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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.

There are clinical situations when maxillary anterior tooth loss needs a single tooth implant, and other situations that call for a 3-unit bridge. In a case like the one skillfully presented by Dr. Ritter, damage to an adjacent tooth is one reason to use a 3-unit bridge. A complex shade pattern on adjacent teeth also may make it extremely difficult for the lab technician to replicate it for a single tooth restoration, especially if teeth Nos. 8 and 9 are involved.

In Dr. Ritter's case, tooth No. 8 required endodontic therapy, which is an indication that a 3-unit bridge is necessary. Most dentists, however, face a difficult dilemma with the fixed bridge choice: Could the lab fabricate a ceramometal bridge whose esthetics would match all of the porcelain dentistry? Many dentists try Maryland bridges to avoid a full coverage 3-unit bridge, but long-term retention is a major problem in many cases.

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TECHNICIANS' CHALLENGES

The ability of a technician to create a superb esthetic result from a ceramometal restoration not only varies from technician to technician, but from case to case. The major problem with ceramometal restorations is the metal coping, which stops light from transmitting through the porcelain and onto the underlying tooth, and looks unrealistic when viewed in natural light. The coping also imparts a gray hue to both the surrounding gingiva and the restoration's margin.

The toughest procedure to perform in anterior dentistry is the single unit porcelain-fused-to-metal (PFM). It either matches

when it is placed into the patient's mouth, or it has to be reshaped. There is a much better chance of matching the adjacent tooth with an all-porcelain restoration because the translucent restoration looks more like the adjacent tooth in natural light. Also, if the facial thickness of porcelain is 1.5 mm or less, we are able to adjust the final shade through the use of shaded luting materials. This color correction has allowed us to cement many restorations that initially did not look realistic when tried-in with a neutral shade.

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paid half at the final prep appointment, and half at the seating appointment. We found that when the patient pays in full at the beginning of treatment, we are more likely to wait for the soft tissue to fully heal. Another reason we want the patient to pay at the initial visit

is because we have our laboratory fabricate a provisional bridge that will look good enough and be strong enough to last 12 weeks.

DENTAL HEROES

One of the real opportunities to be a hero in dentistry is when

we get the chance to treat a trauma case like the one presented by Dr. Ritter. If you concentrate on esthetics while focusing on restoring the functional damage as Dr. Ritter does, it will be one of the most satisfying cases in your professional career. ■

None of the all-porcelain systems are strong enough to be used for a multi-unit prosthesis, and I was pleased when IPS Empress®2 (Ivoclar North America) was introduced specifically for this application. IPS Empress®2 can be cemented either conventionally or bonded with a resin cement. Most dentists probably won't be using all-porcelain restorations until the restorations can be cemented conventionally. The ability to cement an IPS Empress®2 bridge as easily as a ceramometal bridge will encourage many practitioners not comfortable with the bonding process to place these restorations.

PATIENCE FOR DENTISTS

Another key to Dr. Ritter's success was his patience in waiting the full 12 weeks from the initial preparation date to the final preparation and impression appointment. Many dentists are anxious to prep the case right away, but I have found that I compromise esthetic results if I don't let the patient heal properly. In trauma cases, we always have the patient pay the full fee at the initial prep appointment so that we don't have to wait 12 weeks to get