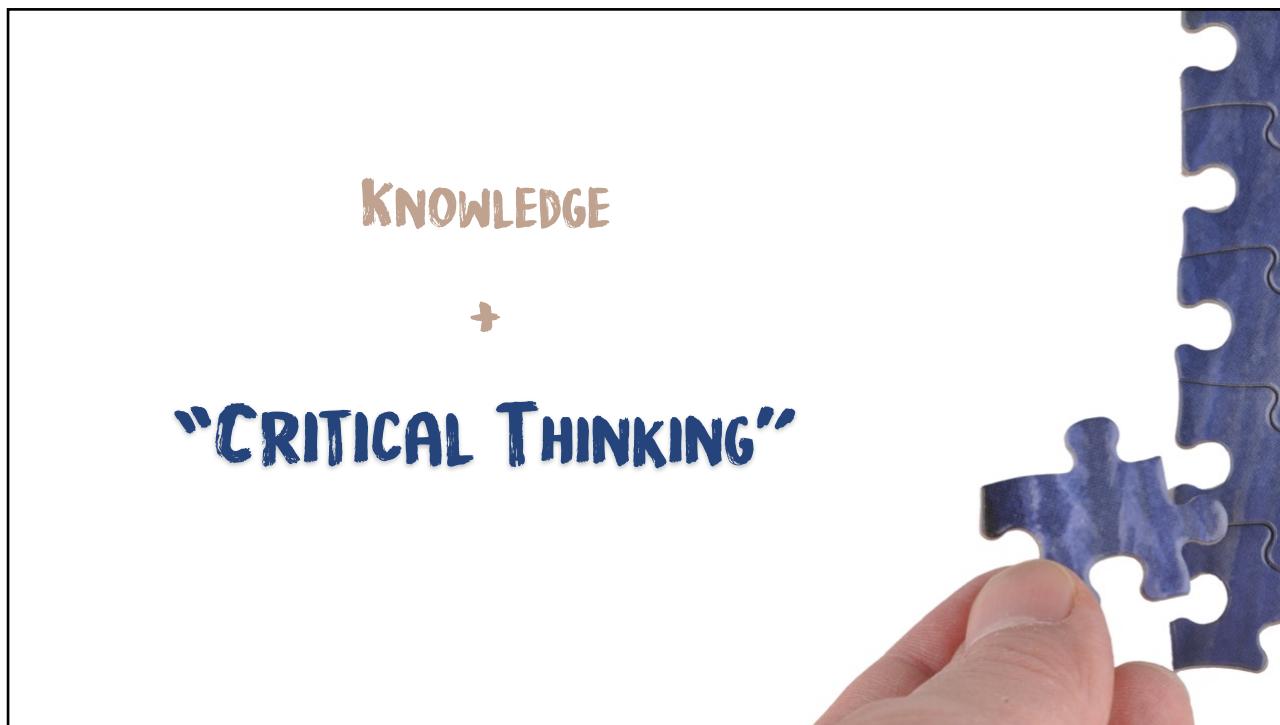
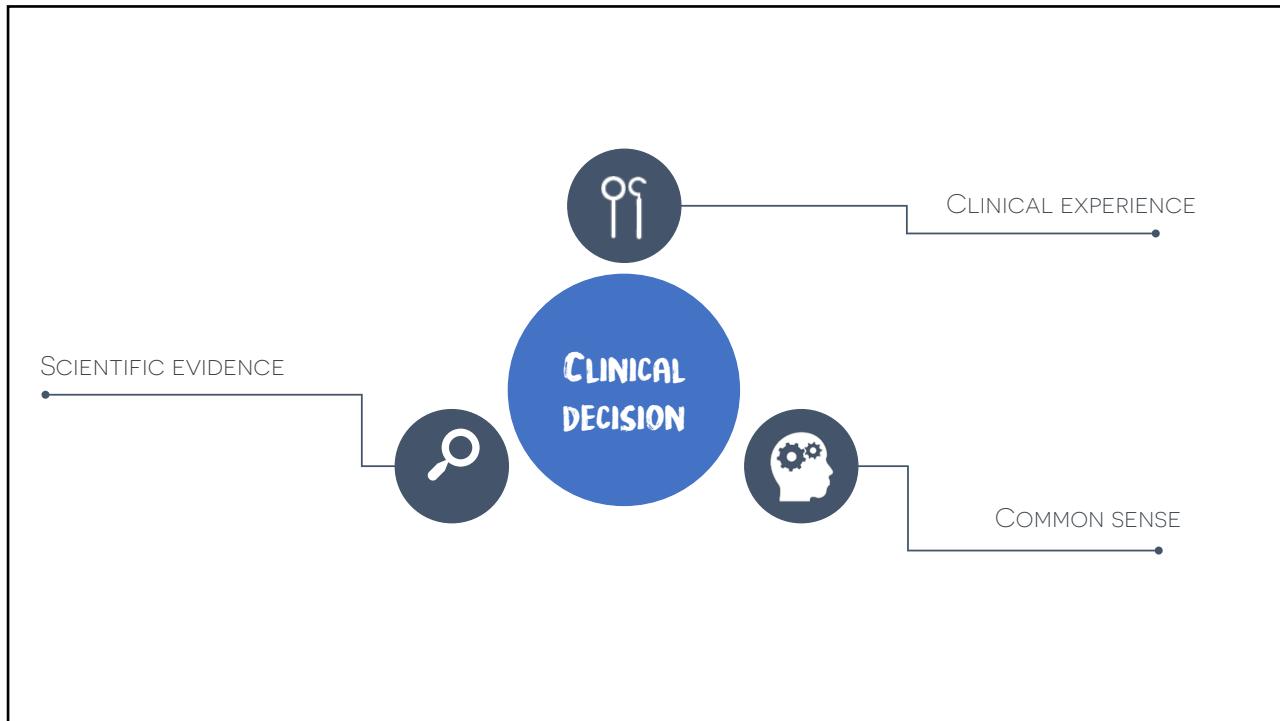
Tx PLAN B

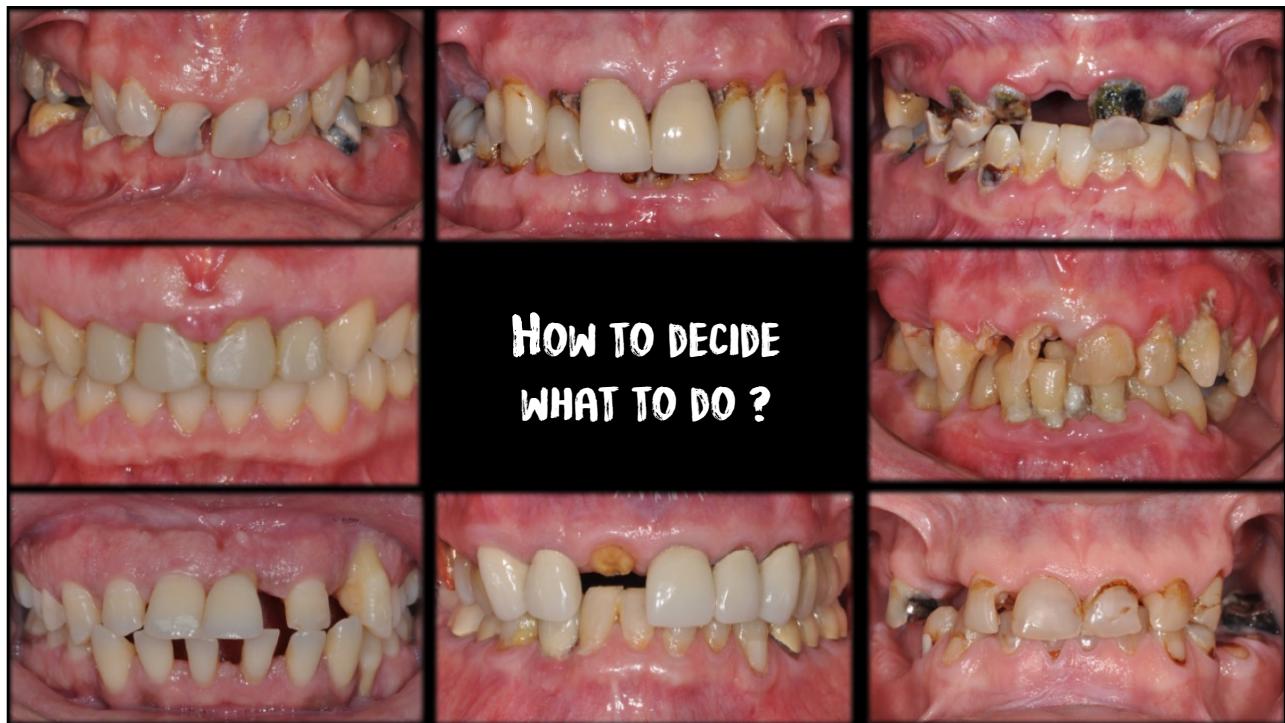
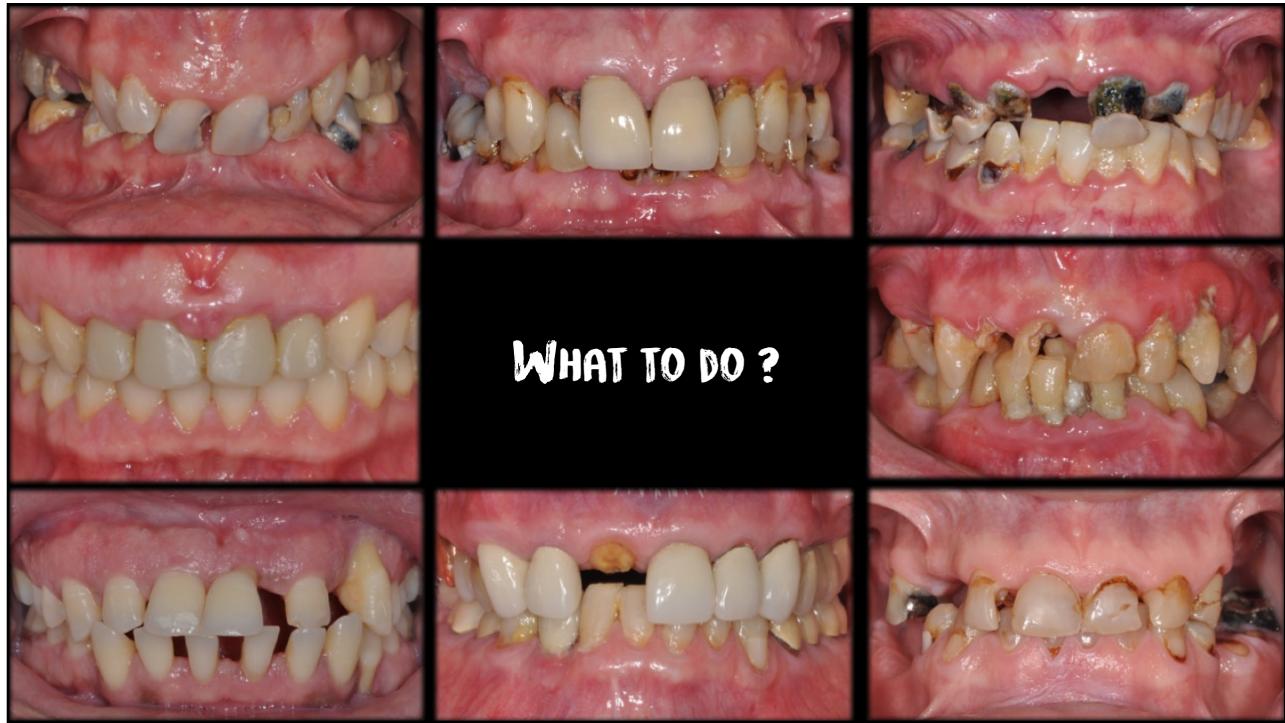
- Full mouth extraction
- Mx : Complete denture
- Mn : Implant overdenture (2 locators)

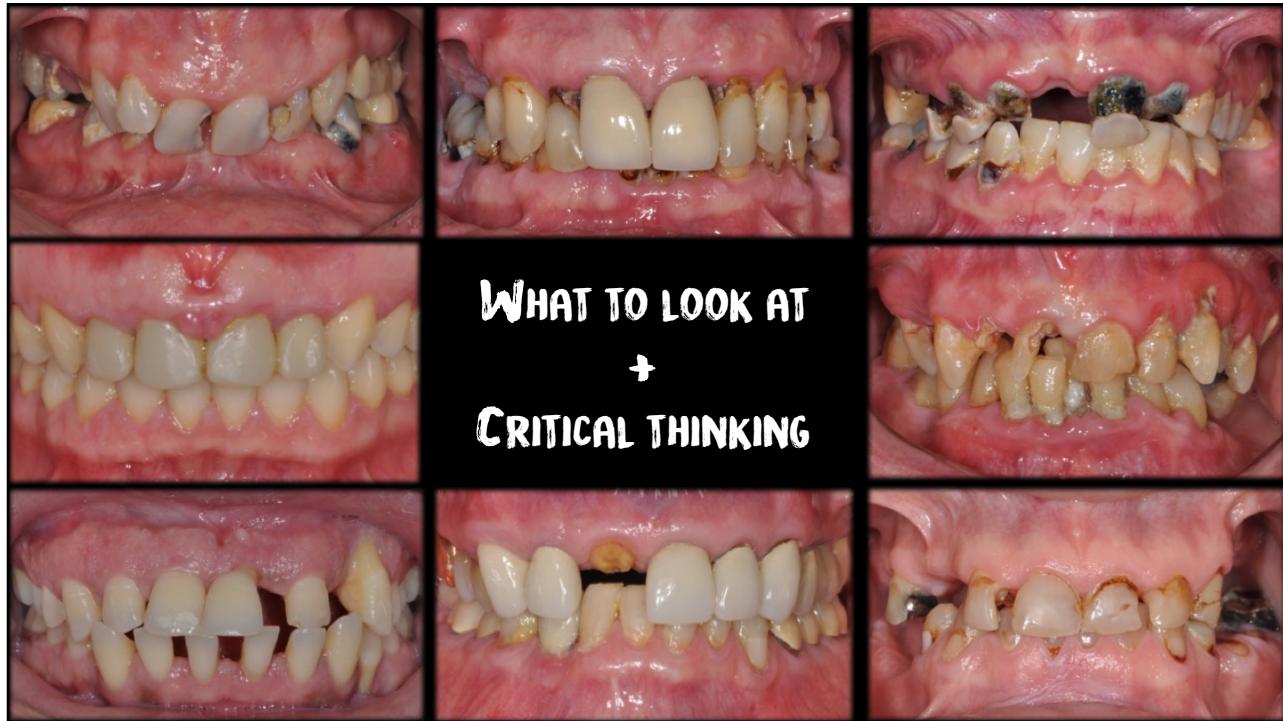
Specialties involved :

 PROS

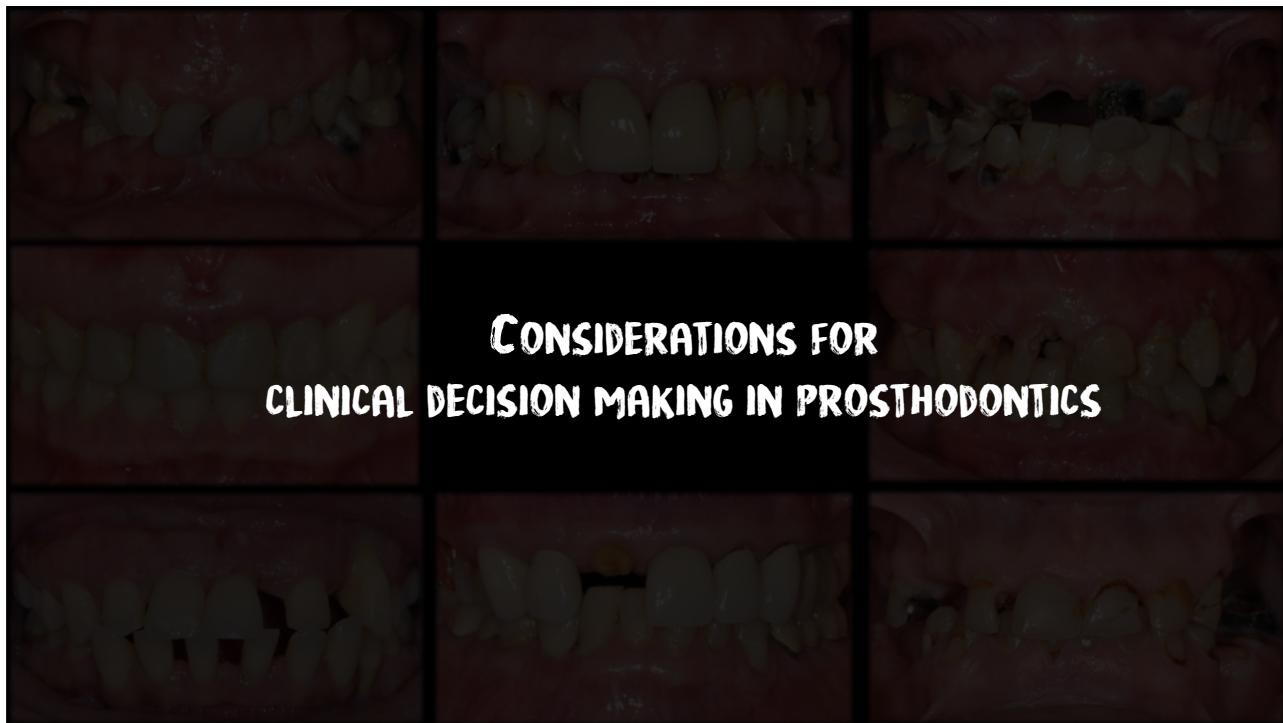


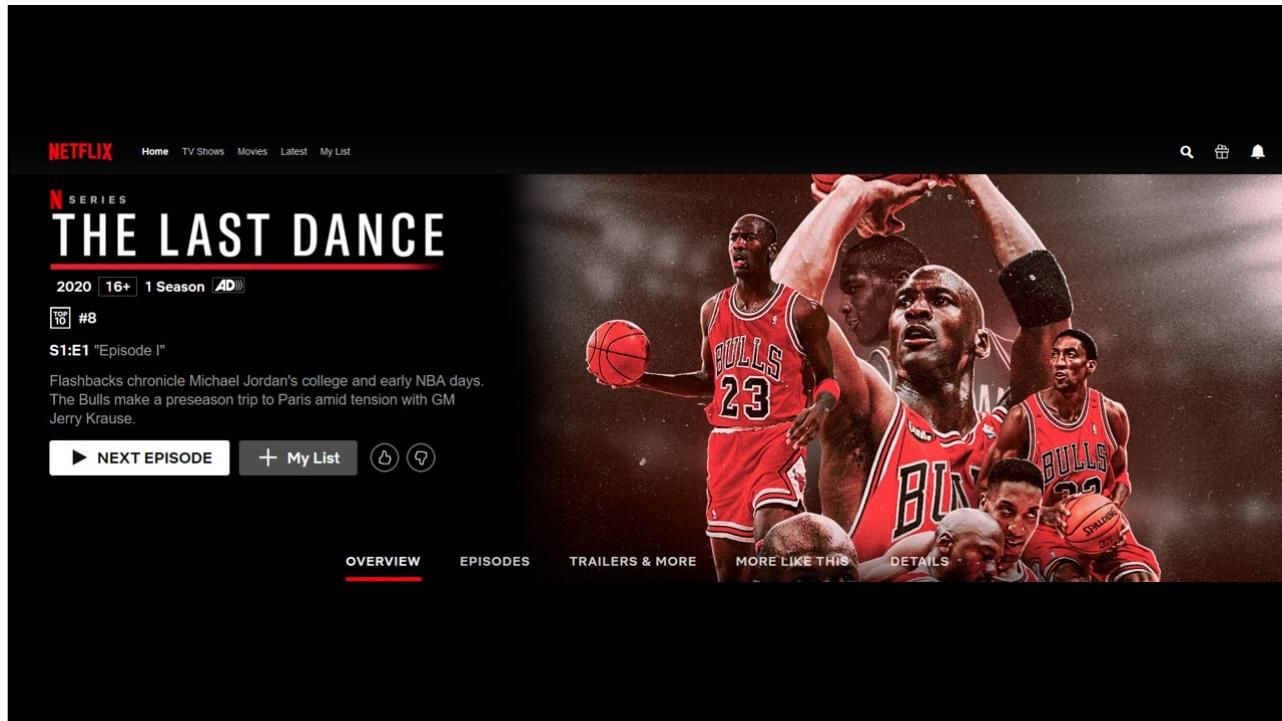




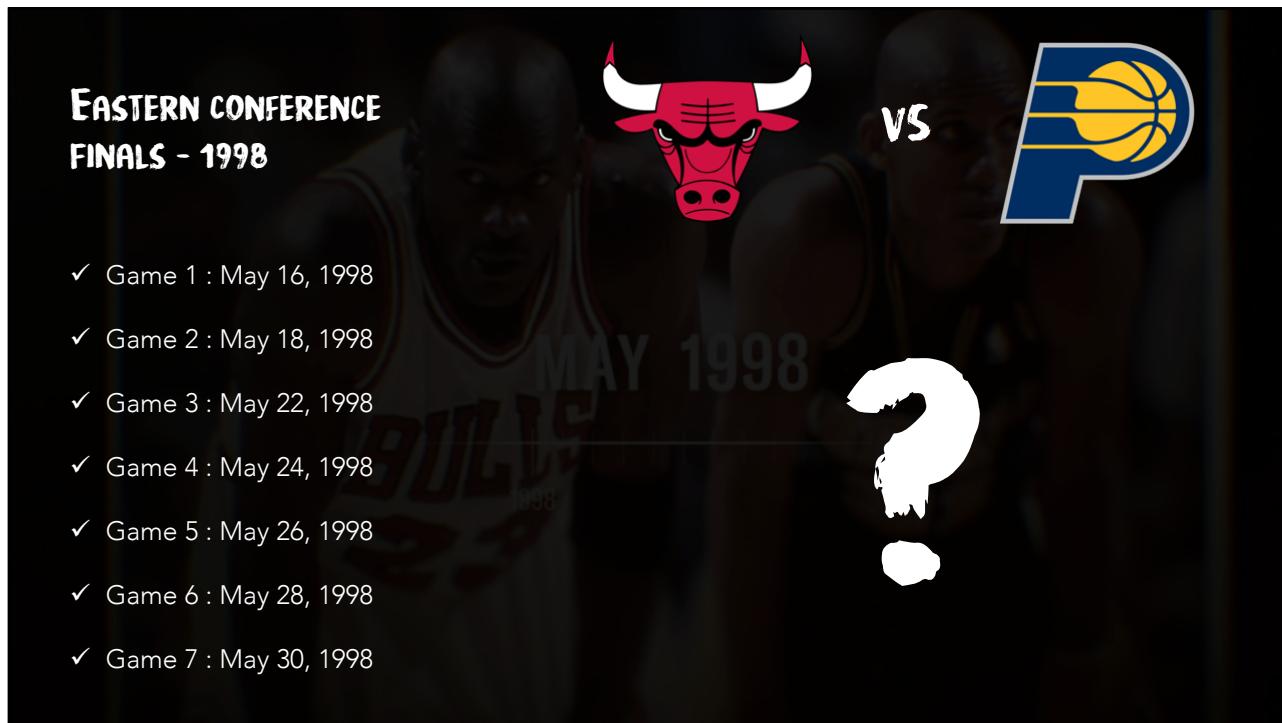


WHAT TO LOOK AT
+
CRITICAL THINKING





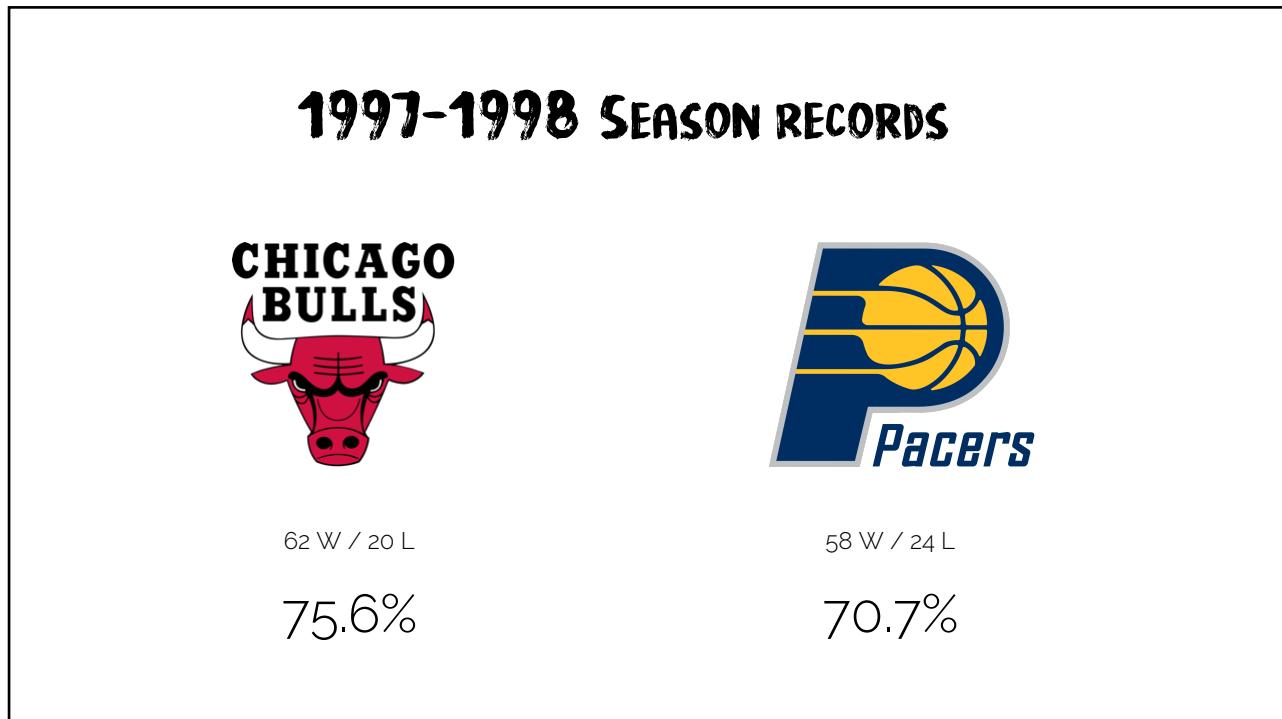
**EASTERN CONFERENCE
FINALS - 1998**



The background of this slide features a dark, slightly blurred image of a basketball player in a white jersey with "BULLS" and "MAY 1998" visible. Overlaid on the left is the text "EASTERN CONFERENCE FINALS - 1998". In the center, the Chicago Bulls logo (red bull head) is positioned above the word "vs". To the right of "vs" is the Indiana Pacers logo (blue "P" with a yellow basketball). A large white question mark is centered in the middle-right area of the slide.

- ✓ Game 1 : May 16, 1998
- ✓ Game 2 : May 18, 1998
- ✓ Game 3 : May 22, 1998
- ✓ Game 4 : May 24, 1998
- ✓ Game 5 : May 26, 1998
- ✓ Game 6 : May 28, 1998
- ✓ Game 7 : May 30, 1998

1997-1998 SEASON RECORDS



This section contains two side-by-side tables comparing the 1997-1998 season records of the Chicago Bulls and the Indiana Pacers.

Team	Record	Percentage
CHICAGO BULLS	62 W / 20 L	75.6%
INDIANA PACERS	58 W / 24 L	70.7%

CHICAGO BULLS



62 W / 20 L

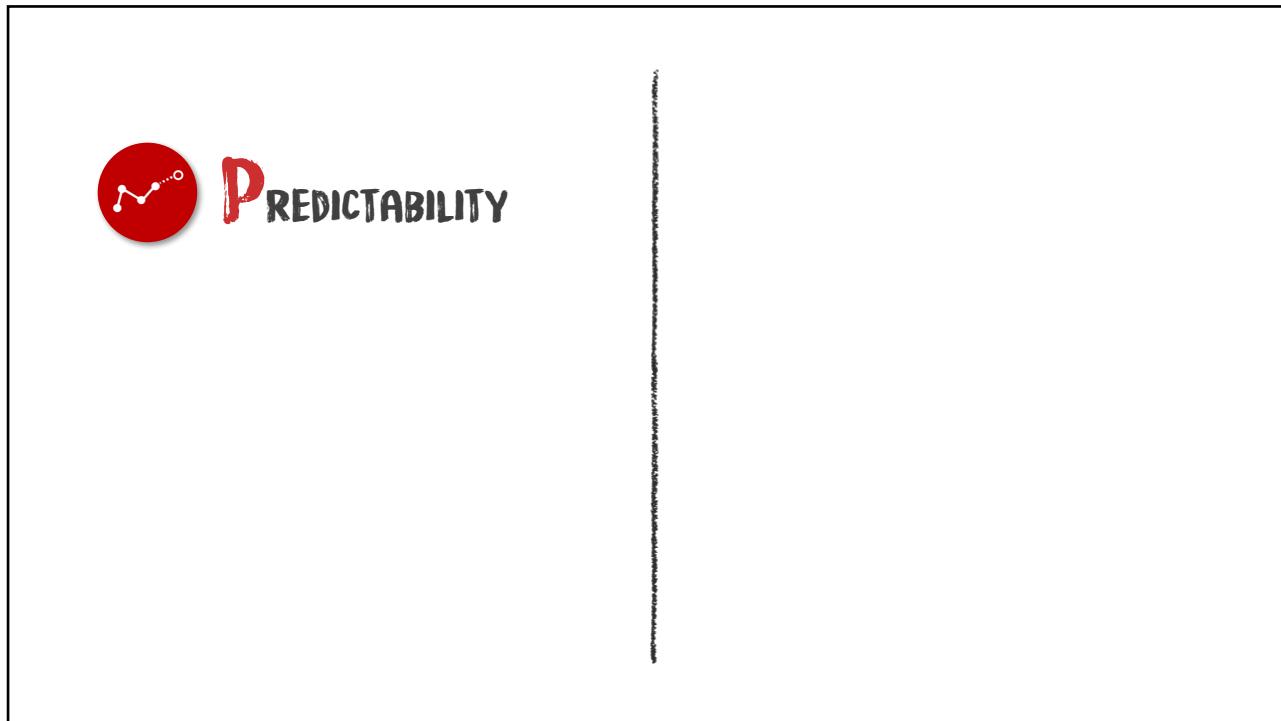
75.6%

INDIANA PACERS



58 W / 24 L

70.7%



1 LARGE DIRECT AMALGAM RESTORATIONS WITH CUSP CAPPING

- 10 yr survival rate : 65.3%¹
- 11.5 yr survival rate : 50.0%²

2 INDIRECT GOLD ONLAY

- 10 yr survival rate : 96.1%³
- 15 yr survival rate : 92.2%³

Better predictability



1. Bentley C, Drake CW. Longevity of restorations in a dental school clinic. *J Dent Educ.* 1986 Oct;50(10):594-600.
2. Robbins JW, Summitt JB. Longevity of complex amalgam restorations. *Oper Dent.* 1988 Spring;13(2):54-7.
3. Studer SP, Wettstein F, Lehner C, Zullo TG, Schärer P. Long-term survival estimates of cast gold inlays and onlays with their analysis of failures. *J Oral Rehabil.* 2000 Jun;27(6):461-72.

1 DIRECT RESTORATIONS (AMALGAM / COMPOSITE)

- 1~25 years follow up of endo. treated teeth
- Mandibular molars
- ✓ Survival rate without crowns : 57.7 %

2 FULL COVERAGE RESTORATIONS

- 1~25 years follow up of endo. treated teeth
- Mandibular molars
- ✓ Survival rate with crowns : 96.8 %

Better predictability

4. Sorensen JA, Martinoff JT. Intracoronal reinforcement and coronal coverage: a study of endodontically treated teeth. *J Prosthet Dent.* 1984 Jun; 51(6):780-4.



1 LITHIUM DISILICATE – FIXED DENTAL PROSTHESES ⁵

- 10 year survival rate : 70.9% Not this bc not as predictable

2 LAYERED ZIRCONIA – FIXED DENTAL PROSTHESES ⁶

- 10 year survival rate : 91.3%

3 METAL CERAMIC – FIXED DENTAL PROSTHESES ⁶

- 10 year survival rate : 100%

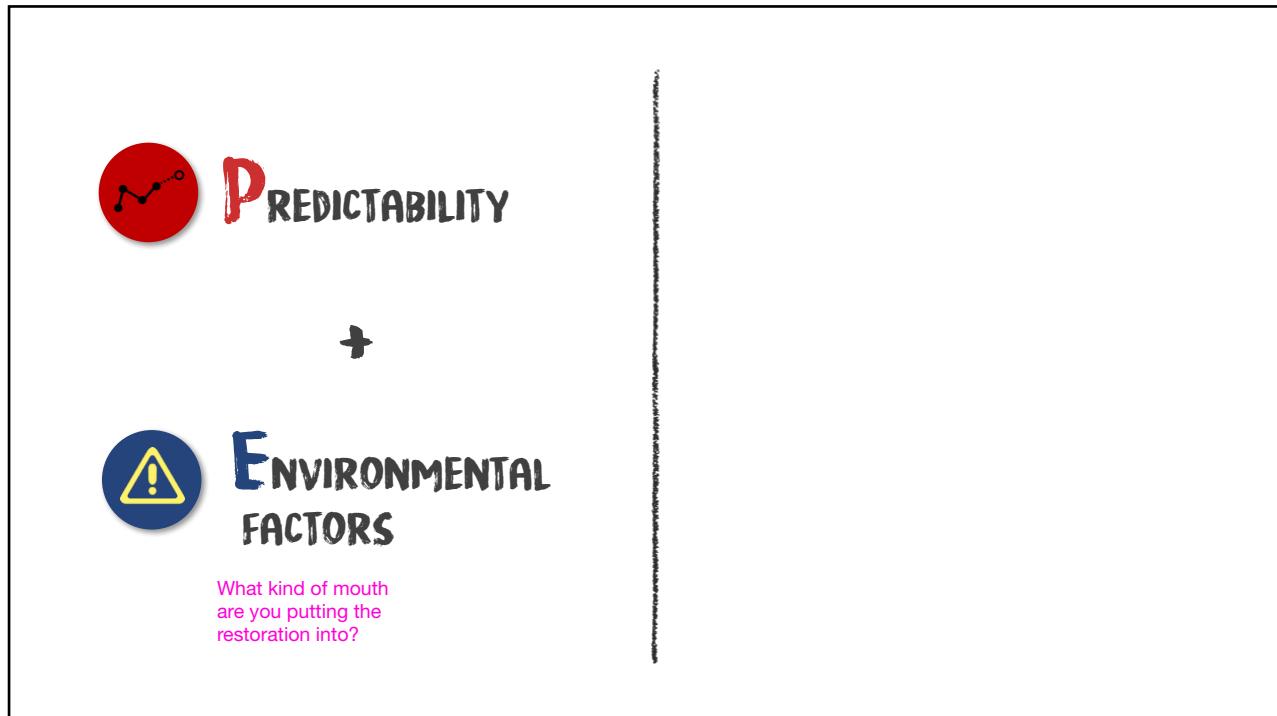
5. Pieger S, Salman A, Bidra AS. Clinical outcomes of lithium disilicate single crowns and partial fixed dental prostheses: a systematic review. *J Prosthet Dent.* 2014 Jul; 112(1):22-30.
 6. Sailer I, Balmer M, Hütsler J, Hämmelre CHF, Känel S, Thoma DS. 10-year randomized trial (RCT) of zirconia-ceramic and metal-ceramic fixed dental prostheses. *J Dent.* 2018 Sep; 76:32-39.



EASTERN CONFERENCE FINALS - 1998		VS	PLACES
✓ Game 1 : May 16, 1998	<u>85 (win)</u>	:	79 <u>Chicago</u>
✓ Game 2 : May 18, 1998	<u>104 (win)</u>	:	98 <u>Chicago</u>
✓ Game 3 : May 22, 1998	105	:	107 (win) Indiana
✓ Game 4 : May 24, 1998	94	:	96 (win) Indiana
✓ Game 5 : May 26, 1998	<u>106 (win)</u>	:	87 <u>Chicago</u>
✓ Game 6 : May 28, 1998	89	:	92 (win) Indiana
✓ Game 7 : May 30, 1998	<u>88 (win)</u>	:	83 <u>Chicago</u>

SEASON RECORD		PLACES
	VS	
62 W / 20 L	58 W / 24 L	
75.6%	70.7%	
		✓ Game 1 : Chicago
		✓ Game 2 : Chicago
		✓ Game 3 : Indiana
		✓ Game 4 : Indiana
		✓ Game 5 : Chicago
		✓ Game 6 : Indiana
		✓ Game 7 : Chicago

What kind of environment was the game played in?



RISK-BASED TREATMENT PLANNING 7

- Systematic evaluation of environmental factors -

- ✓ The fundamental rationale for a comprehensive treatment approach is a long-term strategy for dental health commensurate with an enhanced level of wellness for patients.
- ✓ Dental care must therefore directed through a comprehensive system that identifies health and disease as well as the potential risks to a patient undergoing treatment.
- ✓ Risk to the dentition is identified by collecting objective data in an organized system.
- ✓ Treatment should always mitigate future risk and improve prognoses of the teeth and therefore decrease tooth mortality.

7. Kois DE, Kois JC. Comprehensive Risk-Based Diagnostically Driven Treatment Planning: Developing Sequentially Generated Treatment. Dent Clin North Am. 2015 Jul;59(3):593-608.

RISK ASSESSMENT		
LOW	Moderate	HIGH
<input type="checkbox"/> Gingivitis (Gum) (AAP) Modified By:		May require further attention
<input type="checkbox"/> Attachment Loss / Chronic Periodontitis (Bone Loss)		Requires immediate attention
<input checked="" type="checkbox"/> Mild (AAP) ● Moderate (AAP) ○ Severe (AAP) □		
<input type="checkbox"/> Horizontal Bone Loss		
<input type="checkbox"/> Aggressive Periodontitis		
<input type="checkbox"/> Secondary Occlusal Traumatism		
<input type="checkbox"/> Abrasion		
<input type="checkbox"/> Recession		
PERIODONTAL		
<input type="checkbox"/> Caries		
<input type="checkbox"/> Enamel Decalcification		
<input type="checkbox"/> Defective Restorations		
<input type="checkbox"/> Questionable Restorations 30, 31		
<input type="checkbox"/> Erosion 4-13, 20-22, 27-29		
<input type="checkbox"/> Structural Compromises 2-5, 12-15, 19, 30, 31		
<input type="checkbox"/> Pulpal Pathology 2-5, 12-15, 30, 31		
BIOMECHANICAL		
<input type="checkbox"/> Attrition / Normal Force		
<input type="checkbox"/> Minimal ● Moderate ○ Severe		
<input type="checkbox"/> Abnormal Attrition / Bruxism / Excessive Force		
<input type="checkbox"/> Minimal ○ Moderate ● Severe		
<input type="checkbox"/> Abrasion		
<input type="checkbox"/> Primary Occlusal Traumatism		
<input type="checkbox"/> TMD		
<input type="checkbox"/> Abnormal Neuromuscular Habits		
<input type="checkbox"/> Compromised Occlusal Vertical Dimension		
<input type="checkbox"/> Missing Teeth 4, 16, 17, 32		
<input type="checkbox"/> Other		
FUNCTION		
<input type="checkbox"/> Acceptable	● MODERATE	○ HIGH
<input type="checkbox"/> CONSTRUCTED CHEWING PATTERN		
<input type="checkbox"/> OCCLUSAL DYSFUNCTION (OSA, UARS)		
<input type="checkbox"/> PARAFUNCTION (SLEEP BRUXISM)		
<input type="checkbox"/> NEUROLOGIC DISORDERS		
PROGNOSIS		
Generalized (Remaining Teeth)		
<input checked="" type="checkbox"/> EXCELLENT ● GOOD ○ FAIR ○ POOR ○ HOPELESS		
Specific (Individual Teeth)		
DENTOFACIAL		
COLOR	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
<input type="checkbox"/> Developmental Disturbances		
MAXILLARY		
6a. Gingival Tissue Assessment		
Lip Dynamics	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium ○ High
Horizontal Symmetry	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Modify
Scallop / Form	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Normal ○ High
MANDIBULAR		
6b. Gingival Tissue Assessment		
Lip Dynamics	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium ○ High
Horizontal Symmetry	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Modify
Scallop / Form	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Normal ○ High
FACIALLY RELATED TOOTH POSITION		
1. Maxillary Incisal Edge Position	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
2. Maxillary Posterior Occlusal Plane	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
3. Mandibular Incisal Edge Position	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
4. Mandibular Posterior Occlusal Plane	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
5. Intra-arch Tooth Position (Angle/angle & friend)		
Midline	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Modify
Left ○ Right ○ Axially Inclined		
Crowding / Overlap Lower Inc.	<input type="checkbox"/> Acceptable	<input checked="" type="checkbox"/> Modify
Distema	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Modify
Rotations	<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Modify
Patient's Vision Function and Esthetics		
PROGNOSIS		
Generalized (Remaining Teeth)		
<input checked="" type="checkbox"/> EXCELLENT ● GOOD ○ FAIR ○ POOR ○ HOPELESS		
Specific (Individual Teeth)		

RISK ANALYSIS SYSTEM

- Evaluating environmental factors -

 FUNCTIONAL Functional and parafunctional stress <ul style="list-style-type: none"> ✓ Attrition ✓ Parafunction ✓ Occlusion ✓ Neuromuscular disorder 	 ESTHETIC Dental & Dentofacial esthetic evaluation <ul style="list-style-type: none"> ✓ Tooth position ✓ Gingival contour ✓ Lip line ✓ Patient expectation 	 BIOLOGICAL Biologic evaluation <ul style="list-style-type: none"> ✓ Periodontal disease ✓ Dental caries ✓ Xerostomia ✓ Acid erosion ✓ Other systemic diseases 	 BIOMECHANICAL Structural evaluation <ul style="list-style-type: none"> ✓ Remaining tooth structure ✓ Bone support (crown-root ratio)
---	--	--	---

Both wanted veneers

 FUNCTIONAL Functional and parafunctional stress <ul style="list-style-type: none"> ✓ Attrition ✓ Parafunction (Bruxism, Clenching) ✓ Occlusion (Restricted envelope of function, End-to-end occlusion) ✓ Neuromuscular disorder (maxillomandibular dyskinesia, ataxia) 	 VS 
---	---

FUNCTIONAL



Functional and parafunctional stress

- ✓ Attrition
- ✓ Parafunction (Bruxism, Clenching)
- ✓ Occlusion (Restricted envelope of function, End-to-end occlusion)
- ✓ Neuromuscular disorder (maxillomandibular dyskinesia, ataxia)

VS



Higher fc load

Trauma
Not much wear and fracture on mn incisor. So not much functional load

FUNCTIONAL



Functional and parafunctional stress

- ✓ Attrition
- ✓ Parafunction (Bruxism, Clenching)
- ✓ Occlusion (Restricted envelope of function, End-to-end occlusion)
- ✓ Neuromuscular disorder (maxillomandibular dyskinesia, ataxia)

Chemical wear

Underlying disease
Bulimia

Mechanical wear

Underlying disease
Bruxism

VS

I translucency. Very thin F edge. If pt was bruxer then that wouldn't be there.

Didn't lose I wear on mn

Similar amt wear on upper and lower

What kinda fx load
you deal with? Then
look at esthetic.



ESTHETIC

Dental & Dentofacial Esthetic evaluation

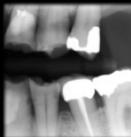
- ✓ Tooth size & proportion
- ✓ Tooth position & display
- ✓ Gingival contour & architecture
- ✓ Lip line
- ✓ Patient expectation







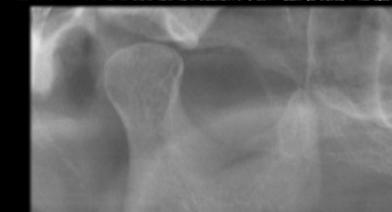
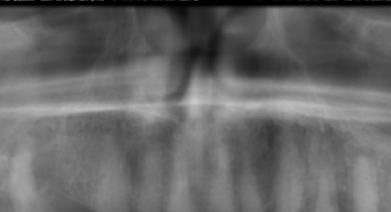


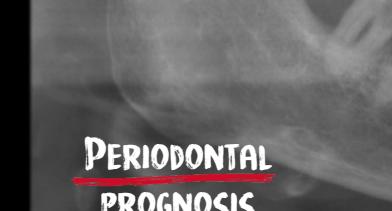
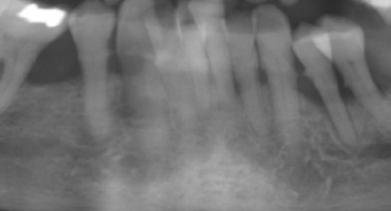


BIOLOGICAL

Biologic evaluation

- ✓ Periodontal disease
- ✓ Dental caries
- ✓ Xerostomia
- ✓ Acid erosion
- ✓ Other systemic diseases


**PERIODONTAL
PROGNOSIS**
**CARIES RISK
ASSESSMENT**



Decayed tooth structure is a symptom of caries. You don't treat symptoms. Know how severe underlying condition is (very important)

DENTAL CARIES

- ✓ Dental caries is defined as an infectious, transmissible disease process where a complex cariogenic biofilm, in the presence of an oral environmental status that is more pathological than protective, leads to the demineralization and eventual cavitation of dental hard tissues.
- ✓ Caries, the most common chronic disease of our children, and virtually universal among adults, is both curable and preventable, and therefore should be given top priority and the full resources of our profession.
- ✓ The conventional restorative approach alone will not eliminate the disease of caries. Preventing caries and remineralizing early lesions are cost-effective treatment options and will enhance success of all aspects of dentistry.

8. Young DA, Featherstone JD, Roth JR, Anderson M, Autio-Gold J, Christensen GJ, Fontana M, Kutsch VK, Peters MC, Simonsen RJ, Wolff MS. Caries management by risk assessment: implementation guidelines. *J Calif Dent Assoc*. 2007 Nov;35(11):799-805.

CAMBRA® *Caries Management By Risk Assessment*

CHART B **DATE:** **Patient Name:** **Is this patient chart? Baseline or follow-up?**

Answers indicate (Any one YES signifies likely High Risk and do a bacterial load test*)	YES CIRCLE	YES CIRCLE	YES CIRCLE
New/progressing visible cavitations or radiolucentc into dentin	YES		
New/Progressing approximal enamel lesions by radiograph	YES		
New/progressing cervical lesions by radiograph	YES		
Restoration for caries lesion in the last 3 years (or initial mean or worse than 1 year for recall/Pt exam)	YES		
Saliva flow < 0.5 ml/min (at least once daily)	YES		
Mal and/or both missing (at least one tooth or ATP indexlessness *)	YES		
Wearing orthodontic appliance on teeth	YES		
Frequent snack (> 3x daily between meals)	YES		
Deep carious lesions	YES		
Recreational drug use	YES		
Smoking measured by observation or measurement (***) measured note the flow rate below)	YES		
Saliva reducing factors (medications/radiation/systemic)	YES		
Exogenous fluoride	YES		
Orthodontic appliances	YES		
Protective Factors			
Brushes/school fluorinated community	YES		
Fluoride toothpaste at least once daily	YES		
Fluoride mouthwash at least 2x daily	YES		
Fluoride varnish applied at least once daily	YES		
5000 ppm fluoride toothpaste daily	YES		
Fluoride mouthwash	YES		
Office f fopical in at least 6 months	YES		
Oral fluoride prescription used one week each of last 6 months	YES		
Xylof gum chewing 4x daily for at least 6 months	YES		
Oral fluoride prescription used for at least 6 months	YES		
Adapted salivary flow (> 1 ml/min stimulated)	YES		
Salivary Flow Rate: <input type="checkbox"/> min/min <input type="checkbox"/> Stimulated pt <input type="checkbox"/> Date: _____			
Resting Salivary Flow Rate: <input type="checkbox"/> ml/min <input type="checkbox"/> Resting pt <input type="checkbox"/> Date: _____			
Buccal Buffer Capacity: <input type="checkbox"/> Consistency of resting saliva: thick-stringy vs watery			
Salivary Flow Rate BALANCE (Use circle indicates factors above) (EXTREME RISK = HIGH RISK + SEVERE SALIVARY GLAND HYPOFUNCTION) CARIOS RISK ASSESSMENT (CIRCLE): <input type="radio"/> EXTREME <input type="radio"/> HIGH <input type="radio"/> MODERATE <input type="radio"/> LOW			

Risk assessment

Table 1. SAFER CAMBRA example protocol for patients 6-adult

S	A	F	E	R				
Caries risk level	Sealants	Saliva	Antibacterials	Fluoride/Topical	Factors favorable for remineralization (pH, Ca ⁺⁺ and PO ₄ ³⁻)	Effective lifestyle habits	Radiographs	Recare
Low risk	Not indicated	Saliva testing is optional or may be done for purposes of baseline monitoring.	Not indicated	OTC fluoride toothpaste used bid	Recession of sensitive areas, no evidence of need for supplementation	Emergency healthy dietary habits, low frequency of fermentable carbohydrates	Every 24-36 months	Every 6 months
Moderate risk	Sealants are recommended per ICDAIS code (see Table 1) and secondary prevention	Sealants are recommended	Measure saliva flow and stimulated flow and pH especially if hypofunction is suspected	OTC fluoride toothpaste used bid, 0.05% NaF	Measuring pH, low stimulated flow or pH may indicate need for supplementation	Measuring pH, adequate oral health, effective oral hygiene, positive reinforcement, motivational interviewing techniques, fluoride syloid for sucrose	Every 18-24 months	Every 4-6 months
High risk			Measurement of salivary bacterial load via bacterial count or direct measurement of plaque ATP	5000 ppm toothpaste used od or bid, 0.05% NaF	Consider supplementing if topical fluoride alone is not effective	Every 4-8 months	Every 3-4 months	
Extreme risk				Varnish applied every 3-4 months	Reassess if xerostomia is still present	Every 6 months until no new caries lesions	Every 3 months	

Patients with one or more carious lesions are high risk patients. Patients with one or more carious lesions and hypofunction are extreme risk patients. All restorative work to be done with the minimally invasive philosophy in mind. Existing smooth surface lesions that do not significantly penetrate the DEJ and are not cavitated should be treated chemically not surgically. For extreme risk patients with multiple cavitations, some choose to use caries control procedures with glass ionomer materials until caries progression is halted and/or reversed followed by more permanent restorative care. Patients with appliances (RPDs, Orthodontics) require excellent oral hygiene together with intensive fluoride therapy (e.g. high fluoride toothpaste and fluoride varnish every 3 months). If antibacterial therapy is tried, it should be done in combination with fluoride therapy. Patients with orthodontic braces should be encouraged to use a power toothbrush and fluoride varnish every 3 months for positive reinforcement. Patients must maintain good oral hygiene (a powered toothbrush may be helpful for high and extreme risk patients). A diet low in frequency of fermentable carbohydrates is recommended. It is important to know the amount of xylitol in the product being recommended. Xylitol products should contain 100% xylitol (daily dosages of 6-10 g/day for antimicrobial effects) and pose extreme health risks to family pets, especially dogs.

Caries management

9. Young DA, Featherstone JD. Caries management by risk assessment. Community Dent Oral Epidemiol. 2013 Feb;41(1):e53-63.

High caries risk — can you do anything to lower risk? If you assess risk, you need to reflect that in tx plan.

BIOLOGICAL

Biologic evaluation

- ✓ Periodontal disease
- ✓ Dental caries
- ✓ Xerostomia
- ✓ Acid erosion
- ✓ Other systemic diseases

LOW CARIOS RISK !!

- 65 years old, Male
- Vegetarian
- No smoking
- No alcohol
- No carbonated beverage
- No snack between meals
- No recent dental caries
- No periodontal disease
- Excellent oral hygiene
- No parafunctional habit

If any of natural teeth fail, then tx will fail. THis pt has very low caries risk and fx risk. OTher teeth lost by trauma and other reasons.



BIOLOGICAL

Biologic evaluation

- ✓ Periodontal disease
- ✓ Dental caries
- ✓ Xerostomia
- ✓ Acid erosion
- ✓ Other systemic diseases



EXTREMELY HIGH CAVITIES RISK !!

- 17 years old, Female
- Smoking
- Sjögren's syndrome **Dry mouth**
- History of drug abuse
Probably active drug user

This pt has more teeth, but she is very young. If we plan something that relies on remaining teeth being healthy long time, then it won't work. So the tx plan won't involve those teeth.



BIOMECHANICAL

Structural evaluation

- ✓ Remaining tooth structure
- ✓ Bone support
(crown-root ratio)

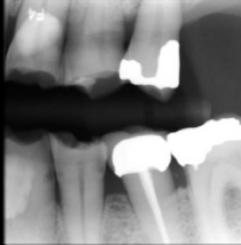


Sufficient ferrule ??

RISK ANALYSIS SYSTEM

- Evaluating environmental factors -






FUNCTIONAL	ESTHETIC	BIOLOGICAL	BIOMECHANICAL
Functional and parafunctional stress	Dental & Dentofacial esthetic evaluation	Biologic evaluation	Structural evaluation
<ul style="list-style-type: none"> ✓ Attrition ✓ Parafunction ✓ Occlusion ✓ Neuromuscular disorder 	<ul style="list-style-type: none"> ✓ Tooth position ✓ Gingival contour ✓ Lip line ✓ Patient expectation 	<ul style="list-style-type: none"> ✓ Periodontal disease ✓ Dental caries ✓ Xerostomia ✓ Acid erosion ✓ Other systemic diseases 	<ul style="list-style-type: none"> ✓ Remaining tooth structure ✓ Bone support (crown-root ratio)

BETTING ODDS *

1997-1998 EASTERN CONFERENCE FINALS



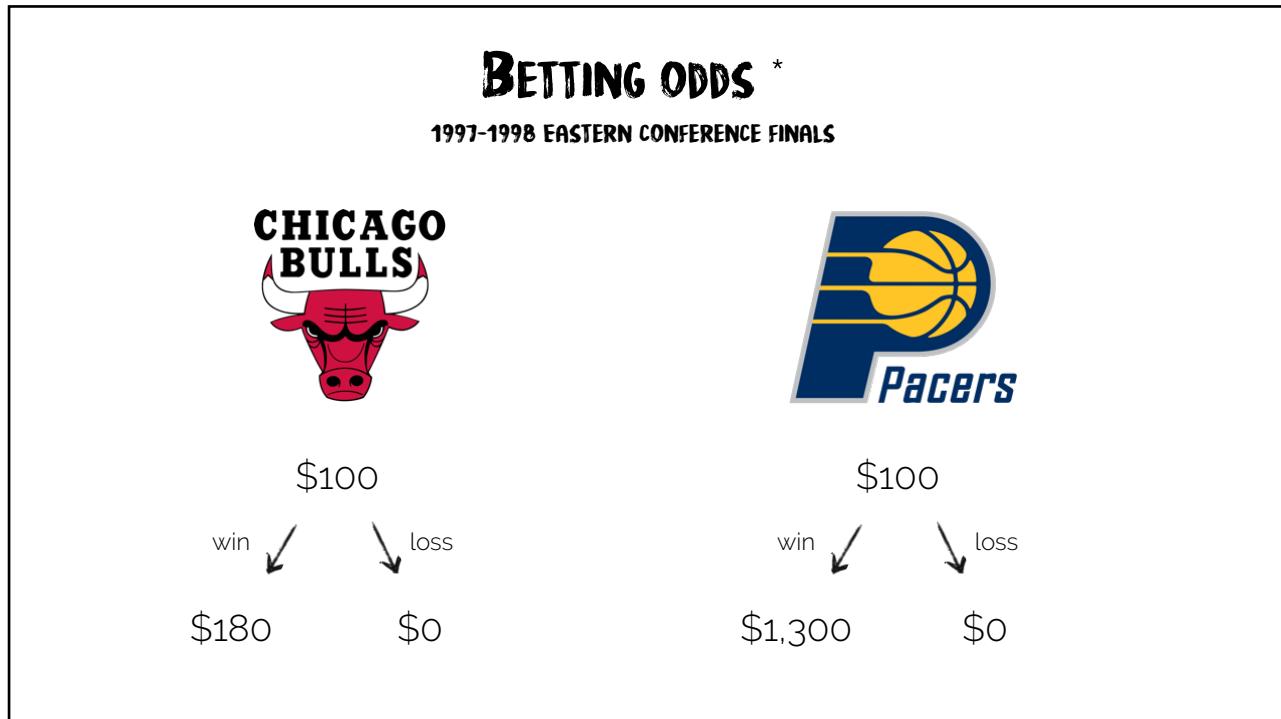
**CHICAGO
BULLS**



Pacers

- 125 + 1200

* www.sportsoddshistory.com



Indiana less likely to win, but if they do you get a huge benefit



Female, 63 years old
CC : I want a permanent solution for my teeth.



OPTION 1

: Maxillary complete denture

OPTION 2

: Maxillary implant-supported FDP

If you do implant — peri implantitis, screw loose, \$\$\$\$, aggressive tx. Higher complication rate, but there is a benefit. Almost 80% of fx back (for denture 40-50%), easier to eat with.

Female, 63 years old
CC : I want a permanent solution for my teeth.



OPTION 2

: Maxillary implant-supported FDP
More benefit so pt agreed with this tx plan



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\$100	\$100
win ↘	loss ↘
\$180	\$0



\$100	\$100
win ↘	loss ↘
\$1,300	\$0

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	\$1M		\$1M
win	↙	↙ loss	win
\$1.8M	\$0	\$13M	\$0



PREDICTABILITY

+



ENVIRONMENTAL
FACTORS



BENEFIT

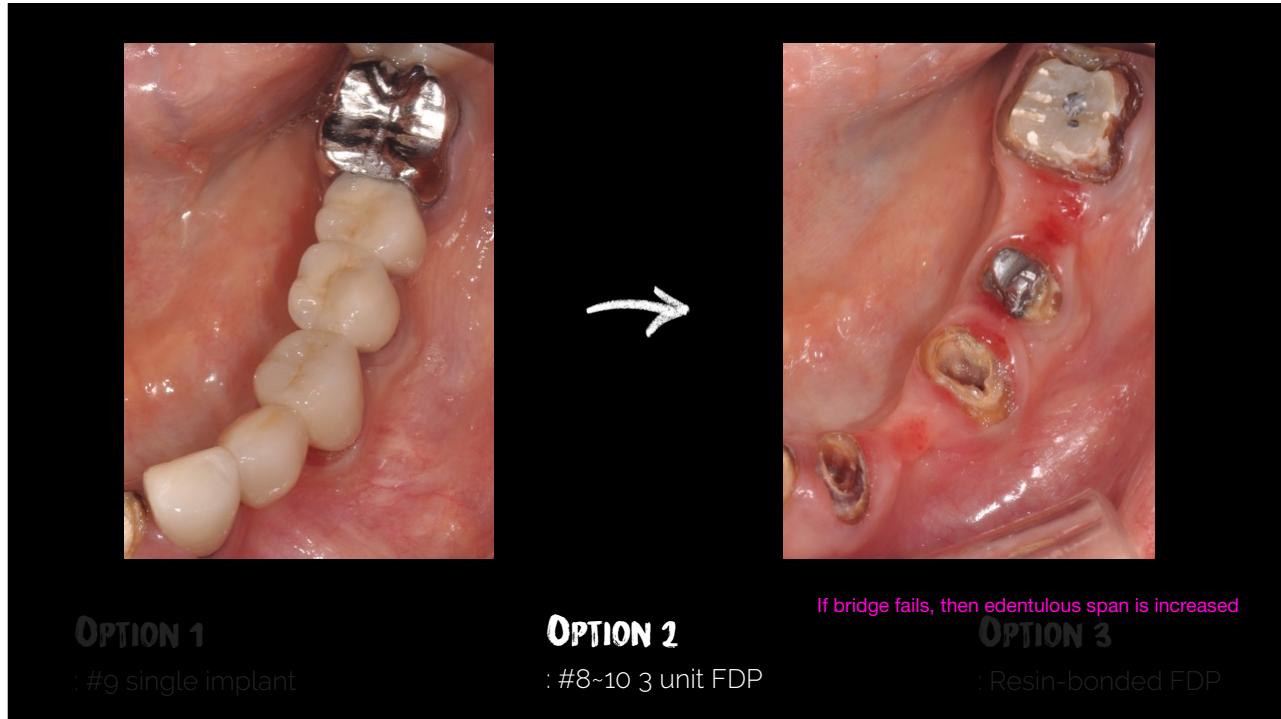
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CONSEQUENCE
OF FAILURE





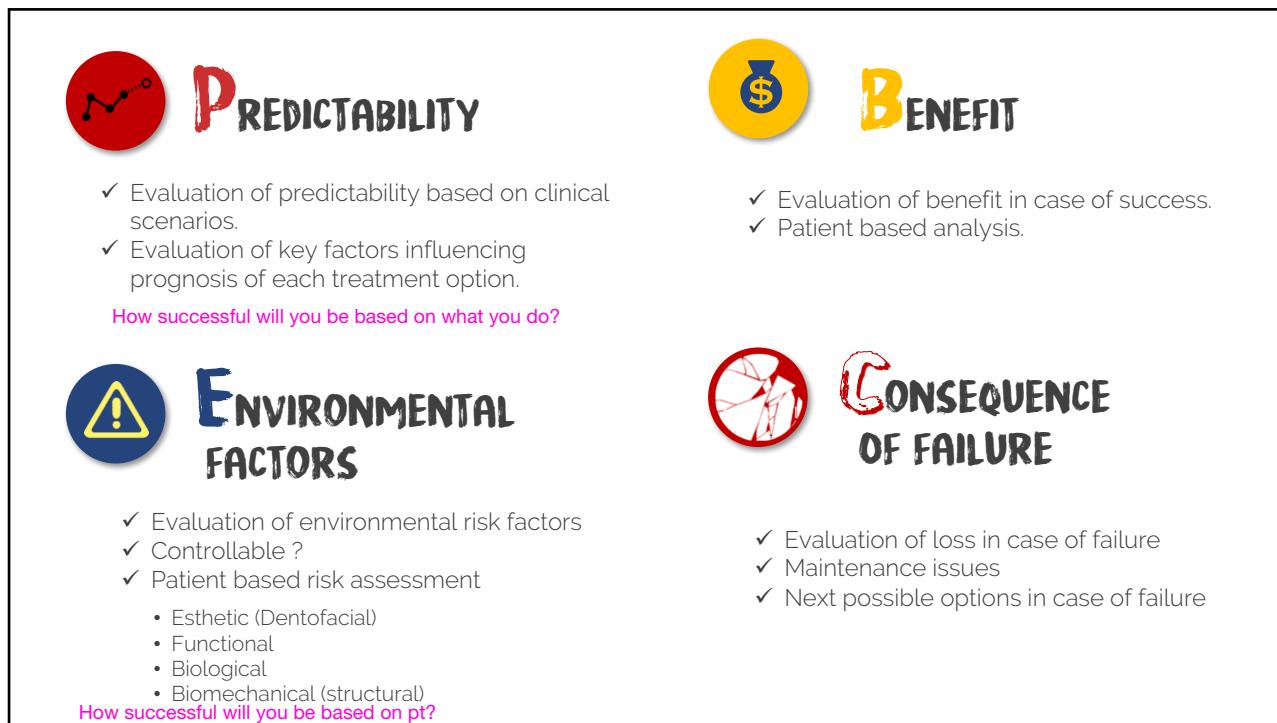
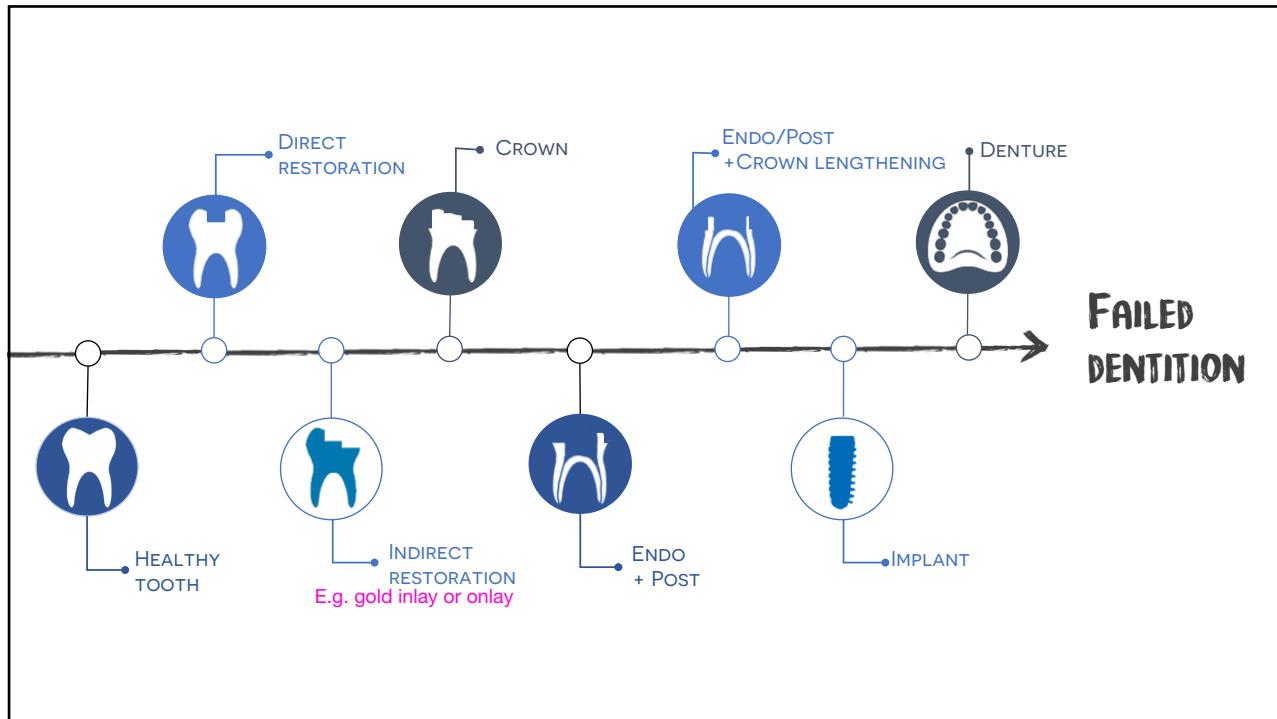


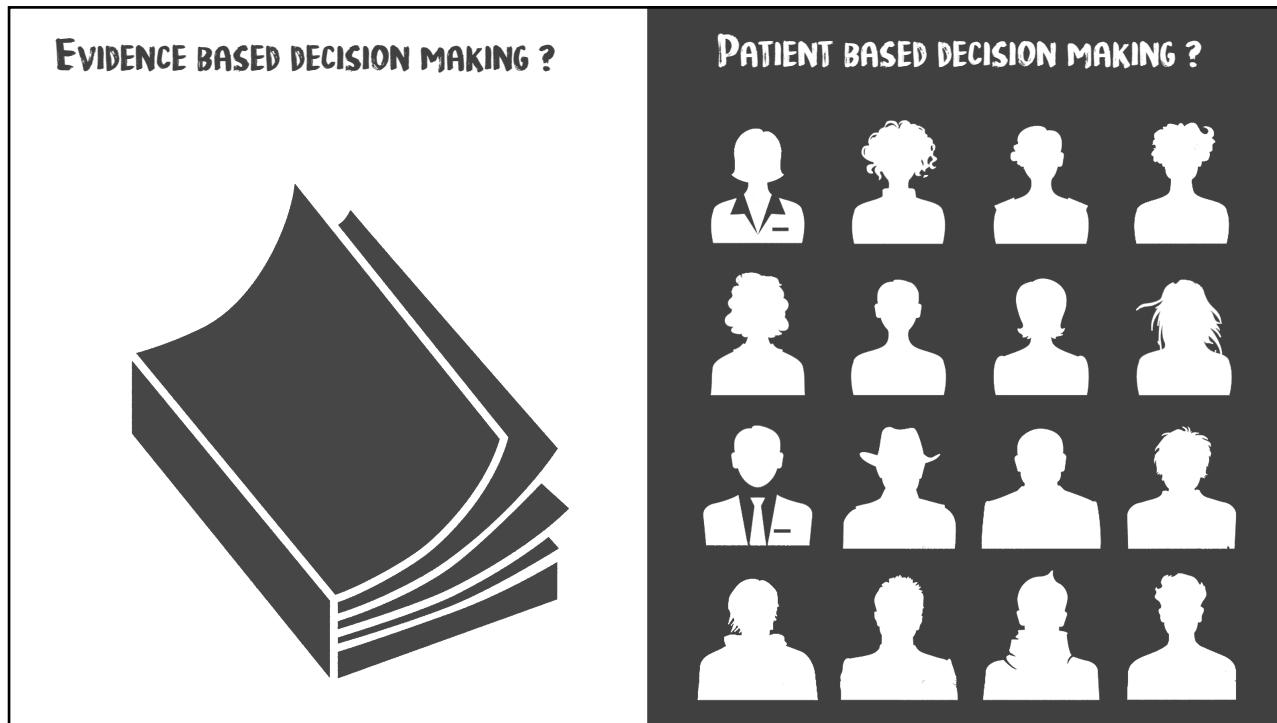
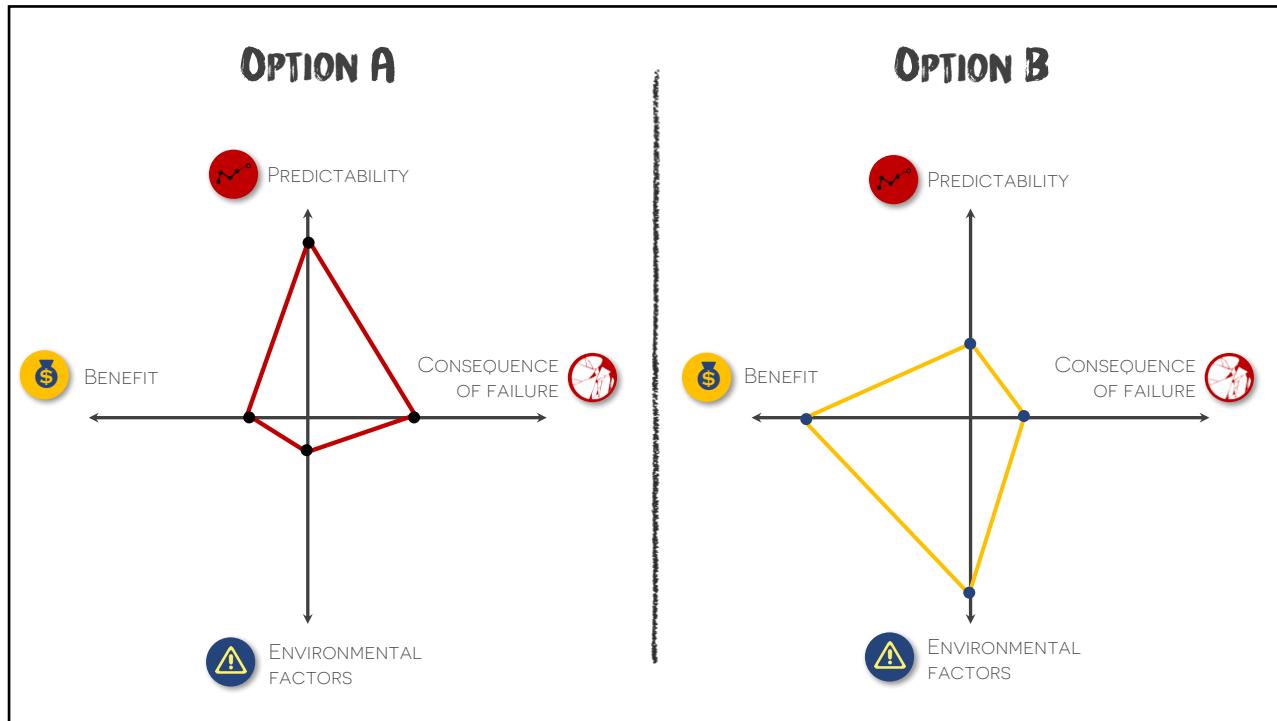
If fail, then bone and tissue are ok.
Consequence of failure is nothing, which is good for young pt.
When you tx young pt, it may not last forever.



And veneer on 7 and 10







May not ask Qs from this lecture



- 22 yrs-old, male
- College student
- #8, 24, 25, 26 missing due to trauma (2 years ago)
- No significant radiographic findings.
- No other significant dental or medical history

TREATMENT PLAN A

- 1) Orthodontic treatment
- 2) Hard and soft tissue graft around #8, 24~26
- 3) #8 : single implant restoration
- 4) #24~26 : three unit implant-supported fixed dental prosthesis

TREATMENT PLAN B

- 1) #7~9 three unit tooth-supported fixed dental prosthesis
- 2) #23~27 five unit tooth supported fixed dental prosthesis

TREATMENT PLAN C

- 1) Maxillary and mandibular removable dental prostheses

Quiz question

Three treatment plans were discussed in detail and the patient wanted to know your opinion.

- Which treatment plan would you recommend to your patient?
- Describe at least 3 reasons to justify your answer.

In this patient, the benefits of implant would outweigh the risks. The patient would gain more of their function back and the consequence of failure is decreased because the environmental factors are controlled based on information given. The patient is young and does not have significant dental or medical history or even habits. The remaining teeth are healthy - minimal to no wear and no history of parafunction.

The survival rate for a single implant is high (97%) and adequately high for an implant-supported FDP (IFDP) (87.7%; values based on REST714), making this treatment plan predictable. Also since the span of the IFPD is not long, it should be more predictable than the long- span FDP. Again, since there is low environmental risk the consequence of failure is minimized.

Bone grafts in the edentulous sites would also increase predictability of the implant by fixing ridge defects. Preserve bone with the graft.

Orthodontic treatment ensures sufficient restorative space, which allows the restorations to be more esthetic. This may be desired in a younger patient although this was not mentioned in the case.