

CLINICAL CASE

HELIX SHORT FOR THE MANAGEMENT OF REDUCED
BONE HEIGHT IN THE POSTERIOR MAXILLA



 Smile for
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 HS
Connection

 Single-unit
restoration

CLINICAL CASE

Helix Short for the Management of Reduced Bone Height in the Posterior Maxilla

RESPONSIBLE SURGEON



DR. MARCELO FONTES

BRAZIL

Specialist and MSc in Implant Dentistry.

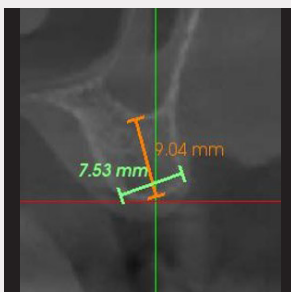
Specialist in Periodontics.

Neodent® Scientific Consultant.



PATIENT MEDICAL HISTORY

A 45-year-old systemically healthy female patient sought treatment for an edentulous site in the upper left first molar region.



PLANNING

Clinical and radiographic evaluation revealed limited available bone height (9 mm) and close proximity to the maxillary sinus. Digital planning was performed to confirm the feasibility of using a short implant and, to avoid a sinus lift procedure, placement of a Helix Short (6.0 × 7.0 mm) was virtually planned.

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DESCRIPTION OF THE SURGICAL PROCEDURE

The drilling sequence followed the manufacturer's recommendations. After osteotomy, a Helix Short implant (6.0 × 7.0 mm) was placed, achieving a final insertion torque of 30 N·cm. As the minimum torque required for immediate loading was not reached, a 2.5-mm HS healing abutment was selected for the healing phase.

NEODENT® MATERIALS

- Helix Short implant.
- HS Healing Abutment
- HS Titanium Temporary Abutment for Crown
- HS Exact Implant Closed Tray Impression Coping
- HS Hybrid Analog
- HS Exact Titanium Base



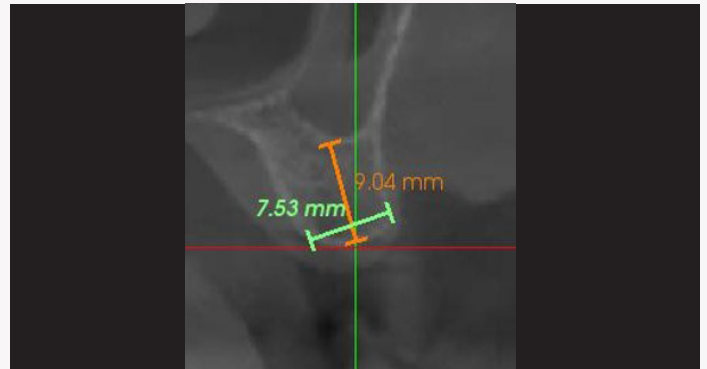
PROSTHETIC DESCRIPTION

Four months after surgery, a HS Titanium Temporary Abutment (4.8 × 0.2 mm) with customizable height was installed on the implant as part of the provisional phase. A screw-retained provisional crown was installed onto the temporary abutment.

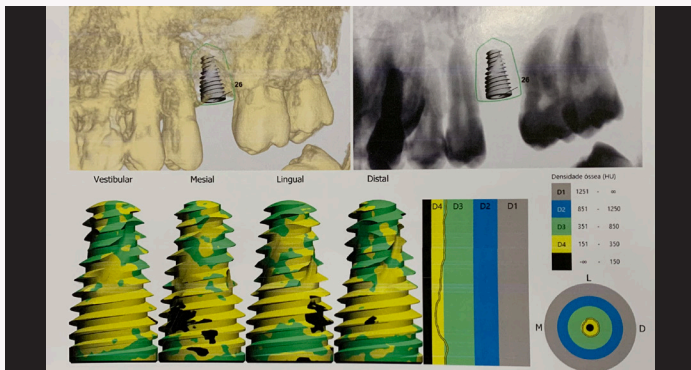
Two months after placement of the provisional crown, the definitive phase was initiated using an analog workflow. Initially, a HS Exact closed-tray impression coping was positioned on the implant to obtain the impression. Subsequently, a HS Hybrid Analog was used to fabricate an accurate working model. A HS Exact Titanium Base (4.5 × 0.2 mm) was selected to support the definitive zirconia crown. The definitive prosthesis was then installed with a torque of 20 N·cm.



1. Initial clinical aspect



2. CBCT scan.



3. Virtual planning.

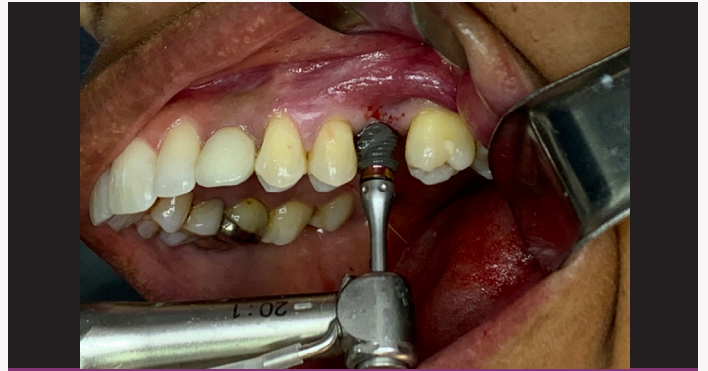


4. Drilling protocol.

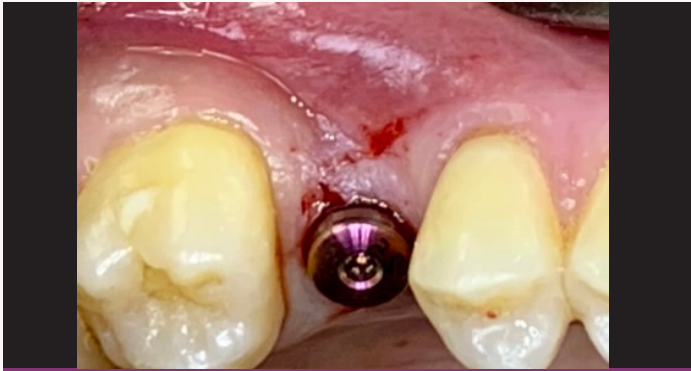
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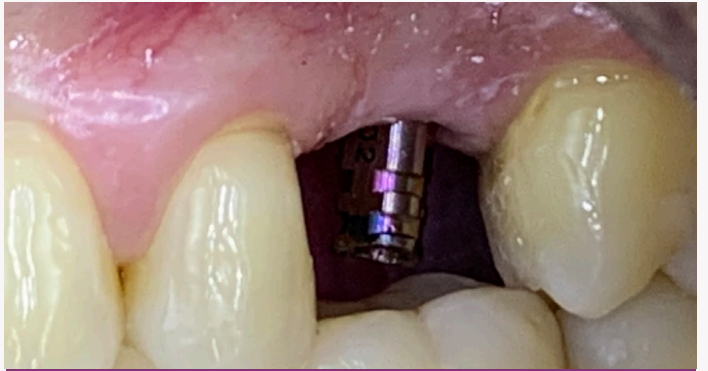
5. Final osteotomy.



6. Implant placement.



7. HS Healing Abutment installed.



8. Placement of the HS Titanium Temporary Abutment after four months.



9. Screw-retained provisional crown.



10. Fit of the HS Exact Titanium Base.

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11. Definitive zirconia crown on the cast.



12. Final clinical aspect.

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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.

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JEDEN TAG EIN NEUES LÄCHELN

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