COMMENTARY

PROVISIONAL RESTORATIONS FOR OPTIMIZING ESTHETICS IN ANTERIOR MAXILLARY IMPLANTS: A CASE REPORT

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Drs. Kourtis, Psarri, Andritsakis, and Doukoudakis are to be congratulated on the timely and beautifully detailed case report on the use of custom provisional restorations to optimize esthetics with implant-supported restorations in the anterior maxilla. Achieving predictable esthetics in this area can be exceptionally challenging, especially when both teeth and supporting soft and hard tissues have been lost as a result of disease or trauma. The patient treatment that was described and beautifully illustrated in the article was sophisticated, appropriate, and accomplished at a very high level of excellence.

The rationale for all of the complex, multidisciplinary therapy were sound. The decisions related to early implant placement with delayed loading were appropriate and indicated. The fabrication of multiple provisional restorations at various stages of therapy was the key to a successful resolution of the problems presented in this patient, given the loss of both teeth as well as soft and hard tissues. The judicious use of guided pressure by the modified provisional restorations also was critical to the esthetic result.

The use of veneers fabricated from heat-cured acrylic resin denture teeth was an innovative and novel approach and provided excellent, durable interim esthetics. Clinicians should note the change of flap design that was required at the second-stage surgery to allow for a connective tissue graft to compensate for the horizontal soft tissue deficiency in the area of tooth #8. The use of metal-ceramic restorations rather than the latest all-ceramic system of the day was also appropriate for both esthetics and long-term success.

The meticulous attention to detail that is apparent in this example of complex multidisciplinary patient care is to be applauded and is an antidote to the rash of instant complete makeover reconstructions that are currently heralded in many of the trade magazines and in the media. Clinicians must understand the biology of the tissues involved in these complex reconstructions, and if a long-term successful result is to be obtained, meticulous presurgical planning is essential. This presurgical planning must be accompanied by the delivery of excellent provisional restorations. The definitive restorations will not be delivered until the desired functional and esthetic result is achieved with the provisional restorations.

This case report is must reading for all clinicians providing such complex therapy.

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