

**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

JAN/FEB 2021

*Evidence Based Clinical Practices in Prosthodontics*

## DO YOU HAVE A CHALLENGING PATIENT CASE BECAUSE OF ANATOMIC LIMITATIONS, COMPROMISED IMPLANT PLANNING AND PLACEMENT?



### Here is the story of a patient who was referred to me by an implant surgeon and the restorative dentist

Sometimes a patient may present to you with implants already placed and osseointegrated. The patient is ready to proceed and you are excited to see the patient until you realize the clinical challenges...

If you encounter difficulties finishing the prosthetic treatment because of anatomic

limitations, compromised planning and implant placement, high smile line, and limited restorative space – he/she may benefit from the help of a Prosthodontist – Here is the story of my patient “Bob”...

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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, 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.



Bob was referred to me because it was difficult for the restorative doctor to restore his upper arch as a fully splinted prosthesis after the implants osseointegrated.

The dental implants were placed in native bone with minimal bone graft. The implant surgeon thought that if the implants could be splinted as an all-on-x fixed bridge, the implant planning did not have to be precise because angled abutments would have been able to correct angulations.

The doctor was not sure about how to proceed with the additional treatment planning needed in order to meet the patient's esthetic and functional expectations. The rehabilitation also required both the upper and lower arch to be done at the same time.

**The case was challenging because -**

- Implants were placed with significant facial angulation in the upper arch
- The teeth arrangement needed to be reassessed based on the implant positions
- The lower arch required crowns on individual implants and teeth

**Treatment:**

- Implant fixture level impression and preliminary impression of the lower arch
- Digital diagnostic work-up to select the appropriate abutment and restoration designs based on implant positions
- CAD/CAM PMMA interim implant restorations to assess esthetics and occlusion
- Preparation of the lower arch
- Finish the upper and lower implant/teeth restorations



**MY TREATMENT SUMMARY FOR BOB:**

- ❖ Comprehensive evaluation and digital diagnostic work-up
- ❖ Additional implant planning to evaluate the upper arch based on implant angulation and esthetic requirement
- ❖ Completion of the upper and lower restorations together
- ❖ Regular maintenance re-care visits

**MANAGEMENT OF UNFAVORABLE IMPLANT POSITIONS AND ANGULATIONS IN EDENTULOUS MAXILLAE WITH DIFFERENT COMPLETE ARCH FIXED PROSTHETIC DESIGNS: A CASE SERIES AND CLINICAL GUIDELINES**

KHER, U., TUNKIWALA, A. AND PATIL, P. J PROSTHET DENT 2020. *IN PRESS*

**Abstract**

Implant-supported fixed prostheses in the edentulous maxilla can be difficult because of anatomic limitations and high esthetic demand. The choice between cement and screw retention depends on factors such as esthetics, occlusion, retrievability, and passivity.

The choice is also often governed by the ability to manage technical or biologic complications. In the edentulous maxilla, because of the bone trajectory and resorption pattern, unfavorable implant angulations may be encountered. In such situations, a conventional screw-retained prosthesis is difficult to design.



This article describes the restoration of edentulous maxillae for a series of patients with different complete-arch fixed prosthesis designs. The clinical guidelines, including indications, advantages, and limitations of each design, were discussed.

**Table 1.** Advantages and limitations of different prosthetic designs for complete-arch fixed restorations in edentulous maxillae

Type of Prosthetic Design	Indications	Advantages	Limitations
Cement-retained prosthesis with angled abutments	Favorable or unfavorable implant positions with adequate interarch space	Ease of fabrication Low cost	Excess cement removal difficult <sup>11</sup> Lack of retrievability
Screw-retained prosthesis with angled screw-access holes	Unfavorable implant positions with limited interarch space	Best used in interarch space less than 15 mm <sup>13,14</sup> Angle corrections up to 28 degrees <sup>13,14</sup> Retrievable	Not useful when more interocclusal space available
Screw-retained prosthesis with multiunit abutments	Unfavorable implant positions with adequate interarch space	Retrievable Ease of prosthetic steps	Need more interocclusal space
Screw-retained framework and cement retained crowns	Unfavorable implant positions with adequate interarch space	Retrievable Easy to repair	Costly Technique sensitive
Screw-retained prosthesis with lateral screw abutments	Unfavorable implant positions with limited interarch space for occlusal screw access	Retrievable <sup>16</sup> Ease of maintenance <sup>16</sup> More esthetic single piece prosthesis	Technique sensitive

**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.