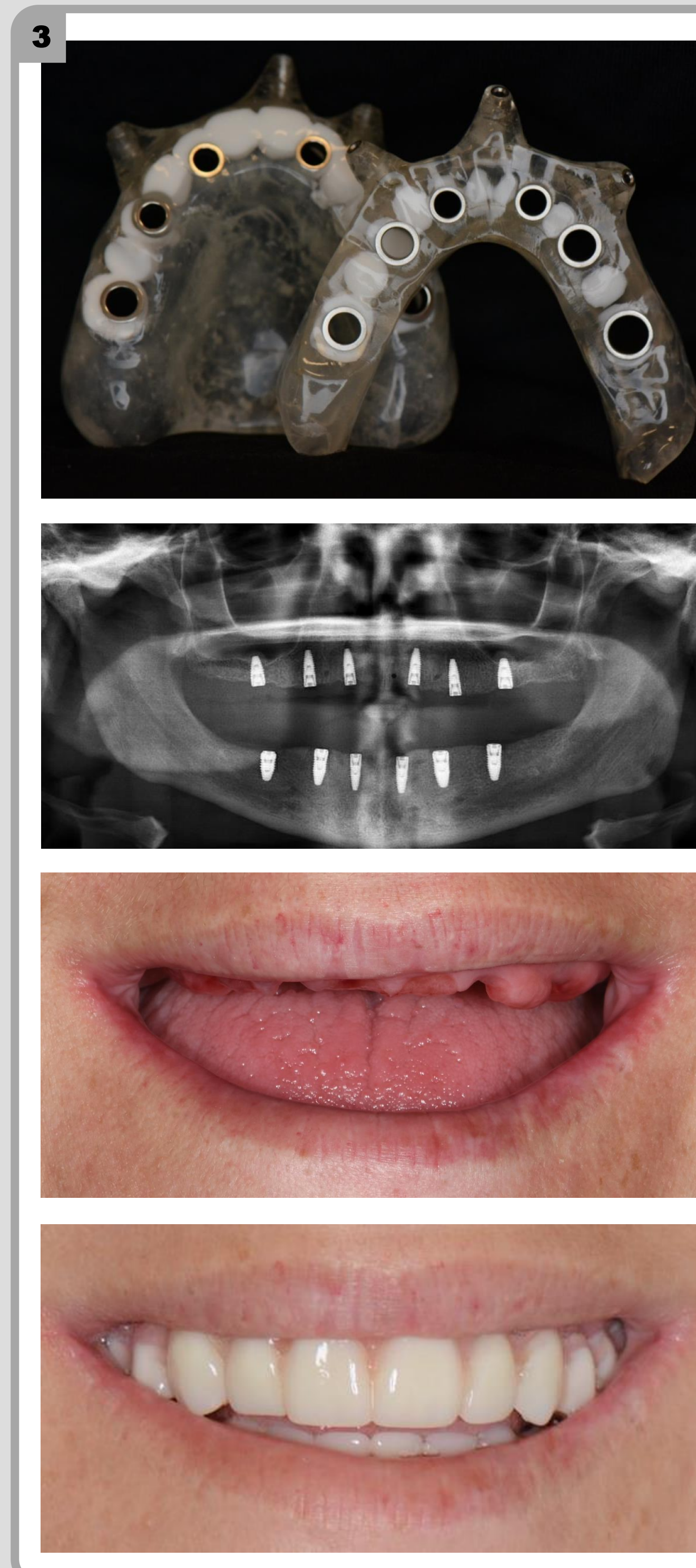


# Full mouth Fixed Implant Rehabilitation of a Partially Edentulous Patient with Vertical Maxillary Excess

## OBJECTIVES

The aim of this poster presentation is to describe a staged surgical and prosthodontic protocol in the full mouth implant rehabilitation of a partially edentulous patient with vertical maxillary excess by:

1. Staged approach to manage excess maxillary bone and gummy smile
2. Surgical approach without bone grafting at time of remaining teeth extractions
3. Digital planning with the use of prototypes for surgery, provisionalization, and final prostheses



## MATERIALS & METHODS

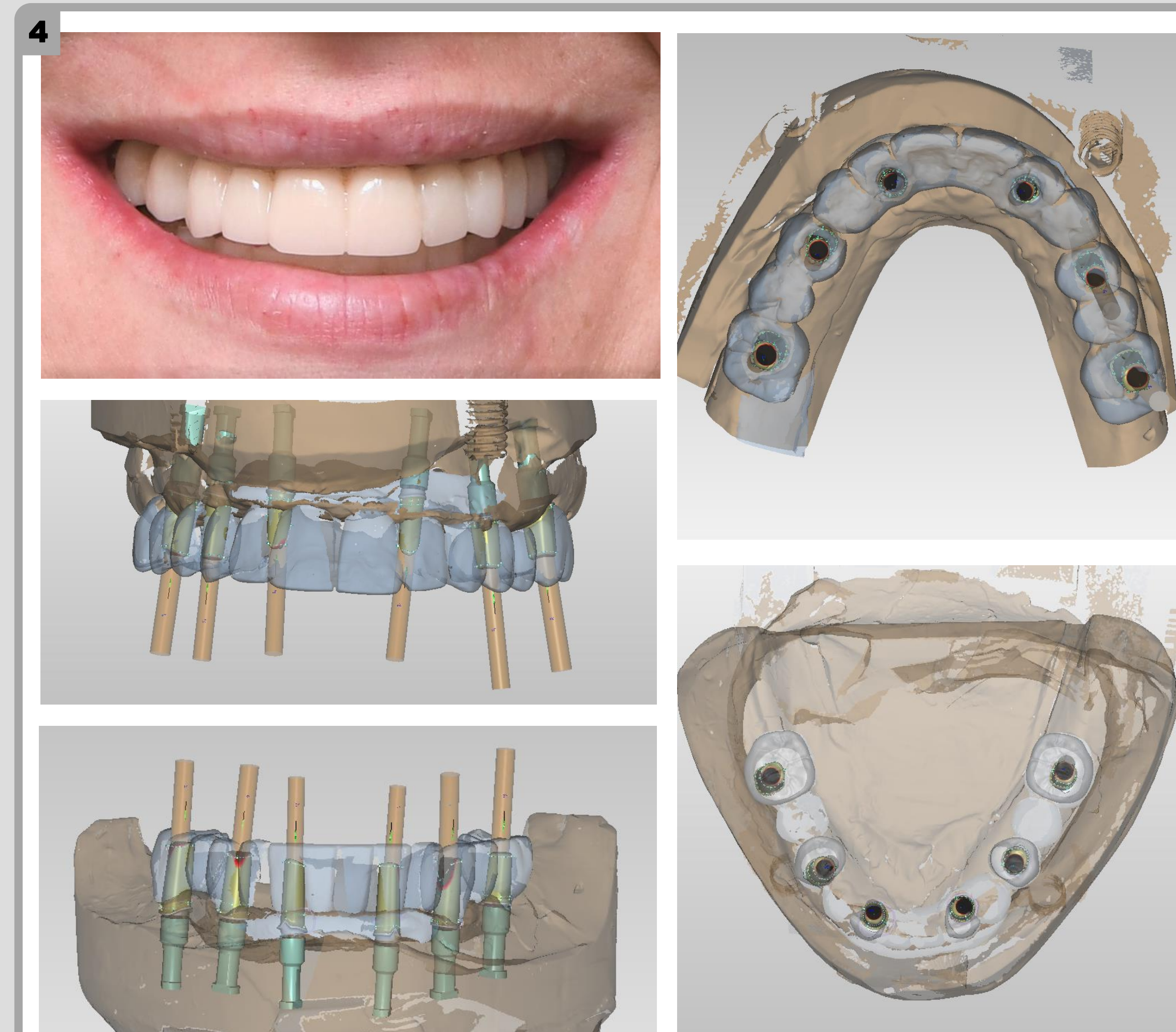
**Fig. 1:** A 38-years old female Caucasian patient presents with hopeless dentition and excessive gingival display.

**Fig. 2:** Remaining teeth were extracted and no simultaneous bone grafting was done. 8 months after extractions, complete denture concept was used to design a new diagnostic setup as a prototype for digital implant planning.

**Fig. 3:** 6 maxillary and 6 mandibular implants were placed by fully guided technique and two-stage protocol. The new denture setup was converted to screw-retained fixed implant provisional prostheses. Implant-level impressions were taken and models were verified.

**Fig. 4:** Dual model scanning with and without the first set of provisionals was done to design and fabricate a second set of provisionals.

**Fig. 5:** Final screw-retained segmented fixed implant prostheses were fabricated based on the finalized provisional prostheses.



## RESULTS

Maxillary gingival display was significantly reduced by the physiologic post-extraction hard and soft tissue remodeling. Diagnostic tooth setup was reassessed after healing to satisfy the patient's esthetic demands. The finalized diagnostic setup was used for guided implant placement and for temporization in a two-stage protocol. The finalized provisional prostheses were utilized as a blueprint for the final prostheses.

## CONCLUSIONS

The need for socket preservation should be determined on a case-by-case basis. Physiological remodeling of the extraction socket can be used to the operator's advantage in cases of excessive bone and gingival display. Furthermore, with the presented protocol, full mouth implant rehabilitation can be achieved with high predictability and patient satisfaction.