

Unpredictable Predictable

Case presentation poster

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In daily practice most of us strive for predictable high-end results. That is why in implant dentistry we want to achieve:

1. Surgical strategies making bone grafting successful and without

2. Soft tissue manipulation that guarantees results.

3. A systemised approach to delivering the high-end results we strive for.

An anterior maxilla front case with a seemingly insolvable starting position will be presented which shows all three features by using the PPF (Periosteal Pocket Flap) (1) technique for fullfilling PASS-principle (Primary woundclosure, Angiogenesis, Stability and Space maintaining) (2) for predictable bone regeneration with the use of MinerOss in combination with a Mem-Lok

a Camlog in

Finishing the case with a predictable computer designed tempory crown and a final crown which follows the design of the tempory crown.

(1) Periosteal Pocket Flap-PPF; Steigmann M.,Salama M.,Wang H.L. Int.J.Periodontics Restorative

Dent 2012,jun;32(3) (2) PASS-Principle for predictable bone regeneration; Wang H.L. and Boyapati L.; Implant Dent. 2006

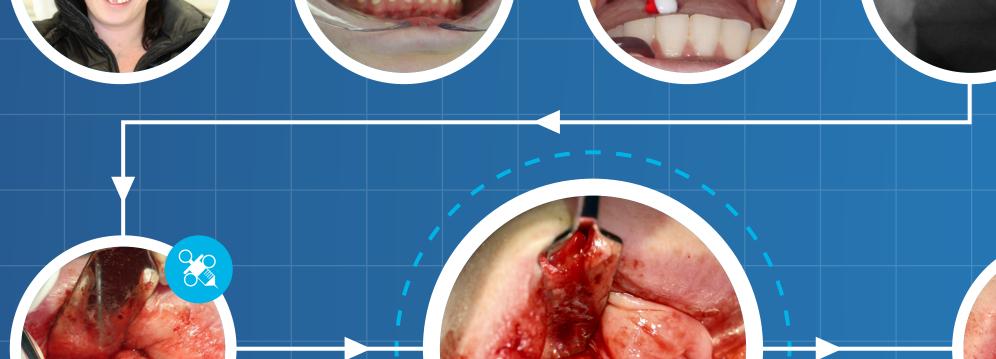
i Introduction

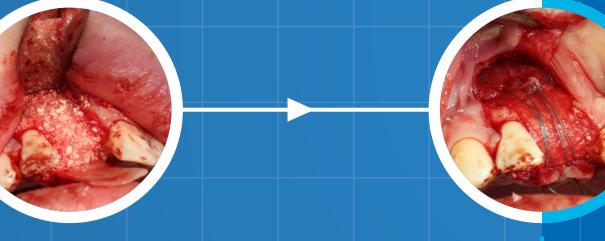
A young, healthy woman, 23 years of age, who had several problems: her tooth had recently been taken out she was wearing a flipper "never ever an implant possible because there is no bone", the former implantologist told her

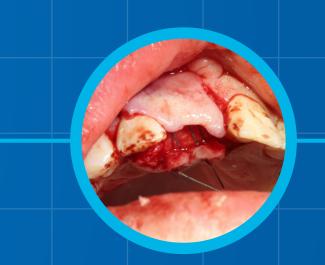


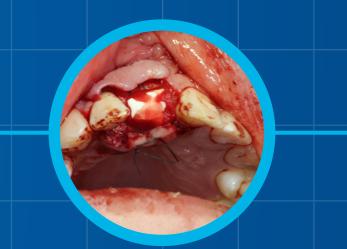
Surgery

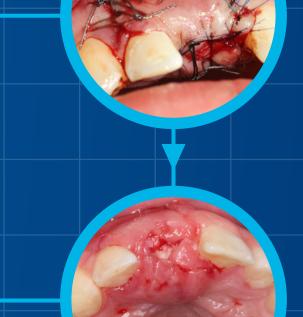
In the first surgery the goal was to restore the bone and add some keratinised ginigva. After opening with PPF technique (1), the residual bone was cleaned, leaving a severe palatal bone defect in combination with a buccal bone defect. This class-3 bone defect was filled with MinerOss en covered with a Mem-lok membrane. The Mem-lok membrane was stabilised with stiges from the palatal mucosa to the buccal periosteum. With a collaplug on top to get a semi-closed healing. The second surgery after six months showed a well re-established alveolar bone. There was enough bone to place a **Camlog** 3.8 diameter implant with a healing abutment.

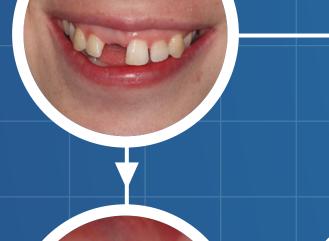


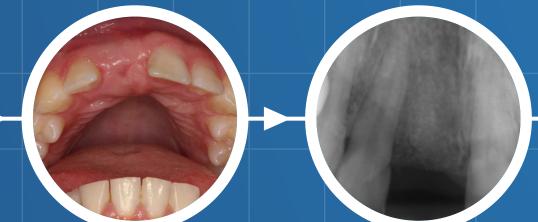






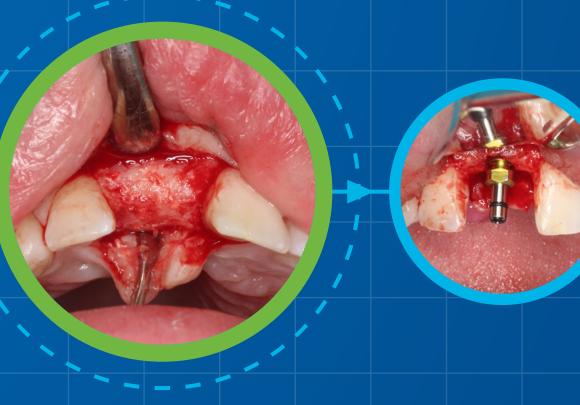


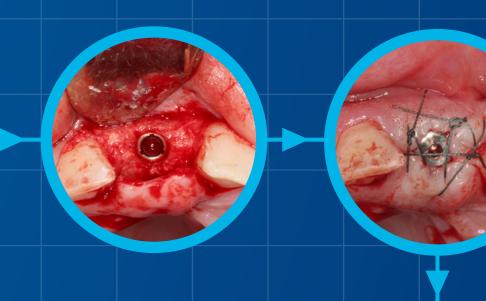


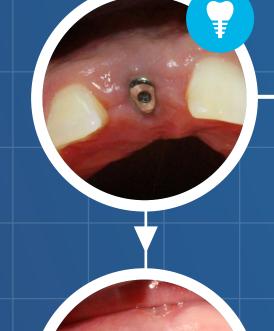












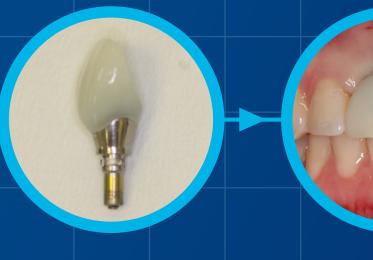


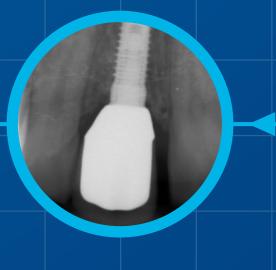


After 16 weeks a soft-tissue plaster model was made out of an implant level, closed tray impression to produce both tempory and definite crown. Tempory crown made by CAD-CAM design (Forma CAD Transitional, Elysee Dental) on a Camlog standard titanium abutment. Definite crown (Forma, Elysee Dental) made with a duplication of the emergence profile of the tempory crown and a porcelain finish on the buccal side.















I'm very happy with my treatment. I can smile again!

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