Make Crucial Choices in 2005

In an era of dwindling reimbursements and soaring malpractice insurance costs, dental and medical professionals will make crucial choices in 2005. All of us are constantly re-evaluating our practices to eliminate wasted expenditures and focus more of our practice on the cases we do best and most efficiently. As you encounter special needs patients and cases that are difficult to accommodate in your practice this year, we hope you’ll keep the Blende Dental Group in mind.

The Blende Dental Group is a private practice dedicated to serving the phobic, disabled and medically compromised communities by providing full-mouth rehabilitation under general anesthesia and I.V. sedation. This underserved population is the core of our practice.
To start, we want to share a particularly compelling case—that of Mandy Robbins, a 21-year-old woman with Autism whose teeth were ravaged by Amelogenesis imperfecta (AI) whom we treated in 2004.

**Case Study**

**Amelogenesis Imperfecta in a Patient with Autism**

Mandy Robbins is a 21-year-old female with profound autism (a developmental disability characterized by behavioral disorders) and seizure disorders. She presented with chronic parafunctional bruxism and hypoplastic dominate AI. Mandy was referred to us by Ray Lyons, D.D.S., Past President of Special Care Dentistry.

**Amelogenesis Imperfecta (AI) is...**

- An inherited disorder affecting enamel formation of deciduous and permanent teeth
- Characterized by generalized hypocalcification, hypoplasia, or hypomaturation.
- Its occurrence is 1:718 to 1:14,000.

Clinical features include teeth that vary in color from white opaque to yellow to brown. All teeth are affected; they are smaller and pitted, and contain normal pulps and dentin, but reduced enamel. Clinical problems include:

- Aesthetics
- Dentinal sensitivity
- Loss of occlusal vertical dimension
- Proximal crowding
- Caries

**First Response—Early Detection, Deciduous Teeth**

Covering the affected primary molars with stainless steel crowns to diminish sensitivity and preserve interproximal spacing and vertical dimension for the permanent dentition.

**Second Response—Mixed Dentition / Adult Teeth**

- Sufficient enamel for bonding (hypoplastic)
- Insufficient enamel for bonding (hypocalcified)
- Porcelain jacket crowns are the anterior restoration of choice
- Full-coverage gold or porcelain-fused-to-metal crowns to the dentinal-cemental junction

**Occlusional considerations for Mandy included:**

- Anterior open bite
  - Often associated with hypocalcified AI
  - Etiology unknown, possible abnormal tongue positioning caused by tooth sensitivity
- Loss of vertical dimension
  - Caused by collapse of posterior segments due to the absence of enamel and wear of the dentin

**Wednesday**

- Consult upon arrival in San Francisco from Albuquerque, NM

**Thursday**

- Surgery One—8.5 hours at CPMC Hospital in SF
  - 27 crowns preparations & impressions
  - Extractions: #1, #15, #18, #3, palatally impacted #13
  - Root Canal Therapy: #5, #9, #11
  - 4 quadrants: Gingivo-plasty, Curretage & Root Planing

**Saturday & Sunday**

- Mandy and her family enjoyed the weekend touring San Francisco
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**Monday**

- Surgery Two—4 hours at CPMC
  - Deliver 27 porcelain-fused-to-gold crowns

**Tuesday**

- Mandy returned home to New Mexico with her case complete

For more information about Dr. Blende’s current CE course, “Utilizing Sedation Modalities to Increase Case Acceptance for Your Existing Patient Population,” please contact Amanda White at 800-575-3375.