



students'

information



by
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QUESTIONS TO AND FROM SENIOR DENTAL STUDENTS

The AACD is committed to reaching people at all levels of dentistry, especially our rising graduates in dental schools. We enjoy the opportunity to see early efforts in esthetic dentistry and a search for the knowledge required to achieve excellence. Subsequently, we would like to dedicate this section to questions and clinical cases in early endeavors in esthetic dentistry.

The following four questions were posed by the *Journal's* editor, Dr. Tom Trinkner, and submitted to senior dental students. Here is a compilation of their answers:

QUESTION

What kind of exposure to esthetic dentistry would benefit a dental student, and during what year?

ANSWER

The most important time to be exposed to esthetic dentistry is in the senior year of dental school. The reason is, that by that time, the stress of learning basic dental sciences has subsided, the students have a good grasp of dentistry and its various fields, and can begin to expand their thinking and apply esthetics to restorative and to crown and bridge procedures, as well as to the other fields of dentistry.

Exposure to magazines that are geared toward esthetic dentistry (i.e., *The Journal of Cosmetic Dentistry*) certainly would be beneficial. So too would esthetic dentistry courses—both theoretical and practical, structured like continuing education (CE) courses with great before-and-after case presentations to stimulate interest; and to teach techniques and practical applications, first in the labs on models, and then on patients.

QUESTION

How supportive are the faculty currently having an impact on dental students, and are they members of the AACD?

ANSWER

Unfortunately, not all schools have departments, faculty, or courses geared toward esthetic dentistry. As of now, very few faculty, percentage-wise, are AACD members. It seems that the schools that welcome AACD involvement show support for the AACD and esthetic dentistry, whereas the schools without AACD representation show generally minimal—if any—interest in esthetic dentistry.

QUESTION

Occlusion and esthetic dentistry are equally important, so how does the young dentist search for sources of knowledge?

ANSWER

Although both are very important fields in dentistry, they are separate and can be connected. Occlusion can function without esthetics, but not vice-versa. A strong grasp of occlusion is paramount before one can build on it with esthetics. The young dentist can begin his or her search for knowledge mainly by taking CE courses that integrate occlusion into the explanation and direction of modern esthetics. Articles in well-established branch magazines also are a great source of information.

QUESTION

Upon graduation, how important is it to start your continuing education, and why?

ANSWER

Although it might seem very difficult to think about CE courses when one hasn't even graduated yet—and the thought of yet another lecture seems like a recurring nightmare—it is important to realize that a mind in practice is a mind that is used to learning things quickly and remembering them. The mind of a new dentist is still open—it has not yet been affected by everyday practice problems and ideas

for shortcuts (remember the saying, “A mind is like a parachute—it works best when it's open”). CE courses offer positive reinforcement, and students can gain incredibly useful knowledge without having to worry about an exam at the end.

The following two questions were submitted by senior dental students:

QUESTION

Are there other disease processes that could clinically resemble periodontal and/or pulpal periapical pathosis?

ANSWER

Yes. The disease is called Langerhans Cell Disease (Eosinophilia Granuloma). This disease process represents a proliferative disorder of the Langerhans histocytes, which are clonal. This neoplastic process is generally asymptomatic, with chances of dull pain and tenderness in advanced stages. The disease can be fatal unless treated aggressively. Multifocal dissemination of the disease usually develops within 6 months of initial diagnosis. Orally, Langerhans Cell Disease resembles clinically periodontal and/or pulpal periapical pathosis. Differential diagnosis can be made once the patient doesn't respond to conventional treatment such as root canal therapy or periodontal pocket curettage. A high index of suspicion and referral biopsy are very important for non-responsive cases.

SOURCES

1. G Alderson, A Jones, H McGuff, K Amin. Oral pathology diagnosis. *TX Dental Journal* 119(3): 258-270, 2002.
2. R Cotran, V Kumar, T Collins. *Pathologic Basis of Disease*. WB Saunders Co., Philadelphia, 685-686; 1999.
3. B Neville, D Damm, C Allen, J Bouguot. *Oral & Maxillofacial Pathology*. WB Saunders Co., Philadelphia, 451-453; 1995.

QUESTION

What are Ceromer restorations, their restorative indications, and advantages for placement?

ANSWER

Ceromer restorations are made from reinforced polymers. Their indications encompass a broad spectrum of single-tooth and fixed partial denture restorations. The margins may be in enamel or dentin, and the restored teeth can be vital or non-vital. Single-tooth restorations are fabricated without glass fiber reinforcement and include inlays, onlays, and partial crowns. Fixed partial dentures (i.e., bridges) need to have glass fiber reinforcements. These materials are cost-effective and may be used in patients who are sensitive to metals. These restorations offer an expansion of tooth-colored treatment modalities in today's proactive esthetic environment.

SOURCES

1. R Boretti, I Krejci, F Lutz. Long term clinical and SEM evaluation of metal-free adhesive composite crowns and bridges. *J Dent Res* 77:190, 1998.
2. I Krejci, R Boretti, F Lutz, P Giczendanner. Adhesive crowns and fixed partial dentures. *QDT* 22:107-127, 1999.
3. I Krejci, L Gautschi, F Lutz. Wear and marginal adaptation of composite resin inlays. *J Prosthet Dent* 15:141-148, 1999.
4. I Krejci, E Mueller, F Lutz. Effects of thermocycling and occlusal force on adhesive composite crowns. *J Dent Res* 73:1228-1232, 1994. *ADP*

All students are encouraged to send in questions. Questions pertaining to all fields of dentistry will be accepted. All questions will be answered, and the most commonly posed ones will be published in upcoming issues of the Journal. Please submit questions to:

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