

#12 and 13 with a Surgical Stent

RLang ■ Posted: 3/23/2011 ■ Post: 1 of 8 ■ From the message boards of Dentaltown.com

Introduction:

This was a routine case with a little bit of everything. Lab made surgical stent, two implants BioHorizons 3.5X12mm D3, bone spreading and particulate grafting. Oh yes and #14 needs endo.

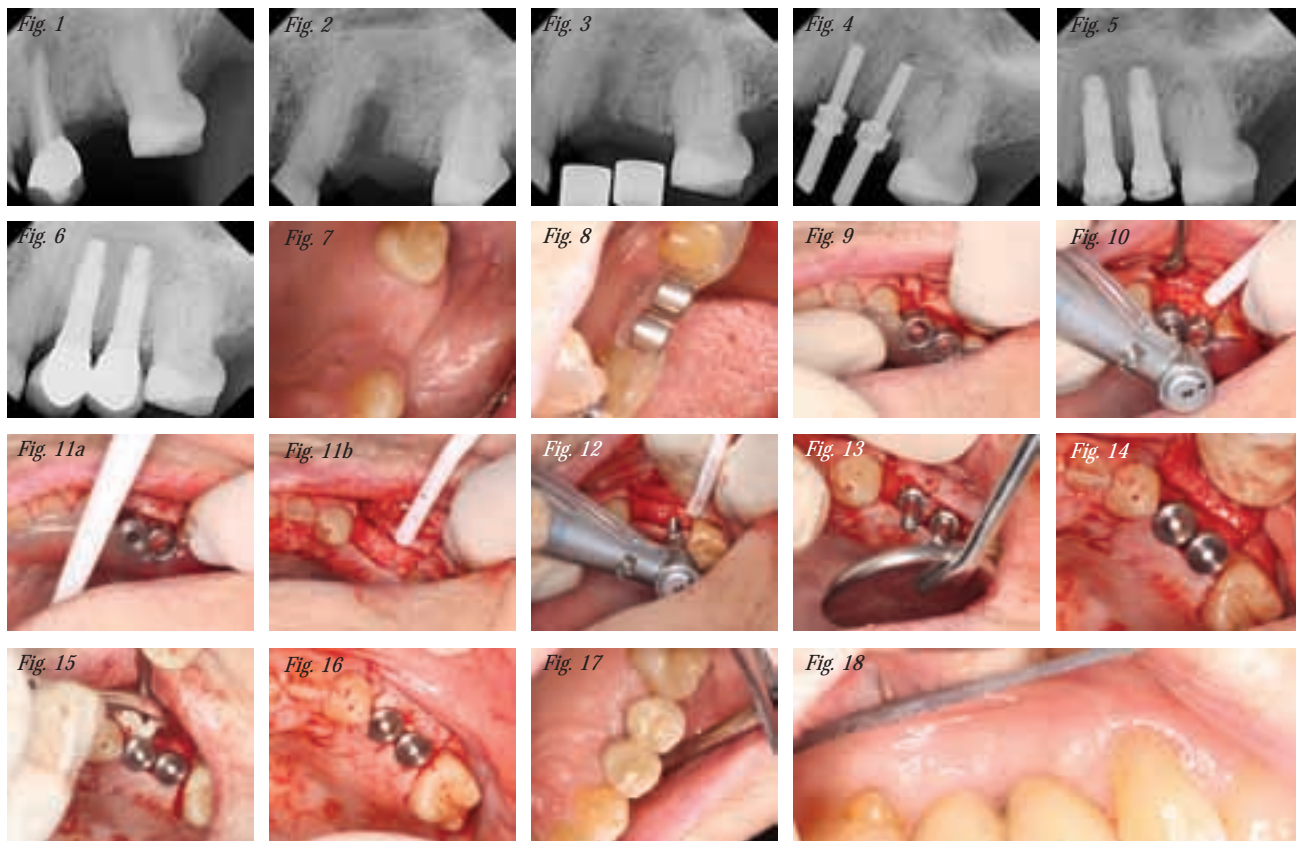


Fig. 1: #12 cracked root
 Fig. 2: Post-extraction
 Fig. 3: Three months later, stent try-in
 Fig. 4: Guide pins to verify position from stent
 Fig. 5: Healing collars in place post-surgery
 Fig. 6: Final case
 Fig. 7: Ridge post-extraction before surgery
 Fig. 8: Try-in of surgical stent
 Fig. 9: Flap and stent evaluation
 Fig. 10: Initial osteotomies
 Fig. 11a,b: Evaluating position of osteotomies
 Fig. 12: BTI expanders used to expand ridge
 Fig. 13: Guide pins



Fig. 14: Implants placed

Fig. 15: MinerOss with collagen membrane placed on buccal

Fig. 16: Sutured case

Fig. 17: Final crowns

Fig. 18: Final splinted implant porcelain fused to metal (PFM) crowns.

Conclusion:

This patient came in today and I thought I would post her case for discussion. Sometimes I get a surgical stent made or I make one myself and when I go to place the implant the ridge is not where I wanted it to be. In this case it required some spreading to obtain the desired width. I added MinerOss to the area that I spread on the buccal as I felt it was a little thin.

Thanks for your comments. ■ Robert A. Lang Jr., DDS

emilverban ■ Posted: 3/23/2011 ■ Post: 2 of 8

Robert,

Very nice and well thought out. The expansion with graft was necessary. ■ Emil

Louis Beaudoin ■ Posted: 3/23/2011 ■ Post: 3 of 8



Nice result!

Did you do any socket preservation?

Did you use a CT to aid in planning?

How do you communicate with the lab regarding the stent fabrication? Who decides the position?

Thanks for sharing. ■ Louis

vinson ■ Posted: 3/23/2011 ■ Post: 4 of 8

Robert,

Super nice placement. It is always good to use a guide. Was it necessary to splint them?

Thanks for posting. ■ Doug Vinson

RLang ■ Posted: 3/23/2011 ■ Post: 6 & 7 of 8

Louis,

Thanks for your comments. I did not do socket preservation with this case; if you look at the X-ray I was lucky my osteotomy was where it was because there was still a defect. I did not use a CT and for a case like this would rarely do so. I told the lab the diameter of implants I was using and they set up the stent. It has different diameter inserts for my drills, I took an X-ray to make sure they were the way I wanted. I have a little protractor they gave me to make sure they are heading in the right direction.

[Posted: 3/23/2011]

Doug,

I always splint them; Misch has many reasons for doing so. Many do not and I have seen many discussions here on Dentaltown about all that. These are long enough that I might have been able to not splint but I was worried about this patient's occlusion. It is all about what Kool Aid you drink, I can send you some of mine to drink.

Thanks for the comments. ■ Robert A. Lang Jr., DDS