Complex Restorative Dentistry by Iain Morrison











SEVERE EROSION WITH DIFFICULT OCCLUSION

PATIENT CONCERNS

The patient presented complaining of difficulty chewing and was unhappy with the appearance of his teeth.

PATIENT TREATMENT GOALS

To be able to eat a sandwich and fill in all of the gaps.

DIAGNOSIS

- Severe erosion and mild attrition caused by GORD
- Unstable occlusion with only 1 point of contact in ICP
- Class 3 skeletal relationship

TREATMENT COMPLETED

- Diagnostic wax up to design new ICP with increased number of contact points and restore guidance in lateral excursion
- ✓ PMPR and OHI
- Established new ICP and guidance with direct composite restorations on 14 13 25 and 36
- Placement of two, 3-unit fixed fixed bridges 13-11 and 21-23
- Placement of a 2-unit conventional cantilever bridge on 36 to replace 35
- Placement and restoration of dental implants 46 and 47.

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REPLACEMENT OF MULTIPLE FAILING CROWNS

PATIENT CONCERNS

Wanted to improve the appearance of teeth before his daughter's wedding as had two crowns which he disliked, and a post crown which kept coming out.

PATIENT TREATMENT GOALS

For all teeth to 'match' and have missing tooth replaced.

DIAGNOSIS

- Post crown with root fracture 24, missing 26.
- Crowns 12 and 11 with poor aesthetics and defective margins.
- Composite veneers 21 and 22 with slightly raised and stained margins.
- Rotation of 23. Mild attrition of the lower incisors.

TREATMENT COMPLETED

- Diagnostic wax up
- Extraction of 24 and immediate implant placement
- Implant placement 26
- All ceramic crowns to 12 11 and 23, ceramic veneer placement 21 and 22
- Restoration of implants 24 and 26
- Anterior composite repairs to the lower incisors.



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PATIENT A
ONE YEAR POST
OPERATIVE





PATIENT B
FOUR YEARS
POST
OPERATIVE



IMMEDIATE ANTERIOR DENTAL IMPLANT PLACEMENT IN PATIENTS WITH A THIN BIOTYPE

PATIENT CONCERNS

Both of these patients had failing post crowns in the aesthetic zone and a thin gingival biotype.

DIAGNOSIS

- Patient A has gingival recession and a high smile line.
- Patient B has no gingival recession and a low smile line

TREATMENT COMPLETED (IN BOTH CASES)

- Diagnostic wax up and stent for optimal implant positioning
- Extraction of failed root and immediate placement of dental implant with simultaneous bone graft
- Delayed restoration and loading of the implant fixture.



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PATIENT A
POST
OPERATIVE





PATIENT B
POST
OPERATIVE



ANTERIOR DENTAL IMPLANT PLACEMENT

PATIENT CONCERNS

Both of these patients had missing upper teeth and were wanting to fill the gap.

DIAGNOSIS

- Patient A has a low smile line and missing 16, 15 and 14. Opted for implant placement in the 15 and 14 position with a 3-unit implant retained bridge.
- Patient B has a high smile line and missing 11

TREATMENT COMPLETED (IN BOTH CASES)

- Diagnostic wax up and stent for optimal implant positioning
- Placement of dental implant(s) with simultaneous bone graft
- Delayed restoration and loading of the implant fixture(s).



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PATIENT CONCERNS

The patient was very concerned with the appearance of his teeth. He presented as severely needle phobic and had avoided the dentist for many years because of this. The patient wanted to improve the appearance of his teeth and gain confidence to smile.

DIAGNOSIS

- Severe upper and lower anterior crowding.
- · Poor OH and plaque induced gingivitis.
- Class 3 occlusion with reverse OJ.





PATIENT TREATMENT GOALS

The patient was strongly encouraged to have orthodontic treatment to improve the appearance of his teeth. The patient decided that braces were not acceptable and wished to find a quicker solution restoratively.

TREATMENT COMPLETED

- PMPR and OHI/Diet advice
- Diagnostic wax up to assess occlusion and aesthetic if veneers were placed.
- Extraction of 11
- Tooth whitening and enamelplasty 33 and 43
- Composite veneer placement 13 and 26 and ceramic veneer placement 12, 21, 23 and 24.

