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RESTORATIVE SUCCESS: TREATMENT PLANNING

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Treatment planning remains the greatest challenge in clinical dentistry. With increased interest in advanced restorative, cosmetic, and implant dentistry cases, this and the next issue of the *Journal of the California Dental Association* will focus on topics to improve the likelihood of treatment success. While next month's issue will focus entirely on dental implants, this issue focuses on diagnostic considerations in treatment planning.

Treatment planning is often based on our perception of the clinical situation and its likelihood to respond to therapy. As a result, to accurately assign a prognosis is critical for success. Yet, this topic is often superficially covered during our dental training. Dr. Steven Schonfeld has defined the art and science behind periodontal prognosis. Factors that influence the prognosis of individual tooth and the overall dentitions and its clinical implications are reviewed.

In the second paper, Dr. David Richards and I discuss how clinical innovations such as the clinical success of dental implants can change how we treatment plan. Notably, in teeth with questionable prognosis, what is the best treatment/management approach? In this era of evidence-based dentistry, predictable treatment needs to be based on outcome studies. A review of outcomes of traditional periodontal, endodontic, and prosthodontic treatment approaches are compared to the option of strategic extraction and dental implant placement.

The gummy smile is a restorative challenge but often can be successfully managed. Unfortunately, there have been several advocates of the simple use of

gingivectomy or laser-assisted gingival contouring procedure to eliminate the gummy appearance or in preparation for veneers. Is this the correct surgical approach? In this paper, the anatomical basis and surgical management for the various types of gummy smile are reviewed. Cases are used to emphasize the appropriate use of surgical approaches and to provide the readership with examples of the esthetic improvements.

The last paper discusses how thick vs. thin gingival biotype of the tooth to be extracted may help predict the type of implant site preparation procedures needed. By understanding the anatomical basis for thick vs. thin gingival biotype, it is possible to predict the type of resorptive process that will occur after tooth extraction. If a dental implant is planned for the site, then certain procedures may be necessary and, at times essential, in order to ensure there will be adequate bone volume for implant placement. This concept is important in preparing the patient in appreciating ancillary procedures needed in order to achieve implant success.

Most of the topics covered in this issue are important determinants for clinical success. It is hoped this issue will provide readers with a greater appreciation for the complexity associated with treatment planning. ■■■■