

Submitting a Case for Publication

Doctors are encouraged to submit their own fully documented cases for publication. Initial documentation and proposed treatment will be published in one issue. Active treatment documentation will be published in a later issue. All case materials are due at time of initial submittal. The following information will be helpful in selecting and preparing cases for submittal:

CASE TYPES

1. AAP Type III & IV periodontal cases:

These cases should include some, but not necessarily all, of the following:

- several areas with 5-7 mm probing depths;
- tooth mobilities (0 to Class III-Miller);
- bone loss in furcation areas;
- mucogingival and other soft tissue problems;
- orthodontic/orthognathic considerations to include malposed, crowded, tipped, and supraerupted teeth
- edentulous areas with or without ridge resorption;
- missing teeth;
- caries and failing restorations.

2. Implants:

Where dental implants are part of proposed treatment, cases should be partially edentulous. Where fully edentulous, cases should be unusual, offering opportunity for controversy and in-depth discussion.

DOCUMENTATION

For comprehensive clinical examinations, thorough, accurate, and complete documentation is essential.

1. Radiographic survey to include:

- initial FMX (originals, if possible - they will be returned);
- initial panoramic x-rays;
- radiographs of treatment in progress and/or completed case;
- CT scan/tomographs, if appropriate.

2. Periodontal charting:

- probing depth readings on six surfaces of every tooth;
- tooth mobilities (0 to Class III-Miller);
- furcation involvement (0 to Class III Glickman);
- gingival line;
- missing and impacted teeth.

3. Restorative blueprint:

- missing teeth;
- laminate veneers;
- individual and splinted crowns;
- individual and splinted implants.

4. 35 mm slides:

Please review present and past issues, as they will act as a guide to what is suggested:

- facial/smile line;
- maxillary/mandibular anteriors (canine to canine in maximum intercuspation);
- maxillary/mandibular right and left posterior teeth (in maximum intercuspation);
- lingual and palatal views - all appropriate areas;
- occlusal views - maxillary and mandibular full arches.

TEXT

1. Case presentation:

Please summarize the patient's chief complaint, dental history, and background information (not more than 150 words):

- the reason why the patient originally presented for treatment;
- a short, concise dental history;
- background information pertinent to overall case presentation (social, previous treatment, etc.).

2. Case history:

Summarize medical history as appropriate to the case. Include allergies and any medication taken at time of examination.

3. Diagnostic findings:

- head and neck exam;
- general intra/extraoral exam;
- gingival status;
- home care.

4. Occlusal notes:

A short description of the occlusal scheme including:

- CR-CO discrepancies;
- balancing interferences in lateral excursive movements;
- parafunction;
- interarch relationships;
- fremitus.

SUBMITTING A CASE FOR PUBLICATION CHECKLIST

Text

- Introduction and background
- Medical history
- Diagnostic findings
- Occlusal notes
- Radiographic review
- Diagnosis and prognosis
- Summary of concerns
- Proposed treatment plan
- Evaluation of therapy rendered

Radiographs

- Initial FMX
- Other radiographs (Pan, Ceph, etc.) when indicated
- Radiographs of treatment in progress and/or completed case

Periodontal Charting

- Probing depths (6 measurements per tooth)
- Mobilities (0 to Class III)
- Furcation involvement (0 to Class III)
- Gingival margin line
- Missing and impacted teeth

Restorative Blueprint

- Missing teeth
- Laminate veneers (LV)
- Individual full crowns (FC)
- Splinted crowns/bridgework (denote with bar connecting the appropriate units)
- Implants (I)
- Splinted implants (denote with bar between the appropriate "I"s)

35 mm Slides

(Initial plus Treatment in Progress and/or Completed Case)

- Facial/smile line
- Anterior view (canine to canine in maximum intercuspation)
- Right and left posterior views (in maximum intercuspation)
- Maxillary and mandibular full-arch occlusal views

Lingual/palatal views when indicated

Any others pertinent to case

Consent Form for Photographs

- Signed by patient
- Signed by patient AND parents if patient is a minor