Fractured Incisor

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Dr. Michael DiTolla practices in two locations, both of which emphasize esthetic dentistry and orthodontics, an essential component of esthetic dentistry. He is a nationally recognized lecturer on practice management for esthetic practices, and he serves on the editorial board of Contemporary Esthetics and Restorative Practice. *He also lectures regularly for P.A.C.-live, a hands-on esthetic program, which allows dentists to treat live patients.*

Never before in dental history have patients had more options for single-tooth replacement as they do today. This is good news for Dr. Bassett's patient and others who are missing a maxillary anterior tooth, but there are also many practice-building opportunities for single-tooth replacement in the posterior.

Posterior Tooth Treatment

In dentistry, it's often been said that the hardest treatment to motivate patients to accept is replacing a posterior tooth that has been missing for many years. For example, we have all seen many patients who are missing tooth No. 30, and we explain to them all the clinical reasons why that tooth should be replaced. Even after discussing tipping, extrusion, and pocketing, the patient still hasn't accepted the treatment. Although in some cases it is financial reasons that prevent the patient from accepting the recommended treatment, most of the time it is because patients do not want "two perfectly good teeth ground down."

Conservative Treatment

When I see these patients at recall appointments, I take a new approach. If the clinical situation hasn't deteriorated too much, I will tell them that their procrastination may have paid off! I tell them I know that they didn't want to have "two perfectly good teeth ground down," but thanks to modern technology I can replace the tooth without having to grind down two teeth just to replace one. I estimate that 75% of my patients, who would not replace a missing posterior tooth in the past, now accept my recommendation when I mention the conservative nature of today's bonded bridges. We now have the ability to achieve the bond strengths to both enamel and dentin, and much more conservative inlay-type bridges can be successfully performed as Dr. Bassett demonstrated in her article.

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Treatment Options

Because Dr. Bassett replaced a maxillary central incisor, she chose a full-coverage restoration on the adjacent central incisor. Although this helped with overall bridge retention, it also helped to ensure a highly desirable esthetic result. One of the treatment options Dr. Bassett mentions in her article is a fiber-reinforced composite framework with a porcelain veneer pontic. Even thought this might have had a slightly more conservative preparation, the ability of the laboratory technician to give dentist and patient a great esthetic result is strongly tested.

By using a full-coverage restoration on the adjacent central incisor, Dr. Bassett helped to ensure the esthetic success of this case. The patient sought Dr. Bassett's help to correct an unacceptable esthetic problem, therefore the esthetic concerns, rather than conservative preparation, affected the decision-making process. In the posterior region where esthetics are not as critical, we would tend to be more conservative and try to avoid full-coverage restorations on either tooth.

Conclusion

Today, when patients are unfortunate enough to lose an anterior tooth, they are fortunate to have several treatment options available to them; some options involve no tooth preparation at all. When presenting treatment options to a patient, if esthetics is determined as the patient's primary concern, this will help you to guide the patient toward the best treatment options, as Dr. Bassett did. ■