A new era in dentistry

The age of CAD/CAM is here, and it’s more exciting than anything I could have dreamed of even a few years ago. I can attest to the reality of this excitement from several different perspectives — first, the perspective that comes from seeing the design and production process of the CAD/CAM hardware and software firsthand during my visit to Dallas to meet with engineers on occlusal principles and seeing a magnificent organization that has been developed from just a dream several years ago.

Chairside CAD/CAM is a boon to progress in our profession and a representation of the innovation we need to help move dentistry into the digital age. Not only did the engineers quickly master the concepts, they wrote software code to make the CAD/CAM machines create occlusal surfaces based on time-tested, functional, occlusal principles.

My other perspective comes from the fact that I am enjoying perfectly fitted chairside CAD/CAM (E4D Dentist) crowns on two of my premolars, which were made and produced by the very talented hands of Dr. Jeff Scott. I was tremendously impressed with how smoothly all of the procedures went from start to finish.

I can also attest to the perfection of the margins because the crowns that were replaced looked good, even on the radiographs, but I had some bleeding I couldn’t seem to stop. The day the new CAD/CAM restorations went in, the tissue began to tighten, and now it is as firm as it can be. The floss contacts are perfect, the bite is perfect and I was amazed at how little adjusting had to be done.

I have to admit that early CAD/CAM restorations left a lot to be desired, and I have seen a number of CAD/CAM cases that I didn’t think were very good. Like so many technological advances, getting the technology perfected took time and experimentation. From my experience, I can conclude that the technology has truly arrived because the marginal fit, the contours and the occlusion are so good.

A caution is in order, however. In the hands of a clinician who doesn’t understand the principles of good occlusion, CAD/CAM will enable him or her to “mess people up” faster. When a patient has a perfectly equilibrated mouth before insertion of new restorations, the outcome is always more predictable. Dentists desiring to adopt CAD/CAM in their practices need to understand and practice the principles of occlusion and complete dentistry more than ever. I am convinced, though, that no compromise of these principles is necessary.

It is indeed a wonderful new era of restorative dentistry, and I am pleased to welcome you with this inaugural edition of CAD/CAM magazine.

Sincerely,

Peter E. Dawson, DDS