

**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 2022

*Evidence Based Clinical Practices in Prosthodontics*

## DO YOU HAVE A PATIENT WITH THE NEED FOR ESTHETIC IMPROVEMENT AND COMPREHENSIVE REHABILITATION?



The patient may present with a gummy smile, failing restorations, dark colored teeth, multiple missing teeth, and an unstable bite! With the remaining teeth in questionable condition, you are not sure if you could take care of her treatment expectation and manage your clinical time effectively!

**This is a patient who was referred to me for a full mouth reconstruction**

**Here is the story of my patient D.P.**

D.P. suffered from trauma to the front teeth in her childhood, her front teeth have subsequently gone through several rounds of significant restorative treatment over the years...

**CONTINUE NEXT PAGE**

## Inside This Issue

### CASE REPORT

Do you have a patient with the need for esthetic improvement and comprehensive rehabilitation?  
[PAGE 1-2]

### CLINICAL DENTAL RESEARCH

Biologic width dimensions - a systematic review  
[PAGE 3]

### RECONSTRUCTIVE DENTAL SPECIALIST

About Dr. Lin  
[PAGE 4]

## 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, 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



immediately after crown lengthening



minimally layered porcelain over zirconia restorations on teeth and implants

**D.P.** was referred to me because her general dentist was unsure about how to help her improve her gummy smile and the implant planning and treatment required to restore her chewing function with the back teeth. Her temporary crowns were unesthetic.

**The case was challenging because:**

- The existing anterior temporary crowns were too small, and the gum was showing too much
- The stump shade of the anterior prepared teeth was dark and discolored
- The occlusion was unstable and did not have enough posterior stops
- Additional implants were to be planned and placed



Completion of definitive restorations in two phases while maintaining the newly established vertical dimension



**Treatment sequence:**

- Diagnostic work-up was done to increase the vertical dimension, improve the incisal edge position, and simulate the ideal gingival margin
- Fabrication of new provisionals and provide reference for crown lengthening of the upper anterior to the surgeon
- Fabrication of surgical guide to facilitate proper implant placement in the posterior
- Full mouth crown preparations and refinement of existing preparations
- Restore with ceramic crowns in phases
- Re-care maintenance



*Final front & profile view*

**MY TREATMENT SUMMARY FOR D.P. :**

- ❖ Comprehensive evaluation and diagnostic work-up
- ❖ Crown lengthening & implant planning and placement
- ❖ Fixed tooth/implant provisionals to verify and assess esthetics, phonetics, and function
- ❖ Completion of ceramic restorations & regular maintenance re-care visits

**BIOLOGIC WIDTH DIMENSIONS – A SYSTEMATIC REVIEW**

SCHMIDT, JULIA C., ET AL. "BIOLOGIC WIDTH DIMENSIONS—A SYSTEMATIC REVIEW." JOURNAL OF CLINICAL PERIODONTOLOGY 40.5 (2013): 493-504.

**Background:**

Consideration of the biologic width in restorative dentistry seems to be important for maintaining periodontal health.

**Objective:**

To evaluate the dimensions of the biologic width in humans.

**Materials and Methods:**

A systematic literature search was performed for publications published by 28 September 2012 using five different electronic databases; this search was complemented by a manual search. Two reviewers conducted the study selection, data collection, and validity assessment. The PRISMA criteria were applied. From 615 titles identified by the search strategy, 14 publications were included and six were suitable for meta-analyses.

**Results:**

Included studies were published from the years 1924 to 2012. They differed with regard to measurements of the biologic width. Mean values of the biologic width obtained from two meta-analyses ranged from 2.15 to 2.30 mm, but large intra- and inter-individual variances (subject sample range: 0.2 – 6.73 mm) were observed. The tooth type and site, the presence of a restoration and periodontal diseases/surgery affected the dimensions of the biologic width. Pronounced heterogeneity among studies regarding methods and outcome measures exists.

**Conclusions:**

No universal dimension of the biologic width appears to exist. Establishment of periodontal health is suggested prior to the assessment of the biologic width within reconstructive dentistry.

**Clinical Relevance**

For maintaining periodontal health in reconstructive dentistry, it is suggested to respect the biologic width. In this systematic review, several patient- and tooth-related confounding factors and a significant intra- and inter- individual variability in the dimensions of the biologic width were identified. Data from meta-analyses on the biologic width may provide a careful estimate for clinical use.

**Practical implications**

Periodontal and transgingival probing after the application of local anesthesia may be helpful in determining an individual's biologic width. Periodontal health is supposed to be established in advance of biologic width assessment.

**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!