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RUBINOFF PROSTHODONTICS

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So you think you can place implants?

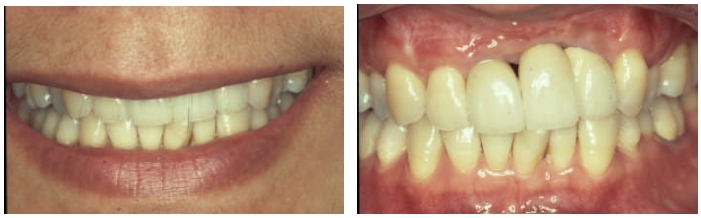
Everyone knows that dental implant surgery is supposed to be restoratively driven. Surgeons shouldn't guess where to place the implants. Placing a dental implant just 2mm off can make the restoration very difficult and the results less than ideal.

The truth is that improper dental implant placement happens every day, even when a surgical guide was used.

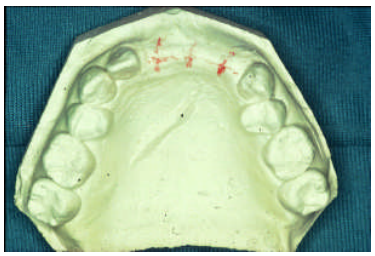
So, if the restorative dentist is "driving the bus", do we demand the surgeon replace the implant in its "ideal" position? Probably not. Todays blog discusses what restorative dentists can do when things go surgically wrong.

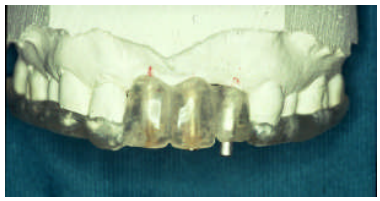
Case One: Following ideal tooth wax up, a surgical template is fabricated with surgical guide tubes. A purple marker passing through the guide tubes shows the surgeon the centre point of each implant.

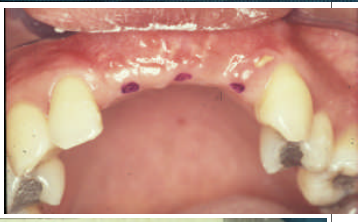
CASE ONE:

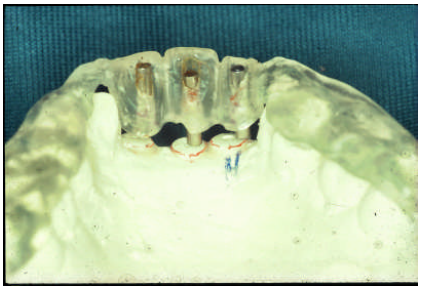


Thank G-d, our patient has a low lip line! What hides under the lip is far from ideal. Our patient has a 3 implant bridge in the maxillary anterior with implants in the position of #11,21,22. Our patient declines bone augmentation and replacement implants in the region of #21,22

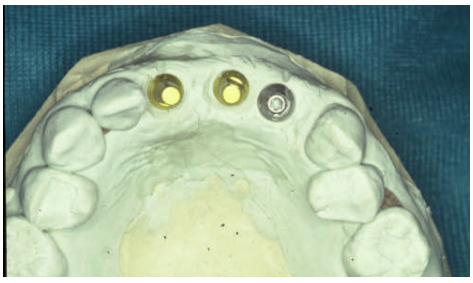




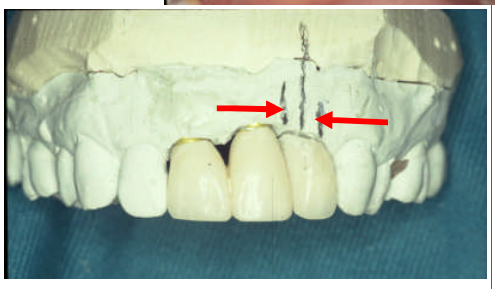




The surgical guide with guide tubes is placed on cast with healing collars in place. Note that both #21 and #22 have been placed closer to the left side (2mm + on #22)



Solid abutments have been placed on analogs. The incorrect placement of the implant in the #22 site is clearly seen.



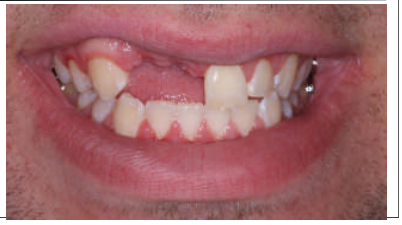
The two red arrows illustrate the position of the implant in the #22 site. The misplaced implant #22 has forced the ceramist to create an abnormal gingival embrasure between #22,21

CASE ONE CONCLUSIONS:

In this case, the patient was actually pleased with the result. Today, we have new techniques for quick removal of implants that do not jeopardize surrounding bone. In conjunction with vertical bone augmentation, an excellent result is possible here following removal of #21,22 implants

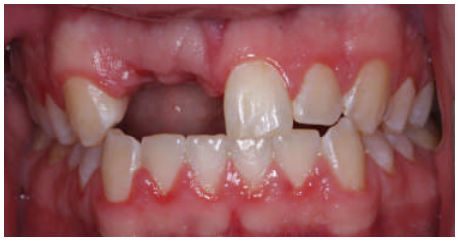
Trauma: Case Two

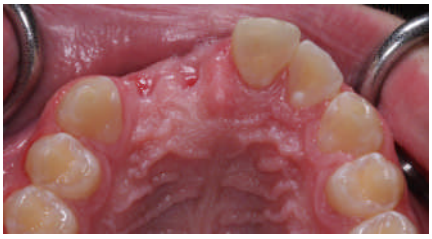
A 20 year old male fell forward over the handle bars of his bicycle. He fell against pavement and two teeth as well as some alveolar bone were avulsed.

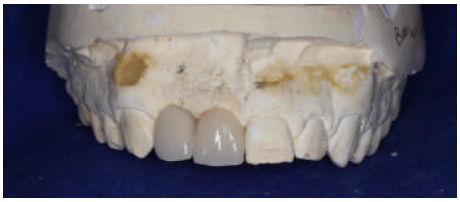


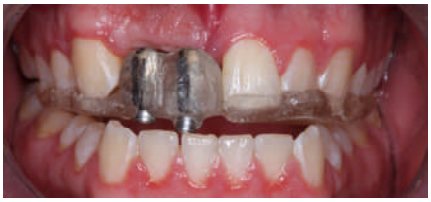
About my Ceramist:

Masoud Niknejad of Picasso Dental Studios is a Master Ceramist. He maintains his own laboratory in Richmond Hill, Ontario.









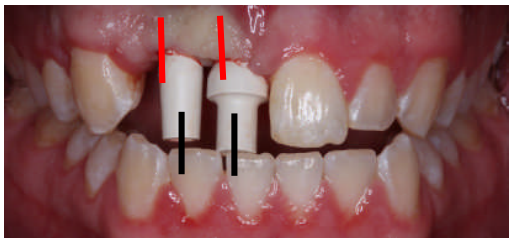
Despite the tooth avulsion, considerable buccal bone remains following healing two months after the trauma accident. Diagnostic wax ups are made and a surgical template with surgical guide tubes will guide the surgeon to the center point of the two implants to be placed! Correct surgical placement is guaranteed?????

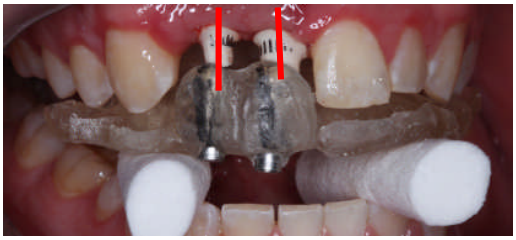
Restoration with Mal-positioned Implants:

Following the uncovering of subgingival healing caps, an attempt was made to place temporary abutments and temporary crowns. It was immediately obvious that both implants had been placed closer to the midline that created an aesthetic night mire.

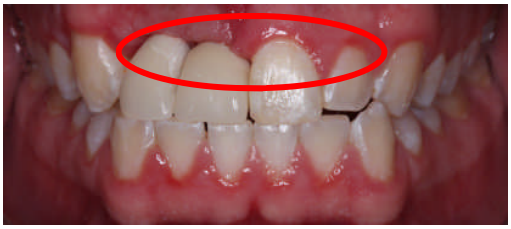
Once the initial temporary crowns are inserted, a new problem is identified. The temporary crowns also appear shorter in height than the adjacent teeth (#21,22)

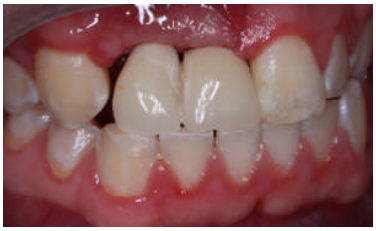
Ultimately, reasonable success is achieved by creating a crown on #12 that over laps the alveolar ridge



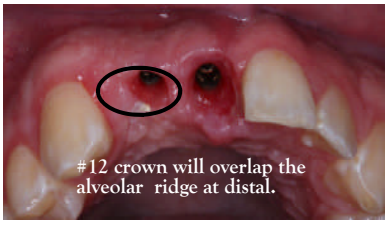


Temporary abutments are inserted into the implants in the #11,12 site. Obviously, the implants have been placed too far to the mesial. Even after the temporary implants have been prepared for temporary crowns, a serious problem can be seen. How are we going to achieve good aesthetics in this region?

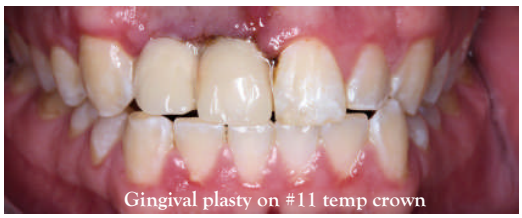




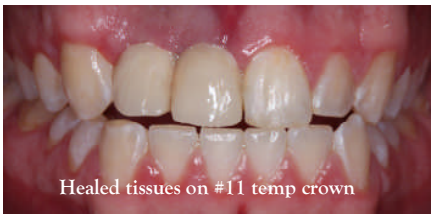
Temporary crowns #11 requires crown lengthening in order to make the gingival crest of #11 the same as #21. Can this be completed without exposing the implant abutment? There is no interdental papillae between #11,12. Can this be corrected? The size of the #12 lateral incisor will have top be made much wider to fill the space between #13 and #12. How do we achieve this and still maintain symmetry in the maxillary anterior region?



#12 crown will overlap the alveolar ridge at distal.



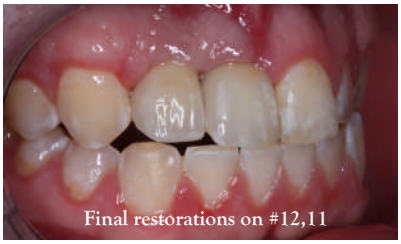
Gingival plasty on #11 temp crown



Healed tissues on #11 temp crown

Final cast posts on #11,12

Final restorations on #12,11



Final restorations on #12,11