

The Perspective

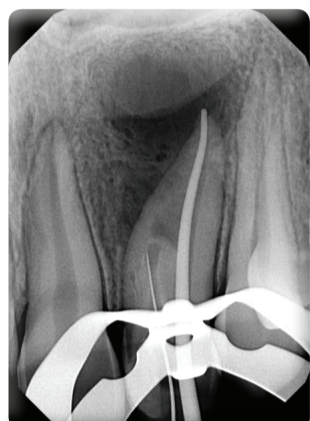
Look at our Dentists

FEATURED CASE: *Dr. James Baker* *Dens Invaginatus:* *A Two Year Recall*

Dental anatomy is often predictable, but many anatomical variants exist that highlight the importance of careful preoperative inspection. This 15 year old male presented at Greenberg Dental with an acute apical abscess and pulp necrosis associated with his lateral maxillary incisor. Upon radiographic examination, tooth #10 displayed dens invaginatus which can be described as an infolding of enamel and dentin into the canal space. Endodontic treatment was completed and the patient was sent back to the referring dentist for the restoration. After two years, the tooth was asymptomatic and showed no signs of pathosis. As a specialist at Greenberg Dental, I enjoy working with my referring dentists to help their patients receive optimal dental care.



Pre-op #10



Cone shot #10



Final #10



Two year recall #10

Dr. James Baker, DMD, Endodontic Specialist

GENERAL DENTIST PERSPECTIVE

by Dr. Connie Feng

A 46 year old patient presented to Greenberg Dental's Waterford Lakes office with the chief complaint of "I want to get my bridge replaced. They look too yellow." While that was patient's chief complaint, what I saw also was that patient has an open bite with rounded incisal edges on #7 and #8 that can be corrected with veneers. A mock up was done that visit and we planned for veneers on #7, 8 and Emax bridge on #9-11. (Patient has PPO insurance and the bridge was sent for PreAuth with X-rays and narrative prior to start of treatment). A Biotemp for #9-11 bridge was ordered from Glidewell lab with specific instructions of adding length and ideal shapes to the central and lateral to make an edge-to-edge bite considering that a chairside veneer on #7 and 8 and an enamelplasty to the mandibular anteriors will be done. Mock up photos were provided to the lab as well. With a cosmetic case like this, I requested for Dr. Barrett's assistance and schedules were coordinated. After removal of her old bridge, previously RCT tooth #8 had a dark stump shade, so a buccal composite was added to the prep to better match the rest of the preps. After placement of Biotemp from #9-11 and chairside temporary veneers on #7 and 8, Dr. Barrett decided to also ask the lab for a no-prep veneer on #6. Pre-op, shade, and post-op photos and study model were provided to Glidewell lab for final veneers and bridge. Prior to cementing the no-prep veneer on #6, a diamond bur was used to roughen the surfaces for better bonding. Final veneers and bridge were cemented with veneer cement. If you remember from our smile design webinar, an asymmetrical lower lip can create optical illusions regarding teeth length. In the patient's full smile, #11 appears to be longer than #6 but the reality is they are both identical. The patient was thrilled with the result and will return to office for single crowns on #5, 6, 12, and 13 in the near future.



BEFORE



BEFORE



TEMPORARIES



TEMPORARIES



FINAL CASE SEATED



FINAL CASE SEATED



BEFORE



FINAL CASE SEATED

This lateral view shows great improvement, but also showed the patient that we needed, for cosmetic and symmetry reasons, to include both #12 and #13. The patient's next visit will be to do both bicuspids (left and right side). As always, treatment decisions have to take into consideration the patient's budget. In this case, it was decided to phase the treatment to accommodate the patient.

Dr. Connie Feng, General Dentist.

Insights From Some of Our In-House Specialty Support

ORAL SURGERY PERSPECTIVE

by Dr. Scott Lawson

Antibiotic Prophylaxis In Dentistry

In recent years, the need for antibiotic pre-medication in dentistry has changed. It is no longer required for patients with heart murmurs, aortic stenosis or mitral valve prolapse. Antibiotic prophylaxis is also no longer required for patients with prosthetic joint repair or replacement. The American Heart Association recommends premedication only for patients with a past history of infective endocarditis, cardiac valve repair or replacement with prosthetic material, patients with congenital cyanotic heart disease and cardiac transplant patients with valvulopathy. Antibiotic prophylaxis should be given one hour prior to any procedure involving manipulation of the gingival tissue including extractions, periapical procedures, routine cleaning, scaling and root planing, fitting orthodontic bands, placement of subgingival medications, biopsy and suture removal. Antibiotics used remain the same being Amoxicillin 2gms or Clindamycin 600 mg for those that are Penicillin allergic.



Dr. Scott Lawson, Oral Surgery Partner, is certified by the American Board of Oral and Maxillofacial Surgeons and serves as a delegate to the Florida Dental Association.

GREENBERG EDUCATION SYMPOSIUM

by Dr. Steve Barrett

On Friday afternoon in Tampa, Dr. Michael Digney (our Oral Surgeon) and Dr. Ashley Millstein (our Endodontist) presented to our doctors. The topics were highly relevant, well thought out and presented clearly. Dr. Digney's presentation on "Avoiding Complications In Routine Exodontia" was filled with pearls you could use everyday in your practice. Topics such as proper instrumentation, soft tissue management, complications, infections and a great refresher on local anesthesia were touched upon. Dr. Millstein's presentation was equally impressive. She tackled the topic of "Implants vs. Endodontic" treatment and presented positions on both sides of the argument in a way that let the audience come to their own conclusions. She filled her presentation with great slides, facts from the literature and plenty of humor. I wanted to thank them both for their time, effort and commitment to mentoring all of us. We are lucky in our organization to have a group of specialists who really care and take an interest in helping all of us become better dentists, helping us to provide our patients the best care possible.



The Structure To Perform. The Team To Help. Let Us Help You Exceed Your Expectations.

We welcome your feedback or any questions!
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