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Distribution of occlusal load is paramount to the long term retention of dental implants. Molars function best with a wide neck implant and off angle loading of implants can result in failure of both the implant and the prosthetic adaptor.

# The problem with angulated implants.

Perhaps the most challenging issue for surgeons and restorative dentists in the aesthetic zone is angulation. How do we position the access hole that retains the crown in the best location for aesthetics and function?

## CASE ONE:

Our first case clearly shows the problem. The implant is well maintained in bone circumferentially but the path of insertion for the crown is buccal to the incisal edge. There are many choices to correct the angulation of the final crown.

### Angulation Correction Options:

- Angulated implant abutments
- Modify shape of straight implant abutment
- Transverse lingual set screws

## CASE THREE:

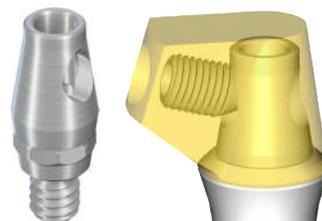
The versatility of using Set Screws to retain dental implants is well known but under utilized. In my practice, lingual set screws (Transverse Screws "TS") are frequently used to retain angulated dental implants. It is an elegant, retrievable crown solution for dental implants. Since the vertical implant abutment is only 4mm high, the laboratory has lots of room for labial porcelain mate-

## CASE TWO:

The most common prosthetic abutment used in dental laboratories is the "angulated" abutment. Ideally, the access hole exits in the cingulum area but an except anywhere lingual to the incisal edge can be utilized successfully by the laboratory.



Lingual access hole for angulated abutment.



This 4.4mm abutment has a lingual set screw that emerges just above the gingival crest. Due to the design, ample thickness is available on the labial for porcelain.



The versatility of using lingual set screws.



# RUBINOFF PROSTHODONTICS

## About my Ceramist:

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



## FUTURE BLOGS:

- ◆ Cowboys vs "Followers"- Surgical Considerations
- ◆ Cowboys vs "Followers" - Prosthetic Considerations
- ◆ Occlusal Considerations in Restorative Dentistry
- ◆ The "hype" on fancy "gadgets" to check occlusion.
- ◆ Bikini Dentures vs functional stability in removable Prosthodontics
- ◆ Training Tissues in Implant Dentistry (Emergence Profile)
- ◆ The Perils of "Thin\Scalloped" Gingiva -a Restorative Perspective

## EDITOR'S NOTE:

Blogs are a great way to share information. We all know that there are many ways to complete treatment in dentistry.

Please do not hesitate to contact me if you have any questions with regards to concepts described in my blogs. Further, I am always happy to assist you with patient care concerns from your own office.

## CASE FOUR:

Lets do a case "from A to Z" to get a feel for the different steps required. The Surgeon is Periodontist, Dr. Ken Hershenfield and the Prosthodontist is myself.

### Treatment Plan:

- Extract #12,11,21,22
- Fabricate a temp UPD
- Place implants sites #12,22 with aide of surgical template.
- Uncover implants and insert fixed acrylic temp bridge.
- Insert fixed prosthesis with Transverse Screw Abutments on #12,22 and pontics #11,21



Flipper Denture



Bone Level Implants #12,22

### Important Steps:

- Assess smile line and display of gingival area using UPD.
- Train the gingiva around implants during provisional stage.
- Capture emergence profile during final impressions.



Titanium posts (Note labial angle)



Photo to guide lab for final reconstruction

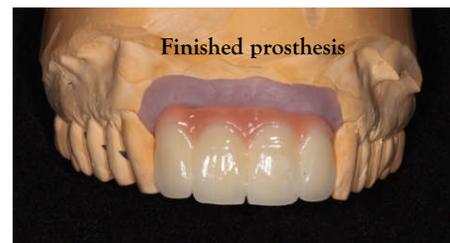
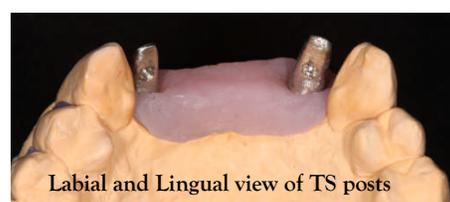
### Developing Emergence Profile



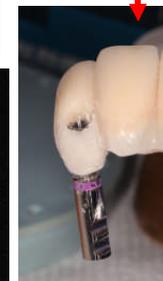
Fitting posts to lab made shells



Labial and Lingual view of TS posts



Finished prosthesis



Modify shell for future "pink porcelain"