Immediate Implantation And Immediate Loading For A Mandibular Full Arch Rehabilitation

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BACKGROUND

The patient was a 71-year-old female. Her chief complaint was loose teeth impaired her chewing function.

Past history: General good health condition. Oral examination:

The patient had multiple PFM prosthesis which were in compromised situation. #26-28 bridge and 44-46 crowns were loose with periodontal recession. #33-43 crowns were II° loose with veneer chipped and secondary caries. #35,36,38 missing with no restorations, result in tilted and loose #37 due to periodontal lesion. Fortunately, TMJ symptoms were not detected nor complained yet.

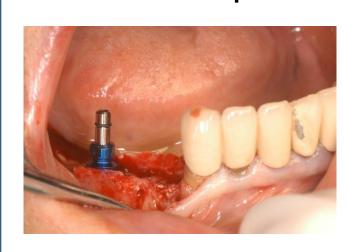
AIM

Phase 1: Extracting #26-28,37,44-46, with ARP on #37,44 were planned to remove the infection and restore the alveolar ridge for following implantation. After the extraction healed, a provisional RPD was made to temporarily restore occlusal function. Phase 2: Three months later, Type I implant placement with extraction of 33-42, type III inplamt placement on bilateral posterior mandible, and the immediate loading were carried out with a temporary fixed resin bridge on five implants in the same appointment. Type IV implant insertion was made on 26 with SFE through alveolar ridge. Phase 3: Definitive prostheses were manufactured after osseointegration.

MATERIALS&METHODS

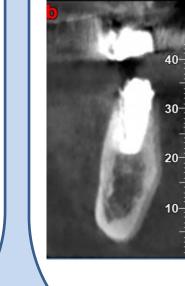
Camlog promote plus implants have been used. Each implant obtained insertion torque more than 25Ncm. Open tray impression method was used to made the resin fixed temporary restoration which was inserted in 24hrs. During three months of osseointegration, the implant on 26 was placed. Definitive restoration made of titanium framework with porcelain-reinforced-resin veneer were made and inserted afterwards.

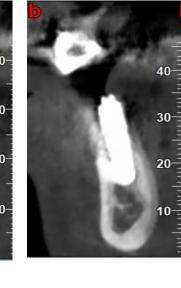
Photo example:

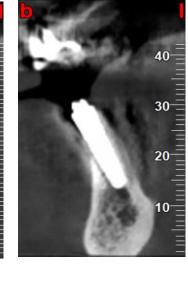


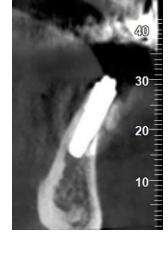












RESULTS







CONCLUSIONS

- 1. The diameter and length requirements for distal tilted implant are comparatively large. During the 2-year-folow-up period, the prosthesis provided good occlusal function.
- 2. Continous OHI was helpful to keep the oral hygiene in fairly good condition, which is essential for the long term stability of the treatment.