

## XXII SIO International Congress

# Digital Technology for Good Clinical Practice in Implant and Prosthetic Dentistry



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MINIMALLY INVASIVE TECHNIQUES IN THE RESOLUTION OF MAXILLARY DISTAL EDENTOULISM, WITH SEVERE BONE RESORPTION: TILTED IMPLANTS AND CANTILEVER EXTENSION WITH COMPUTER GUIDED FLAPLESS SURGERY. 3-YEARS FOLLOW UP.

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#### **OBJECTIVE**

Resolution of distal edentulism with severe bone resorption using minimally invasive techniques and prosthetically guided implants positioning.

#### CASE PRESENTATION

In April 2010 an healthy 64 years old female patient came to our observation. She presented compromised natural teeth supporting fixed prosthesis in region 2.3 - 2.6.

Three months after extractions the patient underwent CT Dentalscan. For a proper assessment of the case a scan prosthesis was realized: it was a barium sulphate duplicate of patient dental set-up in order to perform a correct CT Dentalscan for a computer case planning, and we observed a reduced bone availability in the distal edentulous region.

We analyzed the CT images using SimPlant software (Materialise Dental -Leuven, Belgium) in order to discuss with the patient about the use of alternative techniques to the sinus lift outlining the advantages and disadvantages of different approaches.

By means a computer and prosthetically driven surgery we planned to insert 2 implants, an axial implant in region 2.3 and a tilted implant in region 2.5 to cross the sinus, foreseeing the use of distal cantilever.

In this case, using SimPlant software, we realized a teeth and mucosa supported surgiguide and we prefered to perform a flapless surgery to minimize the surgical trauma.

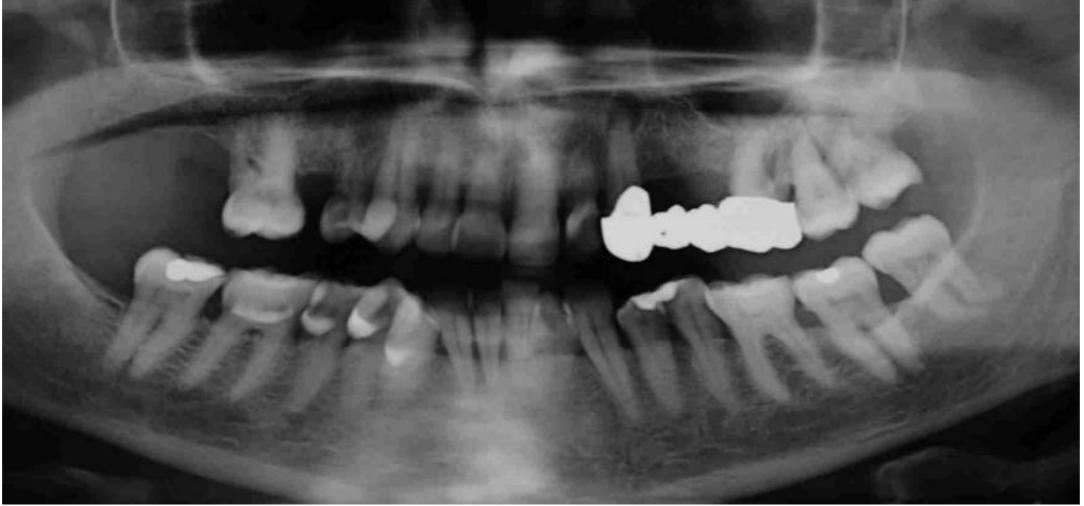
We inserted two implants 3,6mm in diameter, with a lenght of 14mm in region 2.3 and a lenght of 12mm in region 2.5 (Dentium Implant System-Seoul, Korea). The prosthetic loading was performed 90 days after the surgery.

#### **RESULTS**

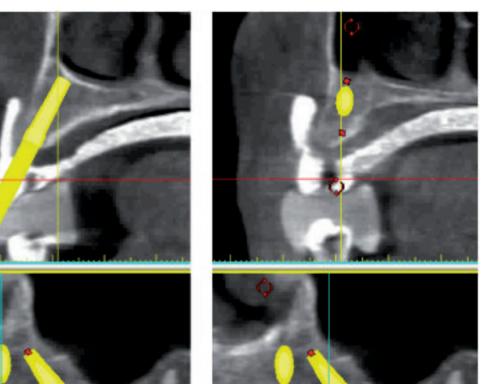
After a clinical and radiographic 3-years follow up, the patient presented the soft tissues in perfect conditions and an excellent maintenance of marginal bone.

### **CONCLUSIONS**

With the utilization of cad/cam technology, tilted implant and cantilever exthension, a complex clinical case from the surgical and prosthetic points of view was treated performing a minimally invasive flapless surgery with a satisfactory functional and esthetic result.



Initial X-Ray



Virtual planning in lareral and frontal view



The teeth and mucosa surgiguide







Prosthetic abutments in lateral and occlusal view

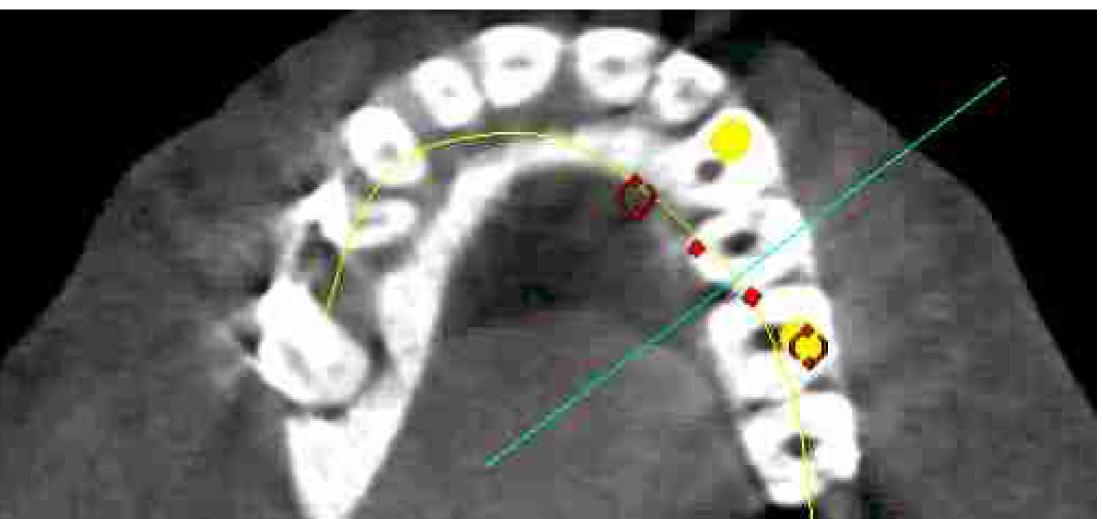


X-Ray to control the prosthetic abutments





Clinical and radiological follow-up: superimposed images



Virtual planning in occlusal view



Virtual implants inclination



Some steps of surgery



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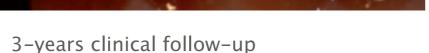
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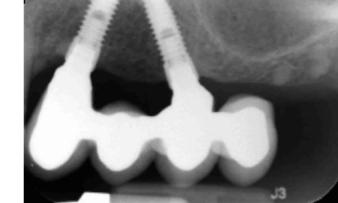
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3-years radiological follow-up

