



## 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

JUL/AUG 2023

## Evidence Based Clinical Practices in Prosthodontics

### DO YOU HAVE A CHALLENGING PATIENT CASE BECAUSE OF ANATOMIC LIMITATIONS, COMPROMISED IMPLANT PLANNING AND PLACEMENT?

Your patient may present with **multiple dental implants of different brands and angulations, severely worn-down teeth, compromised chewing function, and an unsatisfactory smile**. You are not sure if you could take care of his/her treatment expectations and manage your clinical time effectively...

### This is a patient who was referred to us for comprehensive evaluation and full mouth rehabilitation...

Here is the story of my patient P.N. She had multiple implants that were done by different dentists over time. Her front implant tooth kept coming off, her lower teeth were very worn down, and she was not able to chew well because she was missing many teeth in the back... - continue next page



### Inside This Issue

#### CASE REPORT

Do you have a challenging patient case because of anatomic limitations, compromised implant planning and placement? [PAGE 1-2]

#### 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 [PAGE 3]

#### RECONSTRUCTIVE DENTAL SPECIALIST

About Dr. Lin [PAGE 4]

## DO YOU WANT TO CHAT ABOUT A COMPLEX PATIENT CASE? WOULD YOU LIKE TO MEET AND SHARE IDEAS?

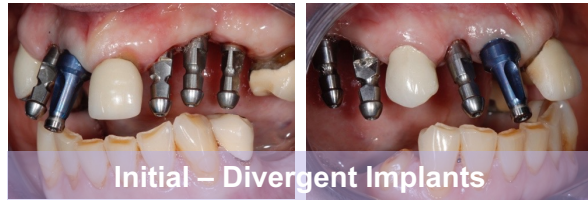
It could be daunting to have to manage a patient's dental complications and unforeseen prosthetic breakage especially if you are a solo practitioner or a non-restorative dental specialist.

I would like to work with you on challenging patient cases and share knowledge and experience. With your reputation for quality dental service and my experience in addressing complex dental needs, we can work together and serve our patients to the best of our ability. Let's exceed patient expectations and build our practice synergistically! I look forward to talking to you over the phone or meeting with you in person!



COMPREHENSIVE REHAB

WITH A COMBINATION OF DENTAL IMPLANTS AND COMPOSITE RESIN RESTORATIONS



The case was challenging because:

- Existing implants presented with divergent implant angulations not originally planned for full arch treatment
- Medium gingival display and uneven gingival margin
- Uneven occlusal plane
- Multiple missing teeth and compromised posterior support
- Generalized wear of remaining lower anterior teeth
- Occlusal traumatism
- Sequence of treatment requires coordination with implant surgeon for extractions and additional implant rehab of the lower posterior sections

Mid-treatment:



Fig. 1: a) chairside composite resin mock-up was performed to re-establish the incisal edge position; b) resin pattern jigs were placed on the custom abutments to help capture occlusal bite relationship



Fig. 2: full arch screw-retained PMMA implant provisional

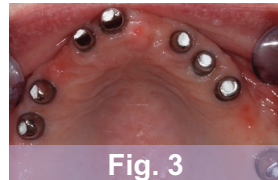


Fig. 3: occlusal view of the upper arch after extractions and soft tissue healing



Fig. 4: full arch prosthesis in milled wax for try-in prior to fabricating the definitive ceramic implant restorations

Treatment sequence:

- Comprehensive assessment and diagnostic treatment planning
- Patient discussion and review of the proposed surgical/prosthetic treatment options and limitations
- Fabrication of interim upper full arch implant bridge
- Collaboration with the surgeon for extractions of teeth with poor restorative prognosis, soft/hard tissue grafting, and lower posterior implant placement
- Placement of composite resin restorations on the lower anterior teeth to restore incisal edge position
- Fabrication and modification of the provisional restorations for esthetics and occlusion
- Fabrication and insertion of the definitive ceramic restorations
- Post-insertion and re-care maintenance



MY TREATMENT SUMMARY FOR P.N.

- Comprehensive evaluation and diagnostic denture set up
- Team collaboration with the oral surgeon on extractions and implant planning
- Restoration of the occlusal plane and incisal edge position with placement of composite resin
- Completion and insertion of the interim fixed restorations and definitive ceramic restorations
- Post-insertion and re-care maintenance

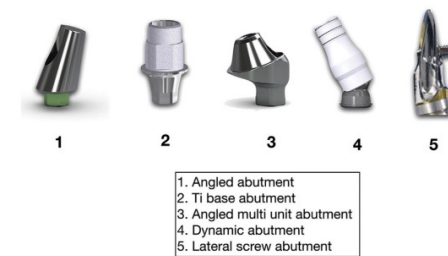
MANAGEMENT OF UNFAVORABLE IMPLANT POSITIONS AND ANGULATIONS IN EDENTULOUS MAXILLAE WITH DIFFERENT COMPLETE ARCH FIXED PROSTHETIC DESIGNS: A CASE SERIES AND CLINICAL GUIDELINES

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 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 us!

