Minimally invasive rehabilitation in fixed prosthodontics

Currently the introduction of the adhesive technique and the use of materials with aesthetic properties similar to those of natural teeth have made possible various minimally invasive treatment options in restorative dentistry. At the end of the 8o's we met Dr. R.V. Tucker and we started to apply his technique for cast gold restorations. The long term results were so good to comfort us in the execution of more complex rehabilitations, keeping teeth preparation the most conservative possible, such as in cases where we have used molars rizotomies and rizectomies, splinting them to premolars with partial restorations. Minimally invasive techniques can be used both in the anterior region (Maryland - Veneer) and posterior

region (Inlay - Onlay).

Missing upper lateral incisors: rehabilitation with implants in young patients (even if treated "at the end of growth period") may result over time in infraocclusion. In these cases we can realize a zirconia or disilicate Maryland bridge. In our presentation we will try to briefly explain the advantages / disadvantages of some therapeutic options in case of missing upper lateral incisors.



Giovanni Manfrini

He graduated in Medicine and Surgery at the University of Padua and specialized in Dentistry and Dental Prosthesis at the same University.

He has attended numerous training courses including: the multi-year course of prosthesis Prof. Wichai Kolsrichai (DDS Boston University), the multi-year course of prosthetic dentistry of Dr. Gianfranco Di Febo, the multi-year course of clinical periodontics of Dr. Gianfranco Carnevale and the annual course in periodontology of Prof. Giovanni Zucchelli.

Active Member AIOP (Italian Academy of Prosthetic Dentistry), Active member AIC (Italian Academy of Conservative Dentistry), Active Member AIIP (Italian Academy of Implant Prosthesis), member of the Italian Study Group of Dr. R.V.Tucker.

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