

**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

JUL/AUG 2021

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A CHALLENGING PATIENT CASE BECAUSE OF THE NEED FOR A COMBINATION FIXED-REMOVABLE PROSTHODONTIC TREATMENT?



This is a patient who was referred to me for a smile enhancement...

The patient was referred to me because the restorative doctor was not sure if he could deliver an esthetic and functional result for the patient who needs *a combination of an upper removable partial denture + crowns and multiple lower anterior ceramic restorations.*

If you encounter difficulties finishing the prosthetic treatment - he/she may benefit from the help of a Prosthodontist.

Here is the story of my patient Mr. R.

CONTINUE NEXT PAGE

Inside This Issue

CASE REPORT

Do you have a challenging patient case because of the need for a combination fixed-removable prosthodontic treatment? [PAGE 1-2]

CLINICAL DENTAL RESEARCH

Clinical application of removable partial dentures using thermoplastic resin— Part I: Definition and indication of non-metal clasp dentures [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.



Mr. R was referred to me because the existing upper partial denture was discolored and not as retentive as before due to broken clasps. The lower anterior teeth had failing restorations, cervical wear, and poor esthetics.

The case was challenging because -

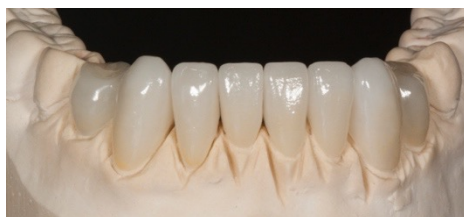
- The need to sequence the prosthetic treatment while keeping the vertical dimension stable
- The upper partial denture needs to follow sound prosthodontic principles for retention, stability, and support while providing an esthetic outcome
- Controlled preparation of the lower anteriors without over-reduction of tooth structure and pulpal impingement



Treatment sequence:

- Diagnostic casts with wax-up of the lower anteriors and denture set-up of the upper anteriors and contour of the canines
- Chairside mock-up preview with the patient for discussion and approval
- Preparation of the upper canines and lower anteriors against the wax upper denture set up
- Delivery of the upper canines and lower anterior ceramic restorations
- Upper arch refinement of rests, proximal planes and crown undercut
- Fabrication and completion of the upper partial denture
- Continue treatment for the posterior teeth and subsequent re-care maintenance

LOWER ANTERIORS e.max restorations



MY TREATMENT SUMMARY FOR MR. R:

- ❖ Comprehensive evaluation, diagnostic work-up, and chairside mock-up verification with the patient
- ❖ Preparation and completion of the upper canines and lower monolithic e.max ceramic restorations
- ❖ Completion of the upper partial denture – conventional metal frame partial denture with Valplast flexible clasps
- ❖ Continue treatment for the posterior teeth and subsequent regular maintenance re-care visits

CLINICAL APPLICATION OF REMOVABLE PARTIAL DENTURES USING THERMOPLASTIC RESIN—PART I: DEFINITION AND INDICATION OF NON-METAL CLASP DENTURES

KENJI FUEKI, ET. AL. J. PROSTHODONT RES. 2014; 58:3–10

This position paper proposes a definition and naming standard for removable partial dentures (RPDs) using thermoplastic resin and presents a guideline for clinical application.

According to current prosthetic principles, flexible non-metal clasp dentures are not recommended as definitive dentures, except for limited cases such as patients with a metal allergy. Rigid non-metal clasp dentures are recommended in cases where patients will not accept metal clasps for esthetic reasons. Non-metal clasp dentures should follow the same design principles as conventional RPDs using metal clasps.

The use of flexible denture/flexible clasps

Indications

- Interim dentures for patients with metal allergy
- Missing only a few anterior teeth
- Intact occlusal support
- For esthetic purpose without a need for enhanced function
- Patients who do not consent to the preparation of abutment teeth

Contraindications

- Patients with limited occlusal support
- Patients with few remaining teeth
- Limited restorative space at the partially edentulous span
- Patients with poor oral hygiene
- Poor compliance to follow-up

Advantages

- Superior esthetics and translucency compared to metal and conventional acrylic resin dentures
- Highly elastic, light weight, and thin – feels more comfortable to the patient
- No concerns for metal allergy

Table 1 – Thermoplastic resins available for non-metal clasp dentures in Japan (December 2012).

Generic name	Product name	Manufacturer
Polyamide	BIO PLAST	HIGH DENTAL JAPAN
	Valplast	UNIVAL
	Flex Star V	Nippon Dental supply
	BIO TONE	HIGH DENTAL JAPAN
	Lucitone FRS Ultimate	DENTSPLY International Ultimate
Polyester	EstheShot Bright	i-Cast
	EstheShot	i-Cast
Polycarbonate	Reigning N	Toushinyoukou
	Reigning	Toushinyoukou
	JET CARBO-S JET CARBO RESIN	HIGH DENTAL JAPAN HIGH DENTAL JAPAN
Acrylic resin	ACRY TONE	HIGH DENTAL JAPAN
Polypropylene	UNIGUM	WELDENZ

Disadvantages

- Discoloration and degradation of thermoplastic resin
- Difficulty of polishing
- Difficulty with adjustment for retention and repair
- Requires larger surface area contact to the abutment tooth and the cervical gingival junction – more difficult for maintenance

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.