

COMMENTARY

AN ALTERNATIVE APPROACH TO THE TRANSITIONAL REHABILITATION OF INFRA-OCCLUDED PRIMARY SECOND MOLARS

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Dr. Sabatini's paper on an alternative approach to the transitional restoration of infra-occluded primary molars is exceptionally useful for both pediatric dentists and general dentists who are often confronted with primary molars manifesting in infra-occlusion. Although it may seem quite simple to restore these teeth, it is not by any means, as there are issues of bonding, material strength, longevity of restoration, space maintenance to avoid tipping of adjacent teeth, and color stability. There are also issues of cost, clinical time, and time for the patient. The consideration of all of these factors was attended to in the excellent work reported by Dr. Sabatini.

The paper outlines in detail a step-by-step approach to the restoration of infra-occluded primary molars. Detailed instructions are provided, and clinical photographs clearly identifying the exact results expected within each of the steps are available to the reader. Although each case of infra-occlusion is unique, the present paper provides enough general background to allow one to be flexible within the scope of the technique identified and obtain similar results even in alternative situations.

I was particularly interested to see that Dr. Sabatini, a faculty member in the restorative dentistry department, is the author of this paper. In pediatric dentistry, we are often confronted with situations that involve techniques commonly used in "adult" dentistry. Pediatric dentists are often not as well versed in restorative techniques commonly employed in adult dentistry. Many techniques that are routine for adult restorative dentists are not in the typical skill set or experience of the pediatric dentist. Notwithstanding that, this paper provides a step-by-step regimen that any pediatric dentist or general dentist could follow to obtain excellent results.

Once the permanent addition is erupted around age 12, the type of dentistry provided to the patient might be similar to that provided to a 40- or a 50-year-old patient. Thus, an interaction with those who treat adults on a daily basis is exceptionally important for pediatric dentists. This paper serves as a role model in that regard. On a daily basis in my practice, I am confronted with situations, generally with adolescents, that require me to think beyond the scope of the typical pediatric dental practice. This interdisciplinary approach articulated by an expert will be used to assist a multitude of providers. I hope that readers of this article who have expertise in various aspects of the adult industry, which when properly employed to help children in various situations, will provide similarly valuable reports. There is a great need for pediatric dentists to interact not only with specialists in a variety of dental disciplines but also with general dentists who are experts in restorative dentistry and esthetic dentistry and who can provide important solutions to their teenage patients. Many pediatric dentists have difficulty accessing the skills of prosthodontists and restorative dentists or other services that are needed for their adolescent patients in cases such as the present one.

I applaud the work of Dr. Sabatini, as it provides excellent insight and is of great value to pediatric dentistry.

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