OVERVIEW:
The metallurgy was perfected by and named by Dr. Van Thompson, at the time a professor at The University of Maryland Dental School; thus this most conservative bridge available to use today was named after that dental school – the first dental school in America, The Baltimore College of Dental Surgery, and now the oldest: the Maryland Bridge (MB)!

I am like you, a “real world dentist”, as Gordon Christensen said in November 2009 Dental Economics “often the in-vitro and in-vivo conclusions in the literature do not agree, and ‘human decisions’ must be made about the topic.” He asks the question, “are such personal decisions about the best way to accomplish clinical procedures justifiable?” He concludes by completely agreeing on the concept of combining both scientific studies and clinical observation. In other words, take the best of science and subject it to “evidence-based medicine/dentistry.” That concept called “evidence-based medicine” was authored by an MD from Canada, physician Dr. David Sackett. Defined, “evidence-based medicine is the conscientious, explicit, and judicious use of currently best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical experience with the best available clinical evidence from systematic studies.” This is exactly what I am offering in this lecture. My/our systematic study of science combined with my/our practical clinical experience over 30 years of these bridges.

I must add a disclaimer from the start. Thirty years ago, I never imagined lecturing on MB’s. So through the years I just took photos and x-rays for the chart – not as a professional researcher. So please don’t expect textbook photos. This is just going back and gathering evidence based documents. With over 30 years of documented cases in my own office, many have never been debonded, others rebonded, and some served until the patient became deceased. In the following course we will consider every aspect of the science and art of these valuable options in our practice of restorative dentistry. With both written descriptions and photos we will gain a full understanding of the world of resin bonded porcelain to metal tooth replacements.

To better understand the concepts, consider these questions:
WHO in this audience does Maryland Bridges?
WHO has never done one?
WHO has never seen one?
WHO has seen someone else’s failure?
WHO has quit doing them because of failures or other reasons?
WHO has a good lab that does them?
WHO learned the technique in dental school?
WHO has taken a course specific to Bonded Metal Bridges?
Let’s have an OVERVIEW of what we’re going to see and consider in this extended course: Maryland Bridges are non-precious METAL and PORCELAIN BONDED tooth replacements where one or more teeth are missing between other existing teeth.

ANTERIOR

POSTERIOR
SINGLE TOOTH/MULTIPLE TEETH PONTICS

MULTIPLE TEETH PONTICS or ABUTMENTS
Replace teeth lost from DISEASE – Periodontal Disease
Replace teeth lost from TRAUMA – Accidental Falls
Metal can be hidden by design. Porcelain or composite can be baked on for esthetics.

Maryland Bridges can replace CONGENITALLY missing teeth – even in multiples.

The preparation is easy and simple, quick and most often without anesthesia. Isn’t that a great idea?!