

3 CAPD Awards Helped Generate 2 National Presentations and 5 Publications

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Three CAPD awards resulted in two presentations at the American Dental Education Association Meeting. They also helped in the publication of five articles in peer reviewed professional dental journals. 15 faculty, 4 predoctoral and 2 postdoctoral students participated.

CAPD (2020): "Advanced Biomedical Camera: Dental Education Focus," award to Brady, Booth, Tran

Tran C, Kosturos M, Booth M, Gallagher D, Brady M, Greene S, Ellerhorst T, Buchanan P, Gupta S, Savage R. Early implementation, electronic instruction occlusal milled guard, predoctoral clinic Accepted for presentation American Dental Education Association. March 2020 Washington DC

Tran C, Kosturos M, Booth M, Gallagher D, Brady M, Greene S, Ellerhorst T, Buchanan P, Gupta S, Savage R. Early implementation, electronic instruction occlusal milled guard, predoctoral clinic. Journal of Dental Education. Volume 84, Number 2, page 268, Feb 2020

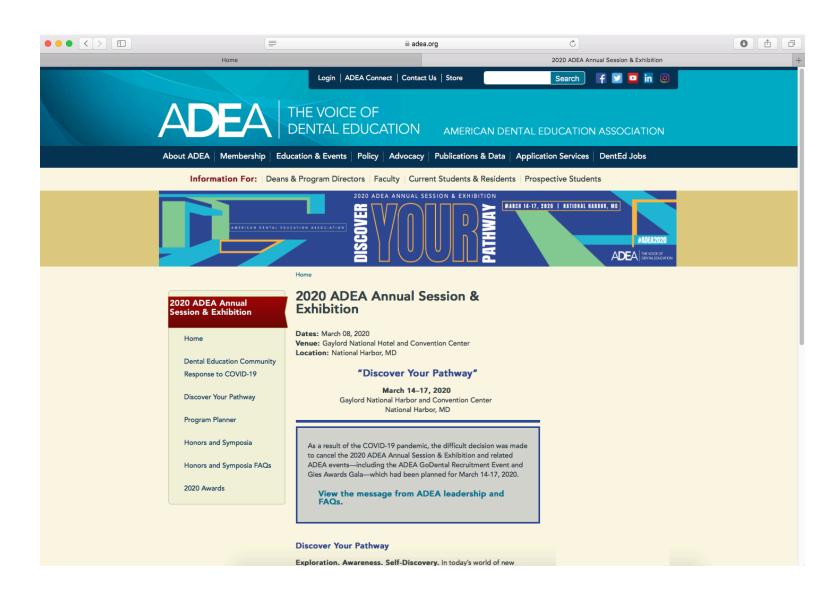
Brady M, Tran C, Booth M, Radke R. Esthetic clasp design for removable partial dentures on anterior teeth: Decisions in Dentistry. Volume 6 Number 4: page 22-25 April 2020

Schulze K, Smutko O, Tang T, Kenyon BJ, Peterson E, Tran C, Buchanan P. 10 year follow up on resin modified glass ionomer restorations. Decisions in Dentistry; Volume 6 Number 10: page 22-25 October 2020

CAPD (2021). "Overlay Model Graphic Augmented Reality Technique: Enhanced Implant Evaluation Instruction Outcome, award to Gonzalez, Tran

Publication

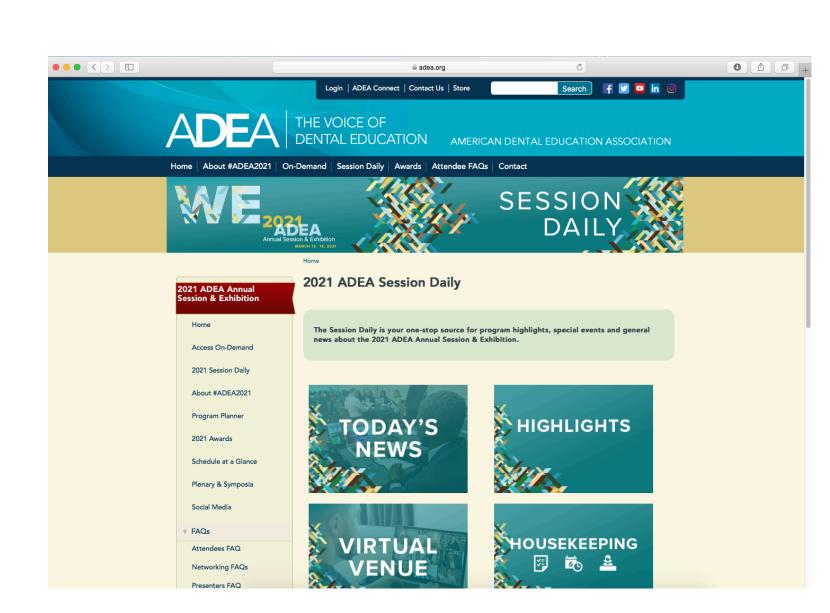
Trivedi H, Gonzalez Espinoza E, Gupta S, Tran C, Yadav S. .Fixed treatment options for single incisor replacement. Decisions in Dentistry; Volume 7 Number 4: page 8-12, April 2021

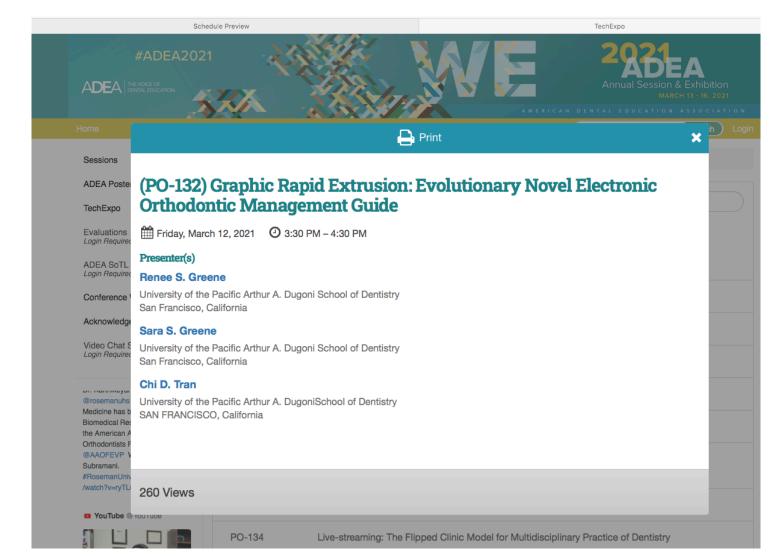


CAPD.(2020) "Presentation at American Dental Education Association Meeting, award to Booth, Tran

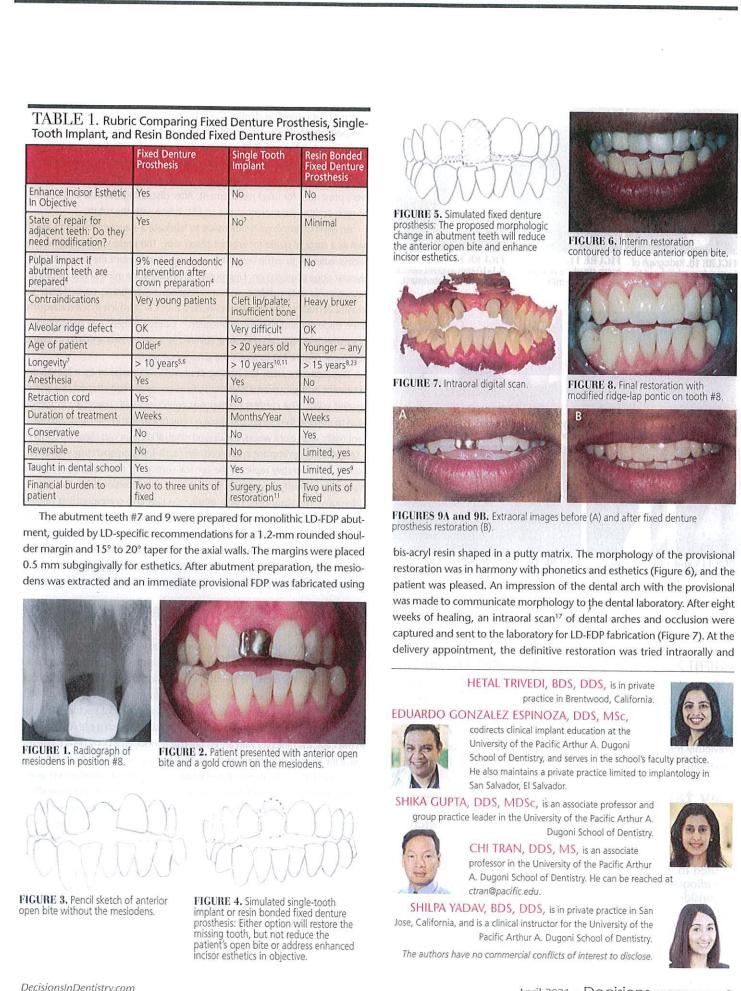
Greene RS, Greene SS, Tran CD. Graphic rapid extrusion: evolutionary novel electronic orthodontic management guide. Accepted for presentation American Dental Education Association. March 12, 2021 Boston, MA (Virtual) Greene RS. Greene SS. Tran CD. Graphic rapid extrusion:

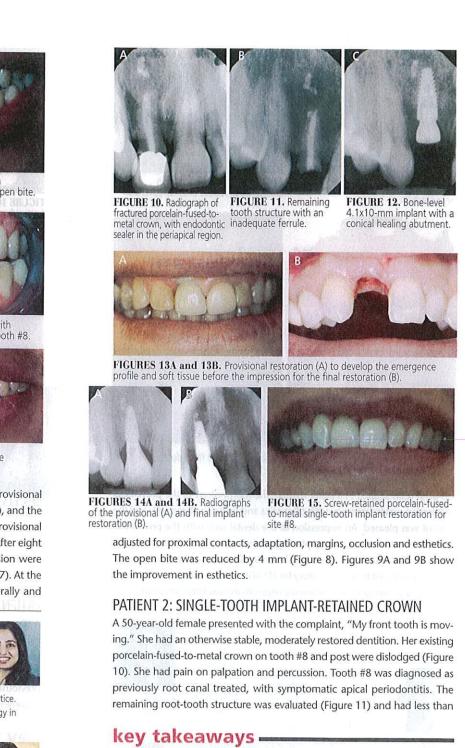
Greene RS, Greene SS, Tran CD. Graphic rapid extrusion: evolutionary novel electronic orthodontic management guide. Journal of Dental Education. Volume 85, Number 2, page 275–277, Feb 2021











tooth porcelain-fused-to-metal crown on tooth #8 and post were dislodged (Figure 10). She had pain on palpation and percussion. Tooth #8 was diagnosed as previously root canal treated, with symptomatic apical periodontitis. The remaining root-tooth structure was evaluated (Figure 11) and had less than space for vention when replacing a single incisor.

There are many fixed dental prosthesis options to restore esthetics and function when replacing a single incisor.

Based on the patient's needs, a rubric (Table 1) can be used to guide careful consideration of clinical findings, radiographic information, the patient's wishes, esthetic considerations, and best practices.

For restorations in the esthetic zone, systematic treatment planning — combined with a careful choice of technique, materials and shade selection, along with good laboratory is himself.

communication — will yield superior prosthetic results.

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was performed. The tooth could not be restored with a new crown, as the ferrule was inadequate. The prognosis in case of endodontic retreatment and orthodontic extrusion would be poor due to the crown-to-root ratio and conical shape of the root. Extraction was recommended, and three options were presented for fixed replacement. After discussing the risks and benefits of each option, the patient chose an STI, in line with the rubric.

An alginate impression was made to fabricate a stayplate for tooth #8, as well as a surgical guide for implant placement. The presence of infection and excess sealer led to extraction of #8, curettage, and implant site preparation for alveolar ridge preservation. Deproteinized bovine bone mineral was placed for osteogenesis in the defect, with a collagenous membrane cover. After six months of healing, the site was reevaluated with CBCT, which showed adequate bone thickness and absence of infection. Guided surgery was performed to place a bone-level tapered implant, covered by a 4-mm conical titanium healing abutment (Figure 12) to shape the emergence profile. Three months later, the healing abutment was replaced by a temporary abutment and provisional crown made of bis-acryl resin shaped in a pressformed splint. The cervical portion was contoured with flowable composite resin to develop the correct soft tissue emergence profile in harmony with adjacent teeth. After eight weeks, the desired gingival contour was obtained (Figures 13A and 13B). An implant impression was made using an open-tray impression coping. To accurately replicate the cervical contour of the implant-provisional restoration, a putty impression was made of the provisional implant crown extraorally. The diagnostic casts, shade selection and corresponding photos were sent to the laboratory. At the delivery appointment, the crown was tried and the occlusion was adjusted to allow passing of shim-stock foil during light contact. Protrusive and lateral excursions were adjusted in harmony with the rest of her dentition. T

A 69-year-old male presented with a complaint that he had lost his front tooth. His medical history was noncontributory and his dentition was otherwise stable and minimally restored. He pointed to a missing mandibular lateral incisor (tooth #26) extracted because of a vertical root fracture (Figures 16A and 16B). The buccal plate had a fenestration associated with the root fracture. All three fixed tooth replacement options for tooth #26 were discussed with the patient. In this case, the difficulty with an STI approach included a bony defect, narrow space for implant osteotomy, and potential damage to adjacent teeth. 22 A conventional FDP would involve the removal of sound tooth structure on unrestored, healthy abutment teeth. Long-term studies demonstrate excellent clinical outcome for the much more conservative treatment option of an RBFDP. 8,23 The rubric concurred, and the patient elected an all-ceramic cantilevered RBFDP.

Non-precious etched metal RBFDP (Maryland bridges)²⁴ were used previ-

Non-precious etched metal RBFDP (Maryland bridges)²⁴ were used previously, but their long-term service did not hold up as well as current designs using all-ceramic cantilevered with more defined abutment preparations.^{8,23-25} The preparation design has an uncanny resemblance to a classic three-quarter crown preparation for cast gold, with these notable details: the margin and finish lines are supragingival, and axial reduction is minimal. The exit angle for milled zirconia preparation should be close to 90°. The proximal boxes or

