

DELIVERY: DAY 13



PATIENT AFTER PHOTO

MASTERTRACK®

THE CLOCK STARTS TICKING TO REPLACE A MANDIBULAR MOLAR AFTER EXTRACTION

By Ben Warner, MS, DDS, MD, MAGD

INTRODUCTION

It is not uncommon to find ourselves in situations where not only the quality of treatment is important, but the speed with which it is delivered is just as important. A patient's request for rapid tooth replacement following an extraction is understandable, but sometimes we feel it is unrealistic and that we are unable to accommodate it.

On this particular occasion, the general dentist, to paraphrase the Star Trek intro, decides "To boldly go where he has not gone before."

ABSTRACT

An older gentleman with several missing mandibular teeth presents with a painful mandibular molar. The dentist examines the patient, and discusses various treatment options with the related risks and benefits.

The patient elects to have the tooth extracted. However, the patient asks to have the tooth replaced within a couple of weeks and gives a very compelling reason. The dentist decides, with his newly acquired CE training through MasterTrack®, to try to accommodate.

CASE REPORT

Chief Complaint: "Dull pain lower right molar"

Comprehensive Examination:

- VS: BP 123/74, Pulse 73, Respiration 16
- Health History
 - o **Medical**
 - 67 year old black male
 - HTN: Metoprolol, Quinapril, Hydrochlorothiazide
 - Hypercholesterolemia: Levastatin
 - NKDA
 - Osteoarthritis: Especially hands and knees
 - Hospitalizations
 - Appendectomy 1971
 - Total Knee Arthroplasty: Lt. 6/12/07, Rt. 9/1/07
 - Alcohol Use: 2 drinks daily
 - Tobacco Use: No
 - o **Dental** (Figure 1 - Below, Left)
 - Reduced periodontium
 - Maxillary teeth missing: #1, and 16
 - Mandibular teeth missing: Multiple
 - Significant Finding: Periradicular abscess #31 (Figure 2 - Below, Right))



Figure 1

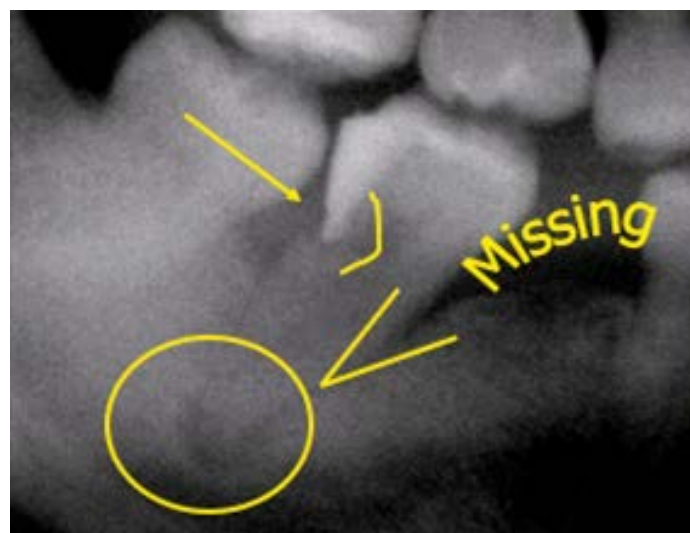


Figure 2: Periradicular abscess - tooth #31

IMPRESSION

#31 poor prognosis, missing maxillary #1, 16 and missing mandibular #17, 19, 28, 30, reduced periodontium with inflammation, oral hygiene is good, muscles of mastication WNL, TMJ mild click bilateral, oral cancer screen w/ fluorescence technology unremarkable.

TREATMENT PLANNING

Treatment options discussed including implants, fixed and removable prosthodontics. Also discussed no treatment. Risk & benefits of all options reviewed. Patient elects comprehensive care and to begin treatment with extraction #31 and Mandibular Removable Partial Denture (RPD). Patient says he needs (RPD) in 2 weeks. Dentist agrees to the request.

DAY 1:

- Due to a full patient schedule, an appointment for the extraction is arranged with an oral surgeon later in the day.
- Patient to return 5 days post-op.
- Dental Lab Technician contacted to make detailed arrangements for upcoming RPD case.

DAY 6:

- VS: BP 145/84, Pulse 63, Respiratory Rate 16.
- Health History: Reviewed and patient confirms no changes other than #31 extraction.
- Rest seats prepared #18, 20, 22, 27, 29, 32 (Figure 3). No local anesthetic needed or used.
- Portrait Shade A2, P2 (Figure 4).
- U/L Impressions w/ Cavex fast set alginate.
- Dental Lab picks up case as visit ends.

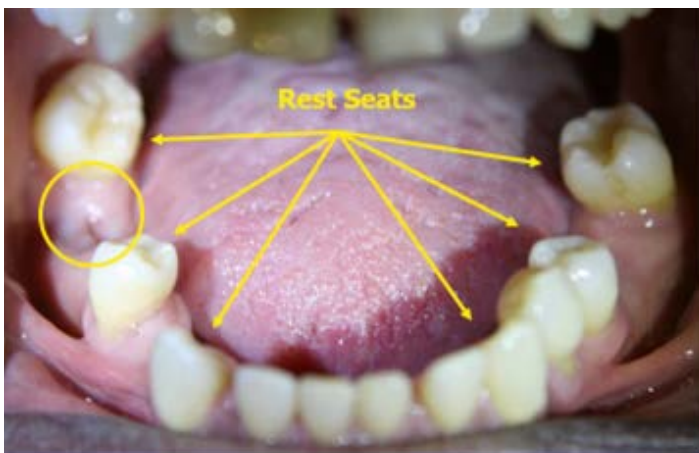


Figure 3: Rest seats prepared #18, 20, 22, 27, 29, 32 | Day 6 - Post-Op.



Figure 4: Portrait Shade A2, P2

Day 12:

- VS: BP 122/65, Pulse 68, Respiratory Rate 16.
- Health History: Reviewed and patient confirms no changes.
- Framework try-in w/ teeth in wax (Figure 5).
- Shade Lucitone 199 Dark (Figure 6).
- Framework fits and teeth positioned properly.
- Patient pleased and approves to send to lab.

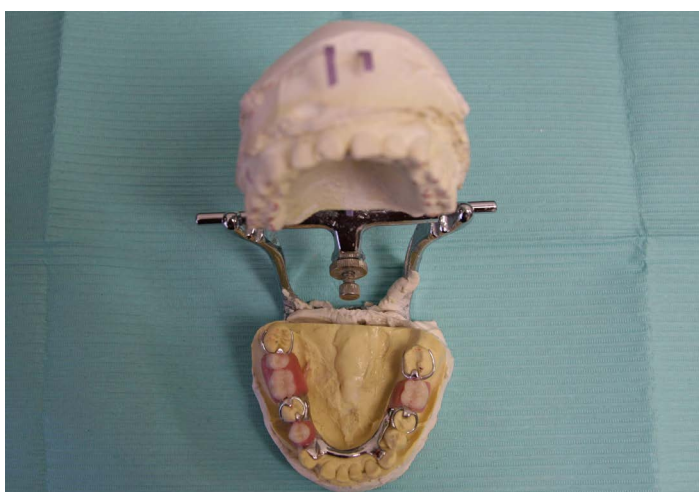


Figure 5: Framework try-in with teeth in wax



Figure 6: Shade Lucitone 199 Dark

TREATMENT PLANNING, CONT.

Day 13:

- Before patient arrives, gingival shade checked to verify it is correct (Figure 7).
- VS: BP 137/77, Pulse 62, Respiratory Rate 16.
- Health History: Reviewed and patient confirms no changes.
- Deliver Mandibular RPD.
- Minor adjustment to clasps for proper tightness.
- Check occlusion, minor adjust to denture teeth and polish.
- Patient pleased with RPD (Figure 8).



Figure 7: Gingival shade checked to verify it is correct

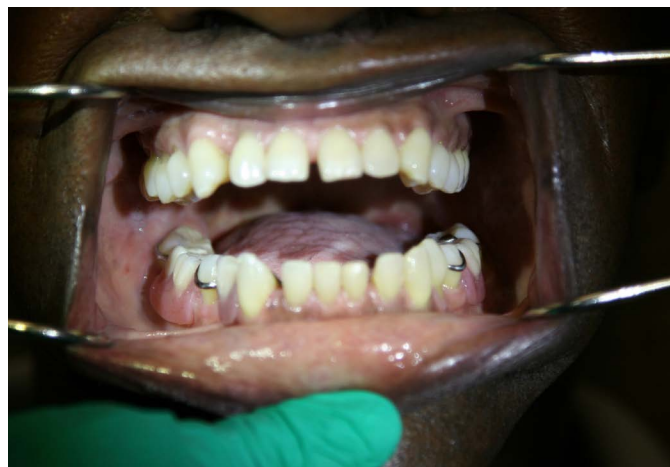


Figure 8: Patient pleased with RPD

Day 15:

- Observation only.
- No adjustments.
- RPD follow-up at 3-month Perio Maintenance visits.

METHODS AND MATERIALS

Intraoral pictures with Discovery Focus Wireless Camera from RF America IDS. Columbia Cheek Retractors from HuFriedy Manufacturing Company, Inc. Extraoral pictures with Canon 20D DSLR Camera, Canon MacroLens EF 100 mm 1:2.8 USM with Ring Lite MR-14EX. Portrait IPN Shade Guide from Trubyte by Dentsply. Prepared rest seats with Midwest highspeed handpiece using Football and Clinder shape NeoDiamond burr by Microcopy. Impressions with Cavex color change Fast Set. Lucitone 199 Shade Guide from Dentsply for gingival shade. Adjusted partial with Stainless 043 Ormco Three Prong Pliers. Occlusion checked with Bausch Arti-Check 40 μ Articulating Paper Blue and Red. Adjusted occlusion of #31 on partial with high speed handpiece with white round stone burr from Shofu Dura-White Stones. Smart Practice Splatr-Free Swangle 360 Contra Prophy Angle with Kerr Pumice.

DISCUSSION

General dentists with advanced continuing education are better positioned to meet patients' wants and needs that otherwise could seem to be very difficult or not possible. The Texas AGD MasterTrack® program provides the knowledge and hands-on training that permits treatment that is more comprehensive, efficient, and individualized.

CONCLUSIONS

Patient

- Expressed great satisfaction with treatment received.
- Renewed interest in dental health and taking care of remaining teeth.

Procedures

- Extraction on Day 1.
- Started Removable Partial Denture on Day 6 .
- Delivered RPD on Day 13.

Dentist

- Delivers Removable Partial Denture in less than 2 weeks from day of extraction.
- Learns that just because you haven't done something (deliver RPD within 2 weeks), doesn't mean you can't do it!

REFERENCES

- Huffines, Randy, TAGD MasterTrack™ Participation Course
- Huffines, Randy, Resources Handout
- Huffines, Randy, www.geriatricdentistry.com
- Buskin, Rowan, AGD Handout - Restoration of the Complete and Partial Edentulous Arch: Esthetic and Clinical Techniques for Success
- Buskin, Rowan, AGD Handout - Removable Partial Dentures

ABOUT DR. BEN WARNER



Dr. Ben Warner serves both the Texas AGD and Houston AGD on committees and as a Director on Texas AGD MasterTrack®. He is Clinical Associate Professor in the Department of General Practice and Dental Public Health, and Director of the Diagnosis and Treatment Planning Clinic at UT Health School of Dentistry. Whether in the clinic or classroom, he strives to bring students to their highest level of competency. His research interests include new and improved methods for diagnosing oral lesions, clinical oral oncology, premalignancy, mucocutaneous diseases, xerostomia, laser dentistry, and environmentally friendly “green” approaches to wellness.

He is recipient of several research awards including the George Finley III Foundation Skin Cancer Research Award, the M. G. and Lillie A. Johnson Cancer Treatment and Research Award, the Alando J. Ballantyne Head and Neck Surgery Award, and the Paul E. Strandjord Young Investigator Award. Dr. Warner is a Master of the Academy of General Dentistry, and active on several professional committees, journal editorial boards and charitable organizations.

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