

**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 tirelessly works with other specialists, general dentists, and lab technicians with the goal of providing the best quality patient care possible. He currently serves as an ad-hoc journal reviewer for the Journal of Prosthetic Dentistry as well as 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  
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 2019

*Evidence Based Clinical Practices in Prosthodontics*

**DO YOU HAVE A PATIENT SUFFERING FROM SEVERE TOOTH WEAR AND FILLINGS THAT KEEP COMING OFF?**



**Here is the story of a patient who was referred to me by another dentist..**

If you have a patient who suffers from **severe tooth wear, frequent needs for repair of fillings and crowns, heavy bite force** – they may benefit from the help of a Prosthodontist. **Here is the story of my patient "Ben"...**

Inside This Issue

**CASE REPORT**

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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, 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, or thin gum and susceptible to recession, or extremely picky!

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

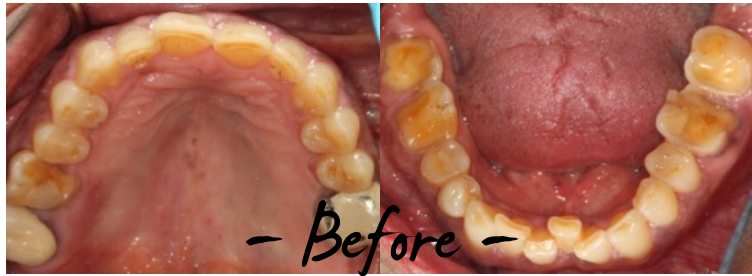
We are an excellent resource for you to ask questions about complex treatments. We can work with you or complete the treatment for you to achieve the best in both function and esthetics for your patients.

**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.



and tooth wear, collapsed bite, occlusal trauma, uneven gum margin, malocclusion, and pulpal necrosis of the posterior teeth.

Knowing that Ben absolutely declined orthodontic treatment and did not mind the uneven gum margin, my treatment sequence for Ben included the following:

- Removal of the molars because of poor prognosis by a surgeon.
- Full-mouth wax-ups and chair-side preview of the proposed treatment in bis-acryl temporary with Ben.
- Delivery of a transitional splint at the planned vertical dimension to ensure patient tolerance and comfort.
- Collaborate with an implant surgeon to plan and place dental implants and bone augmentation at first molar sites.
- Comprehensive rehabilitation at an increased vertical dimension with crowns on teeth and implants using full e.max crowns with minimal surface staining and PFMs with metal occlusal on posterior implants.

Ben was a 70 y.o. retired molecular biologist. He presented to the general dentist's office because his molars were severely broken down and sensitive when he ate. He also wanted to preserve his teeth and improve his smile.

At first, the doctor did multiple fillings to cover the sensitive tooth surface in the back to relieve his sensitivity. To his surprise, for each restorative appointment, the occlusal adjustments were time-consuming and unpredictable; worse still, **the fillings kept coming off!**

The general dentist referred Ben to see me because he recognized Ben's severe tooth wear, the challenge in managing his fillings, and his desire to address Ben's concerns for a better smile.

**My diagnosis included: acid-reflux related erosion**



**MY TREATMENT SUMMARY FOR BEN:**

- ❖ Diagnostic wax-ups and chair-side mock-up with bis-acryl temporary resin
- ❖ Occlusal splint at the proposed increased vertical dimension to test neuromuscular tolerance and patient comfort
- ❖ Implant planning and collaboration with a surgeon
- ❖ Rehabilitation with full e.max crowns and screw-retained PFM implant crowns
- ❖ **Return the patient to the referring doctor for maintenance re-care visits**
- ❖ **Single-tooth/quadrant dentistry is once again possible now that the vertical dimension is stable**

**BASIC EROSION WEAR EXAMINATION (BEWE): A NEW SCORING SYSTEM FOR SCIENTIFIC AND CLINICAL NEEDS**

BARTLETT D ET AL. CLIN ORAL INVEST 2008

**AIM**

Develop a simple, reproducible, and transferable scoring system that can be used with the diagnostic criteria of all existing indices and can ultimately assist in making decisions around the management of erosive tooth wear.

**RESULTS**

BEWE is a partial scoring system recording the most severely affected surface in a sextant  
Four level score grades appearance/severity of wear on the teeth

- 0 = no erosive tooth wear
- 1 = initial loss of (enamel) surface texture
- 2 = distinct defect, hard tissue loss (dentin) <50% of the surface area
- 3 = hard tissue loss > 50% of the surface area

Examination is repeated for all teeth in a sextant but only the surface with the highest score is recorded  
Results of the BEWE not only measure the severity of the condition; but when transferred into risk levels, can also act as a guide towards clinical management

Risk level	Cumulative score (all sextants)	Management
None	Less than or equal to 2	Routine maintenance and observation. Repeat at 3-year interval
Low	Between 3 and 8	Oral hygiene, dietary assessment, and advice. Routine maintenance and observation Repeat at 2-year interval
Medium	Between 9 and 13	Oral hygiene, dietary assessment, and advice. Identify the main etiological factors for tissue loss and develop strategies to eliminate impacts. Consider fluoridation measures Repeat at 6-12 mo. interval
High	14 and over	Oral hygiene, dietary assessment, and advice. Identify the main etiological factors for tissue loss and develop strategies to eliminate impacts. Consider fluoridation measures. In cases of severe progression, consider care involving restorations Repeat at 6-12 mo. interval

**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 me.