

Dr. Lemongello presents an interesting case of replacing two congenitally missing maxillary lateral incisors with Sculpture®/FibreKor® bridges—a great choice for this patient. In the past, similar orthodontic patients had their cuspids “lateralized,” which may have been a somewhat stable functional solution, but was rarely esthetically satisfying.

Patients with good anterior esthetics on the adjacent teeth like the fact that fiber-reinforced bridges will preserve their natural appearance.

Most dentists will tell you that the toughest treatment recommendation for a patient to accept is to replace a long standing missing tooth in the posterior with a porcelain fused-to-metal bridge (PFM). Patients often object to having “two perfectly good teeth ground down just to replace the missing one.” I see their points in many cases, especially if the two adjacent teeth are virgin teeth. In fact, when I see a patient with a long standing missing tooth in the posterior, I usually commend the decision to not have had a permanent bridge done 15 years earlier, provided, of course, there hasn’t been any collapse in the surrounding dentition. I tell them that, by waiting 15 years to have it done, they now have two better options available for the replacement of

that tooth—neither of which involve grinding down two perfectly good teeth. I then explain the pros and cons of both a Sculpture®/FibreKor® bridge and a single tooth implant.

#### A PATIENT’S OPTIONS

Most patients with missing anterior teeth in the maxilla are willing to accept full PFM preparations on adjacent teeth because of the esthetic improvement expected. However, Dr. Lemongello’s patient chose to not have a traditional 3-unit PFM bridge done, presumably because of the amount of preparation involved in such a procedure.

Patients who are turned off by the idea of full tooth preparation are often thrilled to find out that there is a tooth replacement method available that doesn’t require any preparation of the adjacent teeth—one that allows them to continue flossing normally around the new tooth, as it will not be connected to any abutment teeth. However, when they hear about the time and various costs involved in a single tooth implant, some patients are dissuaded from implants, as well. In cases when the patient does not want a 3-unit PFM bridge and does not like the sound of the surgical procedures associated with an implant, a bonded fiber-reinforced bridge can fill the gap nicely.

Patients respond positively to the fact that all of the tooth preparation is on the lingual, making it much more conservative than a typical PFM preparation. Patients with good anterior esthetics on the adjacent teeth also like the fact that fiber-reinforced bridges will preserve their natural appearance. And in this case, Dr. Lemongello reinforces a rule that took me 10 years of practice to figure out: always address the adjacent central incisor and the rest of the anterior teeth—anytime you treat any of the anterior teeth.

Since the single unit anterior restoration is the toughest restoration we ever do, in terms of



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achieving a great esthetic result, we always need to remember that the difficulty of this situation is magnified when dealing with the central or lateral incisors. Dr. Lemongello addresses this situation, and by presenting the case to the patient with veneers on the abutment teeth and the adjacent anterior teeth, he ensures the case’s esthetic success. This case might have proved much more difficult if Dr. Lemongello had simply replaced the missing laterals with a pontic, and hoped that the lab would be able to perfectly match the shade of the adjacent teeth. The potential for disappointing the patient increases when labs are given this most difficult of tasks.

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In many cases, it is advisable to present additional veneers as a necessary part of the case, rather than as an optional procedure. This is especially true when your conversations with your patients tip you off to the fact that they have very high expectations of the esthetic results. ■