

Interdisciplinary restoration of anterior teeth Aplasia of teeth 12 and 22

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_Case report



Fig. 11

Fig. 1_ Post-operative orthopantomograph. (Photo: Dr. Marc Hannemüller, Hamburg, Germany)

Fig. 2_ Status prior to impression-taking – gingiva formers in situ.

Fig. 3_ Impression posts in situ, preparation 11.

Fig. 4_ The locking pin is easily removed.

Fig. 11_ The final results after placing all-ceramic crowns on teeth 12 and 22.

_Just how important interdisciplinary cooperation between orthodontists, oral surgeons and prosthodontists is becomes especially apparent when treating tooth-bounded gaps resulting from aplasia. The case described here suffers from aplasia of the upper lateral incisors.

From the orthodontic point of view, it was decided against closing the gap at an early stage in favour of an interdisciplinary implant-supported restoration later on. As the orthodontist, oral surgeon, prosthodontist and dental technician had been working together for many years, the implant-supported restoration could be fabricated consistently. The outcome: a restoration with "red/white" aesthetics which the patient considered really satisfactory.

During the orthodontic procedures, the gaps were kept

open. Once bone growth had ceased, which was verified with a wrist bone X-ray, the implant-supported restoration could be commenced. The diagnostic wax-up was used for planning the implant position three-dimensionally. The implant-supported restoration was fabricated using the "IQ:NECT" screw-free implant system of Heraeus Kulzer GmbH, Germany.

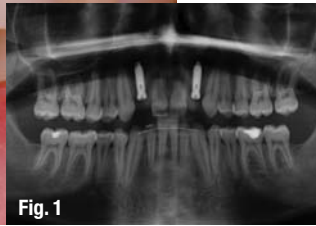


Fig. 1



Fig. 2



Fig. 3



Fig. 4

_Case documentation

The following case documentation demonstrates the differences between this screw-free connector and conventional implant systems. The new connector technology, involving the patented clip mechanism, and its close orientation to prosthetic requirements is especially advantageous for operators and technicians. It allows for straightforward and widely customised restorations.

_Preoperative condition

The 20-year-old patient presented requesting that the two anterior gaps at positions 12 and 22 be restored and the general aesthetics enhanced. Due to the deep overbite, it would have been very difficult to provide an alternative type of restoration using adhesive bridgework. The clinical and radiological findings indicated agenesis of teeth 12 and 22, conservatively treated dentition and an insufficiently restored incisal edge on tooth 11.

The patient's case history was inconspicuous apart from anterior tooth trauma. The gaps were measured to ensure adequate width for implant restorations. The implants were placed at Dr Hannemüller's oral surgery practice in Hamburg, Germany. The im-