



CURRICULUM VITAE

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Doctor Tripodakis received his Dental Degree (1973) and his doctorate (1994) from the National and Kapodistrian University of Athens, Greece. His Post-Graduate education led to a Certificate of Prosthodontics (1979) and a Master of Science (1981) from Tufts University, Boston, USA. He has served as Professor of Prosthodontics at the University of Athens until 2017 and still teaching as Visiting Professor at Tufts University.

He has received two research awards from the Academy of Osseointegration (1995, 1998) and two from the European Academy of Esthetic Dentistry (2012, 2013). He is an international lecturer, a published author and an associate editor of the Journal of Japan Prosthodontic Research & Practice and the Journal of Osseointegration.

He has served as President for several prestigious international dental organizations including the Eastern Mediterranean Association of Osseointegration (2000), the American Dental Society of Europe (2003), the International College of Prosthodontists (2005-6), the International College of Dentists/Europe (2008) and the European Academy of Esthetic Dentistry (20013-14).

ABSTRACT

RISK MANAGEMENT IN FIXED PROSTHODONTICS

A most important aspect in minimizing the risk of failure during the clinical course of Fixed Prosthodontics is to provide the patient with treatment modalities that are based on evidence. In our days, Evidence Based Dentistry has influenced a great deal all our clinical actions as dentists, ensuring in general the benefit of the chosen clinical method. Whoever, during the course of the clinical oral rehabilitation the risk of failure is always present, while of the successful clinical outcome depends on various parameters. The ability of the clinician to always achieve perfection, the individual difficulties that are encountered in each specific patient and finally the inability of achieving repeatable successful results, are the basic failure sources. Moreover, in Prosthodontics the procedures are even more complicated due to the interaction of the clinical and laboratory phases during the course of the construction of the final Prosthesis.

The management of the failure risk starts with the basic effort of minimizing the iatrogenic trauma or damage during treatment. The fixed prosthesis aims to respect the biologic, functional and esthetics prerequisites in restoring the dental mutilation. Therefore, any violation towards any of those dimensions inevitably leads to failure. The constructive and consecutive interaction between the dentist and the dental technician will also minimize the risk of technical failures. Finally but most importantly, the inappropriate or ill-chosen plan of treatment creates the unfortunate failure of an irreversible damage. This damage can be related to just one tooth, but sometimes it is related to the entire face of the patient. The latter is of greater importance as the human face is directly related to the person him/her self. Such failures can only be prevented when Fixed Prosthodontics are executed through an intimate collaboration among the Dentist, the Dental Technician and the Patient during all phases of treatment: The diagnostic, the transitional and the constructive phase.