

Dr. Vocaturo presented an interesting case of replacing a missing central incisor with a Targis™/Vectris™ Maryland bridge—a great choice for his patient. The practice-building aspect of this case is that all of the treatment options weren't initially presented to the patient, and that he should not have had a maxillary central incisor missing for 17 years!

ACCEPTING TOUGH TREATMENT RECOMMENDATIONS

Most dentists will say that the toughest treatment recommendation for any patient to accept is to replace a long-standing missing posterior tooth with a porcelain-fused-to-metal (PFM) bridge.

Many times, patients will object to having two perfectly good teeth prepared just to replace the missing one; they do make a valid point in some cases, especially if the two adjacent teeth are healthy and intact.

Today when I see patients with a long-standing missing tooth in the posterior, I tell them they made a good decision by deciding not to have a permanent bridge placed (provided that the surrounding dentition hasn't collapsed). By waiting, they now have two other options that do not effect the two intact adjacent teeth. I then explain the pros and cons of the three-unit PFM bridge, single tooth implant, and Maryland bridge.

Three-Unit PFM Bridges

If a patient has a missing anterior tooth in the maxilla, he or she is more willing to accept full PFM preparations on adjacent teeth for esthetic improvement. However, Dr. Vocaturo's patient chose not to have a traditional three-unit PFM bridge placed, presumably because of the amount of preparation necessary. He was so adamant against a three-unit PFM bridge that he was willing to wear a single-unit denture for 17 years.

Implants

Many patients are thrilled to discover that there is an available tooth replacement method that doesn't require the adjacent teeth to be prepared, and still allows them to floss around the restoration because it is not connected to any abutment teeth. However, when they learn about the time and the costs involved with the single-tooth implant procedure, they do not accept the treatment. If a patient does not want a three-unit PFM bridge, and does not want to have an implant, then a Maryland bridge is an acceptable option.

MARYLAND BRIDGES

For a Maryland bridge, all of the tooth preparation is on the lingual and is much more conservative than a typical PFM preparation. If the patient has good anterior esthetics on the adjacent teeth, he or she will agree to the Maryland bridge because it will preserve the natural appearance. Dr. Vocaturo also presented something in his case study that took me 10 years of practice to understand—address the adjacent central incisor anytime one central incisor is treated.

ADDING A VENEER

The single-unit anterior restoration is the toughest treatment plan in which to achieve a good esthetic result, and the situation is exacerbated if the central incisors are involved. Dr. Vocaturo addressed this situation in his case study, and by recommending that



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a veneer be placed on the abutment tooth so the two central incisors would match, he ensured the case would be an esthetic success. In many cases, it is advisable to present the additional veneer as a necessary part of the case rather than as an optional procedure.

It would have been much more difficult if Dr. Vocaturo only replaced the one missing central incisor with a pontic and hoped the laboratory would be able to match the shade of the adjacent central incisor perfectly. The potential for patient disappointment usually increases when the laboratory is presented with and cannot accomplish this difficult task.

CONCLUSION

Dr. Vocaturo provided an extremely valuable service to a patient who somehow was able to tolerate a single-unit denture for 17 years. By exploring the patient's functional and esthetic desires, Dr. Vocaturo was able to place a fixed, resin-bonded bridge, and by veneering the adjacent central incisor, he ensured the restoration would be an esthetic success. ■