A RIGHT TERMINAL MAXILLARY EDENTATION IMPLANT-PROSTHESIS CASE

S. CERNUŞCĂ-MIŢARIU[1], M. BURUIAN[2]

[1]PhD candidate, University of Medicine and Pharmacy, Tg. Mureş, [2]University of Medicine and Pharmacy, Tg. Mureş

Keywords: *implants, prosthesis application on implants, clinical-imaging evaluation, bone availability*

Abstract: *Misch (1987) uses the Kennedy and Applegate's classification of edentations, to which, for all of the types of edentations, he adds the bone availability. The bone availability is conditioned by the height, width, length and angulation of the alveolar process, as well as by the ratio between the coronary height and the support of the implant, for the purpose of implants application.*

Cuvinte cheie: *implante, protezare pe implante, evaluare clinico-imagistică, ofertă osoasă*

Rezumat: *Misch (1987) foloseşte clasificarea edentaţiilor după Kennedy şi Applegate adăugând oferta osoasă pentru toate tipurile de edentaţie. Oferta osoasă se raportează la înălţimea, lăţimea, lungimea şi angulaţia procesului alveolar, dar şi raportul dintre înălţimea coronară şi suportul implantar, în vederea aplicării implantelor.*

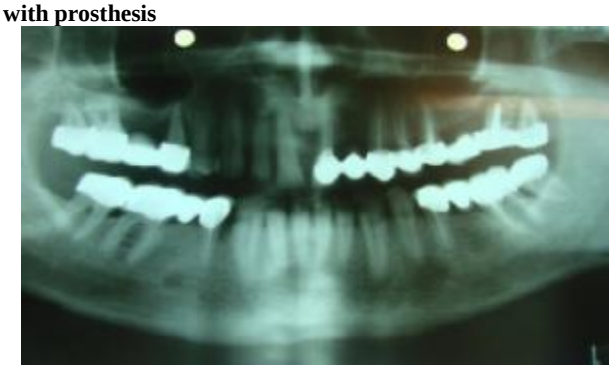
INTRODUCTION

Misch (1987) uses the Kennedy and Applegate's classification of edentations, to which, for all of the types of edentations, he adds the bone availability. The bone availability is conditioned by the height, width, length and angulation of the alveolar process, as well as by the ratio between the coronary height and the support of the implant, for the purpose of implants application. The application of prostheses on implants in terminal maxillary edentation cases represents the best alternative for the patient, in terms of functionality and comfort.

CASE PRESENTATION

CV, 52-year-old patient, suffering from parodontal disease, features a lateral-frontal-lateral maxillary edentation to which prosthesis has been applied. Upon clinical examination and radiological exploration, the prosthesis on the right and left hemi-maxillary is removed, as well as the teeth that support the prosthesis on the right hemi-maxillary and the last molar on the left hemi-maxillary, due to those teeth' pathological mobility.

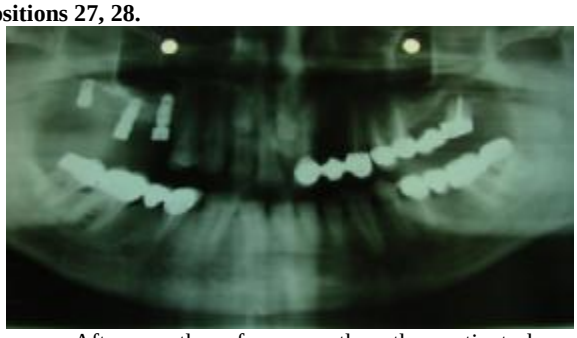
Figure no. 1. Lateral-frontal-lateral maxillary edentation with prosthesis



Four months after the removal of the mobile loose teeth, 3 implants are applied in the 15, 16, 18 tooth sites.

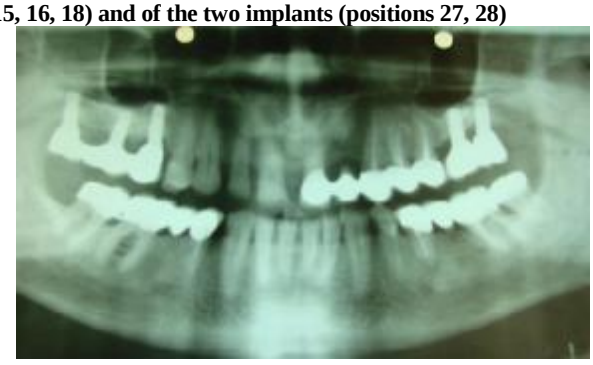
Subsequently, two more implants are applied in the 27, 28 tooth sites. The measuring criteria in selecting the suitable types of implants are the clinical and imaging criteria, which determined bone height, thickness, and density.

Figure no. 2. 3 implants applied on positions 15, 16, 18 (after the extraction of the mobile teeth) and 2 implants applied on positions 27, 28.



After another four months, the patient has an appointment with the medical dentist for an assessment of the evolution of the first applied 3 implants, as well as of the ones applied in the 27 and 28 tooth sites. The clinical values recorded by means of the periotest, retroalveolar radiographs and the OPT confirm the accomplishment of the osseointegration process.

Figure no. 3. Osseointegration of the three implants (positions 15, 16, 18) and of the two implants (positions 27, 28)



[1]Corresponding author: S. Cernuşcă Miţariu, Str Şt. Cel Mare Nr. 6, Sibiu, Romania; e-mail: sebastian3007@yahoo.com; tel +40-269 212 941
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Based on these clinical data, the gradual prosthetic loading, i.e., prosthetic restoration on the implants is performed in the same order in which the implants have been applied.

Figure no. 4. Prosthetic restoration on implants in the order in which they have been applied

Conclusions:

This case demonstrates the fact that implants can be applied even in the case of patients suffering from parodontal disease, provided that the medical dentist has chosen the optimal time for the removal of those teeth with a certain degree of mobility.

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