

“Bridging the Gap Between Dental Implants and Cosmetic Dentistry”

Notes from lecture by Matthew J. Bernal, DDS

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Two main questions:

1. How can I predictably place aesthetic anterior implants?
2. What is an effective way to coordinate treatment with specialists?

30 year old female patient presents with tooth #7 suffering from internal resorption as she is just finishing treatment orthodontically.



Two questions you must first ask...

1. What does your patient want?
2. What can I realistically do for this patient?

Treatment plan : Single tooth implant #7, porcelain crowns #8 and 9, porcelain veneers #4-6, 10-13.

For aesthetic implant placement in the anterior you must control the papilla. You and the surgeon must be on the same page. – Many times the surgeon or your ceramist may have their own ideas. Your surgeon can influence your patient. Make sure there is open communication between all three of you. Control the treatment plan.

Papilla management is the key to esthetic anterior implants.

Rules to remember with implants:

1. Gingival line will follow the crest of bone by 3mm.
2. You should have minimum 1.4mm from implant to adjacent tooth.
3. Because of the lack of Sharpey's Fibers on the implant, side by side implants will not maintain bone and there will be a 1.5 mm of bone loss adjacent to the implant.
4. Because of this bone collapse, there the papilla will fall, leaving an open embrasure. (Dark Triangle)

Placement of an immediate load provisional crown on the implant will give you the most control of the papilla. You can create adequate lateral support of the papilla and ideal cervical contours to “sculpt” the free gingival line.



Porelain fused to metal implant abutment fabricated.



All ceramic (Empress EPS) used as final restorations, pressed and fabricated all units together.



Questions regarding this lecture can be directed to Matthew J. Bernal, DDS at info@bernal-dental.com