



KEVIN C LIN, DDS, FACP PROSTHODONTIST

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 a mock-board examiner for the UCSF Postgraduate Prosthodontic Residency Program.

Postgraduate Credentials

- Diplomate, American Board of Prosthodontics
- Fellow, American College of Prosthodontists
- Fellow, International Congress of Oral Implantologists
- Mock-board Examiner, UCSF Postgraduate Prosthodontics Residency Program
- 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

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

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.

RECONSTRUCTIVE DENTISTRY UPDATES

JAN/FEB 2024

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A CHALLENGING PATIENT CASE INVOLVING IMPLANT COMPLICATIONS, LIMITED CHEWING FUNCTION, AND AN UNSATISFACTORY SMILE?

Your patient may present with **multiple osseointegrated implants** of **extreme angle divergence**, **compromised implant distribution**, and the need to **convert existing implant restorations into a full arch prosthesis due to additional missing teeth and implant failure**.

Additionally, the patient is reluctant to receive additional implants and is disappointed with the existing smile and chewing function. You are unsure whether you can meet his/her treatment expectations and manage your clinical time effectively...

Mr. Liu was referred to us for a mid-treatment comprehensive evaluation and full-mouth rehabilitation...



Inside This Issue

CASE REPORT

Do you have a challenging patient case involving implant complications, limited chewing function, and an unsatisfactory smile?

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CLINICAL DENTAL RESEARCH

Management of unfavorable implant positions and angulations in edentulous maxillae with different complete arch fixed prosthetic designs: A case series and clinical guidelines

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RECONSTRUCTIVE DENTAL SPECIALIST

About Dr. Lin
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DO YOU WANT TO CHAT ABOUT A COMPLEX PATIENT CASE? WOULD YOU LIKE TO MEET AND SHARE IDEAS?

Managing a patient's dental complications and unforeseen prosthetic breakage can be daunting, especially for solo practitioners or non-restorative dental specialists.

I'm eager to collaborate with you on challenging patient cases. Through the mutual exchange of knowledge and experience, we can both enhance our skills as clinicians. Combining your reputation for quality dental service and my expertise in addressing complex dental needs, we can work synergistically to exceed patient expectations and build our practices. I look forward to discussing this further over the phone or meeting with you in person!



FULL MOUTH IMPLANT REHAB
WITH ABUTMENT LEVEL CORRECTION OF IMPLANT DIVERGENCE AND IMPLANT PROSTHETIC CONVERSION



Mr. Liu initially presented to his dentist with a complex dental need. Without a more in-depth comprehensive treatment plan, his dentist proceeded to place implants and intended to restore Mr. Liu's mouth with single-unit implant crowns on the upper arch and 3-unit implant bridges around teeth on the lower arch. After a couple of newly placed implants in the upper arch failed and the premature loss of remaining lower teeth, in need of assistance, the dentist referred Mr. Liu to see us to complete his prosthodontic treatment.



Fig 1. lower arch implant divergence observed after retrieval of cement-retained implant bridges

The presented implant complications and clinical challenges

- Canted occlusal plane and excessive mandibular incisor display
- The upper arch exhibited an excessive number of implants, an uneven anterior-posterior distribution, and significant implant divergence
- The lower arch presented with cement-retained implant bridges over divergent implants and required retrieval for implant fixture access

TREATMENT SUMMARY FOR MR. LIU'S CASE

- Retrieval of implant fixture access through cement-retained implant bridges
- Correction of implant divergence and stabilization of uneven anterior-posterior implant distribution
- Correction of tilted occlusal plane and excessive mandibular incisor display
- Completion and insertion of the interim fixed restorations and definitive screw-retained ceramic restorations
- Post-insertion and re-care maintenance

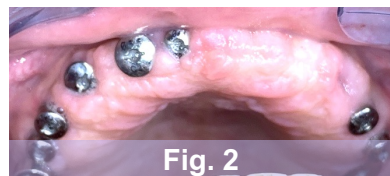


Fig. 2: upper arch – uneven implant distribution, partially edentulous span, implant divergence



Fig. 3: upper definitive screw-retained fixed implant bridge over a combination of custom abutments and angle-correcting multi-unit abutments

Treatment sequence:

- Comprehensive assessment and diagnostic treatment planning
- Patient discussion and review of the proposed prosthetic treatment options and limitations
- Implant bridge retrieval to regain access to all implant fixtures in the lower arch
- Fabrication of interim upper and lower full arch implant bridges
- Continuing modification of the provisional restorations to improve esthetics, occlusion, and chewing function
- Fabrication and insertion of the definitive screw-retained ceramic restorations
- Post-insertion and re-care maintenance



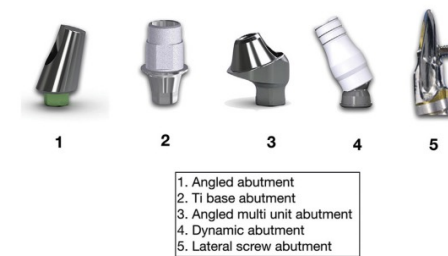
MANAGEMENT OF UNFAVORABLE IMPLANT POSITIONS AND ANGULATIONS IN EDENTULOUS MAXILLAE WITH DIFFERENT COMPLETE ARCH FIXED PROSTHETIC DESIGNS: A CASE SERIES AND CLINICAL GUIDELINES

KHER, U., TUNKIWALA, A. AND PATIL, P. J PROSTHET DENT 2020. JAN;127(1):6-14

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 ¹¹ 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 ^{13,14} Angle corrections up to 28 degrees ^{13,14} 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 ¹⁶ Ease of maintenance ¹⁶ More esthetic single piece prosthesis	Technique sensitive

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

You're not alone in your pursuit of 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 at study club events, lecture presentations, and treatment planning seminars. For more details on future events, please feel free to contact us!

