Horbury Dental
care & implant clinic
making you smile for over 75 years

SUMMER
2021

Welcome to our 'Terminus date celebration edition'

I know that most of us were very disappointed that the Governments plans to end restrictions on 21st June were delayed. As I write this, it is a super weekend of sport as the crowds gather in London for the Wimbledon Final and the Euro 2021 Final. The nation is once again filled with optimism and hope. Roll on the 19th July and the promised "terminus date". I think we would all like to resume foreign travel, but for the time being it seems a very welcome situation that most of the restrictions imposed on us over the last eighteen months have now finally been lifted. However, I think my nightclubbing days are well and truly over and so I do not think you are likely to see me clubbing any time soon!

I know that all dentists are extremely busy and we all eagerly await updated Standard Operating Procedures from Public Health England to enable us to increase our capacity to see more patients once again. We all have quite a backlog to wade through in the coming months.

I think for most of us, we will reflect on the past eighteen months as a time of great stress and worry. It has been a time of great uncertainty and possibly the hardest eighteen months in dental practice that I can remember. It has been quite impossible to make any plans as rules and regulations have changed frequently.

Nonetheless, I hope we can now celebrate that we are through the worst of the pandemic, even if some restrictions remain and our holiday plans can't resume just yet.

I hope that you and your families all remain fit and well. And that you have been able to resume normal life, whatever that means for yourselves.

At Horbury, we are certainly looking forward to a time we can resume face to face contacts both at courses and meetings. I, for one, have had more than enough of Zoom calls, shouting at the screen to remind people they are still on mute when trying to contribute something!

We will be resuming practice visits after the summer break when we know more about the new SOPs for dental practices. If you would like us to organise a 'Lunch & Learn' at your practice please do not hesitate to contact us and we will be delighted to make arrangements to visit you as soon as it is safe and acceptable to do so.

I look forward to seeing people in person once again very soon.

Mark Willings

MARK V WILLINGS
BDS MFGDP (UK) DIP IMP DENT RCS (ENG) FFGDP (UK)

"I hope we can now celebrate that we are through the worst of the pandemic"

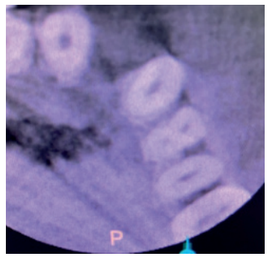
CASE STUDY

ENDODONTICS @ HORBURY DENTAL CARE

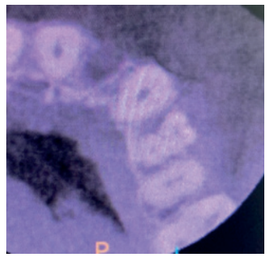
Thomas Willan has been an Associate at Horbury Dental Care for 5 years, having qualified in 2011. In 2018 he completed the prestigious Diploma in Restorative Dentistry at the Royal College of Surgeons and he has a special interest in Endodontics. Tom is currently undertaking an MSc in Endodontics and is happy to take referrals for endodontic and restorative cases at Horbury Dental Care. The two cases summarised in this newsletter help to show how the state of the art equipment at Horbury Dental Care aid Tom and the team when treating difficult cases.

CBCT

An incidental finding of a periapical area associated with the UL5 was diagnosed on a CBCT, taken for implant placement planning of the missing UL2 for this 54 year old patient. After examination a diagnosis of Chronic Apical Periodontitis was made for the UL5. The CBCT highlighted interesting root canal anatomy in this tooth; the canal had one entrance in the coronal third, which then split into 2 in the mid third before converging into one canal in the apical third, where an accessory canal was also found.

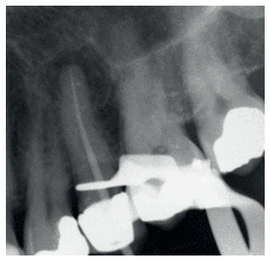


CBCT slice at coronal third

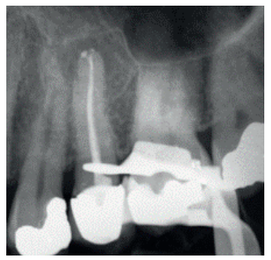


CBCT slice at mid third

The UL5 was accessed through the existing crown. During the root canal treatment the tooth was prepared using the MicoMega OneCurve file, irrigated with 2% Sodium Hypochlorite and sonic activation. A final rinse of 17% EDTA was carried out to help remove the smear layer and a Cone-Fit PA radiograph was taken to confirm working length. Obturation was carried out using the warm vertical compaction technique and AH+ epoxy resin sealer.



Cone-Fit PA

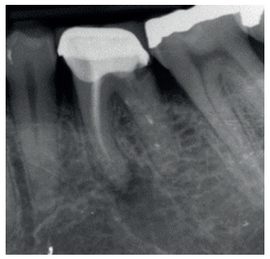


Post-Operative PA

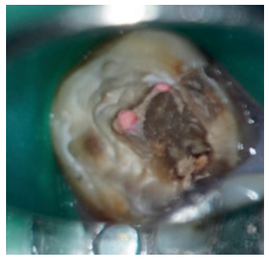
This case highlights how useful 3-D imaging can be in Endodontics. The knowledge of the complex anatomy prior to initiating the treatment was an invaluable tool in this case. The use of the warm vertical compaction technique during obturation allowed the complex anatomy to be well filled, including the lateral canal in the apical third which can be seen on the post-operative radiograph.

Dental Operating Microscope

In this case recurrent caries was found under an existing crown and a periapical radiograph showed a previous root canal treatment with periapical pathology. The previous root canal treatment was short of the radiographic apex in the mesial canals and appeared to have only been partially filled in the distal canal.

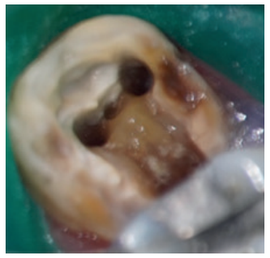


Pre-Operative PA

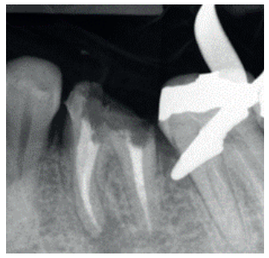


Original Root Filling

The crown was sectioned and the distal caries removed along with the defective core. 3 canals were found initially, but after further inspection under the dental operating microscope a middle mesial canal was identified. The original root filling material was removed using the MicroMega Remover rotary file and then the 4 canals were prepared with hand files and the WaveOne Medium file, irrigated with 2% Sodium Hypochlorite and sonic activation. The middle mesial canal joined the mesio-lingual canal in the mid third.



Middle Mesial Canal



Post-Operative PA

A final rinse with 17% EDTA was used and the root canal system was obturated using the warm vertical compaction technique. A core and temporary crown was then placed to allow for a period of review before the restorative phase of the treatment can commence. This case is an example of how the enhanced magnification and illumination provided by a dental operating microscopes can be invaluable in endodontics to negotiate the complex anatomy of the root canal system.

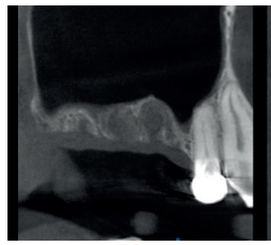
CASE STUDY

SOUTHERN IMPLANT INNOVATIONS - MAX IMPLANTS

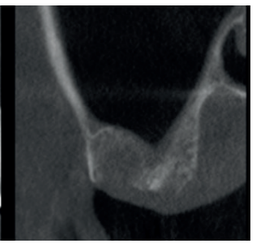
In this second feature on these pioneering implants, we explore alternative indications. In the previous newsletter James Hudson presented a case for the classic use of a Southern Max implant to immediately replace a molar tooth. These implants are designed specifically for this indication and have a range of sizes to suit - the implants have huge diameters compared to conventional implants. In this article, I will show 2 cases where max implants have been used to overcome surgical challenges.

CASE 1

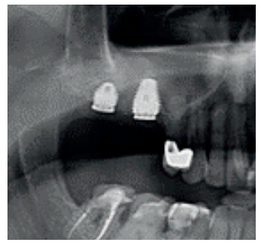
Patient is 76 years old has a complicated medical history. He is missing his upper posterior dentition has difficulty eating he has been unable to wear a denture and needs posterior support.



Limited bone height due to pneumatisation of sinus.



CBCT shows little bone height available but excellent ridge depth in buccal palatal dimension.

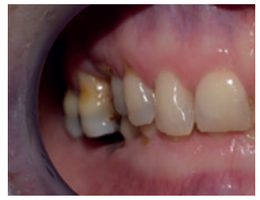


Max implants have been used to treat this case in a conventional healed site. The size and shape of the implants maximises bone - implant contact by making the most of ridge depth whilst using only short implants in an area of high load.

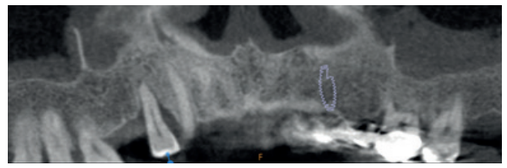
Max implants used to avoid the need for a sinus graft.

CASE 2

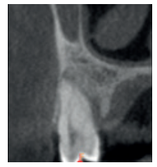
This patient had lost her lower posterior teeth many years previously and the upper teeth had over erupted to the point that they touched the opposing gums when the patient closed her teeth. Now suffering from occlusal collapse and restorative failure of her anterior teeth, this patient needed a full mouth rehabilitation.



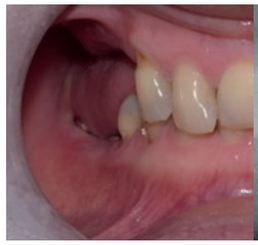
Simply extracting the upper teeth was not enough due to the compensatory downward growth of the alveolar bone as the teeth have over erupted. Consequently we needed to remove bone to create sufficient intermaxillary space to enable replacement of the posterior upper and lower teeth to give a functional, mutually protected occlusion.



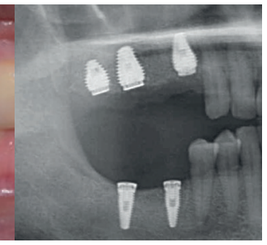
Pre - op DPT suggests good bone height



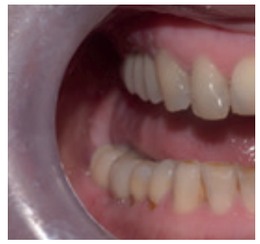
However, the cross section shows reduced bone height particularly above the premolar.



Intermaxillary space now sufficient to place upper and lower restorations restoring posterior support.



Max Implants have made this possible without the need to graft the sinus.



Restorations completed by Jon Swarbrigg to restore posterior function.

Acknowledgements; Jon Swarbrigg for the restorative treatment and Beaumont Ceramics for all technical work.

MANAGEMENT OF EROSION

Thomas Rawlins has been an Associate at Horbury Dental Care for almost 11 years, having started his career as a foundation dentist within the practice. He has completed his MSc in Restorative dentistry and has a special interest in the management of erosion. In this second article Tom Rawlins discusses how he managed a case of erosion.

Mr L attended for a new patient examination and was concerned about the strength and aesthetics of his lower anterior teeth. He had a heavily restored dentition, a lack of posterior support, upper old anterior porcelain restorations, and severe lower anterior wear of primary erosive secondary attritional aetiology. My plan included stabilisation, diet advice, to restore worn lower anterior teeth, and to provide posterior support. The main problem we faced was that he was class III edge to edge and even in RCP there was no space coronally for restorations. A second problem was that the existing tooth tissue was predominantly dentine so would be difficult to bond to. We decided to perform crown lengthening of the lower anterior teeth which gave us 3mm more tooth tissue to bond to. We then increased the OVD by 2mm using a diagnostic wax up, and restored the lower anterior teeth using a memosil index and heated composite. Finally with replaced the missing posterior teeth with cobalt chrome dentures.

Treatment time 4 months.

How to Refer:

To make a referral please visit our website **www.horburydentalcare.co.uk**

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01924 211 234

horburydentalcare.co.uk

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