

**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  
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

JUL/AUG 2019

*Evidence Based Clinical Practices in Prosthodontics*

**DO YOU HAVE A PATIENT SUFFERING FROM DENTAL INJURY, NEEDING TEAM COLLABORATION, AND HAVING ESTHETIC CONCERNS OF THE FRONT TEETH?**



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

If you have a patient who suffers from **traumatic dental injury and requires team management to complete the dental work**— they may benefit from the help of a Prosthodontist. **Here is the story of my patient “Kate”...**

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**Inside This Issue**

**CASE REPORT**

Do you have a patient suffering from dental injury, needing team collaboration, and having esthetic concerns of the front teeth?

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**CLINICAL DENTAL RESEARCH**

The use of miniscrew implants for temporary skeletal anchorage in orthodontics: A comprehensive review

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**RECONSTRUCTIVE DENTAL SPECIALIST**

About Dr. Lin

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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.

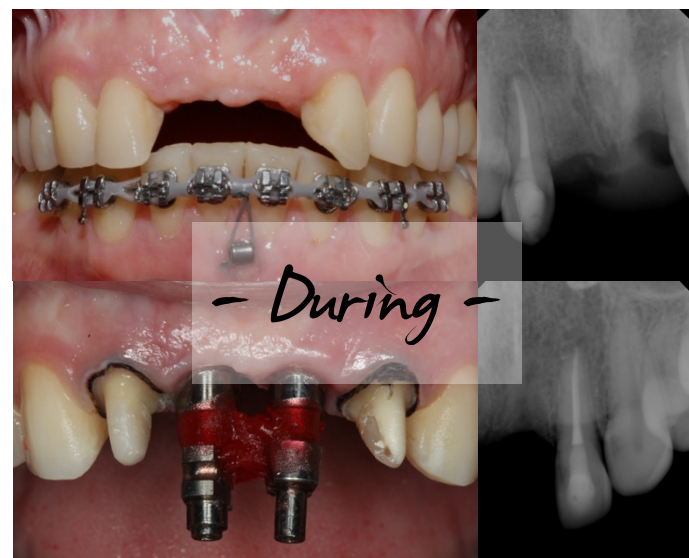
Please don't hesitate to reach out to me. I'm looking forward to talking with you on the phone or meeting in person.



Kate was a 33 y.o bartender. She suffered from a bicycle collision. The accident resulted in upper jaw fractures, immediate loss of the upper centrals, and trauma to the laterals.

The oral surgeon stabilized the fractures at the zygomatic arch, the maxilla, and infraorbital bone before referring her to me for comprehensive treatment planning.

**My diagnosis relevant to the anteriors included: trauma-induced limited mouth opening, limited anterior restorative space, irreversible pulpitis #7,10, supraeruption of the lower anteriors**



**Team Treatment:**

*Endodontics:*  
Root canal treatment on #7 and #10

*Orthodontics*  
Intrude lower anteriors using a mini-implant temporary anchor device (TAD) while maintaining posterior occlusion

*Oral surgery*  
Implant placement #8, #9 using surgical guide

*Prosthodontics*  
Diagnostic wax-ups to communicate with the orthodontist, the oral surgeon, the patient, and the technician to visualize final restorative outcome  
e.max ceramic crowns on #7,10  
Splinted implant supported ceramic crowns on #8,9



**THE USE OF MINISCREW IMPLANTS FOR TEMPORARY SKELETAL ANCHORAGE IN ORTHODONTICS: A COMPREHENSIVE REVIEW**

PAPADOPOULOS M. & TARAWNEH F. ORAL SURG ORAL MED ORAL PATHOL ORAL RADIOLOG ENDOD, 2007

**AIM**

The review presents and discusses the development, clinical use, benefits, and drawbacks of the miniscrew implants used to obtain a temporary but absolute/skeletal anchorage for orthodontic applications.

**POTENTIAL ORTHODONTIC APPLICATIONS**

- Anchorage control in space closure
- Intrusion of over-erupted teeth
- Traction of impacted teeth
- Retraction of anterior teeth
- Extrusion or uprighting of teeth
- Correction of deep overbites, dental midline, canted occlusal plane, sagittal discrepancies, or vertical skeletal discrepancies

**POSSIBLE INSERTION SITES:**

Maxilla:

Below the nasal spine, the palate, the infrazygomatic crest, the maxillary tuberosities, and the alveolar process between the roots of the teeth

Mandible:

Symphysis or parasymphysis, the alveolar process between the roots of the teeth, and the retromolar area

**CLINICAL ADVANTAGES:**

- Insertion and removal are clinically straightforward
- No laboratory procedures required
- Can be immediately loaded, reducing the total treatment time
- Offers a variety of insertion sites for orthodontic anchorage
- Eliminates undesirable movement on the teeth that otherwise would have been normally used as anchorage
- Reliance on patient compliance is rather minimal

**POTENTIAL DISADVANTAGES AND RISKS:**

- Damage of the adjacent tissues or root injuries might occur as a result of improper insertion.
- Irritation or inflammation of peri-implant tissues and consequent failure of the miniscrew implants
- Additional surgical costs

**MY TREATMENT SUMMARY FOR KATE:**

- ❖ Diagnostic wax-ups and chair-side mock-up with bis-acryl temporary resin before and after orthodontic treatment
- ❖ Follow up with the endodontist on RCT completion and establish endodontic prognosis
- ❖ Implant planning and collaboration with the oral surgeon
- ❖ Restoration of the upper anteriors with a combination of monolithic e.max crowns and splinted porcelain layered zirconia implant crowns
- ❖ Regular maintenance re-care visits

**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.