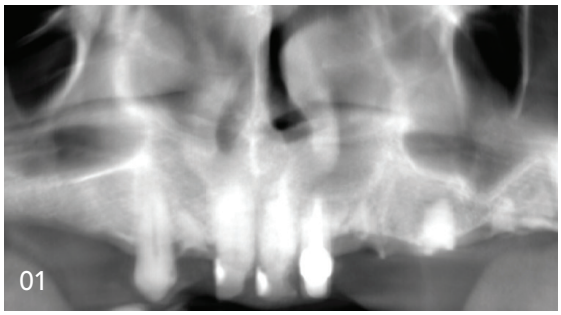
Multiple tooth extractions, immediate Z7 monoblock implants—a challenging case

There are times in our profession, as in the rest of Medicine, when we must receive patients with a very large deterioration, the result of bad previous experiences, bad results in some treatments, but above all, due to apathy or negligence on the part of the patient. We reach a point of difficult return, entering a vicious circle, where going to the dentist is loaded with great stress, and a feeling of guilt and immobilising shame.

Dr Enrique Reinprecht, Argentina

That bar, difficult to break, is the main objective, when meeting with the patient, in search of achieving a degree of trust, which can unlock the professional–patient relationship, and thus achieve a planning according to the patient's needs. In this case report, we will show a summary of the mentioned case, with a rehabilitative vision, but understanding that the greatest success achieved, without a doubt, has been to be able to move forward, leaving behind fears, shame and mistrust. Without a doubt, a challenging case!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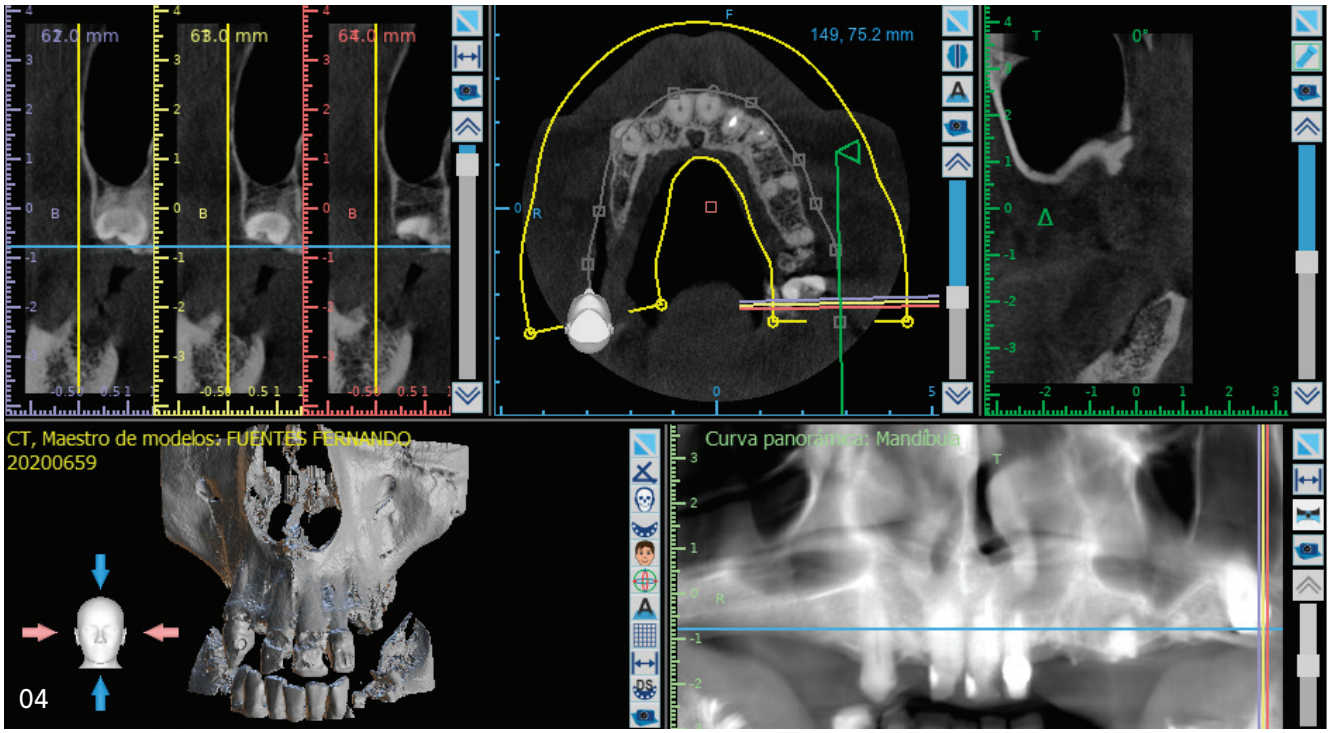
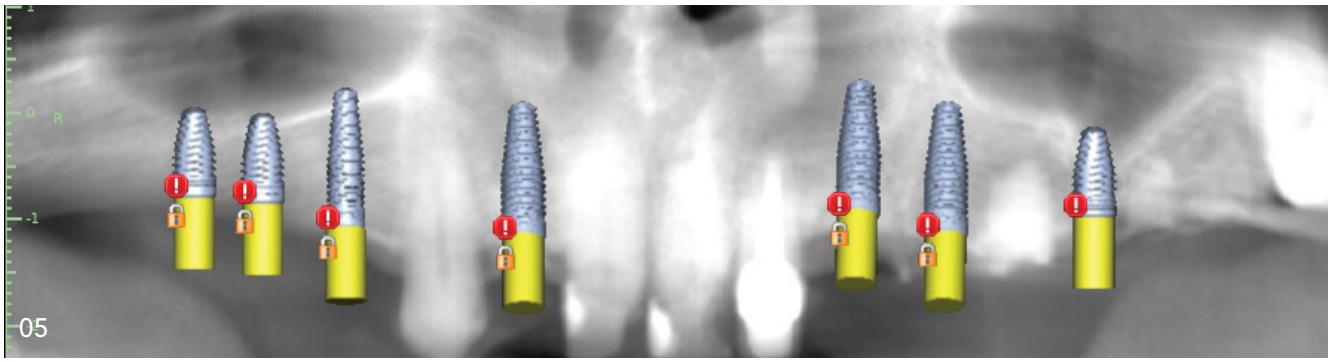
Case presentation

The male patient is presented, 52 years old, with a very neglected oral condition, having made his last consultation approximately 15 years ago; now with the urgent desire and need to return to normality of his oral cavity. The patient does not present any systemic pathology that would endanger any dental treatment, nor any medication that he receives periodically. It was decided to begin by treating the upper jaw, with a fixed implant-assisted prosthesis, and initially, the lower jaw with a removable acrylic prosthesis. Continuing after finishing the upper jaw, with the fixed implant-assisted prosthesis, of the lower jaw.

Initial clinical examination

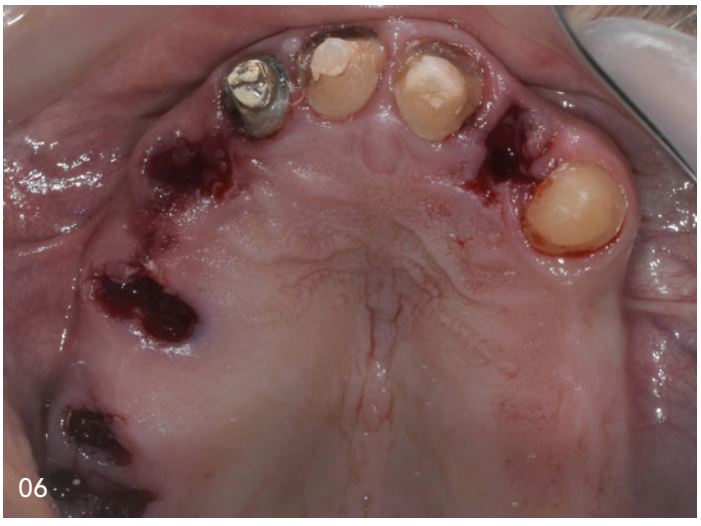
When we first examined the patient, we observed multiple teeth to be extracted, surrounding inflammatory processes, slight apical processes, and some teeth to be kept, trying to help us with the reception of the provisional fixed prosthesis. The oral condition is very poor (Figs. 1–3). The general state of health does not indicate that progress in the treatment is impossible. The patient does not take any medication, and obviously has a soft diet, in accordance with his oral condition.





Treatment plan

A detailed diagnosis is made (Figs. 4+5), the patient is consulted, and it is decided to perform a single surgical intervention, in which multiple extractions will be performed, elimination of septic foci, and the immediate placement of Monoblock ceramic implants, from the Z7 Implant System line. To improve the patient's appearance, and therefore their self-esteem, the possibility of placing a fixed temporary prosthesis, attached to the previously prepared teeth, and some of the immediate implants placed, is discussed. For the lower jaw, only a temporary removable prosthesis is made.



Surgical procedure

After local anaesthesia, an intracrevicular incision was made around the teeth to be extracted, and they were removed without major inconvenience. After removing the roots, the extraction sockets were carefully curetted to completely remove any fibrous tissue (Fig. 6).

The osteotomy was prepared according to the implant manufacturer's drilling protocol and cooled with sterile saline solution. In some cases, the fresh socket location was used, and in other cases, a previously healed area of bone tissue was used. In the latter case, it was possible to perform it without flap elevation, minimising postoperative discomfort. The monobloc zirconia implants from the company Z7 Zirconia Implants System were then placed (Figs. 7+8).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After finishing the placement of the implants, a temporary splint is adapted for the upper jaw, cemented with a provisional Eugenol-free cement (Fig. 9).

After approximately four months from the placement of the implants and having undergone routine check-ups, it is decided to move on to the prosthetic stage of the upper jaw. The first step is to place the healing caps on the implants. Approximately 25 days are allowed for the mucosa to form around the implant platform (Figs. 10+11).

We remove the healing caps, place impression caps, trim the stumps of the remaining teeth, compact retraction cords, and take the final records with closed trays and silicone by addition. When removing the impression from the mouth, we assemble the implant analogs within the caps incorporated in the impression and send them to the laboratory to continue processing the final crowns (Figs. 12+13).

The design of the prosthesis already incorporates the future lower crowns, making future treatment of the lower jaw simpler. Through AI and the experience of the Laboratory Technician, the requested work for the upper jaw can be quickly resolved. The idea was always to work without metals, at the explicit request of the patient (Figs. 14+15).


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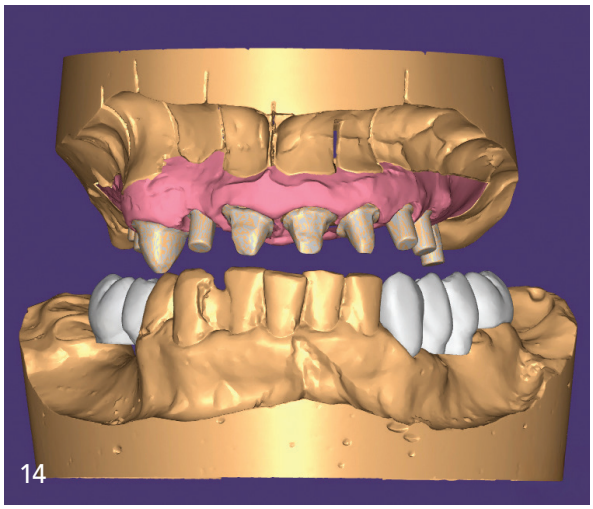
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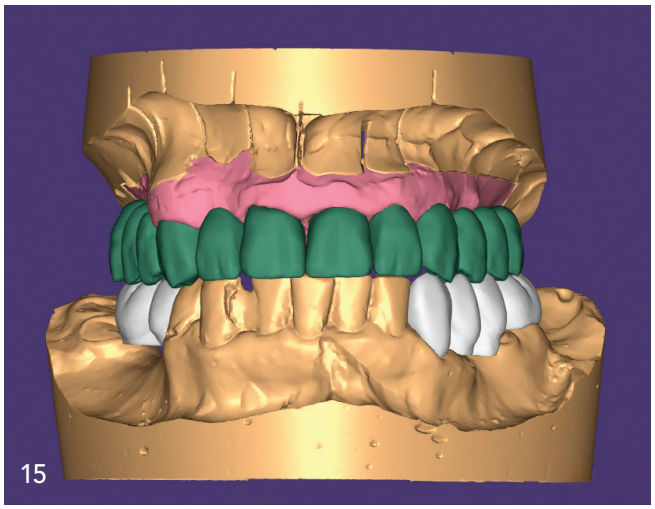
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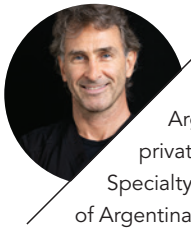
Once the tests were carried out and the necessary corrections were made, the patient was given an appointment to place the entire upper jaw rehabilitation. All crowns, on teeth or implants, were cemented with dual cement. During photopolymerisation, the excess cement was removed to avoid future complications, with the possibility of peri-implantitis, around the implants. During follow-up, the soft tissue conditions were considered healthy and stable, and the treatment result was considered satisfactory from an aesthetic and functional point of view (Figs. 16–18).

Conclusions

The change, not only aesthetic, achieved with the patient has been wonderful. His self-esteem is different, starting together with a nutritional and psychological treatment, to be able to maintain it over time, and to be able to advance, with the lower jaw. In the meantime, he is monitored every six months. The fact of incorporating ceramic implants, within the planning, telling him about the real benefits of them, has been another help, so that the patient is more aware of his local and systemic health. On their own, they will not make a difference, but they have been helpful, such as being able to break the barrier, and re-educate an adult with serious problems. A grain of zirconia.



About the autor

He received his degree from the Faculty of Dentistry of the University of Buenos Aires (UBA) Argentina in 2001, and since then he has had his private practice in Buenos Aires. He completed the Specialty in Oral Implantology at the Catholic University of Argentina (UCA). Since then, he has worked with a rehabilitative vision, based on implants. His interest in ceramic implantology for several years has made him a reference in the region, being also president and founder of the Argentine Society of Ceramic Implantology (SADIC), an entity whose objective is to promote this practice in the region. He belonged, for more than ten years, to the teaching staff of the Specialty of Oral Implantology (UCA), in addition to being a speaker at national and international congresses. Director of different courses, oriented to training in ceramic implantology, in Argentina and in the region. His experience in the subject has served him to be different consultants in new technologies in ceramic implantology.

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