

# CROWNING GLORY OF DENTISTRY

Modern dentistry's gold standard for replacing missing teeth is implants, and they now offer increased stability and more affordability.

## JOSEPH H. FARAG, DMD

Jean "Jay" Dupre was experiencing discomfort.

"It felt like a crown on my lower left back tooth was coming loose," remembers the North Port policeman, "so I asked my dentist, Dr. Farag, to check it out."

Joseph H. Farag, DMD, has a comprehensive dental practice in Port Charlotte.

"Jay has very, *very* good oral health," describes Dr. Farag. "However, even with conscientious patients, plaque can accumulate around the margin where a crown meets the gum, causing the tooth underneath it to decay."

"What exacerbates the problem is that, often, decayed teeth are asymptomatic. They don't hurt. The patient doesn't know that anything is happening until it does begin to hurt, and by then the decay is extremely close to the nerve or has already penetrated the nerve chamber of the tooth."

"That was the case with Jay. The crown was the tooth farthest back in his mouth and he was asymptomatic until the crown began feeling loose."

By the time Jay became aware of the problem, it was too late to save his tooth. It had to be extracted.

"That is why it is so important to have yearly check-ups," cautions Dr. Farag. "Yearly exams and x-rays are imperative to preventative care."

### Restoration options

Because Jay's tooth was the last one in the back of his mouth, Dr. Farag could not place a bridge, which is supported by natural teeth on either side of the tooth restoration.

"We really had only three options," explains Dr. Farag. "Jay could have done nothing after the extraction and simply left the empty space; had a partial denture, which would mean taking the appliance out every night and cleaning it; or had an implant."

Dr. Farag says there are a number of reasons to replace the tooth.

"Jay had a tooth in his upper jaw that was opposing the original lower tooth, which was slated for extraction," describes Dr. Farag. "If the extracted tooth was not replaced, the upper tooth would migrate down and continue to drop, which is referred to as a *supra eruption*. In the case of a supra eruption, the tooth begins to extend further out of the gums, causing root sensitivity and greater plaque accumulation. Eventually, the patient may potentially lose the tooth, which can cause a chain reaction of further destructive dental events."

"A supra eruption can also interfere with other teeth, causing a pathologic condition called a *malocclusion*. When a malocclusion occurs, the resulting misalignment may cause everything from uneven wearing of the teeth to unrelenting headaches."

From a cosmetic standpoint, when teeth are present in their proper positions, they serve to fill out the face. If back teeth are lost, cheeks begin to sink inward, and when front teeth are lost, lips are prone to

recede. Then, as the bone that supported the tooth begins to shrink, the effect is accentuated, speeding up the appearance of aging. Additionally, as teeth are lost, people tend to smile less, producing expressions that can be interpreted as indifferent, unhappy, or angry.

Jay knew he wanted a restorative tooth to fill the gap the extracted tooth would leave.

"As for partial dentures, or partials, many patients find that they are cumbersome," points out Dr. Farag. "People often end up not wearing them because they find them uncomfortable, and the bone under a partial tends to deteriorate."

Additionally, in order to fit properly, a partial will occasionally need to be adjusted by a dentist.

"On the other hand," observes Dr. Farag, "implants are now considered the gold standard for replacing missing teeth."

A dental implant is an artificial replacement for the root of a tooth. The implant, which is made of titanium, provides a foundation on which permanent teeth or removable teeth can be securely attached. Implants can prevent deterioration of the bone beneath the gums, which helps maintain the fullness of the face and provides a good bite. They also stimulate the bone, causing it to strengthen and grow.

Jay chose to have an implant.

### Bone building

Molars, which are the teeth found in the back of the mouth, typically have the largest roots.

"When you remove a molar, the void is quite large," points out Dr. Farag. "For patients such as Jay, this means there is not enough bone in which to place the implant."

To resolve that problem, Dr. Farag did bone grafting for Jay.

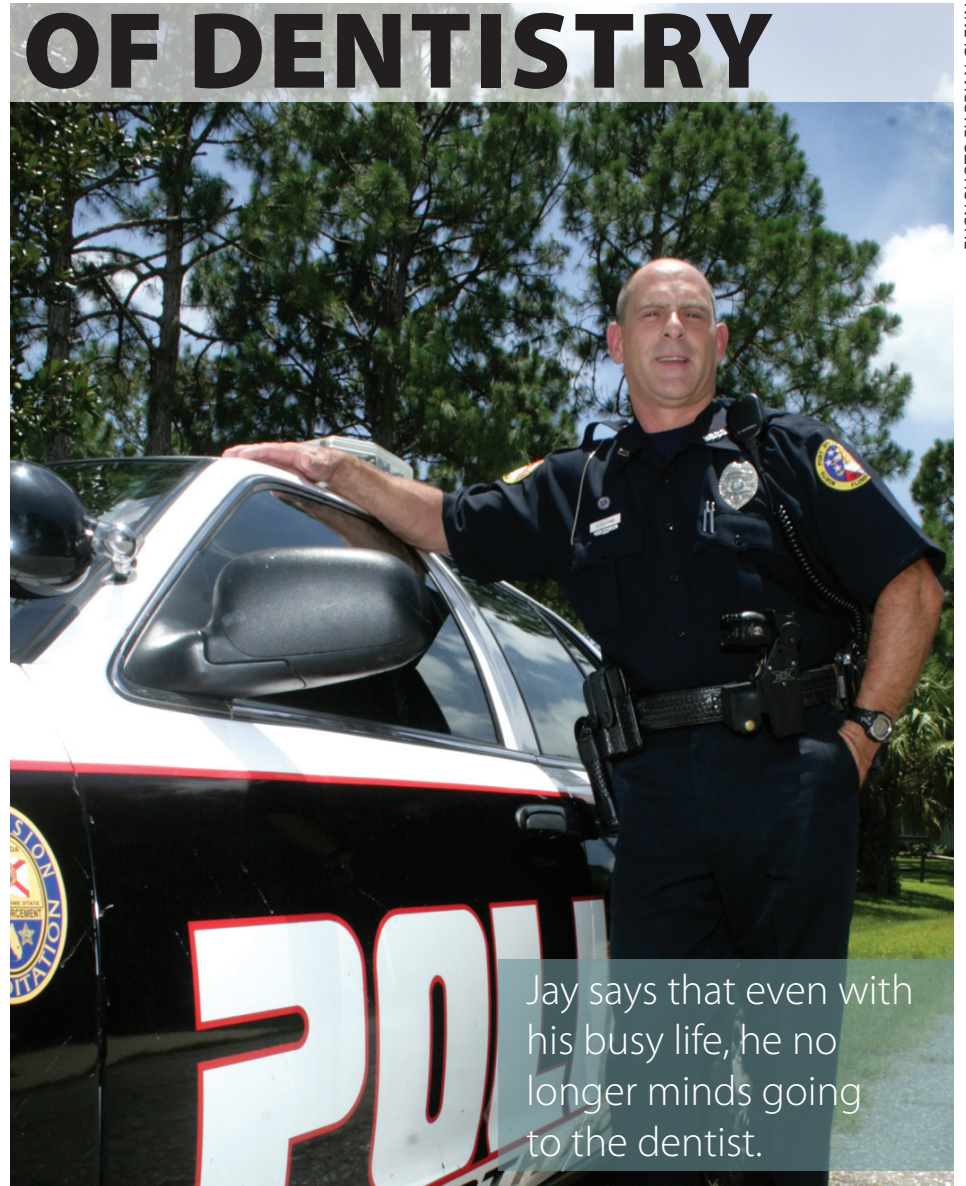
"There are probably over one hundred types of bone graft materials being used today," notes Dr. Farag, "and any of them should be adequate because the grafting material is only used as scaffolding for the patient's own bone, which will rebuild itself."

According to Dr. Farag, while it was necessary for Jay to replace the void from his tooth extraction with bone in order to have implants, even patients who are not presently planning on having an implant should seriously consider bone grafting.

"If bone is not replaced after a large extraction or an area of bone loss, patients will lose approximately fifty percent or more of the remaining bone from that area in addition to the original bone loss or void," says Dr. Farag, "so bone grafting is an excellent idea. If it is done at the time of the extraction during the reconstruction phase, it typically takes half as long to regenerate enough bone in case our patient eventually decides to have an implant."

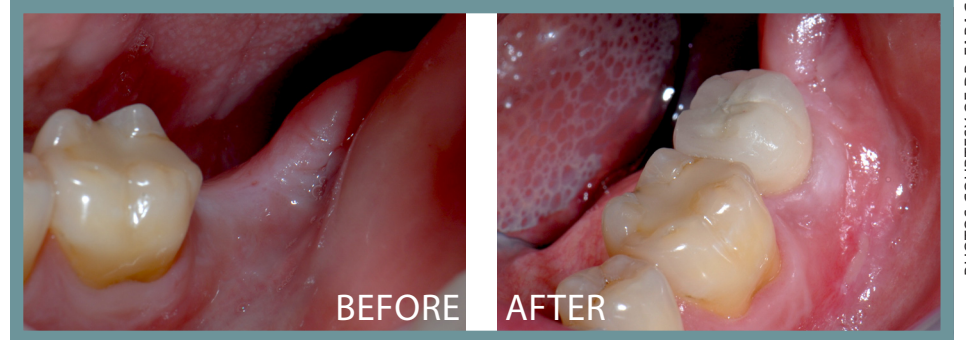
It takes approximately three to four months for the body to generate new bone growth.

"Once Jay had a solid block of bone growth, we placed his implant,"



FHCN PHOTO BY BRIAN GLENN

Jay says that even with his busy life, he no longer minds going to the dentist.



PHOTOS COURTESY OF DR. FARAG

### Have a beautiful smile

Dr. Farag looks forward to hearing from readers of Florida Health Care News. For more information or to schedule an appointment, please phone (941) 764-9555 for his location at 3441 Conway Blvd. in Port Charlotte.

recounts Dr. Farag.

### Improved success rate

"The success rate of implants has improved significantly over time," educates Dr. Farag. "It is now in the upper ninety percentile; it is approximately ninety-seven percent. The reason it is so successful is because the technology behind implants is so advanced and well understood."

"One of the most substantive advancements that have been made in implants is the development of special surface treatments that actually promote growth of the bone, which accelerates osseointegration."

*Osseointegration* is a term that describes the action of the integration of the titanium implant with the surrounding bone.

"Bone cells grow into the grooves and crevices of the implant, locking it into place," continues Dr. Farag. "Those surface treatments are very important in the success of the implants."

Another important aspect to the success rate of implants is successful planning.

"The precise planning phase of the

implant is imperative to its success," says Dr. Farag. "This includes many elements such as the size of the tooth and the implant, the bite, and the design of the restoration."

Dr. Farag performs implants for both single and multiple tooth restorations, including for implant-secured dentures.

"Once the implants have been placed, the rest of the office visits are typically easier than those for getting a regular crown," says Dr. Farag. "Implants are a simple, in-office procedure, typically performed with just a local anesthetic. And when designed and placed correctly, implants have a much longer lifespan than a crown or bridge."

"Dr. Farag is great," notes Jay, "and his staff is wonderful. They make you feel so relaxed and comfortable, like one of the family."

"Most people cringe when they have to go to the dentist. I was one of those, but not anymore."

"The implant is amazing. It feels just like one of my own teeth. I eat corn on the cob, steak, and ice cream. I have no pain or discomfort, and I take care of it just like my other teeth. It's part of me."

FHCN—Kris Kline



**Joseph H. Farag, DMD**, earned his Doctor of Dental Medicine degree from the University of Florida College of Dentistry, Gainesville, FL after completing his undergraduate degree at Florida Atlantic University, Boca Raton, FL. Dr. Farag served an implant residency at the Misch Institute and is trained in advanced laser dentistry. He is a member of the American Dental Association, American Association of Dental Practitioners, American Academy of Operative Dentistry, the International Association of Dental Researchers, and a fellow of the International Congress of Oral Implantologists.