

**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 2022

Evidence Based Clinical Practices in Prosthodontics

DO YOU HAVE A PATIENT SUFFERING FROM AN UNSUCCESSFUL IMPLANT PROSTHETIC RECONSTRUCTION AND IN NEED OF HELP?



The patient may present with **multiple implant failures, failing restorations, unsatisfactory esthetics, and unresolved functional pain and discomfort.** You are not sure if you could take care of his/her treatment expectation and manage your clinical time effectively...

This is a patient who was referred to me for retreatment of an unsatisfactory full mouth reconstruction

Here is the story of my patient B.F.

B.F. has completed a full mouth rehabilitation by having all the remaining failing teeth extracted and replaced with fixed implant bridges a few years ago. Unfortunately, the result has not been satisfactory both esthetically and functionally...

CONTINUE NEXT PAGE



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.

Inside This Issue

CASE REPORT

Do you have a patient suffering from an unsuccessful implant prosthetic reconstruction and in need of help?
[PAGE 1-2]

CLINICAL DENTAL RESEARCH

Patient satisfaction and oral health-related quality of life (OHRQoL) of conventional denture, fixed prosthesis and milled bar overdenture...
[PAGE 3]

RECONSTRUCTIVE DENTAL SPECIALIST

About Dr. Lin
[PAGE 4]



initial presentation

completed upper denture vs. lower implant bar overdenture

The case was challenging because:

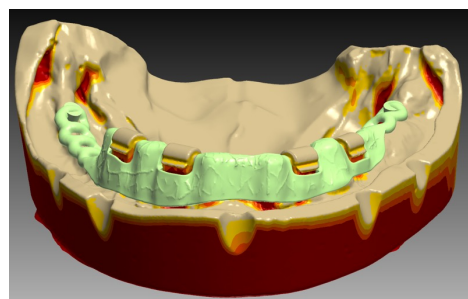
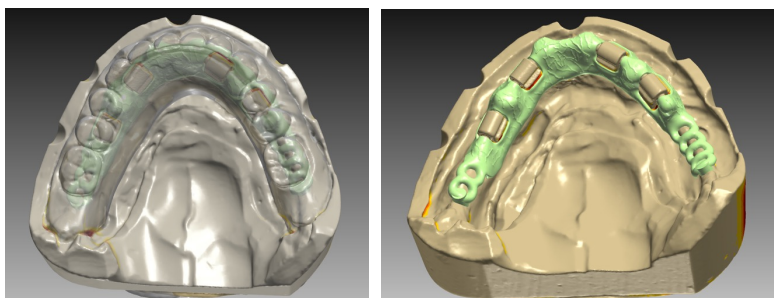
- Multiple implants failed
- Medication induced dry mouth
- Collapsed vertical dimension established by the unsatisfactory implant bridges
- Chronic lip and cheek biting post-insertion from the fixed bridges
- Inability to maintain adequate at-home oral hygiene with the fixed bridges and chronic food trap
- Patient's desire for prosthetic retention and stability during chewing function

Treatment sequence:

- Comprehensive assessment of the unsatisfactory implant rehabilitation
- Patient discussion and review of the proposed prosthetic treatment options and limitation
- Diagnostic denture set up
- Collaboration with the denture technologist/technician on the CAD/CAM processes
- Fabrication of the definitive upper and lower removable prostheses
- Post-insertion and re-care maintenance



final patient front & profile views



CAD/CAM for the milled implant bar and overdenture metal substructure

MY TREATMENT SUMMARY FOR B.F. :

- ❖ Comprehensive evaluation and diagnostic denture set up
- ❖ CAM/CAM collaboration with the denture technologist/technician
- ❖ Completion and insertion of the removable prostheses
- ❖ Regular maintenance re-care visits

PATIENT SATISFACTION AND ORAL HEALTH-RELATED QUALITY OF LIFE (OHRQoL) OF CONVENTIONAL DENTURE, FIXED PROSTHESIS AND MILLED BAR OVERDENTURE FOR ALL-ON-4 IMPLANT REHABILITATION. A CROSSOVER STUDY.

ELSYAD, MOUSTAFA ABDOL, ET AL. CLINICAL ORAL IMPLANTS RESEARCH 30.11 (2019): 1107-1117.

Objective:

This study aimed to evaluate patient satisfaction and oral health related quality of life (OHRQoL) of conventional denture, fixed prosthesis and milled bar overdenture for All-on-4 implant rehabilitation.

Materials and Methods:

Sixteen completely edentulous patients with ill-fitted mandibular dentures received new mandibular dentures (CD). After 3 months, 4 implants were installed according to the "All-on-4 concept" and immediately loaded with mandibular dentures. Three months after osseointegration, patients received either fixed prosthesis (FP) or milled bar overdenture (MB) in a cross-over design. Patient satisfaction was evaluated using a visual analogue scale (VAS). OHRQoL was evaluated using the OHIP-14. Questionnaires of VAS and OHIP-14 were measured 3 months after wearing each of the following prostheses: CD, FP, and MB.

Results:

For all questions of VAS and OHIP-14, CD showed significant lower satisfaction compared to FP and MB (p<.00025). FP recorded significant higher VAS scores than MB regarding retention and stability (p<.00007). MB recorded significant higher scores than FP regarding general satisfaction, comfort, ease of cleaning and handling (p<.00008). Regarding OHIP-14, no significant differences in OHIP scores between FP and MB were observed for all domains of OHIP.

Conclusions:

"All-on-4" implant rehabilitation of edentulous mandible with FP and MB achieves high patient satisfaction and OHRQoL compared to CD. No significant difference in OHRQoL between FP and MB was observed. Regarding VAS, FP rated greater satisfaction with retention, stability and chewing compared to MB. However, MB rated greater satisfaction with ease of cleaning and handling compared to FP.

Clinical Relevance

Milled bar overdentures are not less efficient than fixed prosthesis for All-on-4 rehabilitations regarding patient satisfaction and OHRQoL. While patients who gave priority to stability and chewing ability may prefer the fixed prostheses over removable prosthesis, more patients prefer the long bar-retained overdentures (on four to six implants) than fixed prosthesis in terms of general satisfaction and ease of cleaning.

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 us!