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CASE DESCRIPTION:

Our patient is a 50 year old male who is unhappy with multiple missing teeth, challenging aesthetics and lost chewing efficiency. He is willing to do what ever is deemed necessary in order to restore his dentition. He has a non contributory medical history and no financial limitations to proposed dentistry.



Pre diagnostic Set Up

Complications in Implant Dentistry

The frank discussion of implant complication has become a very hot topic.

Pre surgical photographs and diagnostic casts.

I just returned from the 4th annual symposium on Implant Complications in Fort Lauderdale, Florida (May 3, 2015). The meeting was sponsored by the ITI (International Team for Implantology) and the Straumann Implant Company. This no-holds-barred meeting has prompted me to wish to share some of my own clinical experiences with all of you (in an effort to show how we can learn so much from mistakes or complication).

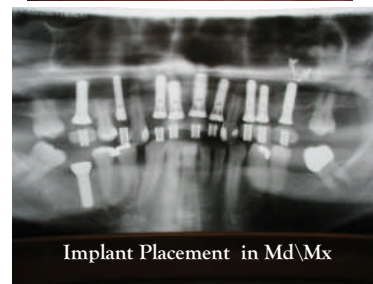


PRESURGICAL ANALYSIS:

- ◆ Horizontal deficiency premaxilla requiring pre implant bone onlay augmentation.
- ◆ Missing vertical tooth stops in left and right posterior
- ◆ No room for maxillary posterior teeth. Needs bilateral sinus grafting.



Surgical stent with barium coated teeth and guide tubes. Casts are fabricated following completed bone augmentation.



Implant Placement in Md/Mx

RUBINOFF PROSTHODONTICS



About my Lab Technician:

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



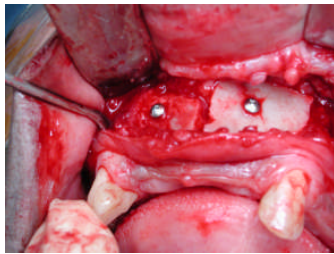
Treatment for Peri Implantitis:

Remove the anterior bridge. Reflect soft tissues and curette the granulation tissue surrounding the implants with an implant friendly curette.

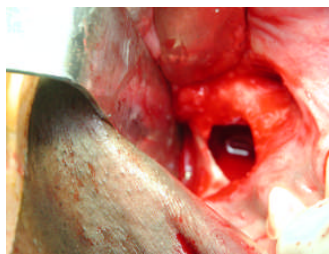
Debride the implant surface with a Straumann titanium brush. Rinse with chlorhexidine and sterile saline solution.

Apply C Blast Graft putty by Citagenix around the exposed threads of dental implants. Apply Neomem collagen resorbable collagen membrane over graft and implants.

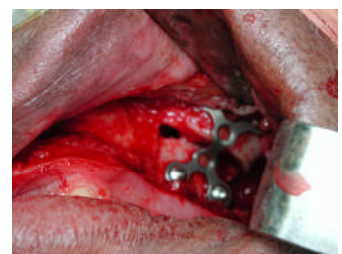
Final touch up with Water Lase laser unit as seen in photo (this page)



Onlay grafting in maxillary anterior



Lateral sinus augmentation (right side)



LeFort Osteotomy to lower maxilla in the left posterior region.

INITIAL COMPLICATIONS :

- Mal-positioned Anterior implants in region #12-22, **Patient wanted 4 (four) individual implants placed between 12-22**. Only three were placed, one implant was placed too far to the labial and could not be used. The two were useable were placed too far to the palatal and we were required to make a splinted prosthesis with ridge lap pontics over the alveolar ridge

Implant placed too far to labial



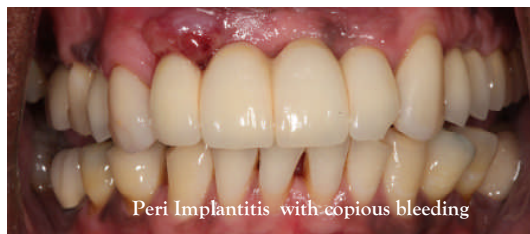
Too far to lingual



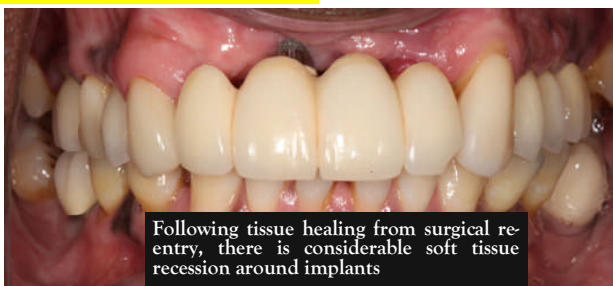
LATER COMPLICATIONS:

Peri- implantitis with bone loss around maxillary anterior implants. Bone loss around implants is about 40%.

Biomechanical Forces: Bone loss around the distal abutment #26 possibly due to distal cantilever forces or lack of cleaning.



Peri Implantitis with copious bleeding



Following tissue healing from surgical re-entry, there is considerable soft tissue recession around implants



Repair is completed with resin.... Not porcelain. The potential for destruction of the bridge in the oven is too great if we re-enter porcelain oven.



Area to apply Water Lase Unit



Water Lase Unit



Healed soft tissue