

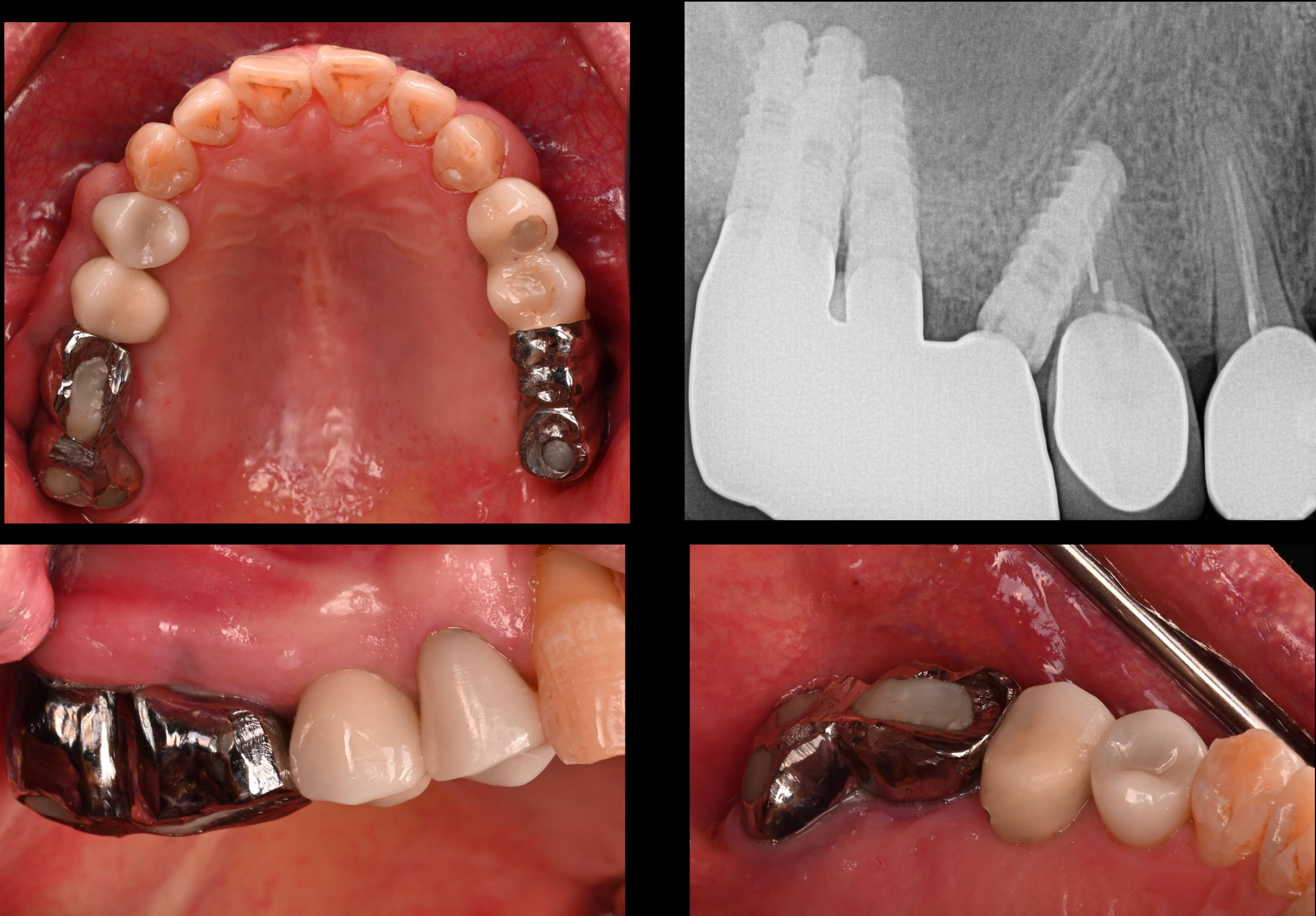


Objectives

Patients today often present with existing dental implants. When there is a need to incorporate existing implants into patient’s treatment plan, this poses a clinical challenge especially for implants that are unserviceable due to unfavorable position or implant systems that do not have readily available components.

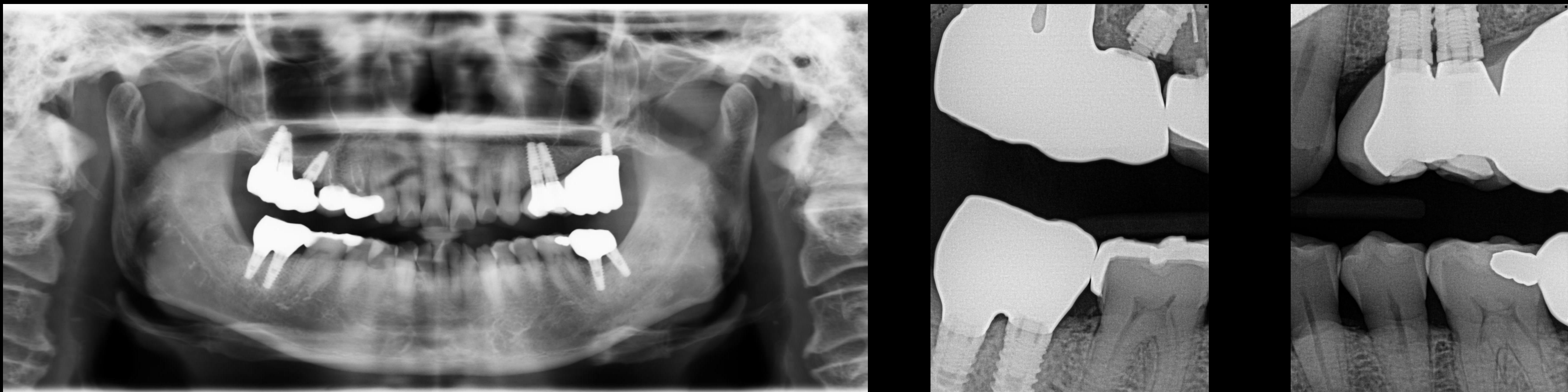
Introduction

- ❖ 65 years old male patient presented with a chief complaint of “My upper right implants are giving me discomfort and pain due to infections. I have suffered from swelling and severe pain that did not go away for few days.”
- ❖ Patient presented with pain on palpation, bleeding on probing around implants, visible suppuration around implant restorations.
- ❖ Implant system originated from Brazil called “Implacil De Bortoli” was placed at Brazil 4 years ago. This system is not FDA-Approved system which is not available in the US.



Pre-clinical treatment record: Occlusal view, buccal and palatal view of the Implant FPD and Peri-apical radiograph

Clinical Assessment



Pre-clinical radiographs: Panoramic radiograph and Bitewings.

Clinical examination revealed malpositioned implants and open gaps between the implant abutments and platforms. Implants #3,12,13 and 16 were deemed unfavorable and planned to be explanted while existing implant restoration over #51,1,2 were modified to serve as a healing abutment to retain implants #51,1,2. Retention of #51,1,2 was decided based on lack of active peri-implant disease, proximity to the sinus, and morbidity of bone loss due to explantation of 3 implants in close proximity.

Results



Fig.1A (Buccal) and 1B (Palatal) side of Implant FPD
Fig.1C and 1D: Before and after sectioning of #3i engaging component

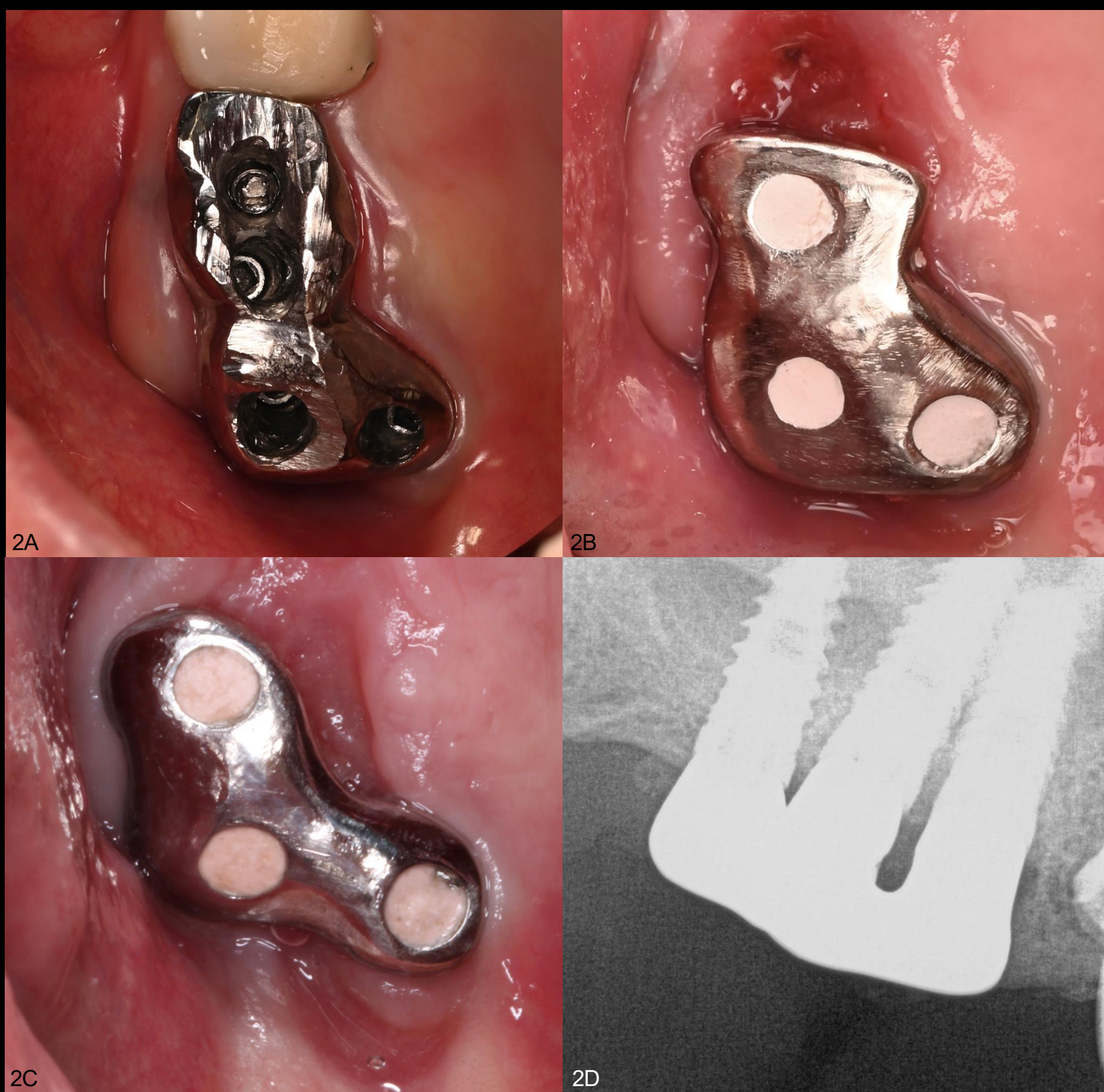


Fig. 2A, 2B and 2C: Transition of implant FPD modification into healing abutment. Fig.2D: PA of modified healing abutment

Conclusions

This case report demonstrates treatment plan decisions for patients with non-ideal existing implants and how existing implants without available components can be managed. The modification process involves identifying the screw configuration, verifying the fit of the restoration, and adjusting the prosthesis into hygienic design. This case demonstrates the clinical challenges associated with malpositioned or non-FDA approved implants lacking compatible components in the US. Through careful assessment of implant health, anatomical considerations, and prosthetic limitations, alternative approach was implemented by modifying existing restorations into healing abutments, thereby preserving implants to minimize surgical morbidity.

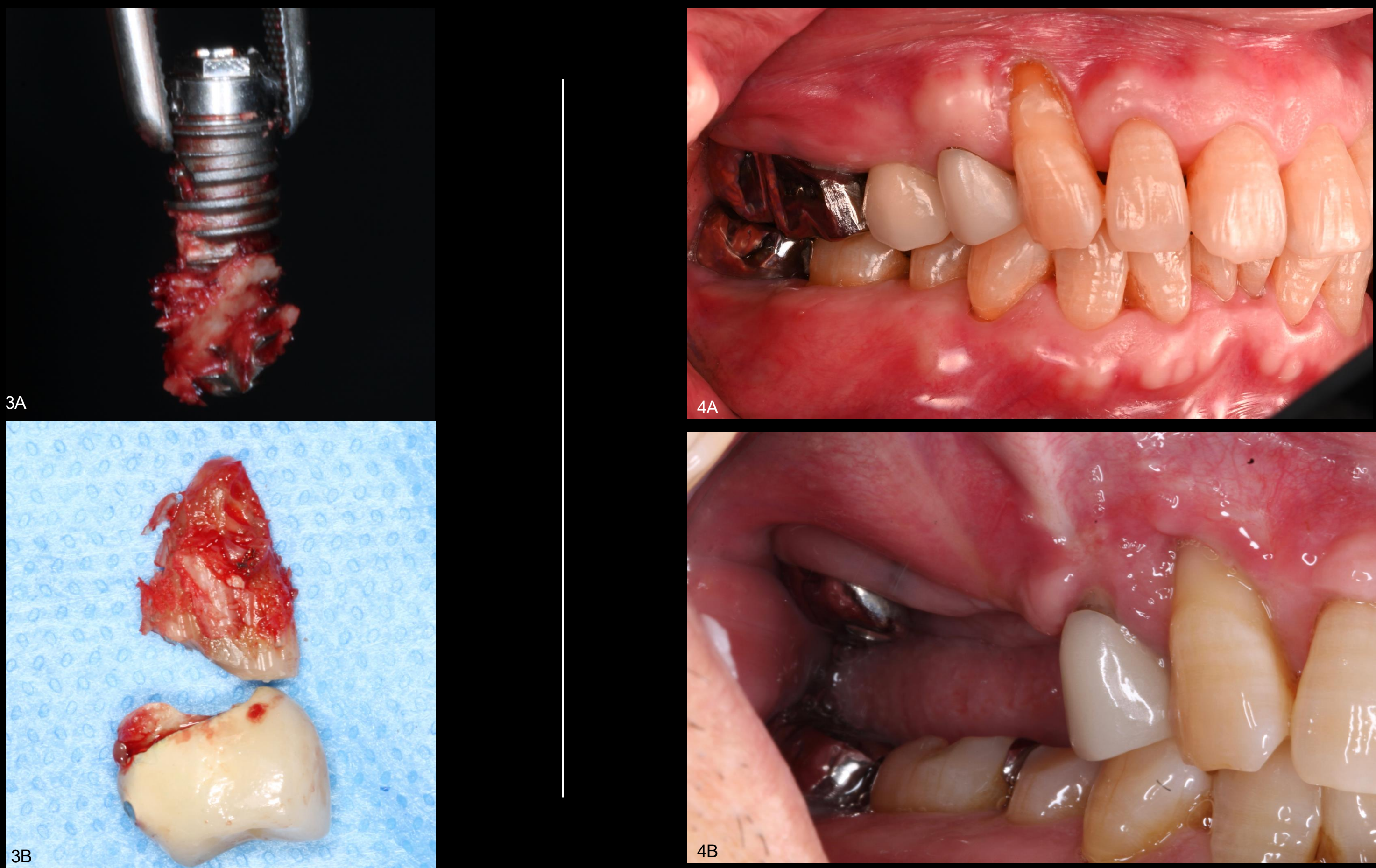


Fig.3A: Explanted #3 implant, Fig.3B: Extracted #4 tooth with indentation created by #3i near apex of root
Fig.4A: Before modification of implant FPD, Fig.4B: After modification of implant FPD with explantation