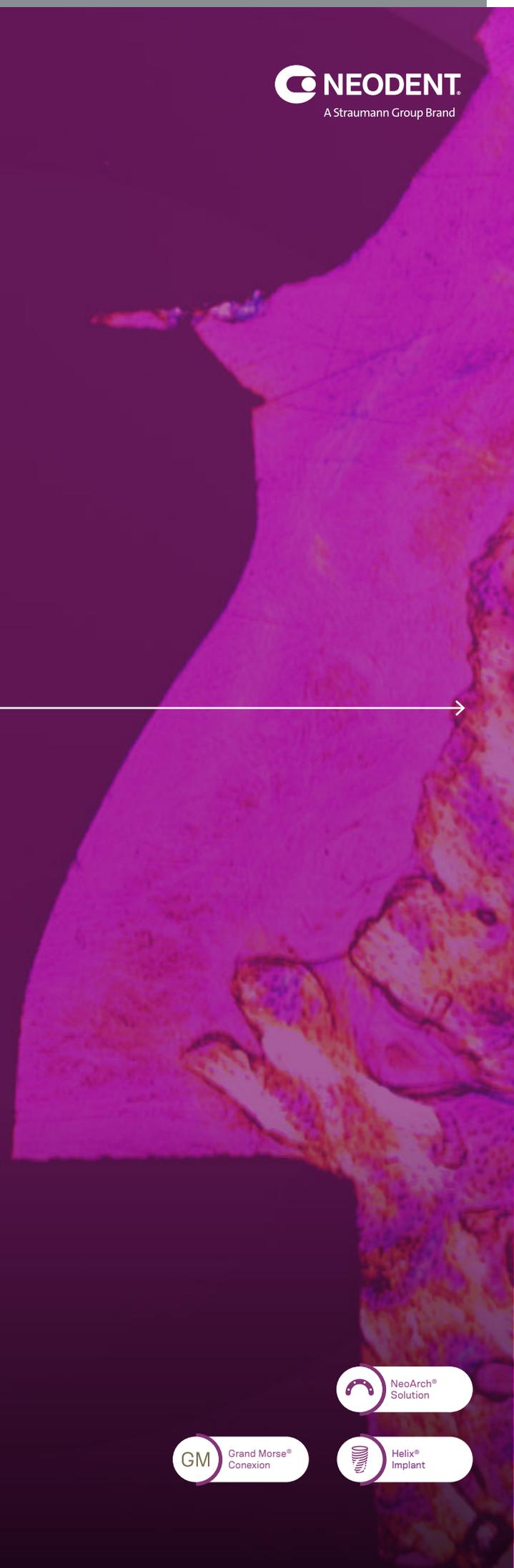


CLINICAL CASE

REHABILITATION WITH IMPLANTS GM™ ZYGOMA-S
IN ATROPHIC MAXILLA.



CLINICAL CASE

Rehabilitation with implants GM™ Zygoma-S in atrophic maxilla.

DENTAL SURGEON IN CHARGE



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PATIENT MEDICAL HISTORY

Sixty-four-year-old patient in good general health (ASA 1), wearing a removable prosthesis in the maxilla and an implant-supported prosthesis in the mandible. As the main complaint, they report the instability of the upper prosthesis, which negatively affected their speech and masticatory function. At the premaxilla region, the bone had horizontal atrophy and severe bone resorption posteriorly. They also reported that they previously had implants in the maxilla and used an implant-supported prosthesis (five years). Still, about two years ago, the patient lost the implants due to peri-implantitis.



PLANNING

For this treatment, reverse planning was performed to investigate the inter-arch and occlusion relationship, for the immediate loading planning. Through digital planning with the aid of software and tomography, it was concluded that there was a bone graft in the maxillary sinus region, but with significant resorption and several bone depressions due to peri-implantitis. In this condition, it would be only possible installing five implants of height 7 to 8 mm, so rehabilitation with zygomatic implants was proposed, thinking of a more predictable solution due to the patient's history.



DESCRIPTION OF THE PROCEDURE

The procedure was performed under general anesthesia (in a hospital environment) and local anesthesia in the following nerve branches: superior alveolar, incisor and palatine. Starting with a supracrystal and oblique incision, followed by a detachment of the gingival flap, obtaining sufficient visualization of the zygomatic arch. The instrumentation was performed following the drilling protocol recommended by the manufacture. Proceeding with the installation of the GM™ Zygoma-S 3.75 x 30mm (in the right posterior region, close to 16), 3.75 x 35mm (left the posterior region, close to 26), 3.5 x 25mm (in the right premaxilla, close to 13) and 3.5 x 45mm (in the left premaxilla, close to 23). All implants reach final torque of approximately 50N.cm.

Subsequently installed with a torque of 20 N.cm, the GM Exact Mini Conical Abutment 60° (1.5 mm transmucosal height) over the four Zygoma-S GM™ implants. Then, a continuous suture was performed, and the Wide Mini Conical Abutment Protection Cylinder was placed on top of the GM Mini Conical Abutments with 10 N.cm of torque.

NEODENT® MATERIALS

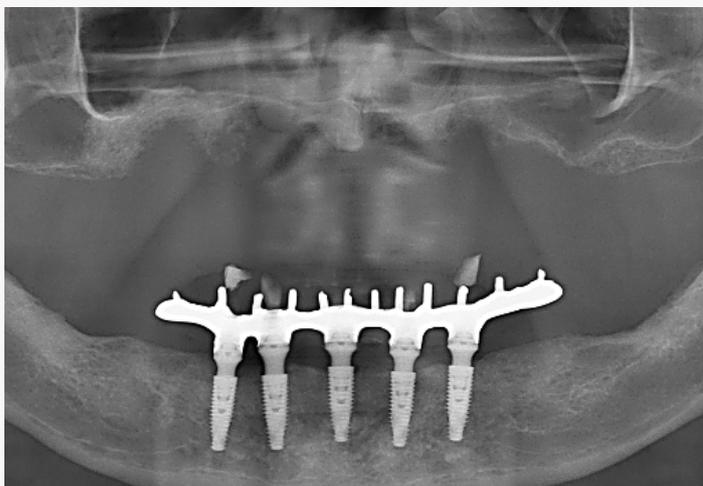
- Zygoma-S GMTM 3.5 x 25mm
- Zygoma-S GMTM 3.5 x 45mm
- Zygoma-S GMTM 3.75 x 30mm
- Zygoma-S GMTM 3.75 x 35mm
- GM Exact Mini Conical Abutment 60° (1.5mm)
- Wide Mini Conical Abutment Protection Cylinder
- Slim Mini Conical Abutment Open Tray Impression Coping

PROSTHETIC DESCRIPTION

On the following day, for the impression, it was used the Slim Mini Conical Abutment Open Tray Impression Coping, they were attached to the multifunctional guide using acrylic resin. The occlusal registration (of centric relation) was performed after fixing the resin, followed by the insertion of the impression material (addition silicone).

With the laboratory plaster model obtained, the teeth were tested in wax, confirming the final positioning of the prosthesis. After approval, a titanium bar was milled, and the prosthesis was acrylized.

The prosthesis was installed the following week, and the occlusal adjustment was performed following the principles of bilateral balanced occlusion.



1. Initial panoramic radiographic of the patient.



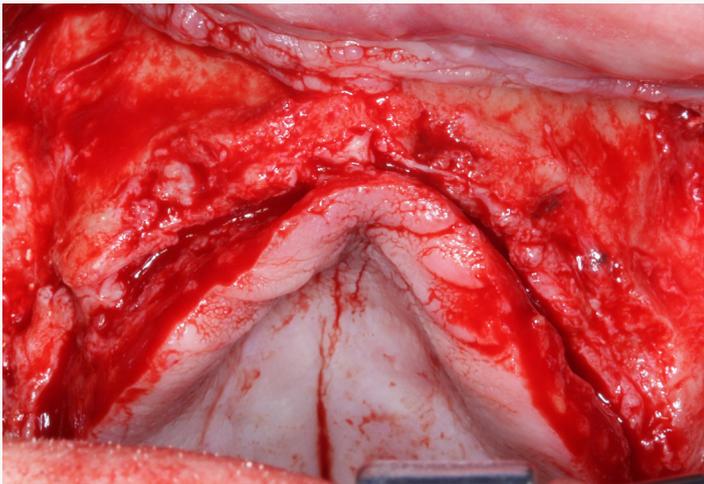
2. Initial clinical aspect of the removable prosthesis in the maxilla, vestibular view.



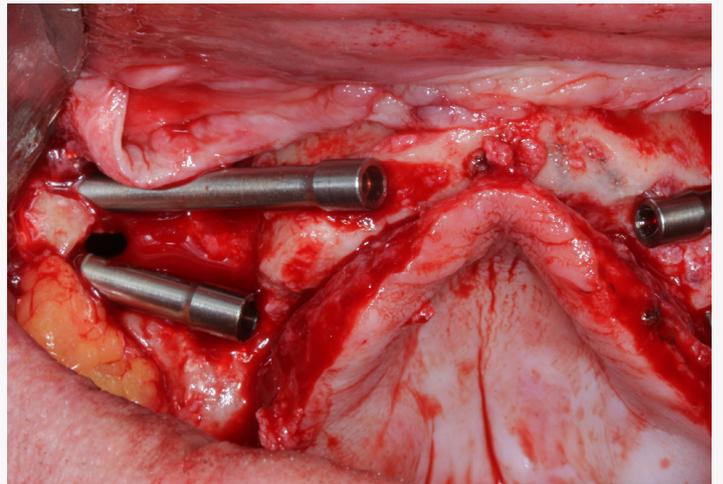
3. Maxillary initial clinical aspect, occlusal view



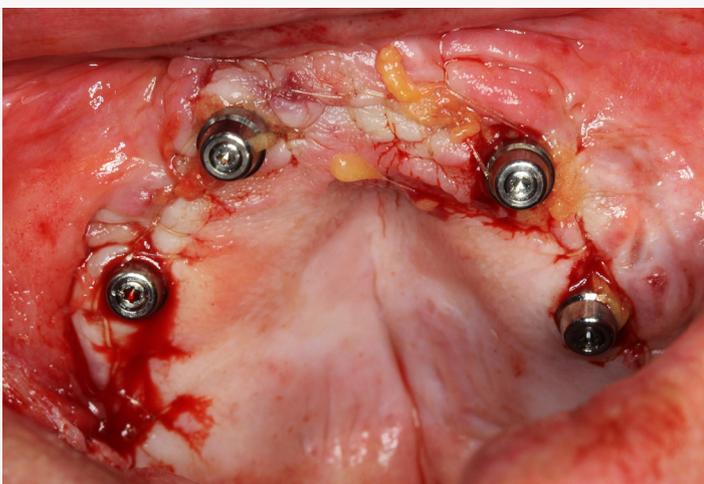
4. Occlusal rim wax adjustment (maxilla).



5. Total gingival flap, exposing maxillary bone.



6. GM™ Zygoma-S implants were installed in the maxillary region.



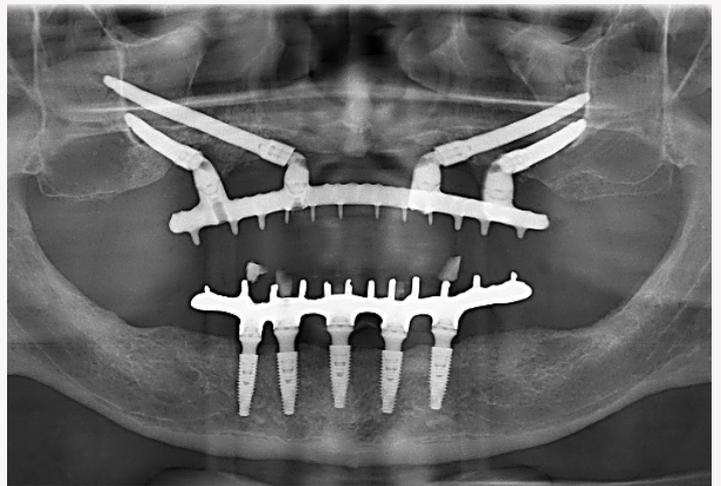
7. Post-surgical clinical aspect with positioned Wide Mini Conical Abutment Protection Cylinder, occlusal view.



8. Patient tray register, vestibular view.



9. Post-surgical clinical aspect with immediate loading performed, vestibular view.



10. Final radiographic aspect, post-surgical.



11. Final clinical aspect, vestibular view, seven days follow-up.



12. Final clinical aspect, occlusal view, seven days follow-up.

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.

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