

Electrosurgery, Bridgework and Veneers Make a New Smile Almost Worth the Wait

By Lorin Berland, DDS

This 39-year-old gentleman lost his two front teeth in an unfortunate hockey accident when he was 14. For the past 24 years, he has worn the same flipper. It was time for a change (Figs. 1 and 2).

Closer examination revealed an uneven gum line, spaces, and short cusps. The same trauma that avulsed the centrals may have pushed the laterals and cuspids up and out. The cuspids were shorter than the bicusps and out of occlusion.

Treatment begins with prepping the lateral incisors for a four-unit bridge and electrosurgery to even out the gum line and remove redundant tissue due from the chronic irritation of the flipper. A loop was used to create a tissue form that would envelop the pontic as it would a natural tooth. This is finished with a #12 Bard Parker and polished with pumice and Peridex (Figs. 3-7).

A template is vacuum formed on a composite build-up on a study model. This is used to make a temporary bridge with Masei/Duracryl (Fig. 8). The margins are finished and polished and seated with Life (Kerr) (Fig. 9).

After a regime of Peridex and salt water rinses, in four weeks, the gums have healed and the patient returns (Figs. 10 and 11). Teeth Nos. 6 and 11 are prepared for porcelain veneers and a porcelain/gold bridge from teeth Nos. 7 to 10. Ultrafent cord is packed, and an impression is taken with Extrude (Kerr) and President (Coltene).

In the lab, the cuspid veneers are extended incisally to be in line with the first bicuspids and central incisor pontics. However, as preoperatively, the occlusal function is still guided by the first bicuspids. To ensure good gingival adaptation and avoid any ugly triangular spaces at the gumline, a soft tissue model is made (Fig. 12).



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5



Fig. 6



Fig. 7



Fig. 8



Fig. 9



Fig. 10



Fig. 11



Fig. 12



Fig. 13



Fig. 14



Fig. 15



Fig. 16

In 10 days, the veneers are tried on with Universal Prevue alongside the bridge (Fig. 13). The fit, color, and incisal line are crucial. The veneers are seated with Insure (Cosmesdent) and the Total Etch Technique (Fig. 14). The bridge is cemented with encapsulated Ketacem (Premier) (Figs. 15 and 16).

With careful planning, a

couple of gadgets, and a good laboratory, any clinician can put together a winning smile. In this case, we returned a small part of identity back to a man who had worn a flipper for years. ■

The lab work was done by Westbrook & Assoc. They can be reached at (800) 238-8794.

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