## COMMENTARY

## THE ROLE OF COMPLETE OVERDENTURES IN ESTHETIC REHABILITATION OF THE ADOLESCENT OLIGODONTIA PATIENT. A CASE REPORT

## Scott Eidson, DDS\*

This article demonstrates a very well thought out and cost effective solution for a case where the "disease" is not bacterial in nature but one of great social significance for this patient. When we as dentists can understand the impact of esthetic disappointment for an adolescent patient while using our technical skills to completely understand how to best solve the patient's problem, we transcend purely clinical outcomes. As dentists, we then have the ability to greatly impact the psychological and social well being of our patients. This elevates dentistry to a true healing art.

After thorough review of treatment options for this case, the cost advantages of using retentive undercuts on natural teeth and a conventional denture were determined to be the best option. Looking at the post treatment photographs shows this to be a very successful and logical solution. However the fact that the treatment turns out to be an almost conventional complete dentures and not some type of complex implant restorative solution does not fully demonstrate the importance of the authors' treatment planning skills and their artistic review of the patient's clinical, esthetic, and social situation. The article demonstrates the importance of complete risk assessment and step by step treatment planning in these types of cases and shows how the authors used these assessments in a very detailed manner to arrive at their chosen treatment option and only then chose and executed the treatment for the patient. Short cuts in treatment planning and treatment bias toward any type of treatment modality can significantly affect costs and successful outcomes in this type of complex case.

A case such as this one is where the importance of step by step complete and comprehensive treatment planning and risk assessment comes into play. Without the knowledge and foresight to preview the treatment options for the patient periodontally, in caries management, tooth structure management, in function and occlusion management, and finally esthetic management, the treatment outcome could vary from disastrous to successful. This is where the author was exemplary in how he developed the case and knew before any treatment was done what type of reasonable expectations the patient could expect in all of these major treatment risk categories. Then the predicted outcome was measured step by step along with way in a very non invasive manner. Since she proved to be currently at low risk for periodontal disease and caries, the success in managing the risk factors for function and esthetics were driving the outcome of this case. The authors were careful to consider the potential impact on the low risk categories of periodontal and caries management of the chosen treatment. They then adjusted patient care protocols to take into consideration that this option, while managing the functional and esthetic aspects of the case, had the potential to increase risk in these two categories. In this case as with most other complex restorative cases, the entire spectrum of risk assessment in all four of these categories is essential and must be evaluated like a rubric's cube to ensure patient and doctor satisfaction with the case outcome.

The technical aspects of developing the chosen treatment in this case are straight forward for most clinicians after the diagnosis. It is the artistic and technical skill to combine the functional and the esthetic elements in this case that makes one appreciate the authors' attention to detail. Careful thought was given in determining the most cost effective treatment that would produce an outcome that would positively affect the patient's life. I applaud the authors for not only the technical skill in achieving the beautiful result but for insight and thoroughness in the step by step treatment planning skills that speak as much for the success of the case as the technical proficiency shown.

\*Associate professor, Department of Operative Dentistry, UNC School of Dentistry, Chapel Hill, NC 27599-7450, USA

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