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Treatment plan and rationale:

Anybody remember Dr. Bruce Hord?

A great restorative dentist who always reminded his students: "Inform before Perform!"

At first blush, the patient sounds sincere. I don't like the result either. My approach will be to go slow, allow no short cuts and make sure the patient is very happy with my result in the provisionals BEFORE I commence the fabrication of the final crowns. I will give clear instructions to the laboratory so that no changes are introduced during the lab phase that might upset the patient.

Treatment includes:

- ◆ Fixed bridge #15-14-13 (12,11,21,22)-23-24-25
- ◆ Implant re #45

The Patient not from Heaven! A case report.

Patient Initial Concerns:

- "My smile is crooked"
- "My teeth look like a white picket fence."
- "My teeth look too long"
- "I've spent a lot of money. I don't like my previous dentist and I don't like his result in my mouth".



Pre treatment view:
Slanted front teeth

Doctor's Initial Impression:

- The front teeth are not horizontal to the inter pupillary line. The teeth are slanted down toward the left
- The teeth are monochromatic with no surface texture.
- Due to bone and tissue atrophy in the maxillary anterior, the pontics on the bridge are longer. No attempt has been made to restore normal appearance of soft tissues and normal tooth length.



Pre Treatment:

Long pontics and natural teeth.

Monochromatic teeth with no texture.

Flat looking teeth.

Masculine incisal embrasures.

Pontics appear to overlap buccal gingiva in pontic region.



Pre Treatment:

Occlusal View

Provisional Stage of Treatment:



Provisionals: Correction of slanted teeth and incisal embrasures.

Provisionals: Height of contour correct. Length of teeth altered using pink acrylic. Told patient that pink porcelain would match colour of attached gingiva.



FUTURE BLOGS:

- ◆ So you think you can place implants?
- ◆ Cowboys vs “Followers” - Prosthetic Considerations
- ◆ Occlusal Considerations in Restorative Dentistry
- ◆ The “hype” on fancy “gadgets” to check occlusion.
- ◆ Bikini Dentures vs functional stability in removable Prosthodontics
- ◆ Training Tissues in Implant Dentistry (Emergence Profile)
- ◆ The Perils of “Thin\Scalloped” Gingiva -a Restorative Perspective

POST INSERTION NOTES:

In my office, I use a PUTTY MATRIX on the lab bench to confirm similarities or alterations made when going from temporizes to final prostheses.

As you examine the same putty matrix for both the provisional and the final prosthesis, what do you see?

You should see that the incisal length of the anterior teeth is exactly the same. Also, you will see that the buccal thickness of the porcelain on the final prosthesis has been brought lingually to please the patient.

At the completion of treatment, our patient still thinks the provisional restorations were better.

IF YOU HAVE AN OPINION, LET ME KNOW WHAT YOU THINK ABOUT THIS TREATMENT.



The Final Prosthesis is a copy of the temporary crowns with much better colour and surface texture. We have maintained the same incisal length that the patient liked in the provisionals. We have maintained the same buccal thickness against the lip in the final prosthesis. Occlusal function in static and dynamic function is correct in the final prosthesis.

When “Heaven” freezes over!”

Insertion of Final Prosthesis;

In my office, all crowns and fixed prostheses are inserted with a temporary cement pending review of occlusion and aesthetic concerns of my patients.

Following insertion of the final prosthesis, the patient was seen for further assessment. Her concerns:

- ◆ I hate the bridge. It is pushing my lip out.
- ◆ The teeth are crooked in the front
- ◆ The teeth look like a picket fence.
- ◆ The final bridge doesn't look anything like the provisionals. The provisionals were much better!

Provisionals

Final Prosthesis

