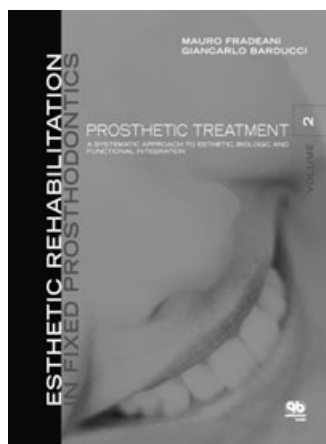


Book Reviews

Esthetic Rehabilitation in Fixed Prosthodontics: Volume 2 – Prosthetic Treatment: A Systematic Approach to Esthetic, Biologic, and Functional Integration



*By Mauro Fradeani and
Giancarlo Barducci.
Quintessence Publishing
Co., Inc., Hanover Park, IL,
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price \$320.00; hardcover.*

This textbook is the second volume in the two-volume series of publications from Dr. Mauro Fradeani. Unlike the first volume, this volume is co-authored by lab technician Mr. Giancarlo Barducci. The five chapters of this volume guide the reader from the diagnostic phase through the production and finalization of prosthetic rehabilitation. Illustrations accompany each procedure and stress the importance of detail. A foreword written by Dr. Gerard Chiche praises the authors' desire to share their vast knowledge and technical tips, thus creating a comprehensive textbook that sets the standard for esthetic rehabilitation. As in the first volume, each chapter is well narrated and enhanced with subsections called "Prosthetic Consideration and Application." In these subsections the clinical application of each concept is discussed. Throughout the text, the authors meticulously outline a systematic approach to prosthetic rehabilitation that can be appreciated by dental students, residents, and experienced practitioners.

The first chapter discusses the diagnostic techniques essential to the success of prosthetic rehabilitation. Dr. Fradeani stresses the importance of treatment planning, beginning with the gathering of diagnostic information. This includes medical and dental histories, along with patient examination. Sequencing of the case is reviewed, and diagnostic support from the laboratory in the form of wax-ups is requested. The strength of this chapter is the review of the many diagnostic guides discussed in Volume One, including a thorough esthetic evalu-

ation, occlusal registrations, and reference planes, among other concepts. Dr. Fradeani's well-organized approach allows the reader to closely follow the treatment plan and envision the end result at the diagnostic step.

In the second chapter, the creation and integration of the interim restoration is discussed. With the guidance of the diagnostic wax-up, the interim restoration is fabricated to reproduce the changes made from the patient's original dentition. Specific techniques, which allow the interim restoration to be fitted correctly, are discussed. Dr. Fradeani stresses that the interim restoration is fundamental in the evaluation and verification of function, esthetics, phonetics, and biological integration before proceeding with the preparations and final impressions. This chapter also compares the correct and incorrect techniques in provisionalization, serving as a strong teaching tactic to reinforce the author's points.

After initial interim restorations have been fabricated for the patient, the biological integration of the interim and the definitive preparations can be initiated as discussed in Chapter three. Dr. Fradeani discusses the importance of the integration of the interim restoration from both an esthetic and a biological perspective. At this phase of the treatment, pre-prosthetic surgery may be carried out to, for example, expose healthy tooth structure. The author discusses completion of tooth preparation, reviewing marginal configurations, and respecting biological integrity. Each technique is clearly visualized through color photographs.

Chapter four discusses the techniques used for impression making and data transfer. The purpose of this chapter is to emphasize that the definitive restoration will replicate the successfully integrated interim restoration. This is done through recording the facebow and occlusal registrations, taking final impressions, and accurately completing the laboratory checklist.

The final chapter is devoted to the production and completion of the prosthetic rehabilitation. Communication with the laboratory is stressed. Various cross-mounting techniques are discussed. Various restorative materials are discussed, including substructure and ceramics. Each step of the fabrication is clearly illustrated, leading to the delivery of the definitive restorations. The importance of maintenance through periodic checkups is stressed.

The last section is devoted to a step-by-step summary of the most significant clinical cases featured in the chapters of the text. They are organized according to the year of completion. Complete rehabilitations are presented first, followed by single restorations on natural teeth and implants in the anterior sector. The illustrated narrative format of this section re-emphasizes the importance of a systematic approach to esthetic and prosthetic rehabilitation and complements the text as a summary.

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The SAC Classification in Implant Dentistry



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 hardcover).*

This text is a collaborative team effort, derived from a consensus conference of 28 clinicians held by the International Team for Implantology (ITI) in Mallorca, Spain in March 2007. It is intended to provide a systematic approach to identifying case complexity and risk in implant dentistry. It is well organized and well suited to serve our colleagues of different experience levels and needs in dental implant treatment. For beginners, this book provides a treatment-planning framework, demonstrates possible risks and complications involved in various case types, and therefore helps with careful case selection. For experienced clinicians, the system is an excellent quick checklist of difficulties into which we might fall. Moreover, since patients' compliance and expectations are extremely critical for success in implant cases, it cannot be overemphasized how important it is to inform them about routine and possible adverse outcomes to expect prior to the beginning of treatment.

The first chapter is an introduction to the SAC system and brief overview of the book. The SAC system is an implant case complexity system of three categories: *Straightforward (S)*, *Advanced (A)*, and *Complex (C)*. Historically, due to lack of an implant case classification system to easily identify possible

complications and risks that might occur, the ITI focused on the development of such a guideline to support clinicians in performing treatment. The names of the clinicians who contributed to the content of this book were also listed.

The second chapter describes basic determinants of SAC classification: esthetic consideration, number of steps involved, and risks of complications. To calibrate discussion in following chapters, definitions of terms used in timing implant placement and loading protocol are listed. This chapter is intended to offer readers a framework to comprehend the formation of SAC classification.

Chapter 3 covers case-specific general, surgical, restorative, and esthetic modifying factors, which alter the ultimate SAC classification. How each factor affects the outcome of the case is explained in detail. These factors are based on long-term clinical experience and are well documented. Readers may choose to selectively read portions of this chapter depending on their familiarity with the topics. Experienced clinicians may find these detailed explanations redundant, but for inexperienced practitioners in implantology, this chapter is a very helpful resource deserving additional attention and careful reading.

The fourth and fifth chapters, "Classification of Surgical Cases" and "Classification of Restorative Cases," account for the majority of the text. In Chapter 4, implant surgical cases are categorized based upon esthetic risk and size of the edentulous area. In each case, the authors use tables to discuss how previously mentioned modifying factors affect treatment plan options or outcomes. Each table is followed by a clinical case with illustrations. Chapter 5 follows a similar format and covers the prosthodontic point of view. It should be noted that it is not the intention of this book to discuss the details of treatment methods, which can be found in other textbooks.

Chapter 6 presents some additional cases to further demonstrate how to apply the SAC system to routine practice. The authors demonstrate that it is not uncommon to have unexpected clinical progress and an altered treatment plan, which results in a change of their SAC classification. This system is a useful diagnostic tool to provide the general sense of a case for treatment planning and patient communication purposes; however, case progress should be carefully monitored to respond to any change.

Chapter 7 is the conclusion chapter, and it re-emphasizes the responsibilities of the clinician regarding implant treatment: accurate diagnosis, appropriate evaluation and selection of treatment approach, treatment delivery that meets the standard of care, and proper informed consent for patients. Through improvement of technology and accumulation of long-term clinical evidence, the standard of care is constantly changing, so the SAC system will adapt itself to the new standards in the future. All references in the text are listed in Chapter 8.

This text is readily readable, and the guidelines are straightforward. Credit should be given to the colleagues from ITI who devoted their time and effort to develop the consensus and collect high-quality case illustrations for this text. Implant practitioners can benefit from it according to their individual needs, but supplemental reading materials are necessary for those who are interested in studying specific topics further.

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