

Prosthetic Rehabilitation of Gunshot Wound ; Three Implant Supported Screw-Retained Fixed Prosthesis



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ABSTRACT

This poster presentation describes the multidisciplinary treatment protocol of a 24 year old male mandibulectomy patient due to functional, esthetic and nutritional problems caused by gunshot.

INTRODUCTION

24 year old male patient has applied to Istanbul University Faculty of Dentistry Oral Surgery Department due to functional, esthetic and nutritional problems caused by gunshot (Fig 1,2,3,4). In detailed history it was found that reconstruction of mandibular trauma zone was operated following the free vascularized fibula graft augmentation procedure. Intra-oral and radiologic examination was made and to provide optimal stomatognathic system function, implant supported fixed prosthesis was decided by patient confirmation.



Fig.1



Fig.2



Fig.3



Fig.4

SURGICAL PROCEDURE

Consultation was taken from patients specialist to place implants. CBCT was taken and ideal implant locations was identified. Due to the lack of bone height and attached gingiva, multidisciplinary treatment procedure will be performed and the prosthesis was planned as screw-retained bridge to imitate the lost of soft tissue and to compensate the over angulation of the implants. 3 implant placement (Conelog ® Camlog Biotechnologies AG Winsheim Germany) was performed under local anesthesia in Department of Oral Surgery (Fig.5, 6, 7, 8).

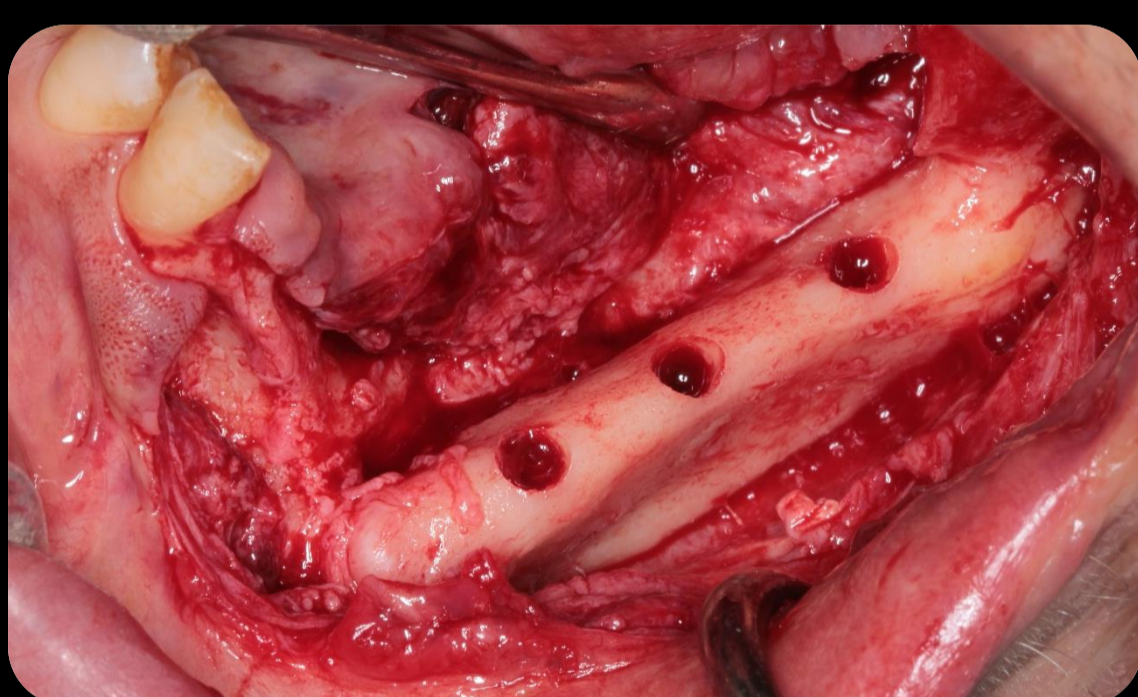


Fig.5

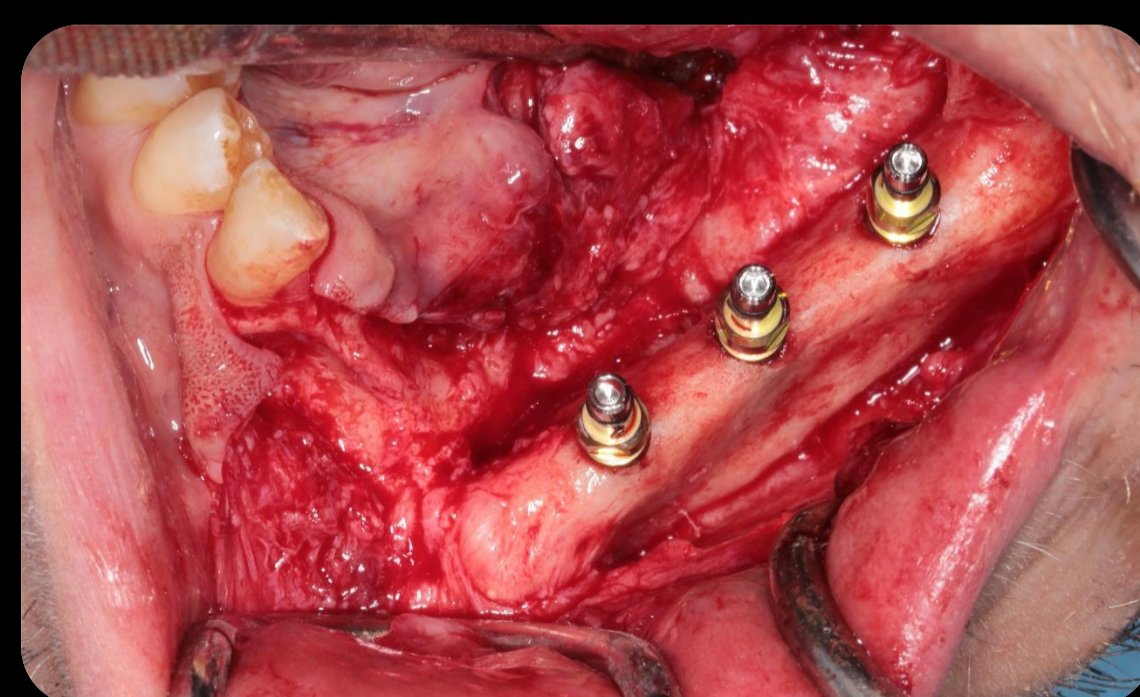


Fig.6

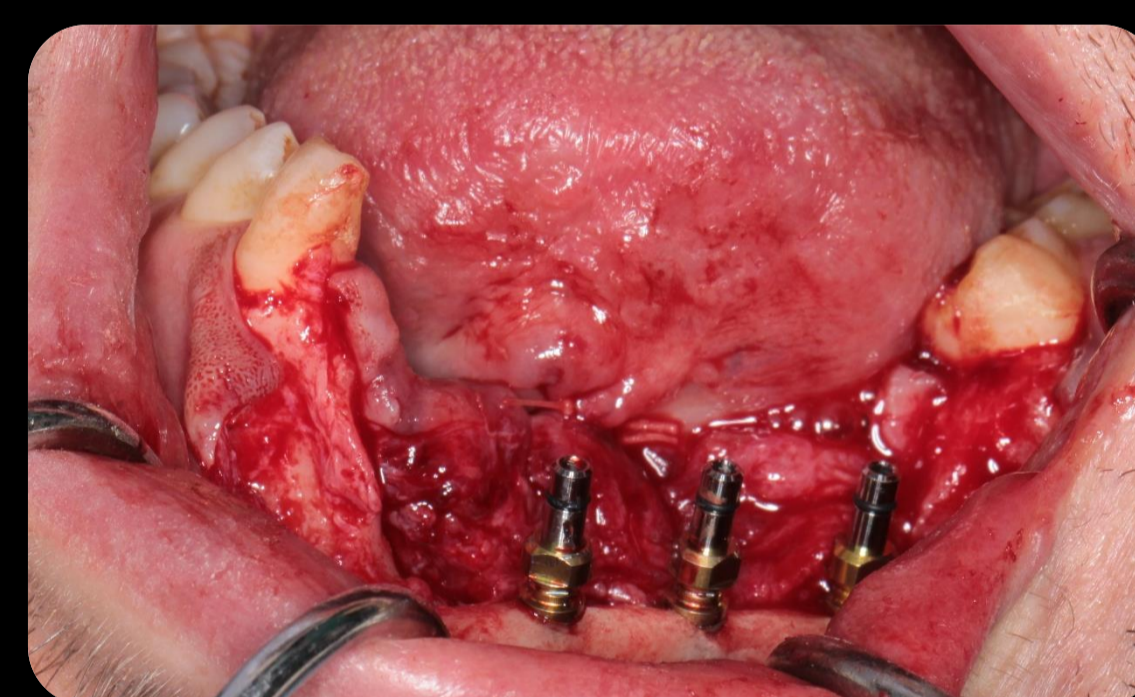


Fig.7



Fig.8

PROSTHETIC PROCEDURE

After 3 months of osseointegration period radiographic and oral examination was made and gingival abutments were placed. Mandibular impression was taken with close tray impression technique (Fig.9) and maxillary impression was taken with alginate impression material. Screw-retained bridge metal frame work checked in (Fig.10). Eight pieces metal fused to porcelain crowns for mandible was fabricate and try in session was performed. Esthetic view was agreed with patient and decided to finish the prosthesis (Fig.11,12). Oral Hygiene instruction was told and control visits was organized as in 1, 3, 6, 12 months and after first year.



Fig.9



Fig.10



Fig.11



Fig.12