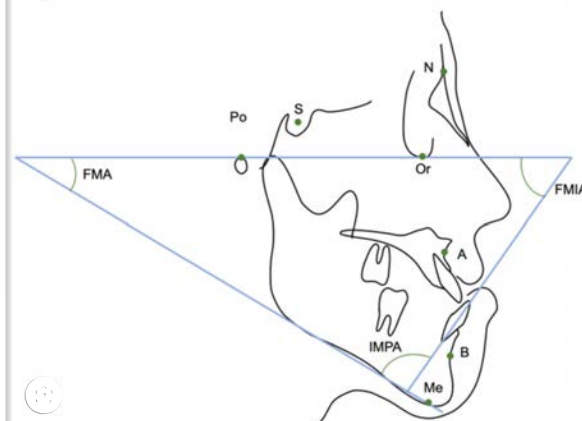
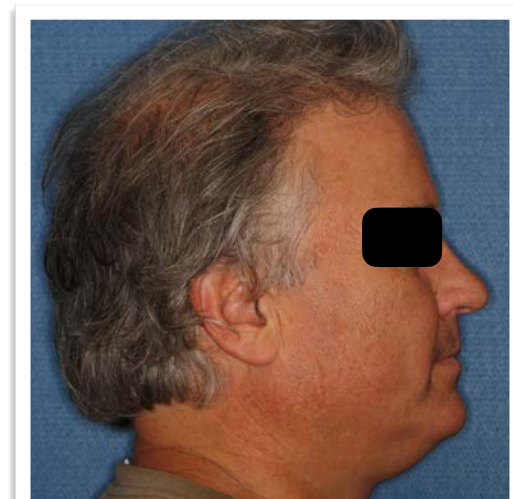


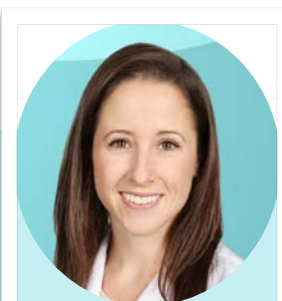
CASE STUDY 3: “The Crusher”



The Challenge: Identifying and managing patients with excessive occlusal forces

Enhanced Screening: Look for signs of occlusal wear, scalloped tongue, large masseters, and consider the patient’s medical history for related conditions like sleep apnea and GERD. And a lateral ceph can reveal a low FMA, indicating higher occlusal loads.

Treatment Strategy: Opt for durable prosthetic materials and consider additional implants for force distribution. An over denture may offer a good alternative that can be repaired easily. Discuss adjunctive treatments like Botox for the masseter muscles as well as the use of an occlusal guard. Establish a clear contingency plan, detailing financial responsibilities upfront.



About Virginia Prosthodontics



Virginia Prosthodontics is a specialty practice focused on the prosthetic needs of patients. A large part of our practice is dependent on our state-of-the-art in-house dental lab, which offers everything from same-day tooth repairs to full-arch porcelain prostheses. Dr. Eskow is a board-certified prosthodontist and is an expert in cosmetic dentistry, dental implants, dentures, and complete oral rehabilitation. She is an artist and a problem-solver.

We look forward to meeting you and your team. If you are interested in a lunch-n-learn, please reach out! We love meeting other dentists and staff.

Caroline Eskow, DDS, MS, FACP
www.DrEskow.com
571-786-5979



INSIDE THIS ISSUE

All-on-X Treatment

Identifying challenging cases, improving our screening skills, and using strategies to manage these cases successfully.

Page.....1-4

Who We Are

Do you want to discuss a case?

Page.....4

All-on-X, Part 1: Navigating Challenges

The All-on-X dental implant procedure has gained significant traction in the field of dentistry, appealing not only to specialists, but also to general dentists who offer this transformative treatment. For numerous patients, All-on-X represents a solution that can enhance their quality of life for many years. But for a small group of patients, there can be complications which become headaches in our practices.

With over a decade of experience with All-on-X, I’ve undertaken a retrospective analysis to uncover insights on the following key questions:

1. What cases are the most challenging and why?
2. What specific characteristics can we screen for during our initial exam to identify these challenging cases?
3. What strategies can we employ to manage and treat these cases successfully?

CASE STUDY 1: “The Start-from-Scratch Patient”

The Challenge: This is typically the patient who has neglected their teeth for many years, has lost multiple teeth, and the remaining teeth have shifted into very unfavorable positions. This patient will need significant changes to the occlusal scheme and positioning of teeth. Changing the incisal edge position and VDO can complicate the case.

Enhanced Screening: Pay close attention to the patient’s current occlusal setup and VDO during your initial exam. Identify where the new incisal edge position will be. Evaluate the high “E” smile to ensure that prosthetic junction placement is *above* the high smile line.

Treatment Strategy: You will succeed in this treatment if you are able to master the planning of an immediate denture. Follow guidelines just as if you were doing a denture try-in. Determine where the ideal incisal edge position at rest should be based on lip length, esthetics, phonetics, and age. Also, evaluate the VDO and determine if this needs to be opened or closed.



Her incisal edge position was moved apically and now cradles her lip when smiling. Significant bone was removed in order to position the new prosthetic gingival junction above her high smile line.

Making these alterations can dramatically change the way a patient’s teeth feel in their mouth. It can affect speech and can be difficult for some patients to adapt to.

CASE STUDY 2: “The Esthetically-Driven Patient”

The Challenge: Body Dysmorphic Disorder (BDD) is a growing concern that I see in my practice. It is characterized by persistent intense focus on perceived body defects. People who experience BDD may seek out continuous treatment to fix these perceived flaws. (Source - Mayoclinic/DSM V TR). Once treated, the focus does not go away and they may seek more treatments. It is challenging to assess realistic cosmetic concerns in an initial consultation from a patient experiencing Body Dysmorphic Disorder.

Enhanced Screening: I have started using a questionnaire, called the BDDQ, to identify patients suffering from Body Dysmorphia. The psychology literature clearly states that any sort of esthetic treatment (plastic surgery, cosmetic dentistry, etc...) should not be provided to patients suffering from this disorder.

Treatment Strategy: Prioritize patient well-being by referring those with body dysmorphia concerns to psychological specialists, avoiding elective dental procedures. If treatment is necessary, set realistic expectations, document discussions well, and have consent forms signed which establish financial responsibilities for remakes.



Display of 8 different provisionals for one patient with BDD.

We are here to assist you in whatever ways which are helpful to you. We want to make your jobs easier. Give us a call, send us an e-mail, or shoot us a text.

*

Virginia Prosthodontics loves a challenge and loves making your life simpler.