

**MEET THE DOCTOR:
KEVIN C LIN, DDS, FACP
PROSTHODONTIST**

RECONSTRUCTIVE DENTAL SPECIALIST

Dr. Kevin Lin is a board-certified specialist in prosthetic dentistry. He has extensive clinical training and experience rehabilitating patients with complex dental problems using composite resin, dental implants, veneers, crowns, bridges, and dentures. He is an expert in creating and maintaining partials and dentures for older adults. Moreover, he has restored thousands of dental implants and related fixed and removable dental appliances.

Dr. Lin has published numerous papers in peer-reviewed journals, written book chapters, and presented in international and national professional conferences and regional study club meetings on issues concerning prosthetic dentistry.

He actively participates in local study clubs to learn and share new clinical knowledge and techniques; he works tirelessly with specialists, general dentists, and lab technicians to provide the best quality patient care possible. He currently serves as an ad-hoc journal reviewer for the Journal of Prosthetic Dentistry and the Journal of Prosthodontics.

Kevin C. Lin, DDS



EDUCATION

Board Certification, American Board of Prosthodontics Certificate in Prosthodontics, UCSF Postgraduate Prosthodontics
Doctor of Dental Surgery, UCLA School of Dentistry
B.S. Biological Sciences in Medical Microbiology & B.A. Psychology, UC Davis

POST-GRADUATE CREDENTIALS

Diplomate, American Board of Prosthodontics
Fellow, American College of Prosthodontists
Fellow, International Congress of Oral Implantologists
Ad-hoc Journal Reviewer, Journal of Prosthetic Dentistry and Journal of Prosthodontics
Former Assistant Professor, University of the Pacific, Arthur A. Dugoni School of Dentistry
Volunteer Faculty, Pre-doctoral Prosthodontic Clinic, University of California, San Francisco

RECONSTRUCTIVE DENTISTRY UPDATES

APR/MAY 2023

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A PATIENT SUFFERING FROM GENERALIZED SEVERE TOOTH DECAY, WORN DENTITION, AND DIFFICULTY WITH AT-HOME HYGIENE MAINTENANCE?



BEFORE



The patient may present with **generalized severe decay, worn down teeth, and difficulty with at-home hygiene maintenance**. You are not sure if you could take care of his/her treatment expectation and manage your clinical time effectively...

This is a patient who was referred to me for full mouth evaluation and rehabilitation

Here is the story of my patient S.S. He suffered from significant dental issues due to his medical treatment for epilepsy, a history of cigarette smoking, and high soda consumption. It wasn't until he took a drastic change to his lifestyle that he realized his dental health was in desperate need for help!

AFTER



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Inside This Issue

CASE REPORT

Do you have a patient suffering from generalized severe tooth decay, worn dentition, and difficulty with at-home hygiene maintenance?
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CLINICAL DENTAL RESEARCH

Accuracy of Computer-Assisted Flapless Implant Placement by Means of Mucosa-Supported Templates in Complete-Arch Restorations: A Systematic Review
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RECONSTRUCTIVE DENTAL SPECIALIST

About Dr. Lin
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WHEN SHOULD YOU CONSIDER REFERRING TO A PROSTHODONTIST?

Prosthodontists are specialists in esthetic, implant, and reconstructive dentistry.

1. Treatment complexity is beyond your typical practice.

Vertical dimension discrepancies, severely resorbed ridges, limited restorative space, poor implant angulation, TMJ dysfunction, severe bruxism, traumatic tooth loss, or congenital abnormalities.

2. Patient has extensive needs and is draining too much of your chair time!

If your patient requires treatment from multiple specialists, we can help sequence and manage the interdisciplinary treatment plans.

3. Patient wants a perfect smile!

If the patient has a gummy smile, thin gum and susceptible to recession, or extremely picky!

4. You want to discuss a case with a colleague to ease your mind.

We are an excellent resource for you to ask questions about complex treatments. We can work with you or complete the treatment for you to achieve the best in both function and esthetics for your patients.

DO YOU WANT TO CHAT ABOUT A COMPLEX PATIENT CASE? OR WOULD YOU LIKE TO MEET AND SHARE IDEAS?

With your reputation for quality dental service and my experience with complex treatments, we can work together and benefit as a team. We simply want to do what is best for the patients.

I would like to work with you on challenging patient cases and share knowledge and experience. I would love to meet you for lunch, over a coffee break, or at your office to discuss a difficult patient case or to share ideas.

Please don't hesitate to reach out to me. I'm looking forward to talking with you on the phone or meeting in person.



initial presentation

S.S was referred to our office for comprehensive treatment planning and collaboration with the surgeon. Because of his dental and periodontal status, with his consent, we proceeded with full mouth extractions and conventional transitional dentures first. This way, we could assess his level of function and adjustment to removable prostheses and plan our implant rehab accordingly.

After a few months of initial healing and adjustment to dentures, S.S. decided that fixed implant bridges would be the ideal option for him in the long term.



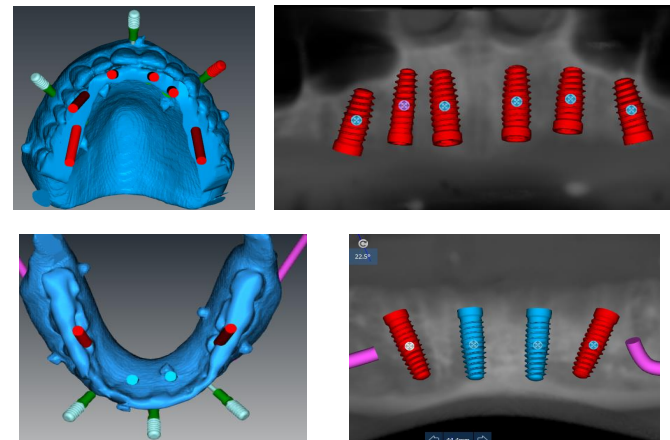
treatment completion

The case was challenging because:

- Minimal pre-operative baseline reference to assess the patient's expectation for esthetics and chewing function
- Compensatory supraeruption
- Uneven gingival margin
- Compromised chewing function; absence of anterior guidance

MY TREATMENT SUMMARY FOR S.S. :

- ❖ Comprehensive evaluation and diagnostic denture set up
- ❖ Conventional transitional dentures and additional implant treatment planning
- ❖ Collaboration with the surgeon on implant placement with minimal grafting
- ❖ Completion and insertion of the interim fixed conversion dentures as well as the final prostheses to assess esthetics and function
- ❖ Regular maintenance re-care visits



digital design of the implant placement and surgical guides

Treatment sequence:

- Comprehensive assessment and diagnostic treatment planning
- Patient discussion and review of the proposed surgical/prosthetic treatment options and limitations
- Full mouth extractions and ridge preservation
- Fabrication and management of conventional transitional dentures
- Implant planning and collaboration with the surgeon and denture technician
- Implant provisionals and fabrication of definitive prostheses
- Post-insertion and re-care maintenance

definitive zirconia fixed implant FPDs



ACCURACY OF COMPUTER-ASSISTED FLAPLESS IMPLANT PLACEMENT BY MEANS OF MUCOSA-SUPPORTED TEMPLATES IN COMPLETE-ARCH RESTORATIONS: A SYSTEMATIC REVIEW

CAROSI, PAOLO, ET AL. MATERIALS 2022; 15(4):1462. [HTTPS://DOI.ORG/10.3390/MA15041462](https://doi.org/10.3390/ma15041462)

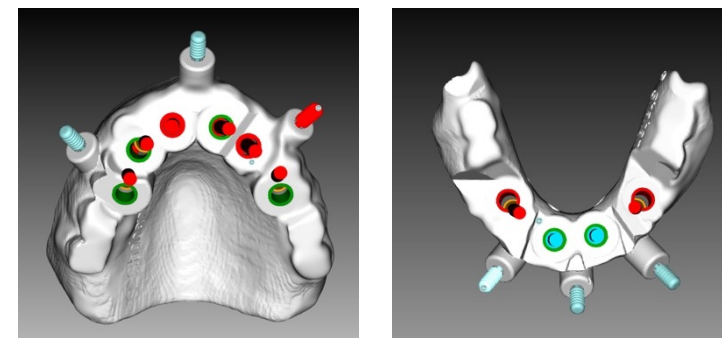
Abstract

The aim of this study was to systematically review the current scientific literature regarding the accuracy of fully guided flapless implant positioning for complete-arch rehabilitations in edentulous patients and to assess if there was any statistically significant correlation between linear deviation at shoulder point, at apex point and angular deviation.

The electronic and manual literature search of clinical studies was carried out using specified indexing terms. A total of 13 studies were eligible for qualitative analysis and 277 edentulous patients were rehabilitated with 1556 implants patients by means of fully guided mucosa-supported template-assisted flapless surgery. Angular deviation was 3.42° (95% CI 2.82–4.03), linear deviation at shoulder point 1.23 mm (95% CI 0.97–1.49) and linear deviation at apex point 1.46 mm (95% CI 1.17–1.74).

No statistically significant correlations were found between the linear and angular deviations. A statistically significant correlation was found between the two linear deviations (correlation coefficient 0.91) that can be summarized by the regression equation $y = 0.03080 + 0.8254x$.

Computer-assisted flapless implant placement by means of mucosa-supported templates in complete arch restorations can be considered a reliable and predictable treatment choice despite the potential effects that flapless approach could bring to the overall treatment.



Our patient's upper and lower digitally designed and milled surgical guides (using the relined transitional dentures as the prosthetic reference)

Clinical Relevance

Computer-assisted flapless implant placement by means of mucosa-supported templates in complete arch restorations can be considered a reliable and predictable treatment choice for implant placement accuracy

WOULD YOU LIKE TO STAY UP TO DATE WITH THE MOST CURRENT CLINICAL DENTAL RESEARCH?

You are not alone for continuing education! You have the opportunity to join like-minded clinicians in the community and challenge yourself to learn in a friendly non-judgmental atmosphere. We would love to have you for study club events, lecture presentations, and treatment planning seminars. For more detail on future events, please contact us!