Extractions, implants and immediate loading.

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One of the biggest problems facing the implantologies during the implanting process is the temporary rehabilitation issue. The question is how do we send our patient home with esthetic solution. On the one hand we can't send him without any rehabilitation aids, but on the other hand we prefer not to load or create any pressure over the implantation area especially in cases we perform extractions, implants and bone augmentation.

Regeneration and revascularization can not happen in situations of unnecessary tension or pressure over the operation zone.

At the case presented in this article we can see that the patient is suffering from brucsism and a lack of vertical dimension (fig. 1, 2).

This medical situation doesn't enable the space for temporary bridge or partial denture. This is the reason why we have to do extraction, immediate dental implants and bone augmentation at the same section. In order to decrease the pressure over the dental implants we used elastic plastic abutments that we usually use for casting (fig .7).

We have used ARDS's drilling system in which we gain maximum punctual bore by using guiding pins and drilling over them by the main drills.

The drilling position was set as palatal as possible in order to preserve the labial palate (fig. 5). Centralizing the leading pin inside the bore at the early stage of the drilling process enabled us to predict the final position of the crown. The drilling technique over the leading pin prevents any movement of the drills and damaging the crest, especially in problematic places as sockets or thin crests.

After the drilling we positioned two ARDS's implants (4.5mm/13mm length). The advantages of these dental implants is their contact area that is larger approximately by 15-20% than contact area of other similar size implants, in addition at the insertion process the ARDS's implants create spongiosal bone compression around itself, and thus enable maximum primary stabilization, even in extraction sites or injured bone places. As a result of that it's possible to shorten the healing process period till the final reconstruction (fig. 6).

Bone augmentation was preformed between the implants and the socket bone by 10% collagened bone substitute GEN – OS.

We connected the plastic abutments to the implants (fig. 8) and constructed acrylic temporary crowns (fig. 10, 11, 13).

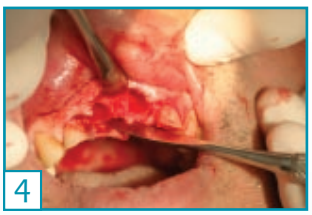
After six weeks we removed the temporary crowns and an open technique tray measurements was taken, we made two fix-removable porcelain crowns (fig. 14).

In fig. 14 it's shown that the occlusion is so deep and therefore made it impossible to cover the abutment screws.


1


2


3 X-Ray


4 Extractions


5 Leading Pins


6 Implants


7 Abutments


8

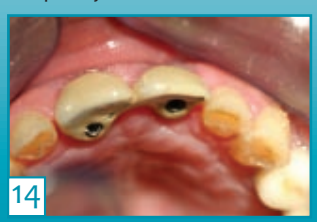

9 Suturing


10 Acryllic veneers


11 Temporary constructions


12 X-Ray


13 Temporaryconstructions


14 Final construction


15 Final construction


16 Final X-Ray

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