

Straumann Pro Arch Rehabilitation

LUIZ H. GONZAGA, DDS, MS

Clinical Assistant Professor, Implant Center
University of Florida

WILLIAN MARTIN, DMD, MS

Associate Professor, Implant Center
University of Florida

BENJAMIN SCHLOTT, DMD, MD

Program Director OMFS, University Of Florida

Due to extensive decay and the Sjogren's syndrome, it was proposed for the patient a crown and bridge treatment plan with dental implants, but because of finances, the patient choose the fixed complete denture option.

Bilateral sinus lift was discussed but due to the medical history and patient desires to avoid multiple procedures, it was decided to restore the maxilla with tilted implants.



Fig. 1 – 3 Due to extensive decay and Sjogren's syndrome, a crown and bridge treatment plan with dental implants was proposed; the patient opted for the fixed complete denture option.



Fig. 4 – 5 The mandibular surgery was completed first with extractions, implant placement and an immediate provisional was installed and immediately loaded fashion, due to the observed primary stability (ISQ 70 or higher).



Fig. 6 Four RN 10mm Roxolid implants were placed parallel to each other so the prosthesis could be fabricated direct to the implant without any intermediate abutment.

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Four RN 10mm Roxolid implants were placed parallel to each other so the prosthesis could be fabricated direct to the implant without any intermediate abutment.

The provisional restoration was fabricated using a pre fabricated immediate denture and titanium copings for bridge, using a denture relined acrylic. After adjusting the occlusion the access hole was closed with Teflon tape and a temporary composite material.

The maxillary surgery was completed 6 weeks after the mandibular with the same protocol, extractions, bone reduction, implant placement (tilted Straumann Bone Level Tapered Implants) and an immediately loaded provisional on SRA abutments.

Two BLT RC 12mm Roxolid were placed tilted avoiding the mesial aspect of the sinus. Two BL RC 8mm Roxolid were placed parallel on the #7,10 position. Good primary stability was achieved as confirmed by the ISQ values. SRA abutments were installed, two 2.5 mm 17° A on the distal implants and 2 two 1 mm 0° on the anterior implants. A provisional restoration was fabricated using a pre-fabricated denture. The denture was modified to fit the titanium copings. A PVS impression was taken and the denture was relined in the lab. Provisional restoration was delivered and occlusion was adjusted. The patient was very pleased.



Fig. 7–9 The provisional restoration was fabricated using a pre fabricated immediate denture and titanium copings for bridge, using a denture relined acrylic.



Fig. 10 The maxillary surgery was completed 6 weeks after the mandibular with the same protocol, extractions, bone reduction, implant placement (tilted Straumann Bone Level Tapered Implants) and an immediately loaded provisional on SRA abutments.



Fig. 11 Two BLT RC 12mm Roxolid were placed tilted avoiding the mesial aspect of the sinus.



Fig. 12–13 The denture was modified to fit the titanium copings. A PVS impression was taken and the denture was relined in the lab

The final restorations were fabricated after 8 weeks. Abutment level impression was taken for the maxillary restoration and implant level impression was taken for the mandibular implants. Confirmation jigs were fabricated to make sure that the master cast was correct before sending to the lab. Complete fixed dentures were fabricated with SR Phonares® II Ivoclar Vivadent teeth. Titanium CAD/CAM bars were milled for both frameworks, and after the teeth/framework try in, acrylic resin was processed.

At the delivery day the patient was extremely happy and very pleased with the outcome. This treatment option with correct indications and treatment planning, allowed the team to fulfill patient expectations and achieve a predictable result.

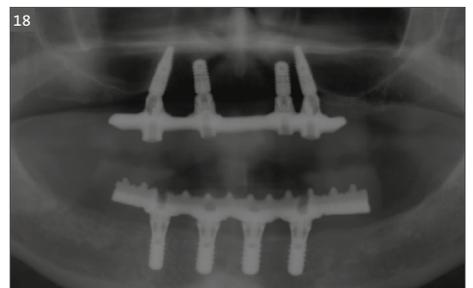


Fig. 16 Complete fixed dentures were fabricated with SR Phonares® II Ivoclar Vivadent teeth. Titanium CAD/CAM bars were milled for both frameworks, and after the teeth/framework try in, acrylic resin was processed.

Fig. 17–18 Delivery of prosthesis and final restoration