COMMENTARY

TOOTH- AND TISSUE-SUPPORTED PROVISIONAL RESTORATIONS FOR THE TREATMENT OF PATIENTS WITH EXTENDED EDENTULOUS SPANS

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The loss of even a single tooth is often a psychologically traumatic event. Going from a position where one can claim to have some of his or her "own teeth" to a state of complete edentulism is devastating in a number of ways. The common satisfaction and joy of being able to eat a variety of foods with various textures, tastes, and consistencies is now lost. The patients' self-image suffers from their inability to smile, speak, and chew with confidence. In addition, the soft-tissue facial drape is now negatively affected by the loss of supporting teeth and a profound decrease in the vertical dimension of the lower half of their face. This significant change in facial appearance becomes most notice-able during the very frequent act of swallowing. A rapidly aged appearance is now how they see themselves in the mirror. The sequela of seeing this, if even for a short time, is a lasting negative effect on their psyche, often difficult to later overcome.

Dentistry has always been aware of these intimate relationships and has sought to provide endodontic and periodontal care with the goal of maintaining and prolonging the retention of teeth. Failing that, prosthodontics has provided solutions from fixed bridgework to immediately delivered complete dentures. Whereas immediate dentures could partially mitigate the patients' feeling of loss and satisfy their esthetic needs, they fell short in the functional and psychological aspects that patients desired.

The advent of implant dentistry gave us new modalities with which to eventually satisfy these needs. However, for the newly edentulous patient, a complete denture was usually the interim prosthesis used during the period of osseointegration. Occasionally, during the immediate postsurgical period, he or she was even asked to go without it to allow for optimal soft-tissue healing, worsening the psychological trauma.

The authors of this article have painstakingly developed a protocol using teeth with a poor or hopeless prognosis and relatively stable soft-tissue anatomic landmarks to retain and stabilize a provisional fixed prosthesis, their goal being to overcome that awkward phase between tooth loss and restoration of the integrated implants. They have given us a fresh way of looking at a failing dentition and should be applauded for an innovative concept that adds another tool for our use in trying to provide optimum treatment for our patients.

However, as shown in this article, a meticulous regimen involving significant laboratory participation with multiple castings, and considerable clinical chair time to develop, deliver, and maintain this interim prosthesis are required. While this technique appears well suited for an institutional practice where teaching is the objective, the costs involved, from both a monetary and clinical time perspective, may make this procedure beyond the reach of most patients in a private practice. As such, it may find limited application in everyday dentistry, especially given the availability of diagnostic three-dimensional digital imaging with its capability to both virtually design implant placements and develop and fabricate the necessary surgical guides, models, and immediately placed implant-supported provisional prostheses.

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