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Implant Supported Restoration for a Lower Second Molar



By Doug Benting (/spear-review/author/doug-benting/) on March 26, 2018 | (/bookmarks/bookmark/32803)

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Sharing the news with our patient that a tooth is no longer able to be restored can be met by a variety of reactions that range from apathy to an emotional sense of urgency as far as what can be done to replace this tooth. I'm curious how you handle the discussion related to a lower second molar (radiograph of Thomas #18 Perio).



How much treatment is required to prepare this site for a dental implant (https://www.speareducation.com/spear-review/category/implants)-supported restoration? Dental implants have improved the options available to our patients for solutions related to missing teeth. There are many advantages to preserving adjacent teeth and maintaining alveolar bone and it can become automatic to recommend a dental implant supported restoration for our patients making a decision on how to proceed. Super eruption of the opposing tooth (maxillary second molar) is a possibility; however, according to Shugars et. al. [1], bound edentulous spaces over a median follow up period of 6.9 years did not, as a general rule, demonstrate adverse consequences when deciding against the replacement of the missing tooth.

It would be unlikely that super eruption of the maxillary second molar into the space of a missing mandibular second molar could create an interference in protrusive movements. Anatomically, in terms of supporting bone, concerns arise as to the natural “undercut” of the mandible at the beginning of the retromylohyoid fossa, as well as the relatively superior position of the inferior alveolar nerve.

A recent study by Ham, et. al. [2] set out to gain insight as to the justification of a [Live Chat](#) supported restoration. They found both a measurable increase in masticatory ef subjective increase in patient satisfaction following insertion of the definitive restoration.

For a patient that had premolars removed to facilitate orthodontic tooth movement, maintaining the chewing surface of a mandibular second molar can intuitively provide a functional benefit. The discussion can be a little more interesting when the patient has maintained all of their teeth (premolars) providing functional contact for first molar occlusion.

At the least, it is an opportunity to discuss treatment with our patient while increasing awareness as to the importance of maintaining their dentition.

2

References:

1. Shugars DA, Bader JD, Phillips SW, White BA, Brantley CF. *The consequences of not replacing a missing posterior tooth*. Journal of the American Dental Association 2000;131:1317-1323.
2. Ham D, Lee D, Chung C, Kim K, Park K, Moon I. *Change in masticatory ability with the implant restoration of second molars*. Journal of Prosthetic Dentistry 2014; 111(4):286-292. Douglas G. Benting, DDS, MS, FACP, Spear Visiting Faculty and Contributing Author. [www.drbenting.com (<http://www.drbenting.com>)]

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