



Full Mouth Rehabilitation Of A Patient With Ectodermal Dysplasia: A Case Report

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Introduction

Ectodermal dysplasia (ED) is a genetic disorder affecting tissues derived from the embryonic ectoderm, including teeth. Common oral manifestations include conical or missing teeth, malformations, xerostomia, and reduced occlusal vertical dimension (OVD). Full mouth rehabilitation for ED patients requires a multidisciplinary approach and thorough planning.

Case-Summary

A 51-year-old male presented with hypodontia, retained deciduous teeth, failing restorations, periodontal disease, and compromised bone density. He sought a functional and esthetic solution while aiming to preserve his remaining dentition. A comprehensive treatment plan combining bone grafting, dental implants, and crowns was proposed.

A prosthetically driven approach guided the workflow, starting with a diagnostic wax-up to aid implant positioning. The patient underwent bilateral ramus grafts and sinus augmentations, followed by implant placement in both arches. Conventional impressions and jaw relations were recorded to fabricate milled full-arch provisional restorations. After evaluation and necessary adjustments, final restorations were inserted.

Outcome/Conclusion

The rehabilitation successfully restored function, esthetics, and occlusion through careful surgical and prosthetic planning, highlighting the importance of a detailed, multidisciplinary approach in managing ED-related dental challenges. Diagnostic wax-ups and provisionals ensured adequate restorative space and occlusal harmony prior to final prosthesis placement, resulting in a stable, esthetic, and functional outcome that significantly improved the patient's quality of life.

References



Fig 1a) Full smile photo at initial presentation
Fig 1b) Retracted frontal photo at initial presentation

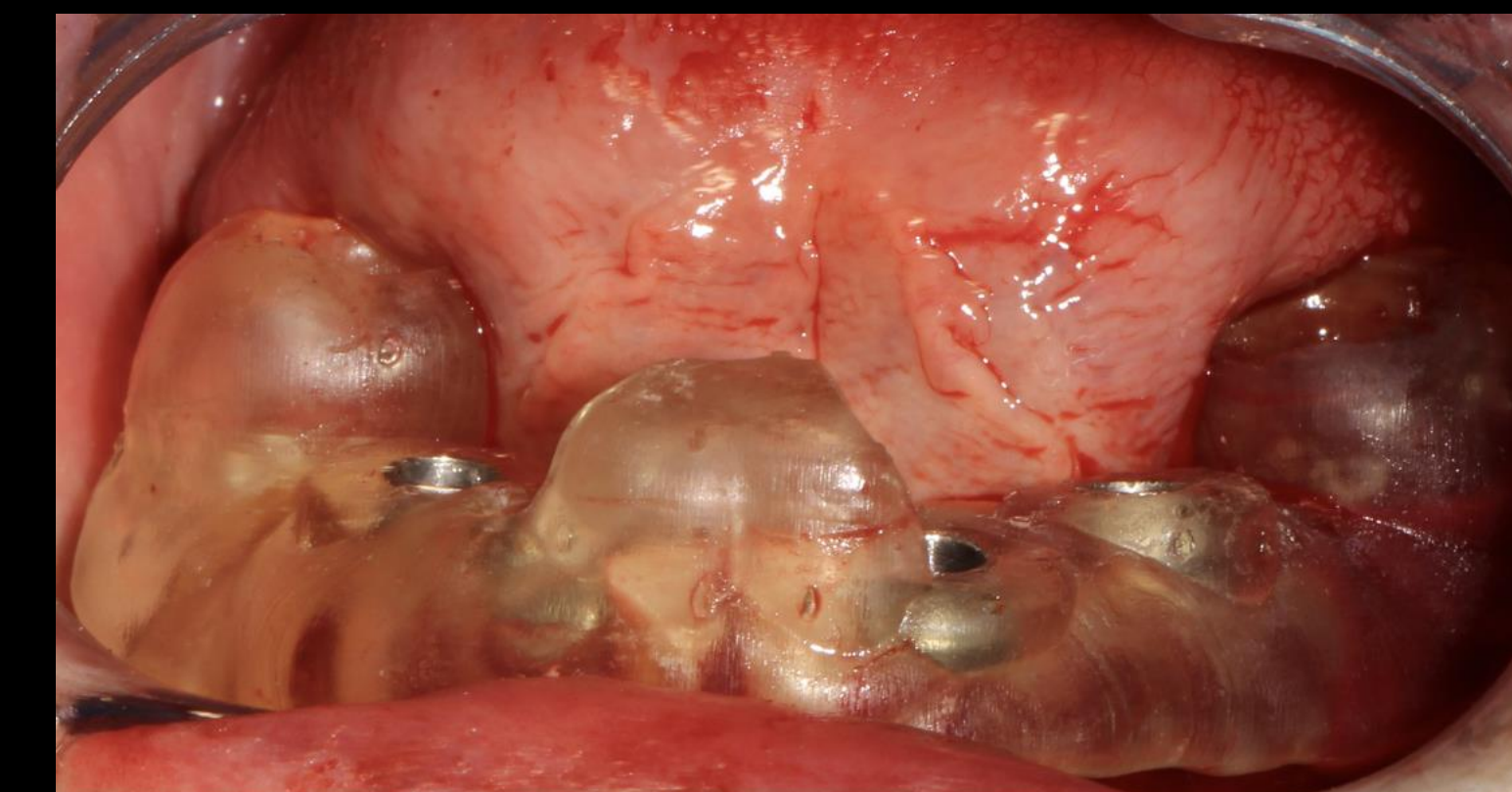
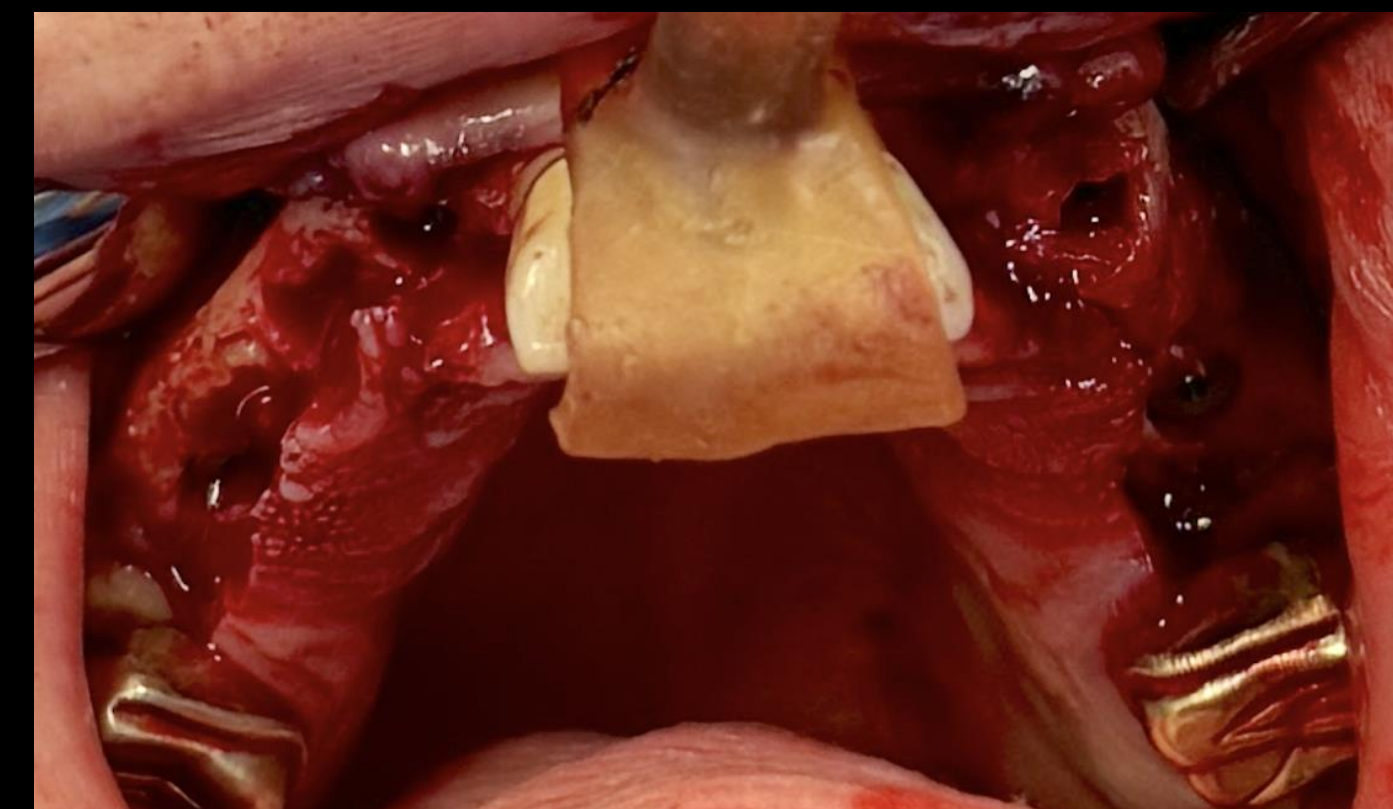


Fig 2a) and 2b). Surgical photos of maxillary and mandibular arches



Fig 3. Panoramic radiograph after implant placement

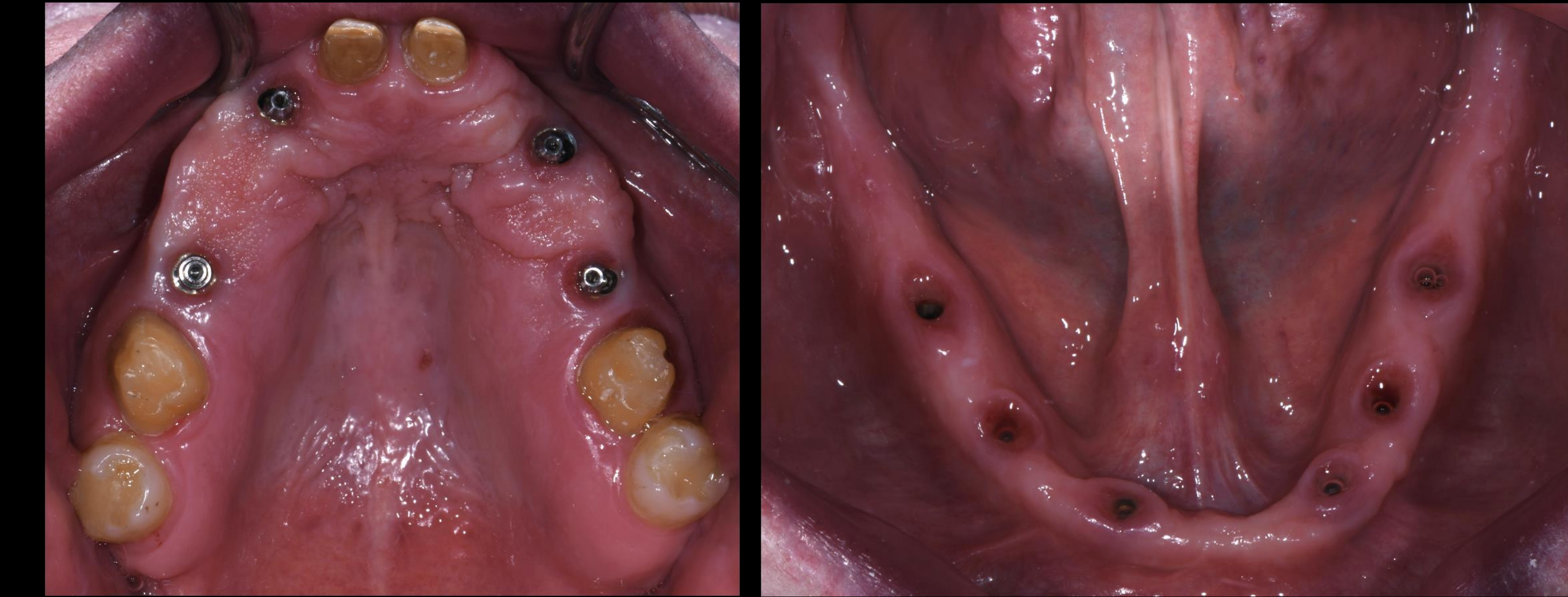


Fig 4. Final occlusal photos of maxillary and mandibular arches



Fig 5. Retracted frontal and occlusal photos after insertion



Fig 6. Full smile photos of patient at final presentation