

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

RECONSTRUCTIVE DENTAL SPECIALIST

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, UCDavis

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



Kevin C. Lin, DDS

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.

RECONSTRUCTIVE DENTISTRY UPDATES

JAN/FEB 2022

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A CHALLENGING ESTHETIC PATIENT CASE DUE TO DENTAL  
ASYMMETRY, SEVERE RIDGE RESORPTION, AND FAILED FIXED  
RESTORATIONS?



Here is the story of a  
patient who was  
referred to me by a  
periodontist

Sometimes a patient may present to you with extreme esthetic challenges. This could be due to the presented dental asymmetry and the questionable prognosis of the involved teeth or because of difficulties in treatment planning the case in order to obtain a satisfactory restorative outcome.

If you encounter such difficulties with a patient – he/she may benefit from the help of a Prosthodontist

– Here is the story of my patient “W.L”...

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Inside This Issue

CASE REPORT

Do you have a challenging patient case due to dental asymmetry, severe ridge resorption, and failed fixed restorations?  
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CLINICAL DENTAL  
RESEARCH

Management of unfavorable implant positions and angulations in edentulous maxillae  
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RECONSTRUCTIVE  
DENTAL SPECIALIST

About Dr. Lin  
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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.



W.L. was referred to me because it was challenging for the surgeon to determine how to restore the patient's smile and chewing function given the anatomic limitations and the dental asymmetry.

#4-#8 span had a combination of dental concerns: 1) external root resorption of the premolars, 2) severe ridge bone loss at the partially edentulous span, and 3) frequently dislodged crown at #8 due to compromised retention of the tooth preparation.

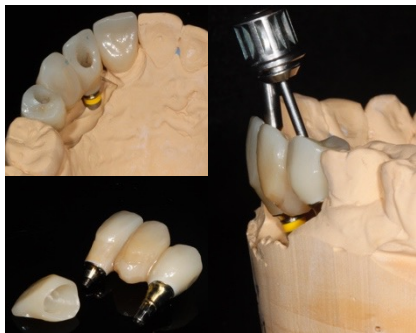


INTERIM PARTIAL + PROVISIONAL CROWN

By doing a diagnostic wax-up, it was determined that the #5 site would substitute as a canine, and the

quadrant rehabilitation would create symmetry with the contralateral #9-13 that was also missing one premolar.

The transitional phase required the use of an interim partial denture and a provisional crown to test out the esthetics and to be used as a reference to create a

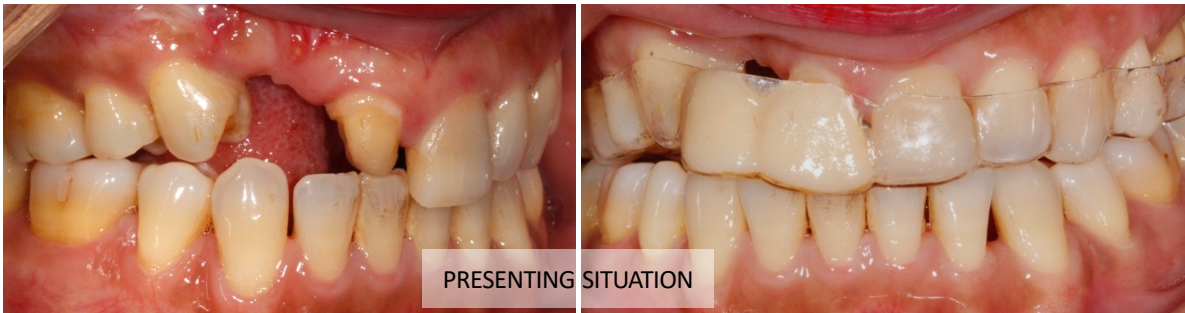


FINAL RESTORATIONS



MY TREATMENT SUMMARY FOR W.L.:

- ❖ Comprehensive evaluation and diagnostic work-up
- ❖ Extended management of the provisional phase
- ❖ Implant planning to assess implant angulation and fulfill esthetic requirements
- ❖ Completion of the upper restorations
- ❖ Regular maintenance re-care visits



PRESENTING SITUATION

surgical guide for implant placement after ridge augmentation.

The case was challenging because -

- Severe ridge resorption due to the history of aggressive extraction of the impacted canine
- Subsequent dental width and esthetic asymmetry
- External root resorption and questionable prognosis of #4 and #5
- The use of angulated screw channels to fabricate a screw-retained implant bridge for retrievability

Treatment:

- Esthetic mock-up to determine ideal anterior esthetics
- Collaborate with the periodontist for surgical treatment planning, ridge augmentation, and implant placement
- Extended temporization with an interim partial denture and a provisional crown
- Definitive porcelain crown and screw retained fixed implant bridge utilizing implant abutments with angulated screw channels.

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.