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Foreword

In the 30-plus years of my professional career, I have become acquainted with many different kinds of people:

• Loudmouths who never tire of talking about how wonderful they are
• Know-it-alls who always have a theoretical solution to problems, but fail miserably when it comes time to implement their idea
• Tinkerers who manage to make things work in some form or another, but never really know why

It has seldom been my pleasure to encounter someone who truly knows and understands his work down to the last detail and who knows how to put this insight into practice. Wolfram Bücking is one of these exceptional people.

Because of the example of the late Professor Dr André Schroeder, I believe that a restorative dentist has to be a “Renaissance man” in dentistry, in spite of the current trend toward specialization. Wolfram Bücking is one of these rare few.

Over the years I have met many dentists who embody the negative clichés of our profession: They do not read the instruction manuals that come with their tools, plow ahead blindly with their work, and improvise with their materials and approaches however it suits them. When I started serving on a board that reviewed formal complaints, I realized once and for all how accurate the negative stereotype could be.

In some ways, Wolfram Bücking is a dentist like many others, though you cannot accuse him of not reading his instruction manuals. On the contrary—he reads them all very conscientiously and carefully and expounds on them with the insight and knowledge of a true expert.

This book is his credo. He takes a thoroughly tested problem-oriented approach to devising solutions in all areas of dentistry. These solutions are the result of a profound understanding of the fundamentals combined with imaginative thinking and skillful craftsmanship. This book offers dental colleagues a rich treasure trove of techniques and tips for dealing with many problems not covered in textbooks.

In some regards, this can be seen as an alternative textbook. The current trend in education is “problem-based learning.” In general medicine, this has already been practiced for some time. In dentistry, it is only beginning to come into its own, and Wolfram Bücking is a pioneer in this trend. The book you hold in your hands is absolutely systematic in its problem-oriented methodology. My congratulations to the author.

Jean-François Roulet, DDS, Dr Med Dent, PhD Schaan, Liechtenstein

Preface

Many years ago, a class evolved as part of the basic coursework in prosthodontics at the Akademie Praxis und Wissenschaft in Düsseldorf, Germany. The class was called “Prosthetic First Aid—One Practitioner’s Suggestions for Emergency Solutions,” and it focused on the problematic situations a dentist encounters in everyday life, or rather the major and minor incidents that can make a clinician miserable. These are problems that when you tell someone about the situation later, you are likely to begin by saying, “It was just one of those days where nothing was going right . . .” In delicate situations like these, you do not want to bother with taking pictures, but in many cases I did so anyway. Over time I developed a treasure chest of wide-ranging tips and tricks, and the people who took part in my class became more and more enthusiastic about them. I was invited to hold seminars and presentations about critical situations in a dentist’s professional life, and the treasure chest grew larger and larger. Of course, this was also due in part to the tidbits and hints that participants contributed. (After all, you learn the most from the students you teach.)

After I joined the editorial board of Die Quintessenz in Germany, the seminar received its official and final name—“Die dentale Trickkiste” [“A Dental Treasure Chest”]—and it has provided the inspiration for a successful series in the journal since early 2001. Since then, I have received many suggestions and ideas from readers every week, and I am always eager to follow up and integrate these suggestions. There was never a point at which I simply copied something from someone else—there is a bit of Bücking in every chapter. Naturally I included all sorts of input from friends and colleagues, and I wish to thank them warmly for that. It is quite an effort for me to produce a new article for the series each month, especially because I am not what you would call a natural at writing. However, it is always very gratifying to hold the newest Die Quintessenz in my hands and see my work. I receive a great deal of praise for these contributions, and when I feel frustrated or exhausted at the end of a long day in the office, reading these letters makes me feel better right away.

Over time, these first-aid tricks became useful building blocks for all different aspects of dental practice, and this book summarizes and categorizes them for your convenience. This book features 46 treasure chest entries in one compact volume for your reference. An index at the back allows you to look up the topics you need. The next volume will be released after the next 40 entries have been completed. The goal I have set for myself is to write 100 entries altogether; I have already designed a concept for them and will retire when I am finished. This is my plan, although there is one person who does not believe me, and that is my wife. She thinks that as long as I continue to pursue my work as a dentist with such dedication and enthusiasm, I will keep writing and teaching.

I hope that as you read this, you will find a multitude of useful tips and tricks in the dental treasure chest, and I look forward to continuing a lively exchange of ideas with my colleagues. Your comments and input are welcome; I would be pleased to hear about suggestions for improvement, news of your successes or failures, and any new tips and tricks you would care to pass along (w.buecking@t-online.de).

Mr Meenen, my editor, takes my folksy, dialect-tinted style and converts it into standard and eloquent language, for which I am very grateful. I also wish to thank Mr Rauschenbach, who is in charge of layout and works with Mr Kürten, the graphic designer at Regg Media, to fulfill my wishes patiently and expertly.

Without Mr Wolters, the publishing director, who kept everything in his benevolent hands, this book would never have been written—many thanks to him as well.

Many thanks to Mr H.-W. Haase, the publisher, whose very unique and paternal manner led me to writing.

Wangen, February
Wolfram Bücking
Fig 3-39a The 17-year-old patient is missing her maxillary lateral incisors.

Fig 3-39b View of her mouth with partial denture in place.

Fig 3-39c Occlusal view of the partial denture in the patient’s mouth.

Fig 3-39d Cast-framework removable denture.

Fig 3-39e Ideal occlusion of the anterior teeth.

39i). The single-tooth radiographs in bisecting angle technique revealed the spaces that were opened (Figs 3-39j and 3-39k). The spaces should have been opened wider in the apical region, which would have been possible if retraction arch wires with loops had been used. The dentist should discuss this option with the patient’s orthodontist.

When radiographs of anterior teeth are taken with the bisecting angle technique, it is essential not to adhere to the standard values issued by the manufacturer of the x-ray unit but to select the setting for when the tooth plane is parallel with the x-ray plane and parallel with the film plane. This permits both a protrusive plane and a retrusive plane to be rendered correctly in full size. The dental team must be instructed accordingly.
Correct placement of the implants is difficult, especially if the mandible is already in an advanced state of resorption (Figs 3-49 and 3-50). In other words, the most important factor in planning implants in the posterior region of the mandible is to avoid damaging the inferior alveolar nerve (Fig 3-51). Taking the aforementioned into consideration, how can dentists obtain the necessary information about the available bone bed in the posterior region of the mandible with respect to height, width, profile, and quality?

A panoramic radiograph with measuring devices such as balls or pins is an absolute must (Fig 3-52). As the quality of panoramic x-ray units has increased enormously in the last couple of years, the distortion created by the rotation of the devices during exposure has been almost eliminated, thus allowing metric evaluation of panoramic radiographs. The manufacturers provide transparent templates with the lengths and diameters of implants (Figs 3-53a and 3-53b).
In addition, a ruler was developed with both the full scale (1:1) and the scale of the panoramic radiograph (1:1.25) engraved in it (Fig 3-54). This lets the clinician take the last measurements (even during the surgical procedure) in a sterile environment.

On the panoramic radiograph, the mandibular canal and the mental foramen can usually be very clearly identified. The latter is always located underneath the buccal cusp of the second premolar in the mandible, straight down in a perpendicular line. Thus the height and width of the implant bed are defined. How can the dentist acquire the profile? The sharpened periodontal probe can be used (as described earlier) to measure the mucosal thickness of the edentulous part of the jaw. This method, however, is of limited use because the anatomic situation of the floor of the mouth and the vestibule do not permit a more extensive diagnosis (Figs 3-55 and 3-56).

With modern panoramic units it is now possible not only to take panoramic radiographs but also to create tomograms of the profile. These tomograms (Figs 3-57 and 3-58) usually have a magnification factor of 1:1.4 (Scanora 1:1.17). Their previously rather poor quality has improved considerably in the meantime and still continues to develop (Figs 3-59a and 3-59b).

It is essential to always have a clear idea about the anatomy of the mandible in all dimensions. It is vital for the dentist to have another close look at a prepared model of a skull in these cases. The inferior alveolar nerve enters lingually via the foramen in the ascending mandibular branch, diagonally follows the mandible