MANAGEMENT OF AN HIV PATIENT WITH A DENTAL IMPLANT TREATMENT

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INTRODUCTION

In the past, dental treatment for HIV patients was limited to emergency and selective treatment. Due to the advance in retroviral therapy, more complex dental treatments have been allowed, such as the placement of dental implants and guided bone regeneration procedures, among others. The absence of teeth can be due to various reasons, causing aesthetic and functional changes. This absence caused the loss of 30% of the vestibular and lingual walls.

These changes can be minimized by performing alveolus preservation procedures that consist of placing bone substitutes in order to reduce this phenomenon, providing a site with ideal conditions for the placement of a dental implant. Several alveolar preservation techniques are described in the literature. The most appropriate technique should be based on an adequate diagnosis and treatment plan.

PURPOSE

The purpose of this investigation is to establish a dental implant placement protocol on HIV patients for the surgical and prosthetic treatment.

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CLINICAL CASE

An HIV positive 34 years old male patient, assist to dental clinical evaluation along with auxiliary diagnostic aids, such as orthopantomography (Fig.1), periapical radiograph Fig.2 and CBCT scan help us to establish a periodontitis stage II grade B, RT 3 on tooth # 3 and RT2 on tooth # 2 diagnosis, with an unfavourable prosthetic and periodontal prognosis (Fig.3.) We can also see an angulated dental implant in tooth # 4, along with a screw retained temporary crown (Fig.4, Fig4a, Fig4b).



Fig.1 Orthopantomography

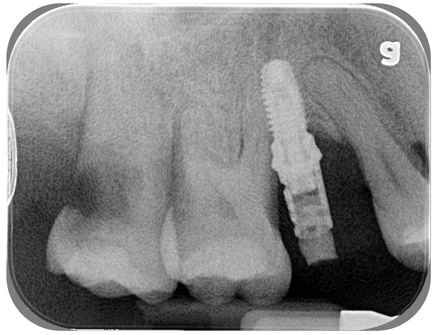


Fig 2. Periapical radiograph show teeth # 3 with dental caries and # 2 is observed as well as dental implant in area of # 4 angled in an inappropriate position.



Fig3.Initial photograph, the area to be treated is observed.

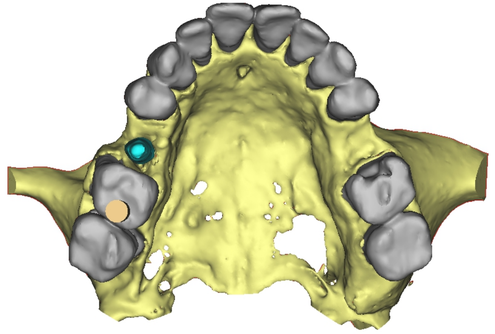


Fig 4b Tooth 2 and # 3 were digitally removed and implant placement between tooth # 2 and # 3 is assessed.

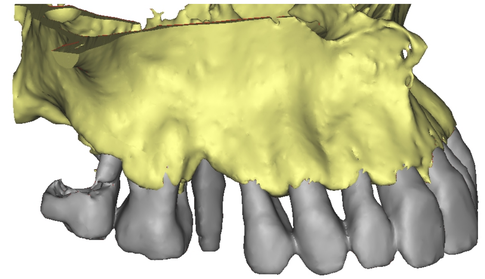


Fig.4 Lateral view shows tooth # 2 with dental cavity # 3 with bad periodontal prognosis and dental implant in zone # 4

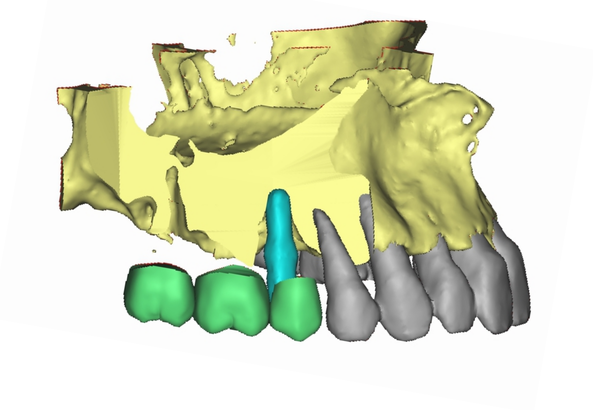


Fig.4a Oclusal view Lateral view shows tooth # 2 # 3 with bad periodontal prognosis and dental implant in zone # 4.

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TREATMENT

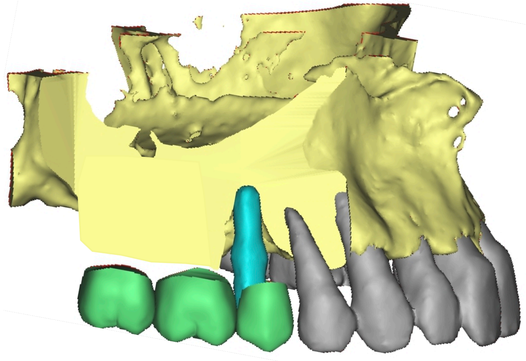


Fig 5 Tooth extraction and socket preservation are simulated.

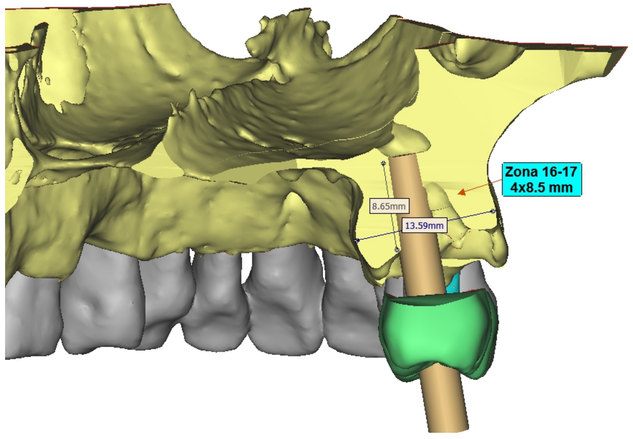


Fig7. Single dental implant planning in zone # 3.

1. The screw retained temporary crown was removed, and a cover screw was placed.
2. Submerged the implant.
3. Teeth # 2 and # 3 are going to be extracted and socket preservation will take placed, with a mixture of a xenograft bovine bone and allograft bone mixed of fibrin sealent, and the use of acellular dermal membrane is going to cover the bone graft.
4. Six months after these procedures, dental implants are going to be place on # 2 and #3 extraction sites (Fig6.) After the osteointegration period, screw retained individual crowns are going to replaced on implants # 2 and # 3 (Fig7 y Fig7a).

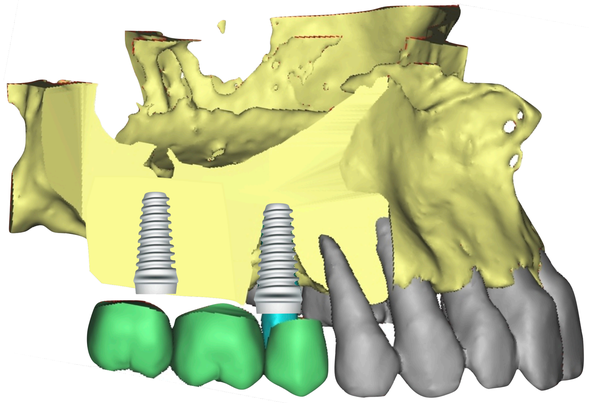


Fig6 . Simulation of dental implants.

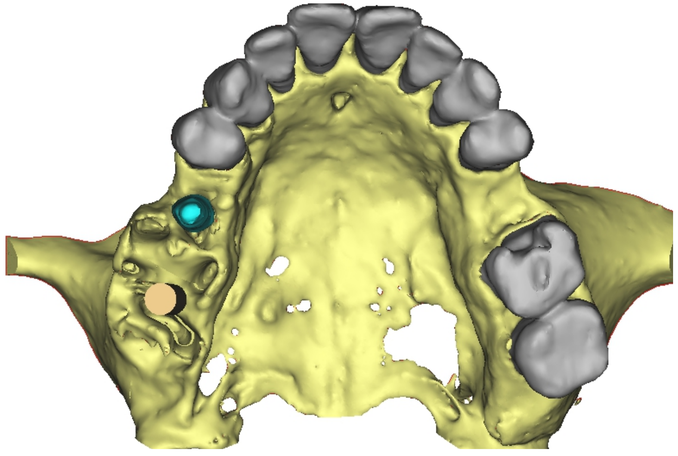


Fig7a . Axial view single dental implant planning in zone # 3.

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CONCLUSION

Literature regarding dental implant management in HIV patients is scarce. Due to advances in surgical procedures, safe protocols can be establish for both the operator and the patient, improving the patient´s quality of life. HIV patients who are undergoing medical treatment may be candidates for bone graft surgeries as well as dental implant placement. Thus the success rate of a treatment that includes bone surgery and dental implants in an HIV patient would be similar to an apparently healthy patient.



REFERENCE