

# Case Study 7

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**CASE REPORT – INSTALLMENT #7**

**Pat D. – Anterior Long Span (long span is 2 or more pontics)**



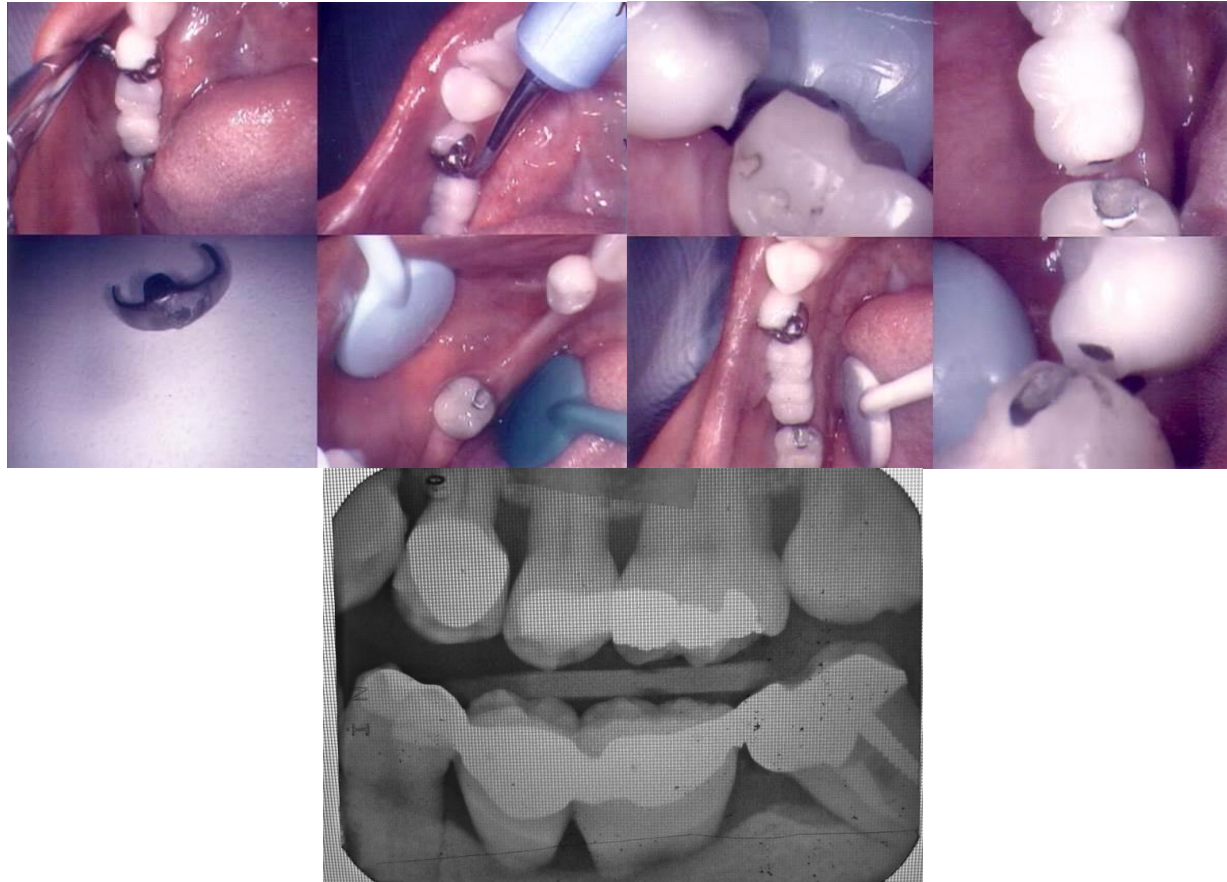
This patient suffered loss of all lower anterior teeth from smoking and periodontal compromise. The cuspids #22 and 27 were strong and never decayed. Patient did not want fixed standard bridge that destroys all enamel or a removable partial. Seated 12/3/1990 with Comspan. Debonded on #22 at 15 year milestone. We used cavitron ultrasonic to debond #27. After removing all bonding from enamel, sand-blasting and re-etching both wings with HCl/HN<sub>2</sub> acids, we rebonded with RelyX ARC. Note the metal had turned loose, no bonding on it just on tooth. Thus a metal failure that is easily remedied. Now over 25 years same bridge service! Note patient has had full upper denture since 12/20/1990.

**BOBBY W.**



Note 3 teeth replaced here with double abutments on each side.

**DIANA F.**



Lab failures can be the cause of breakage. Such was the case with this MB #17X21. Hidden by porcelain, the major metal connector was cast only 4mm diameter and within weeks had led to breakage at the junction of pontic #18 and wing/rest #17. Remade with thickness of metal attaching wing, the bridge is now over 6 years old. Note broken rest/wing on porcelain fused to metal crown #17 over root canal tooth and nice rest/wing on #21. Patient's perio condition remains largely untreated and may dictate failure of posterior abutment. Patient compliance with homecare and office recall hygiene appointments remain an enigma to quality care.