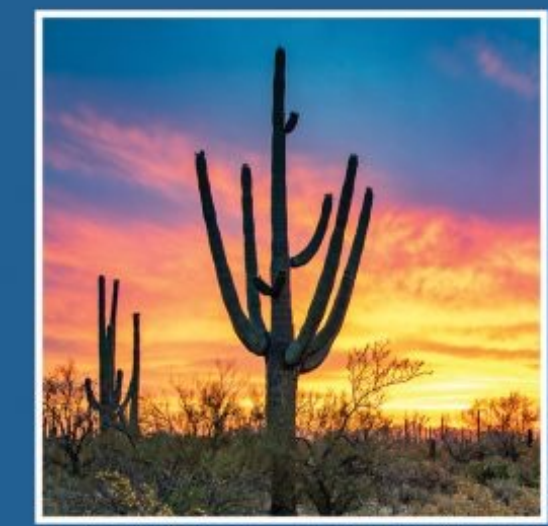




The Long Journey to Avoid Removable Prosthesis in Edentulous Posterior Mandible

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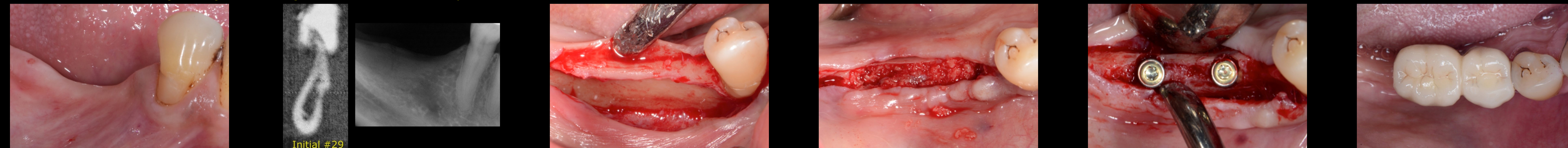
Patients with severely atrophic edentulous posterior mandibles with teeth missing for greater than 3-6 months, who desire fixed prostheses, present a challenge for successful implant placement. In these cases, vertical and horizontal bone is often deficient, and subsequently, there is a need for alveolar ridge augmentation procedures to achieve sufficient bone volume prior to dental implant placement. These augmentation procedures include the use of bone and bone substitute grafts (autografts, allografts, xenografts or alloplastic graft materials), guided bone regeneration (GBR) techniques with the use of bone graft and barrier membranes. An additional

treatment option for implant placement in these areas includes the transposition/lateralization of the IAN. However, this is a very complex technique that carries a high risk and potential complications. The purpose of the current report is to present the various surgical techniques and restorative considerations for implant placement in severely atrophic posterior mandible. In the current study, 9 implants in 6 patients were successfully placed with lateral to IAN in conjunction with CARS technique and restored with splinted screw-retained prostheses with a follow-up time after loading ranging from 3 months to 4 years.

Case 1. Conventional GBR and possible infection



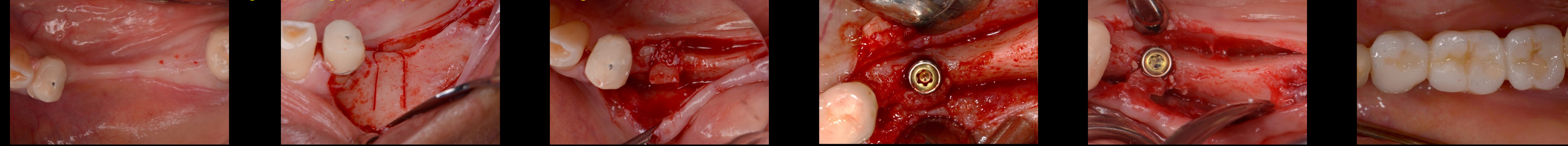
Case 2. Three stage ridge splitting technique and very limited case selection



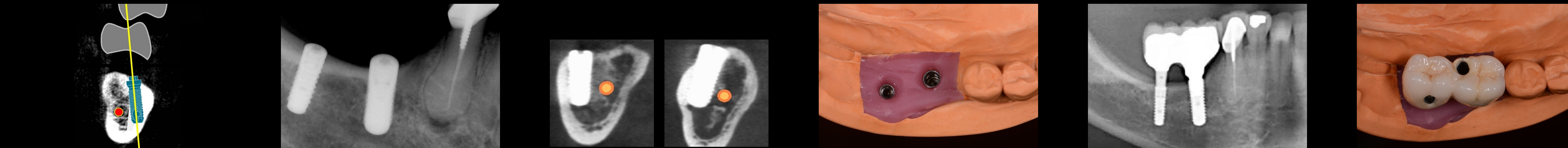
Case 3. Implant placement lateral to inferior alveolar nerve (RPD to fixed restoration): maximum 30% case indicated



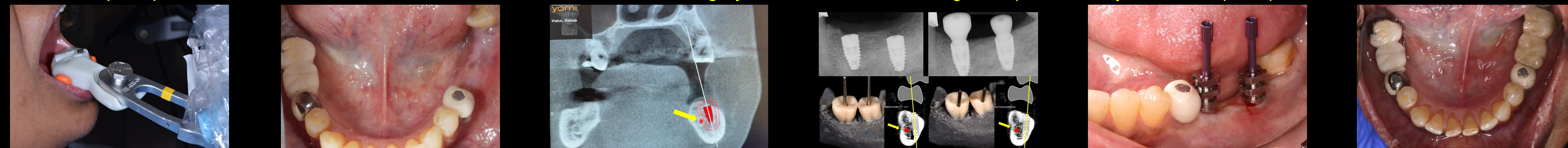
Case 4. Custom alveolar ridge splitting (CARS) technique with xenograft: more case can be indicated



Case 5. Implant placement lateral to inferior alveolar nerve with screw retained restoration: screw access holes can be compromised



Case 6. Implant placement lateral to inferior alveolar nerve with robotic assisted surgery: allow avoid nerve damage and prosthetically oriented implant placement



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