Michael C. DiTolla, DDS
Private Practice
Los Alamitos, California
Phone: 714.633.9647
Fax: 526.594.6540
E-mail: docmike222@aol.com

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.*

In his article, Dr. Petrungaro accurately details the evolution of implant placement emphasis. Originally, the goal was to find a suitable material the bone wouldn't reject, regardless of the size of the implant or how invasive the placement surgery might be. As root-form implants were demonstrated to be successful, the surgical placement of these implants made it easier for dentists and patients to use them. The focus changed to whether or not there was strong enough bone to place the implant into, or if a graft would need to be placed.

The role of soft tissue was lost in the concern about osseous tissue, and there was very little planning for soft tissue when deciding how to treat a case. General dentists' input regarding the final position of the soft tissue was rare. Most dentists hoped that the surgeon would follow the stent and the implant's angulation would allow prosthetic replacement without the use of a "dog-leg left" telescoping crown.

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Unfortunately, this led to some very unesthetic crowns, although patients were content just to have a permanent replacement. Many implant cases had great looking porcelain-fused-to-metal (PFM) crowns, but the visible metal collar detracted from the esthetics. Implant dentistry became more conservative, and it was possible to present a single tooth implant as a viable treatment option to a 3-unit PFM bridge when replacing a single anterior tooth.

Single Tooth Implants vs 3-Unit Bridges

Most dentists were confident of 3-unit PFM bridge results because we had been performing the procedure routinely for 20 years. There was also a sense of

control over the final esthetic result because we influenced it partially by the location of the preparation margin, but also through the choice of porcelain shades. We counted on the technician to form a natural-looking pontic that would contact with the remaining alveolar ridge and make the patient happy. In the case of the 3-unit bridge, the esthetics were the technician's responsibility.

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However, with single-tooth implants, the oral surgeon, who isn't quite as capable as the technician in esthetic matters, determined most of the esthetic properties of the final restoration. This is frustrating for the dentist and the technician, because no matter how natural a PFM looks, 3 mm of visible titanium detracts from the "whiter, brighter smile" most patients want.

For this reason, many dentists still plan 3-unit bridges rather than single-tooth implants, because regardless of the aggressive preparation of the two adjacent teeth, many dentists know that the 3-unit bridge will look good when it is finished. Patients like the idea of not having to prepare adjacent teeth, and because of the number of very skilled providers in practice today, patients expect final restorations to be as esthetic as they are functional.

The Bottom Line

Is it worth it to present single-tooth implants as the treatment of choice? It is, especially when specialists can provide esthetic results similar to those Dr. Petrungaro presented. I plan to share this article with all of the specialists placing implants for my practice. The impetus for considering soft-tissue esthetics when placing implants is only going to come from general dentists.

The bottom line is that if my daughter knocked a maxillary central incisor out, and I had to decide between a single tooth implant and the 3-unit bridge, I would choose the implant, but only with a team able to produce results like Dr. Petrungaro's. If not, I would place a temporary bridge (Maryland bridge) until an esthetically oriented team could place and restore the implant.

Most dentists are conservative by nature and prefer to make conservative treatment recommendations whenever possible, but not at the expense of esthetics. Educate your implant team with copies of this article. Explain that if esthetic results like the ones Dr. Petrungaro produced are not available, you're more likely to continue placing 3-unit bridges, which may not always be the patient's best treatment option. ■