

CLINICAL CASE

HELIX SHORT: EFFICIENT AND AESTHETIC
SOLUTION FOR REHABILITATION IN A
PATIENT WITH LOW BONE DENSITY



CLINICAL CASE

Helix Short: Efficient and Aesthetic Solution for Rehabilitation in a Patient with Low Bone Density

RESPONSIBLE SURGEON



DRA. JULIANA SAAB RAHAL

BRAZIL

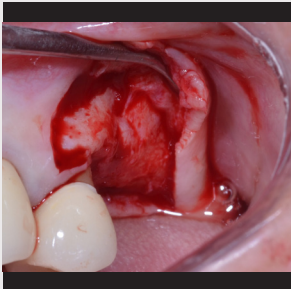
Master's and PhD in Dental Prosthesis - UNICAMP

Specialization in Dental Prosthesis - CFO

Specialization in Implantology - UFPR

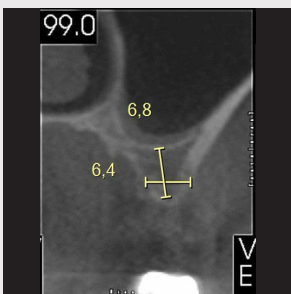
Coordinator of the Specialization Course in Implantology at UFPR

Coordinator of the Specialization Course in Dental Prosthesis ABO - PR



PATIENT MEDICAL HISTORY

A healthy patient presented for treatment with the absence of tooth 26. He did not have any implants installed and was not using any type of removable prosthesis to replace the missing tooth.



PLANNING

A cone beam computed tomography (CBCT) scan was requested for the patient. Based on the images and the report indicating minimal remaining bone height, the plan was to install a Helix Short implant.

HELIX SHORT: EFFICIENT AND AESTHETIC SOLUTION FOR REHABILITATION IN A PATIENT WITH LOW BONE DENSITY

DESCRIPTION OF THE SURGICAL PROCEDURE

An incision was made with flap displacement and exposure of the surgical site. Subsequently, drilling was performed using the 2, 3.5, and 3.75 drills, belonging to the Helix Short Surgical Kit. After the osteotomy, the Counter Sink drill was used to prepare the bone crest and seat the implant. The Helix Short implant (5.0 x 5.5 mm) was installed with a torque of 40 N.cm. The treated thread surface was completely subosseous. To complete the surgical procedure, a Helix Short Cover Screw was installed.

PROSTHETIC DESCRIPTION

After the osseointegration period, the fabrication of the prosthetic crown was carried out. Initially, the entire arch, gingival profile, and implant were scanned using a HS implant Scanbody.

The selected prosthetic abutment was the HS Titanium Base (4.5 x 0.2 mm), with a cementation area of 4 mm.

In the laboratory stage, using a CAD/ CAM system, a monolithic zirconia crown was designed and milled. Subsequently, the crown was cemented onto the Titanium Base. After finishing and polishing, the crown was fixed to the implant surface with a torque of 20 N.cm.

TIPS AND LEARNINGS

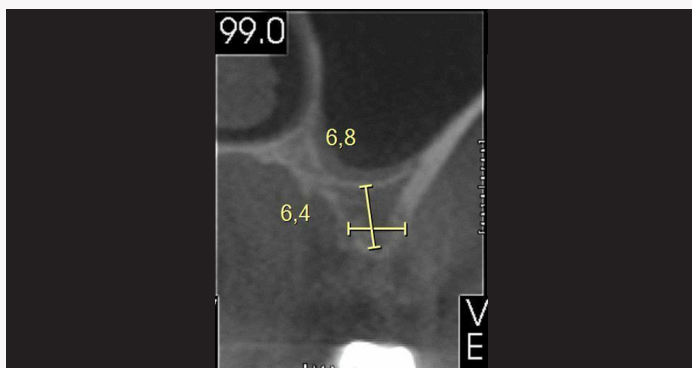
The product design was very well developed. The fact that the cervical portion is already polished eliminates much or all of the bone loss that could occur after implant installation. Additionally, the color of its superficial layer favors pink aesthetics in the case of a thin gingival phenotype. Its macrogeometry allows for favorable primary stability in low-density bone.

There would still be the option of prosthetic-only treatment using a removable partial denture. However, this has the disadvantage of needing to be removed every time the patient eats for cleaning, possible trauma to mucosal tissues, and not very satisfactory aesthetic results.

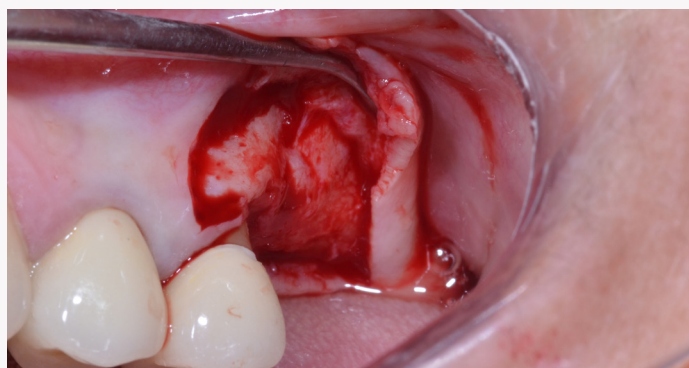
Choosing the option of a short implant not only favors a quicker resolution of the case but is also more economically viable for the patient.

NEODENT® MATERIALS

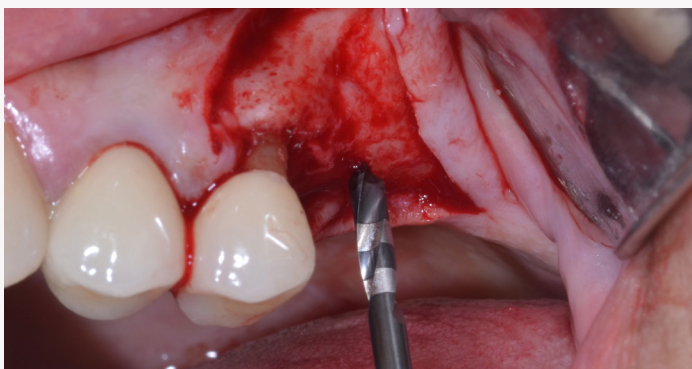
- Helix Short implant.
- HS Titanium Base
- HS Implant Scanbody



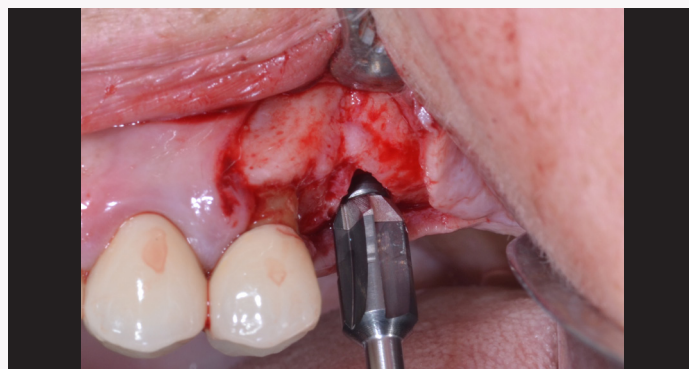
1. Initial CBCT Scan.



2. Exposure of the surgical site.

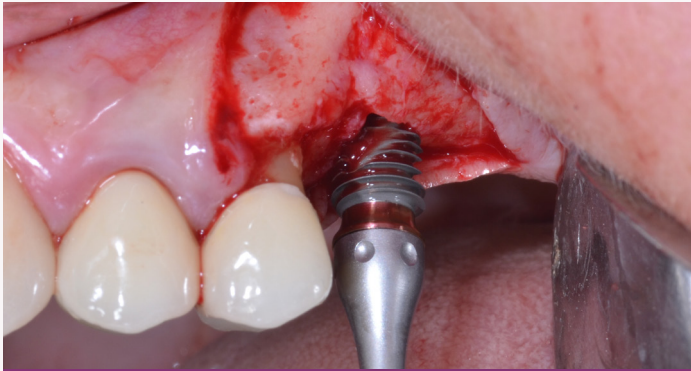


3. Start of drilling.



4. Preparation of the bone crest for implant placement.

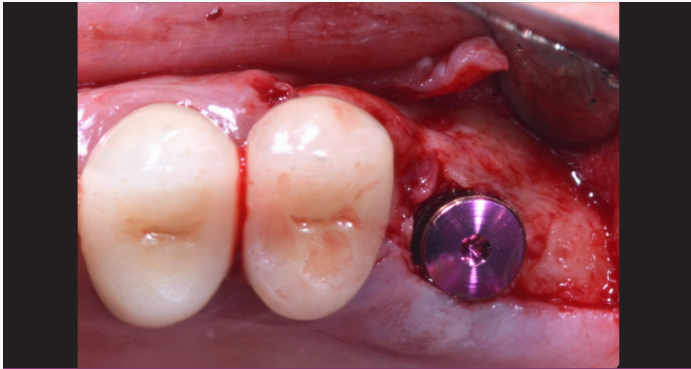
**HELIX SHORT: EFFICIENT AND AESTHETIC SOLUTION FOR REHABILITATION
IN A PATIENT WITH LOW BONE DENSITY**



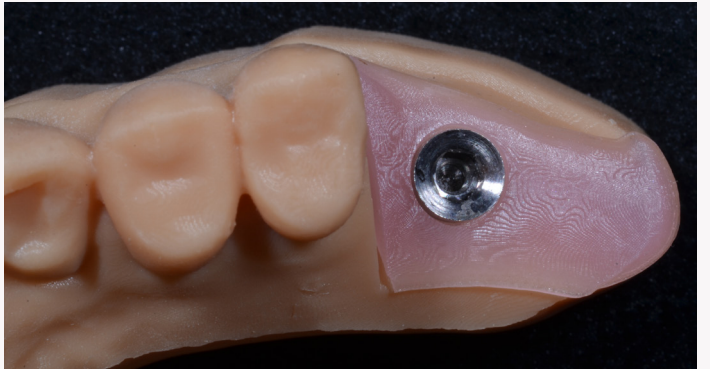
5. Implant placement.



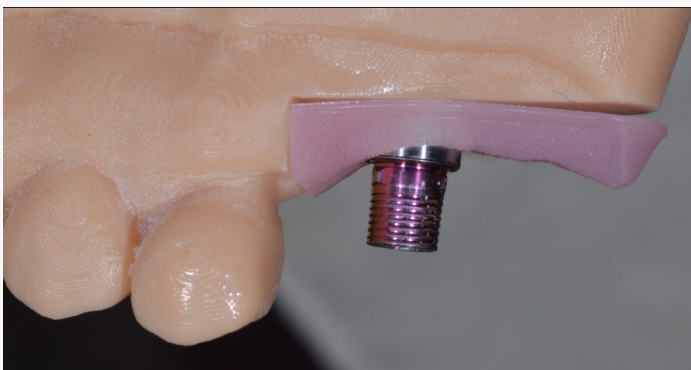
6. Immediate periapical radiograph.



7. Cover screw installed.



8. Printed model with analog.

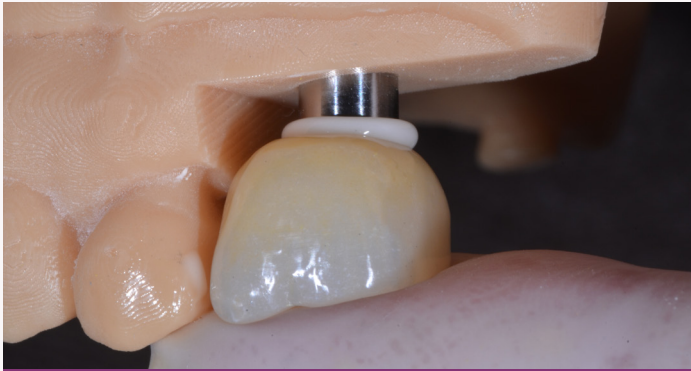


9. Titanium base.



10. Try-in and adjustment of the monolithic zirconia crown.

**HELIX SHORT: EFFICIENT AND AESTHETIC SOLUTION FOR REHABILITATION
IN A PATIENT WITH LOW BONE DENSITY**



11. Cementation on the Titanium Base.



12. Definitive prosthesis installed.



13. Final clinical aspect.

Experienced clinicians performed the procedures presented. The clinicians are fully responsible for the reliability of the information and for the procedures and results reported. Any review, dissemination, distribution, copying or other use of this information by persons or entities, without previous written permission, is prohibited. The presented material can be subject of reviews without previous notice. No liability is accepted for any errors or omissions in the contents.

It is the clinician's exclusive responsibility to evaluate the patient's health conditions and viability of the procedure. The reproduction of this clinical case does not imply the success of similar procedures, as it will depend on the clinician's technique and ability, on patient's conditions on the previous and post procedure.

の笑顔

NUOVI SORRISI OGNI GIORNO

CHAQUE JOUR DE NOUVEAUX SOURIRES

новые улыбки каждый день

JEDEN TAG EIN NEUES LÄCHELN

NUEVAS SONRISAS TODOS LOS DÍAS

NYA LEENDEN VARJE DAG

NEW SMILES EVERY DAY

NOVOS SORRISOS TODOS OS DIAS

CHAQUE JOUR DE NOUVEAUX SOURIRES

NOVOS SORRISOS TODOS OS DIAS