



"MY EXPERIENCE WITH ADIN IMPLANTS™ ..." IN THE TRANSITION FROM A HOPELESS DENTITION TO AN IMPLANT-SUPPORTED FIXED PROSTHESIS

Punta Cana
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LEAVE LIMITS BEHIND

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INTRODUCTION

Different treatment options have been proposed for the restoration of a hopeless dentition and osseointegrated dental implants have become a safe treatment option for edentulism, with high survival rates during time, as well as adequate functional and esthetic restorative results (Turkyilmaz, 2010). A staged treatment strategy for the transition from a failing dentition to a fixed implant-supported restoration leads patient to avoid the use of a provisional removable denture by means of the extraction of some teeth of a full periodontally compromised arch and an immediate implants placement, maintaining a fixed provisional restoration during all treatment time (Cordaro, 2007). Primary implant stability has been suggested to be a key prognostic factor for osseointegration, the use of a tapered implant with a final drill-implant diameter discrepancy of $\geq 0.5\text{mm}$ minimized the incidence of rotational implant instability for the immediate implant placement (Kan, 2015).

OBJECTIVE: The aim of this clinical report is to show the biomechanical factors of ADIN Implant System™ that influence the host tissue response in the transition from a failing dentition to a full-arch implant-supported fixed prosthesis.

CASE PRESENTATION

A 64 year-old woman, with a noncontributory (ASA 1) medical history presented generalized advanced chronic periodontitis with hopeless prognostic in maxillary teeth, which presented: radicular exposure, root decay, 6.2mm mean clinical attachment loss, class II furcation involvement in molars, exudate and bleeding on probing, with light to moderate mobility, detected during clinical examination. The patient exhibited a thick periodontal biotype, light tobacco consumption and an advanced compromised esthetics due to the irregular margin levels resulting from the loss of interproximal dental papilla and supporting periodontal bone architecture (Fig 1).

Staged Treatment Strategy With Adin Implant System™

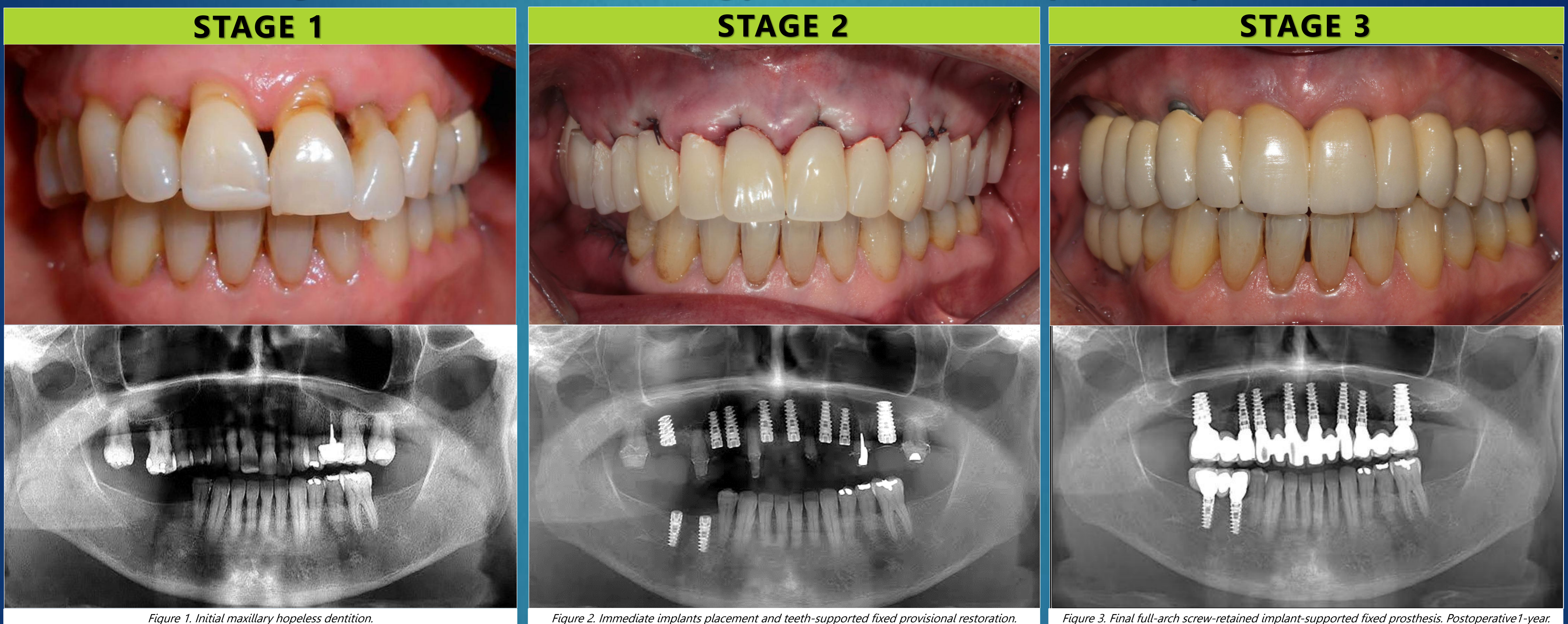


Figure 1. Initial maxillary hopeless dentition.

Figure 2. Immediate implants placement and teeth-supported fixed provisional restoration.

Figure 3. Final full-arch screw-retained implant-supported fixed prosthesis. Postoperative 1-year.

Biomechanical Factors Of ADIN Implant System™ That Influence The Host Tissue Response

Self Drilling Thread & Tapered Design Of Adin Implants™ Favour Primary Stability In Immediate Implant Placement And Its Hexagon Internal Connection & Customized Abutments Favour Soft Tissue Contouring.

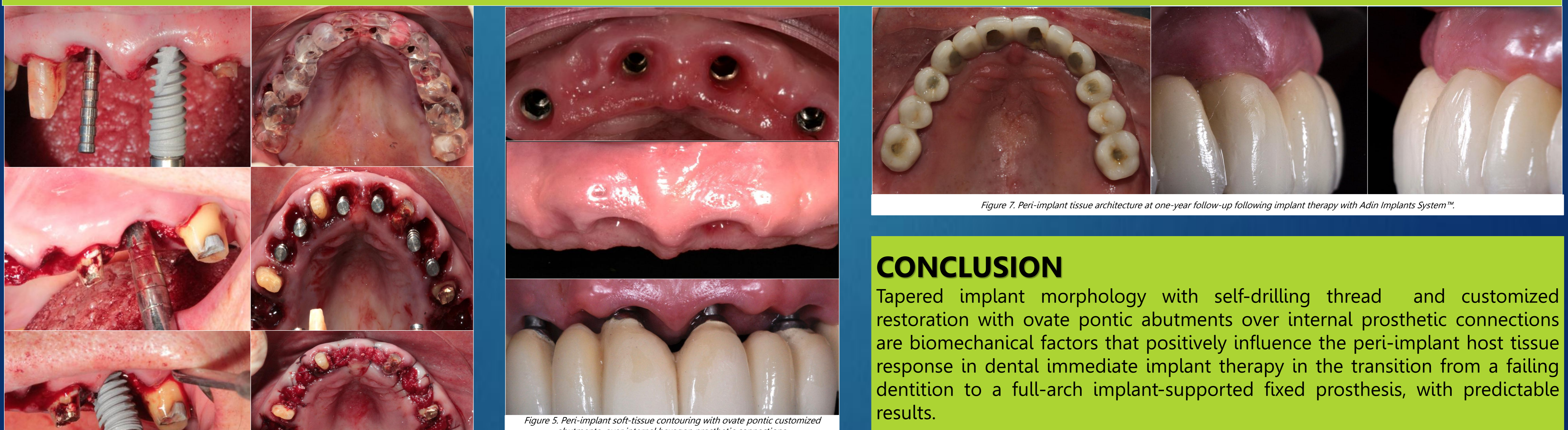


Figure 4. Prosthetically-guided immediate implants placement with flapless and bone augmentation techniques.

Figure 5. Peri-implant soft-tissue contouring with ovate pontic customized abutments over internal hexagon prosthetic connections.

Figure 7. Peri-implant tissue architecture at one-year follow-up following implant therapy with Adin Implants System™.

CONCLUSION

Tapered implant morphology with self-drilling thread and customized restoration with ovate pontic abutments over internal prosthetic connections are biomechanical factors that positively influence the peri-implant host tissue response in dental immediate implant therapy in the transition from a failing dentition to a full-arch implant-supported fixed prosthesis, with predictable results.

REFERENCES

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