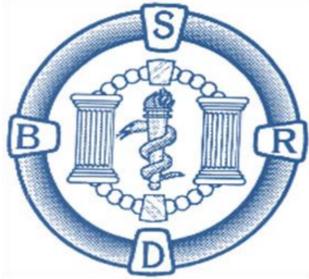


British Society of Restorative Dentistry

Clinical Case Poster



- A 19 year old gentleman presented at the DEF as he was discontented about the bilateral gaps present secondary to congenitally missing teeth. The patient previously had four years of orthodontic treatment to obtain space for the prosthetic restoration of the canines. Patient currently wears a removable prosthesis which acts as a retainer, in addition to, replacing the gaps (UR3 and UL3). His oral hygiene regime consists of brushing twice a day alongside interproximal cleaning with TePe brushes.
- **Medical history:** none of note.
- **Social history:** self-employed mechanic and used to play hockey for England under 18s. Drinks ~3 units of alcohol a week and is a non-smoker.
- **Patient expectations:** 'I want something to close the gaps. Preferably something I don't have to remove because it is embarrassing'.
- **Treatment options:** do nothing, acrylic/ cobalt chrome RPD, bilateral resin bonded bridges, bilateral implants with subsequent crowns (chosen option).



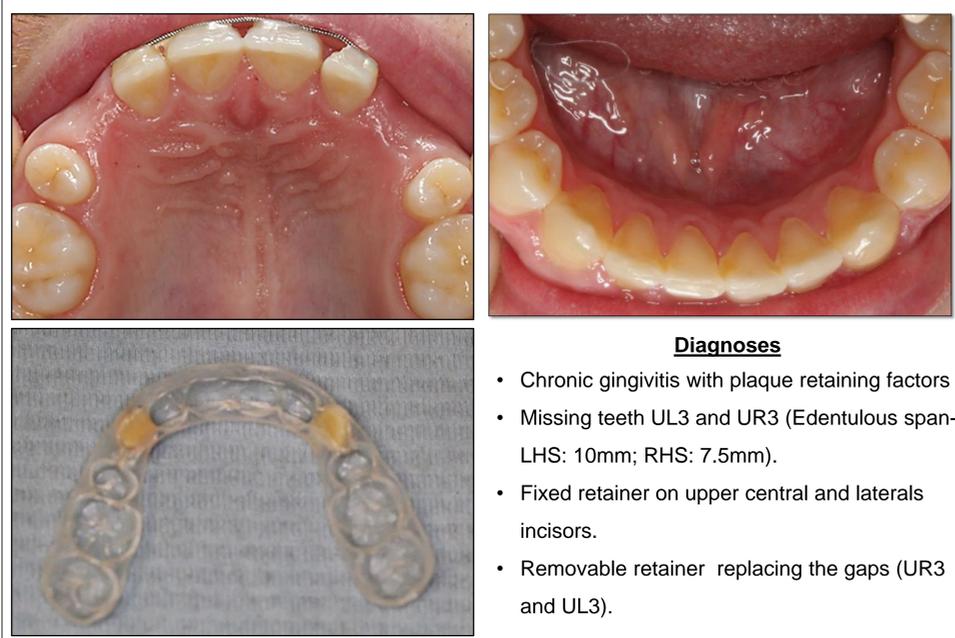
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Bilateral gaps in the canine region and twist K-flex wire present from UR2-UL2.

Significant improvement in aesthetics and function with space closure using dental implants and composite restorations.



Diagnoses

- Chronic gingivitis with plaque retaining factors
- Missing teeth UL3 and UR3 (Edentulous span- LHS: 10mm; RHS: 7.5mm).
- Fixed retainer on upper central and laterals incisors.
- Removable retainer replacing the gaps (UR3 and UL3).

Treatment plan Stage 1

- Preventive advice: diet advice, use of fluoride toothpaste.
- Scaling and reinforcing the use of interdental cleaning products for excellent OH.
- Implant placement.

Treatment plan Stage 2 (12 weeks later)

- Provision of implant retained crowns.
- Provision of composite build ups to address spacing.
- Referral to orthodontist for provision of a fixed retainer
- Recall 6/12 for interim care



Gingival formers removed with a hex screw driver and Astra Tech implant pick-up EV 3.6 long placed. One stage polyether impression taken (open tray technique). Shade chosen: Vita A3. Screw retained crowns placed (with the aid of positioning jigs) and tightened at 25N with a torque wrench. PTFE tape and flowable composite placed to protect the cover screw and sealed off with composite. Occlusion checked and adjusted. Buccal wire removed and teeth isolated with rubber dam before placement of composite to reduce interproximal spacing. Shade used: A2 (Ceram.X mono). Bilateral long cone periapical radiographs were taken to confirm the position of the implants.



The unpolished composite restorations. Final contouring and finishing achieved with fine composite finishing burs, Sof-Lex discs and Enhance polishing system.

- This case required a multidisciplinary approach, encompassing different facets of dentistry such as orthodontics, surgical intervention and restorative work. Upon lengthy discussions with the patient regarding treatment options (including risks and benefits), it was decided that the most superior option was the implant one as it provided us with a predictable and aesthetic outcome.
- Fundamentally, the key to a successful treatment outcome is achieving the initial goal. In this case the patients concerns were adequately addressed but not without difficulty. I found the treatment planning stages to be particularly taxing due to the depth of dental knowledge required. It was problematic to bring together all the different disciplines into one favourable treatment plan.
- The Astra Tech EV implant system was simple and straight forward to use. It gave us a good aesthetic result with optimised soft tissue management. The self-guiding impression pick-up component gave us an immediate and precise seating on the implant interface prior to taking the impressions.
- The patient was very pleased with the final outcome. We successfully met the patient's expectations in achieving a good aesthetic and functional outcome.