COMMENTARY

ANTERIOR PROVISIONAL RESTORATIONS USED TO DETERMINE FORM, FUNCTION, AND ESTHETICS FOR COMPLEX RESTORATIVE SITUATIONS, USING ALL-CERAMIC RESTORATIVE SYSTEMS

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Drs. Reshad and Kim and Mr. Cascione must be congratulated on their article "Anterior provisional restorations used to determine form, function, and esthetics for complex restorative situations, using all-ceramic restorative systems" illustrating their exceptionally esthetic restoration of an especially challenging maxillary defect. The procedures utilized are wonderful examples of the critical principle of determining the esthetic result with the provisional restoration and then using the provisional restoration as the "blueprint" of the definitive restoration. I have taken the liberty of referencing several articles that have described this approach to achieving predictably successful esthetic restorative dentistry. ¹⁻⁶

The illustrations in this case report are excellent and present a very high level of technical excellence, both with the provisional and the definitive restorations. The choice of materials for both restorations is unique and contemporary, and the technology used is very innovative.

The authors are to be commended for their very skillful management of a difficult clinical situation. The maxillary defect to be corrected included extensive loss of both soft and hard tissue as well as three anterior teeth. The patient presented to them with two osseointegrated implants in less than optimal positions. Resolution of the patient's problems resulted from detailed treatment planning, starting with a diagnostic wax-up. This treatment planning was followed by meticulous attention to detail in the provision of both the clinical and the technical prosthodontic treatment.

The provisional restoration fabricated from the diagnostic wax-up was exceptional in concept and design and was extremely esthetic. The patient was allowed to function with this provisional prosthesis and carefully evaluate the esthetic result over time.

Prior to fabrication of the definitive restoration, feedback from the patient permitted subtle changes to be made, which improved the overall esthetic result. Although the principle of using the provisional restoration to satisfy the patient's esthetic expectations before fabricating the definitive restoration is not a new concept, it is a very important concept and one that tends to be underutilized by many clinicians. This case report is a timely reminder of that concept and illustrates its utility in a difficult clinical situation.

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This commentary is accompanied by article, "Anterior Provisional Restorations Used to Determine Form, Function, and Esthetics for Complex Restorative Situations, Using All-Ceramic Restorative Systems," Mamaly Reshad, DDS, MSc, Domenico Cascione, CDT, BS, Tae Kim, DDS, DOI 10.1111/j.1708-8240.2009.00305.x

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