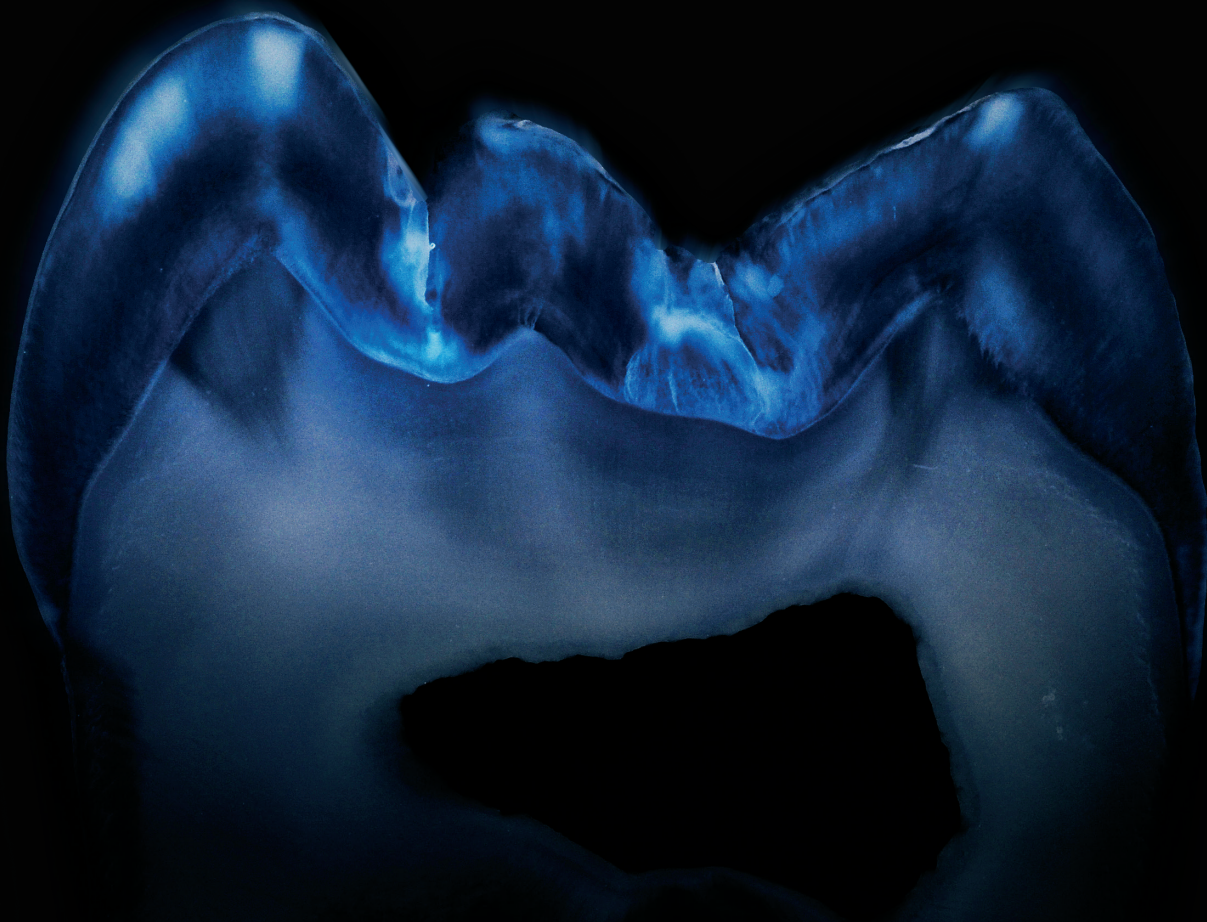


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DENTAVANTGART

VOLUME III ISSUE 04 WINTER 2013



INTERVIEW

THE
BOUNDLESS
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MAGNE**

MDT. BENJAMIN VOTTELER &
DR. ANDREA KLINK

**PLANNED,
PRESSED,
LAYERED**

DR. JORDI MANAUTA &
DR. ANNA SALAT &
DR. ANGELO PUTIGNANO &
DR. WALTER DEVOTO

ON/OFF

ANTERIOR RESTORATIONS IMPLANT AND TOOTH MANAGEMENT



The world has changed in many ways in recent years, the world is in continual evolution and the same is happening in dentistry. We need to keep up-to-date and to have all the different materials and techniques under control to give our patient the best dentistry in our hands and minds. This is our goal, our responsibility.

Communication between Lab Technicians and dentists has also changed. We have different tools and technology for sharing clinical and Lab experience, the perfect combination to improve our day-to-day practice. "Learning never stops", and this is even more so in dentistry.

Patients' expectations are higher, and especially the delicate Anterior area, known as the "Aesthetic Zone", has to be managed with maximum care. Patients desire total integration between the Gingiva and the Teeth, so we need to control Pink and White Aesthetics for complete success in our cases.

The case presented is a young woman in her early thirties with a big aesthetic problem in the anterior area. Tooth number 11 was irremediable and 21 was affected by deep decay impinging on the pulp.

After the first consultation, the treatment plan devised involved implant placement in 21, a full ceramic crown in 11 after root canal treatment and composites in 12 and 22 to protect incisal edges and final aesthetics.

In this case we explained our treatment plan to the patient using the Digital Smile Design concept (by C. Coachman). With the DSD we can get perfect feedback on patients' feelings. It's a very helpful tool. Furthermore, it helps our technician with fabrication of the provisional and final restorations and, what is also very important, with understanding our treatment plan.

Extraction of tooth 11 was performed, the socket area was grafted and a Lab provisional was inserted in order to start to give our patient an integrated restoration. After a period of healing for the grafted area, an implant placement was designed with Nobel Clinician software, and a guided stent was also fabricated in order to perform flapless surgery and to prepare a perfect 3D implant position for the final restoration. On the same day as the surgery, a connective tissue graft was inserted in the buccal area to improve the volume of the soft tissue around the implant.

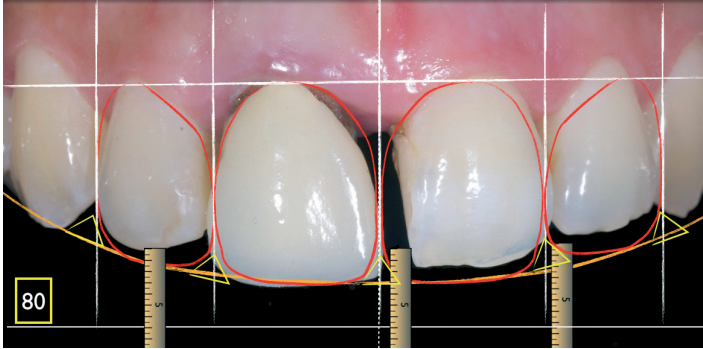


1. Initial Situation

After months of healing (4), new impressions were taken for final provisionals, connected to implant 11 and the single crown in 21. Our objective at this time was to stabilise the tissue around the implant, to obtain correct papilla contour and to design the final prosthetic.


We waited 4 months for the final restoration; a custom impression abutment was also fabricated with composite in order to give total support to the soft tissue around the implant. In this case we designed an abutment retained with a Lithium Disilicate screw for the implant with a partial crown (Lidisi) cemented over it. This design allows us the possibility to bond our restoration to the abutment and to unscrew our abutment if necessary without damaging the final restoration. In tooth number 21, a full ceramic Lithium Disilicate restoration was also fabricated and bonded to the tooth.


Adaptation of the soft tissue to the final restoration took around 6 months. Finally, direct composites were also made in 12 and 22. After two years the restoration looks very stable and healthy and we could meet all the patient's expectations: total integration between Pink and White Aesthetics.

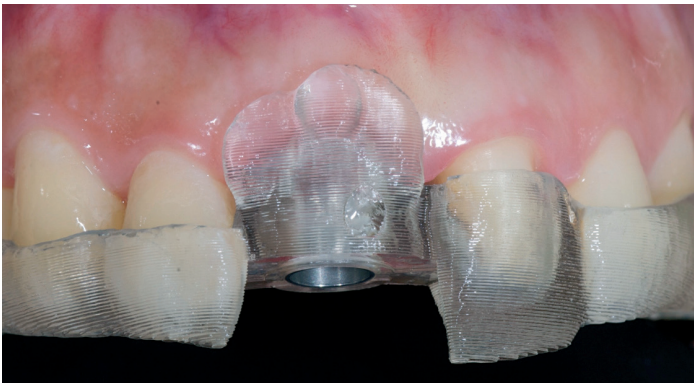
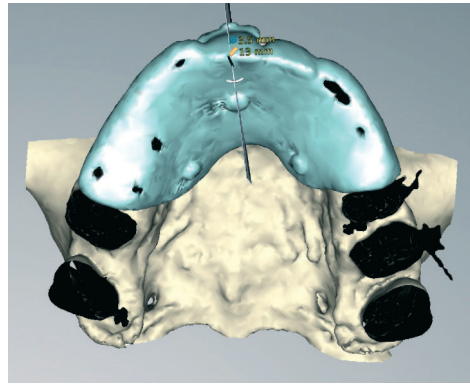
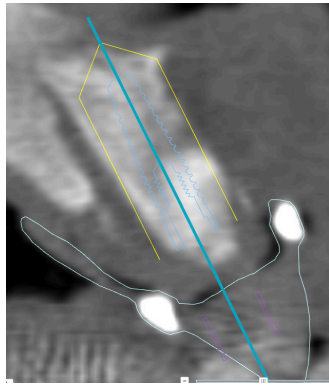



 **2** Digital Smile Design for patient and Lab Communication


 **3** Diagnostic Waxup

 **4** Tooth Preparation and Crown Decapitation to maintain space before extraction


 **5** Provisional restoration with ovoid pontic in 11, 2 weeks after extraction




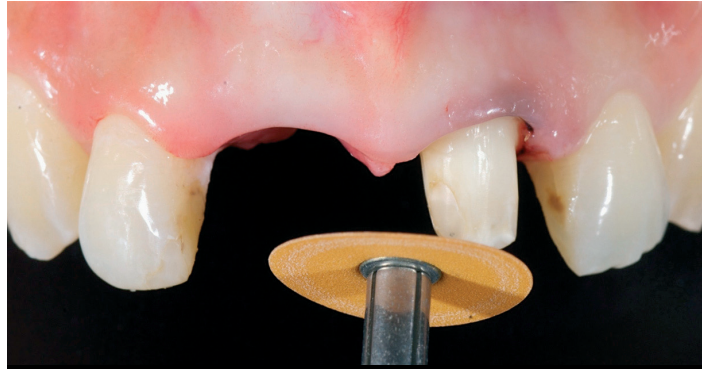
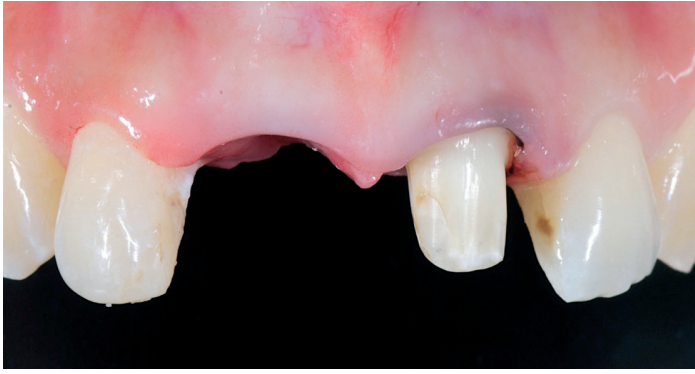
 **6** CT Scan to evaluate Bone and Implant Planning

 **6a** CT Scan to evaluate Bone and Implant Planning

 **7** Surgical Stent

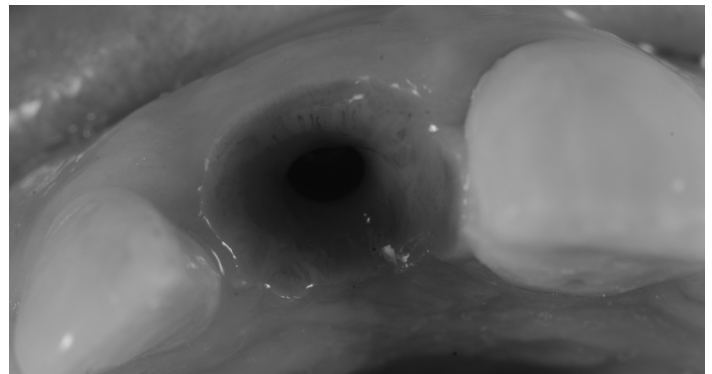
 **8** Day of Implant placement. Fit Try In of Surgical Stent

 **9** 1 week Post op after Implant and Tissue Graft





 **10-14** 3 months after tooth is prepared for individual provisionals over tooth and implant

 **15** Provisional is relined after Impresion




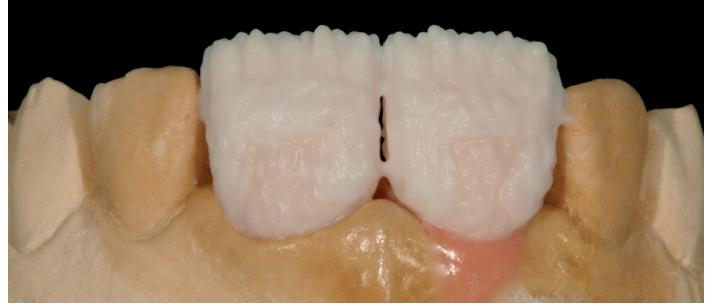
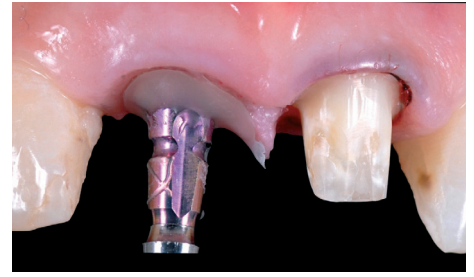
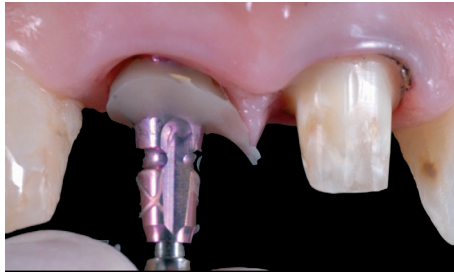
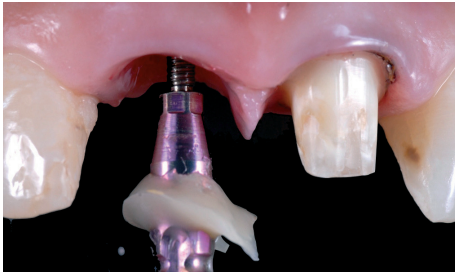
 **16, 17** Lab provisional fabrication


 **18** Day of provisionals inserted, tissue healing around


 **20** Lateral view of tissue healing around provisionals


 **19** 2 weeks after provisionals, tissue adaptation and papilla growing


 **21** Occlusal view implant




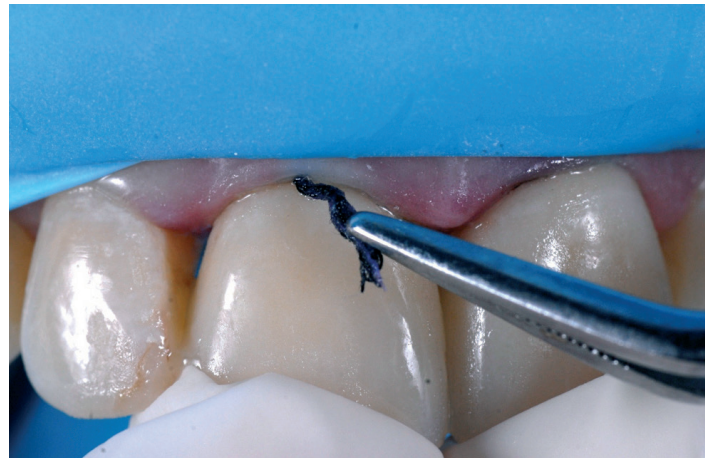
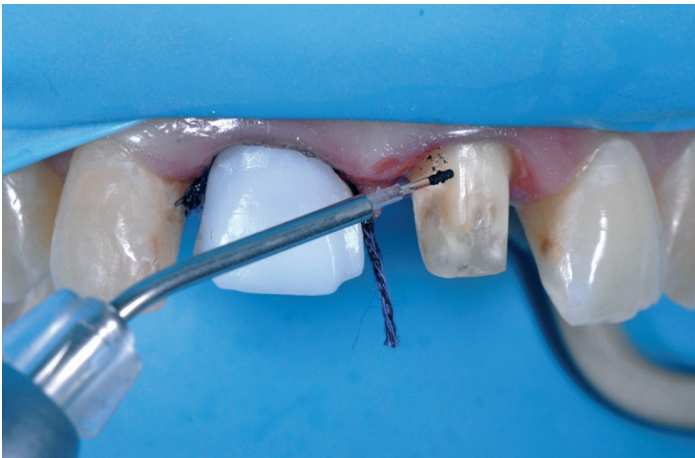
 **22-24** Custom abutment for impression

 **25** Abutment design

 **26** Porcelain layering

 **27** Surface structure

 **28, 29** Final crown



31-34 Implant abutment design using Lithium Disilicate



30



36 Laser recontour for small tissue

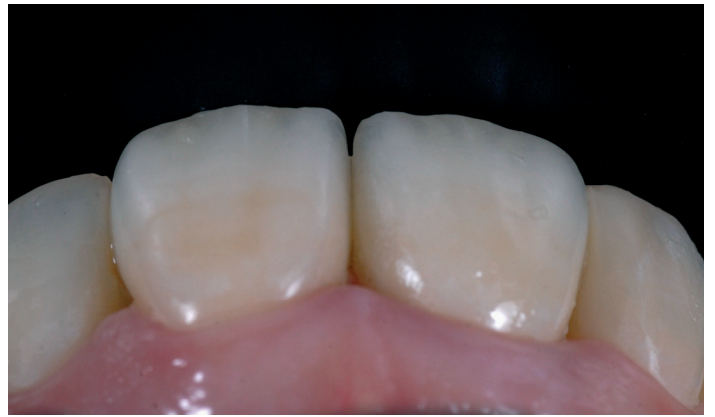


35 Abutment try in



37 Retraction cord for cementation, protection of the sulcus





 **38** FINAL DAY 1

 **39** FINAL CLOSE

 **40-41** FINAL 2 WEEKS

  **42** FINALLIP



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*We wish all our Readers
a Merry Christmas
and a Happy New Year!*

PHOTO: DR. MENTES ÁRPÁD



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