

COMMENTARY

ACCURATE TRANSFER OF PERI-IMPLANT SOFT TISSUE EMERGENCE PROFILE FROM THE PROVISIONAL CROWN TO THE FINAL PROSTHESIS USING AN EMERGENCE PROFILE CAST

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The practice of dentistry is all about finding simple, precise, practical, and elegant solutions to common clinical problems. Solutions that save time and preserve hard-earned clinical information are among the most welcomed additions to the clinical repertoire.

Elian and colleagues have just outlined in their article such an elegant solution to the common clinical issue of capturing precise implant crown soft tissue contours developed chairside over time.

The article correctly cites and describes the numerous techniques previously presented in the literature. Then, speaking from experience, the authors continue their discussion to outline the various clinical deficiencies of these techniques. A comparison of the chair time and patient comfort required for each technique is particularly well thought out. The authors' technique results in little added chair time and in minimal time that the provisional restoration is actually out of the mouth. In the few minutes that the provisional restoration is out of the mouth, the soft tissue contours are supported by an impression coping, a healing abutment, or even a semirigid polyvinyl siloxane bite registration material injected into the implant crown sulcus.

The technique presented incorporates commonly available, relatively inexpensive materials. The purpose of the cast produced from this technique is readily understood by laboratory technicians and serves to guide these technicians in producing results within the defined parameters, from the head of the implant to the gingival one-third of the final ceramic crown restoration.

Dental journals often present clinical techniques, but seldom do I find an article like this that so cleanly presents such a clear solution.

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