

Full Arch Implant Care: The evolution continues (Part 4)



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The previous parts of our series have explored how the AuDentes technique can be used with varying numbers of implants (4, 5 OR 6); varying connection methods (direct to fixture OR abutment level) and bone quantities (with or without simultaneous grafting).

Part 4 will demonstrate the ability to manage both upper and lower jaws simultaneously for the patient who has extensive dental pathology and wishes to forgo a conventional rehabilitation electing instead to have implant supported restorations.

Patient 5

For the past few decades, this patient had only sought limited care to manage problems as they arose. A change in circumstances lead to his presentation at the clinic with a desire to fix his teeth in a comprehensive manner. Some of the issues (Figure 1) that were apparent were significant wear affecting all teeth to varying degrees resulting in limited tooth structure for many teeth, compensatory supra-eruption with no change in vertical dimension, a high smile line (Figure 2), a Class III incisor relationship, several missing teeth and dissatisfaction with the partial denture that were being worn as well as dissatisfaction with the appearance of the teeth.

A comprehensive evaluation was performed, and multiple treatment options were presented. The patient rejected the treatment options to retain the teeth with different combinations of periodontic, orthodontic, endodontic, surgical and prosthodontic care. He instead elected to have the existing teeth removed and replaced with two definitive implant supported bridges using the AuDentes protocol. A delayed loading protocol was deemed unnecessary due to the lack of medical risk factors. A protocol with a transitional restoration was deemed to be at higher risk of fracture due to the presence of high occlusal forces.

The usual planning process was carried out with a CBCT, digital impression and selected photographs. Given the position

of the existing teeth it was not possible to try a mock-up of the proposed tooth position. Instead purely digital previews were used in consultation with the patient to determine his expectations of aesthetics and the number of teeth that could be replaced. Once finalised the necessary components were manufactured in preparation for the surgical visit.

Surgery was done under a general anaesthetic where the teeth were removed, selected areas of bone recontoured, implants were placed, the definitive restoration was placed and finally the direct sinus lift was performed. A clinical review (figure 3) and a CBCT (Figure 4 and 5) was carried out 2 weeks after surgery. In total the patient returned for 2 brief reviews over the course of 4 months. Occlusal adjustment was performed at these visits as well as reinforcement of

postoperative instructions. At 4 months before the restorations were removed for the first time and cleaned of any debris accumulation. The implants were clinically assessed, and reverse torque applied to check integration. All implants were integrated in excess of 35NCm of reverse torque. Overall the patient reported being happy with the outcome as it returned his confidence to speak and live without being worried about the appearance of his teeth (Figure 6). He was especially pleased that he did not have to be without teeth for any period of time.

Part 5 will show the application of the implant bridge to patients who are edentulous prior to treatment. ♦

For details on Dr Philip Tan's upcoming lecture events contact Rebecca rebecca@specialistsmiles.com.au or 0432 144 534



Figure 1



Figure 2



Figure 3

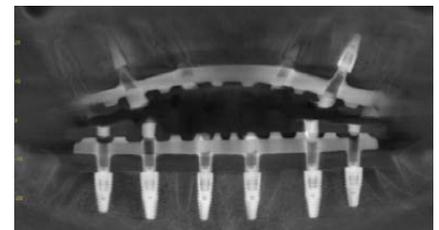


Figure 4

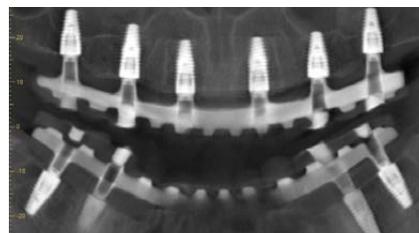


Figure 5



Figure 6