Removable Prosthetic Rehabilitation after Ameloblastoma Resection

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Background

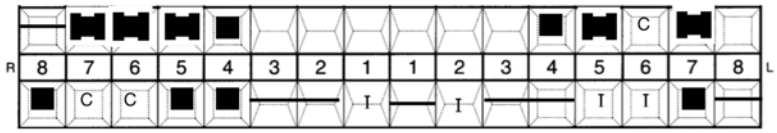
The patient presented in this case had the removal of an ameloblastoma from the mandible in 2004, immediate implant placement and rehabilitation with a magnet retained denture.

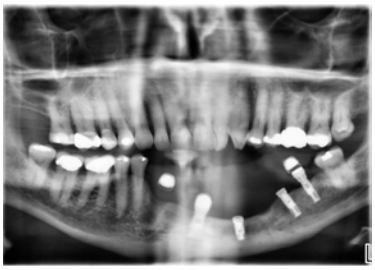
Presenting Complaints

- Difficulty eating with current prosthesis
- Recently lost implant lower right quadrant
- Soreness around implant in LL6 site

Examination

- Early signs of peri-implant bone loss LL6
- Moderately restored dentition with porcelain fused to metal crowns LR6 LR7
- Implants with magnet abutments LL6 LR1
- Buried implants LL5 LL2
- Vertical hard tissue defect in the site of resection with shallow sulcus depth and tight musculature
- Current magnet retained prosthesis 15 years old offering poor retention and stability





Diagnoses

- Partially Dentate
- Periodontal health on a reduced periodontium
- Early signs of peri-implantitis LL6 implant
- Lack of keratinised tissue around implants
- Unretentive & unstable magnet retained partial lower denture.

Treatment Plan

- Uncover implant LL5 and place locator abutment
- Convert LL6 magnet to locator abutment
- Connective tissue graft around LL5 LL6 implants
- Replacement of magnet on LR1 implant
- Localised debridement of the LL6 implant
- Replace LR6 LR7 crowns with milled gold crowns
- Create new partial lower denture

Discussion

This case demonstrates the ongoing rehabilitation needs of patients who have undergone treatment for non-malignant tumours, and the ongoing maintenance required for dental implants and their supported prostheses.

The decision for a removable prosthesis was based upon the number & position of dental implants, the length of span & hard tissue defect, the history of previous implant loss and patient preference.

The connective tissue grafts around LL5 LL6 implants improved patient comfort when undertaking self-performed plaque control.

Non-engaging inserts were chosen for the prosthesis due to the decreased maintenance needs as well as sufficient retention being provided by other design elements of the prosthesis.