

**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

OCT/NOV 2019

*Evidence Based Clinical Practices in Prosthodontics*

**DO YOU HAVE A PATIENT WITH POOR DENTURE FIT, SEVERE RIDGE RESORPTION, AND LIMITED BONE FOR IMPLANTS?**



*- Before -*

*- After -*

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

Sometimes, it may be challenging to keep a denture patient happy with the treatment outcome when there are so many limiting factors at hand.

If you have a patient who suffers from poor denture fit, severe ridge resorption, and limited bone for implants – he/she may benefit from the help of a Prosthodontist – **Here is the story of my patient "Greg"...**

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**RECONSTRUCTIVE DENTAL SPECIALIST**

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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.





Greg was a 37 years old male and presented with poor fitting dentures. The dentures did not fit between the upper and lower and against the tissue surface, they were not esthetic, and his acid reflux worsened due to indigestion and not being able to chew food properly.

The patient grew up congenitally missing most permanent teeth, compounded by poor dental maintenance and a history of extensive recreational drug use, he lost all his teeth by the time he was 27 years old.

The general dentist referred Greg to see me because the doctor was not confident that he would be able to address Greg's concern for esthetics and chewing given the presenting limitations.

**My diagnosis relevant to the outcome of removable prostheses included: severe ridge resorption for both upper and lower, poor lateral throat form, retruded**



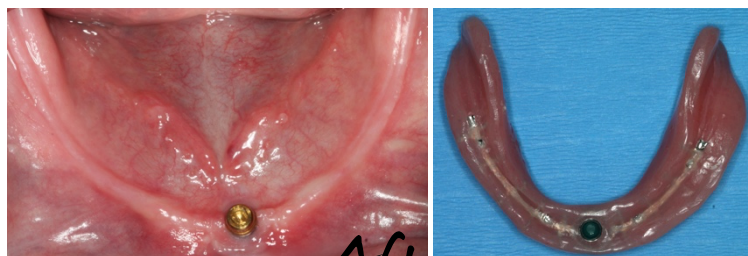
**and low tongue posture, high frenal attachments, and limited interocclusal space.**

**Treatment:**

Per discussion with the oral surgeon and based on the CBCT evaluation, implant placement was only possible around the mandibular midline symphysis.

Because the inter-implant distance between two anterior implants would be extremely limited due to mandibular bone limitation, such design would not offer significant improvement in denture stability.

Although relatively uncommon, after having a thorough discussion with Greg, we decided that one implant at the mandibular midline would be suitable for his situation and proceeded with the treatment thereafter.



**CLINICAL VIABILITY OF SINGLE IMPLANT-RETAINED MANDIBULAR OVERDENTURES: A SYSTEMATIC REVIEW AND META-ANALYSIS**

DE SOUZA BATISTA V.E. ET AL. INT. J. ORAL MAXILLOFAC. SURG. 2018; 47: 1166–1177.

**AIM**

The aim of this meta-analysis was to verify the clinical viability of single implant-retained mandibular overdentures (SIMO)

**STUDY SELECTION**

- An electronic search of the PubMed and Cochrane databases was performed (end date July 2017); this was supplemented by a manual search of the literature. Only prospective clinical trials and randomized controlled trials (RCTs) that evaluated SIMO with a minimum follow-up of 12 months were included.
- Of 499 articles identified, nine fulfilled the inclusion criteria. A total of 205 implants were placed in patients with a mean age of 64.1 years; the cumulative survival rate was 96.6% over a mean follow-up period of 37.3 months.

**RESULTS**

- The procedure used (SIMO vs. two implant-retained mandibular overdenture) did not affect dental implant failure or prosthetic failure
- Patient satisfaction
  - Overall patient satisfaction was significantly improved with the SIMO compared to the conventional mandibular denture. Furthermore, no statistical difference in patient satisfaction was found between mandibular overdentures retained by one implant and those retained by two implants. The use of the SIMO is an alternative for improving the level of satisfaction of completely edentulous patients.
- SIMO functional evaluation
  - The denture base movements in a SIMO were wider than those in overdentures retained by more implants. Thus the patient should always be advised about this denture base movement before initiating the treatment. In this context, clinicians should pay attention to the peripheral sealing and extension of suitable denture bases and occlusal harmony, in order to minimize the rotational movement.

**CONCLUSION**

Within the limitations of this systematic review and meta- analysis, SIMO with a complete denture as the opposing arch may be considered an alternative treatment for completely edentulous patients. However, this study also confirmed the need for more RCTs on this topic.

**MY TREATMENT SUMMARY FOR GREG:**

- ❖ Preliminary denture set-up
- ❖ Radiographic/surgical guide for the lower implant denture and CBCT evaluation
- ❖ Discussion with the oral surgeon and the patient
- ❖ Completion of the upper denture and lower implant overdenture with proper flange extension to optimize retention and stability
- ❖ 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.