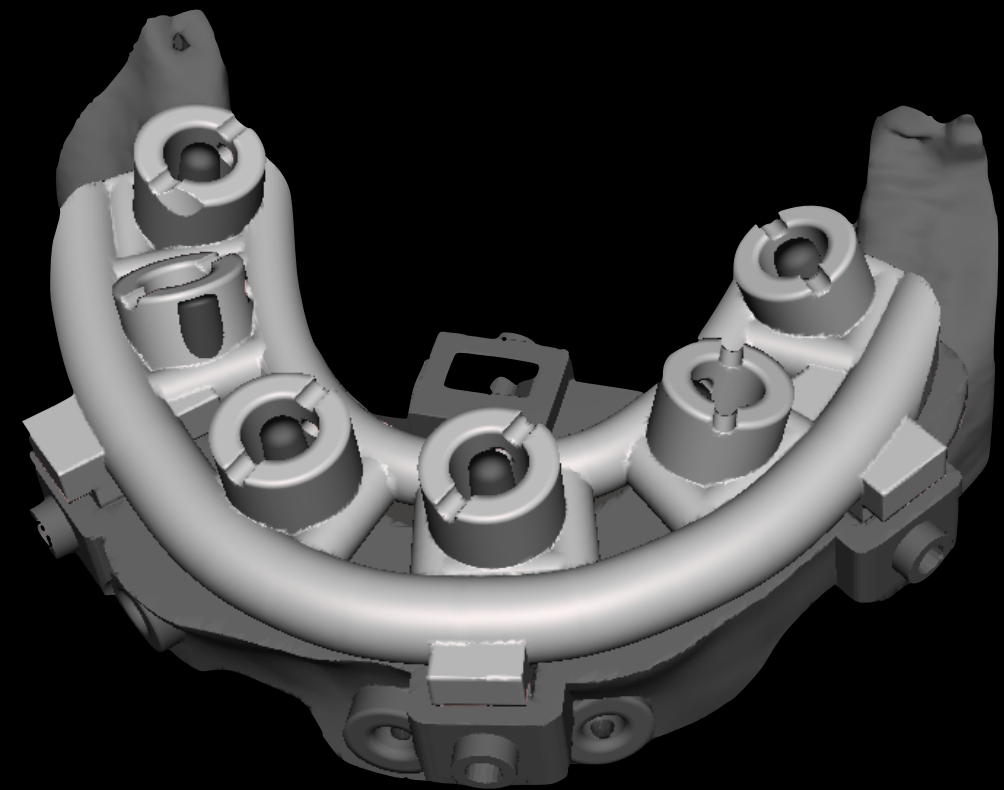
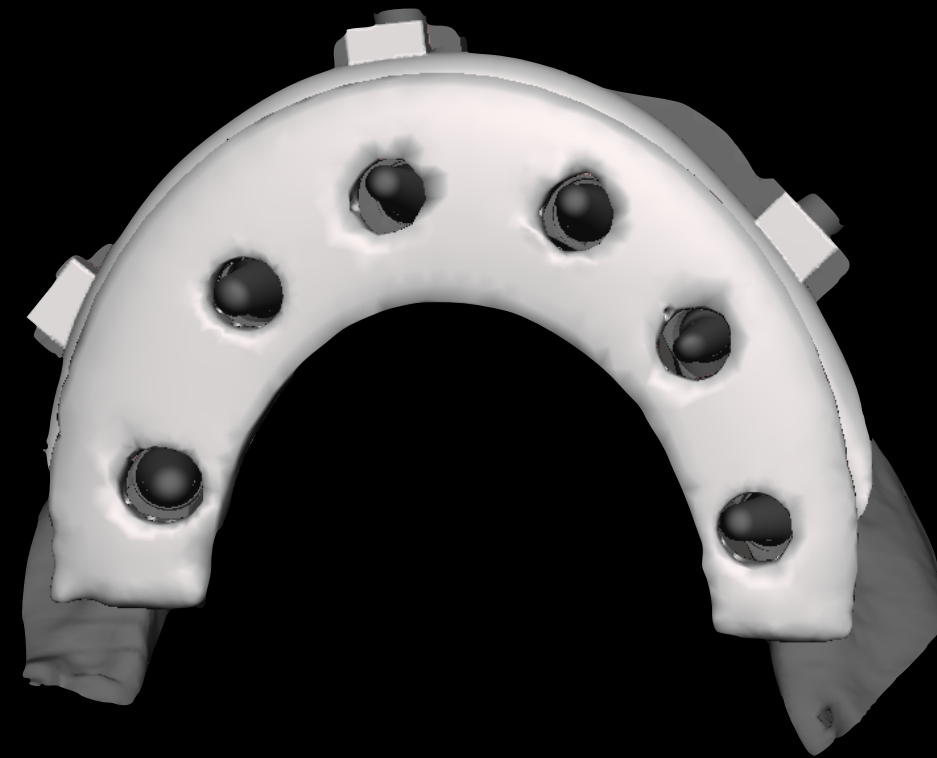
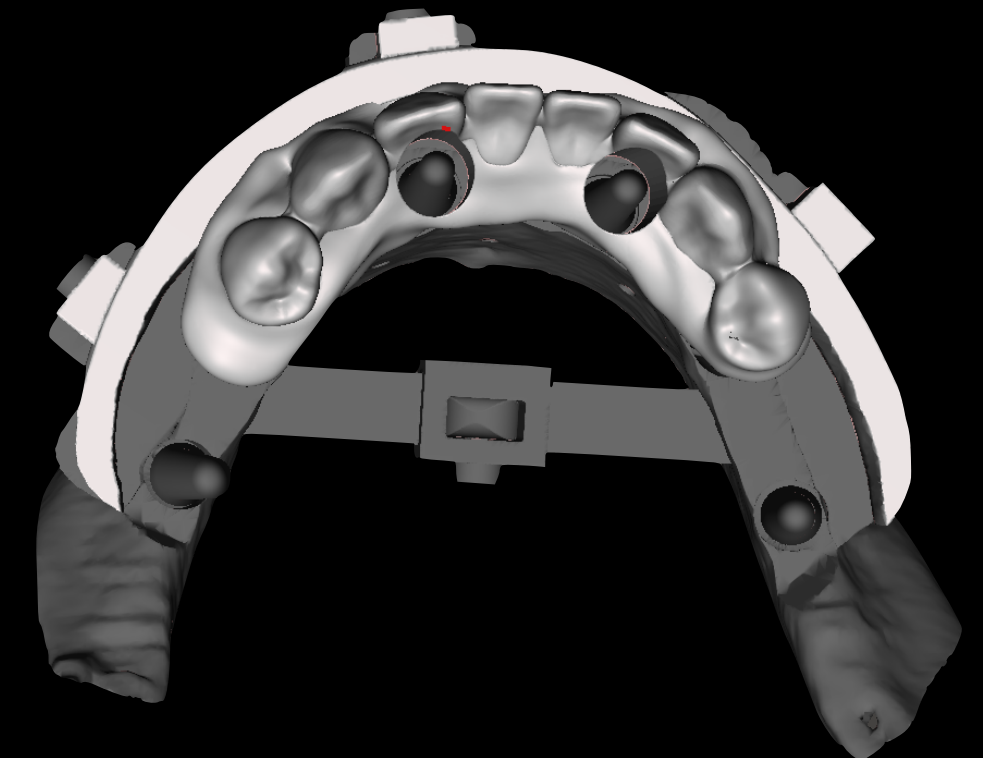
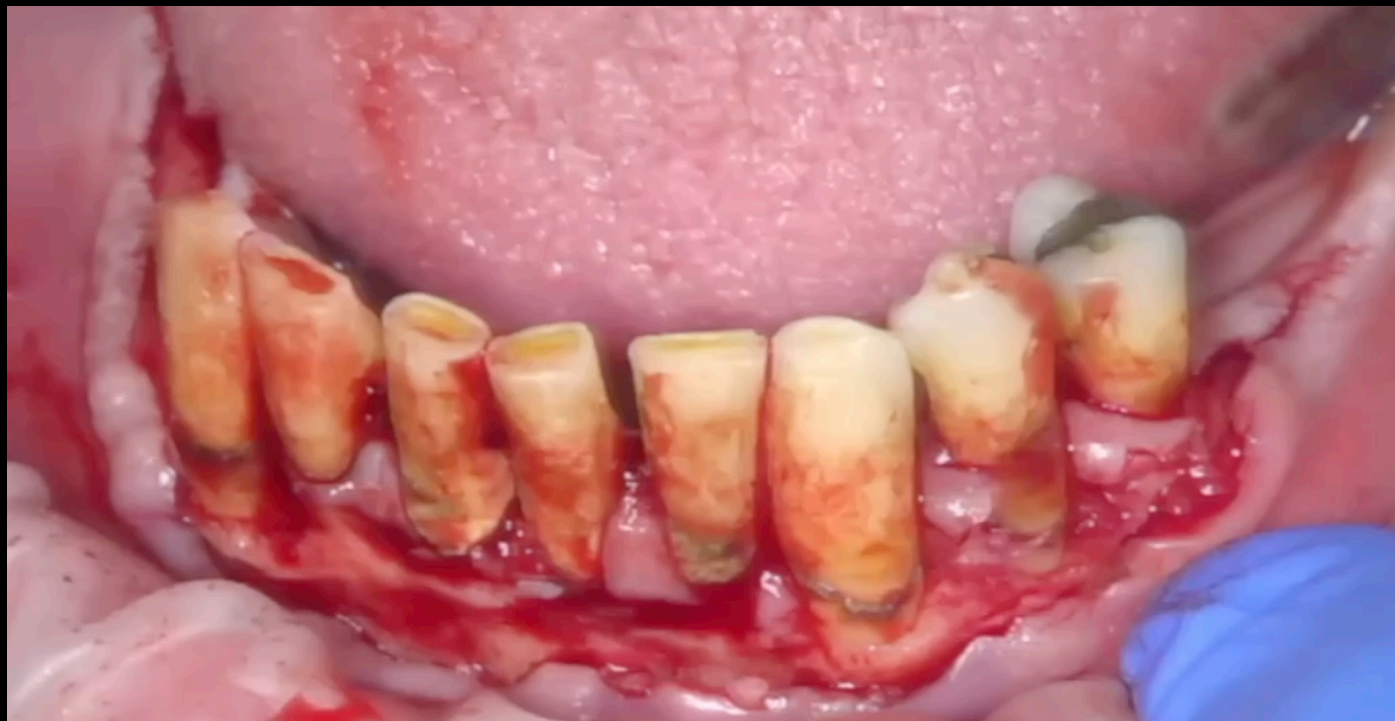
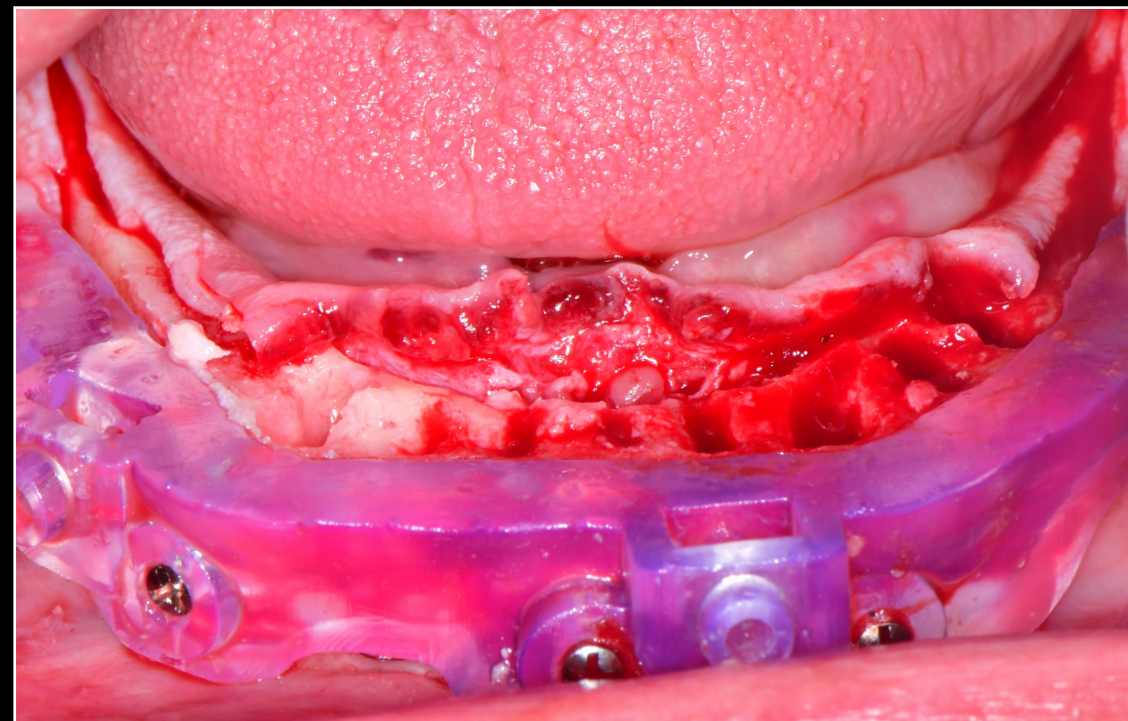


Dr Rami Salloum
Loma Linda University School of Dentistry, Loma Linda, CA USA

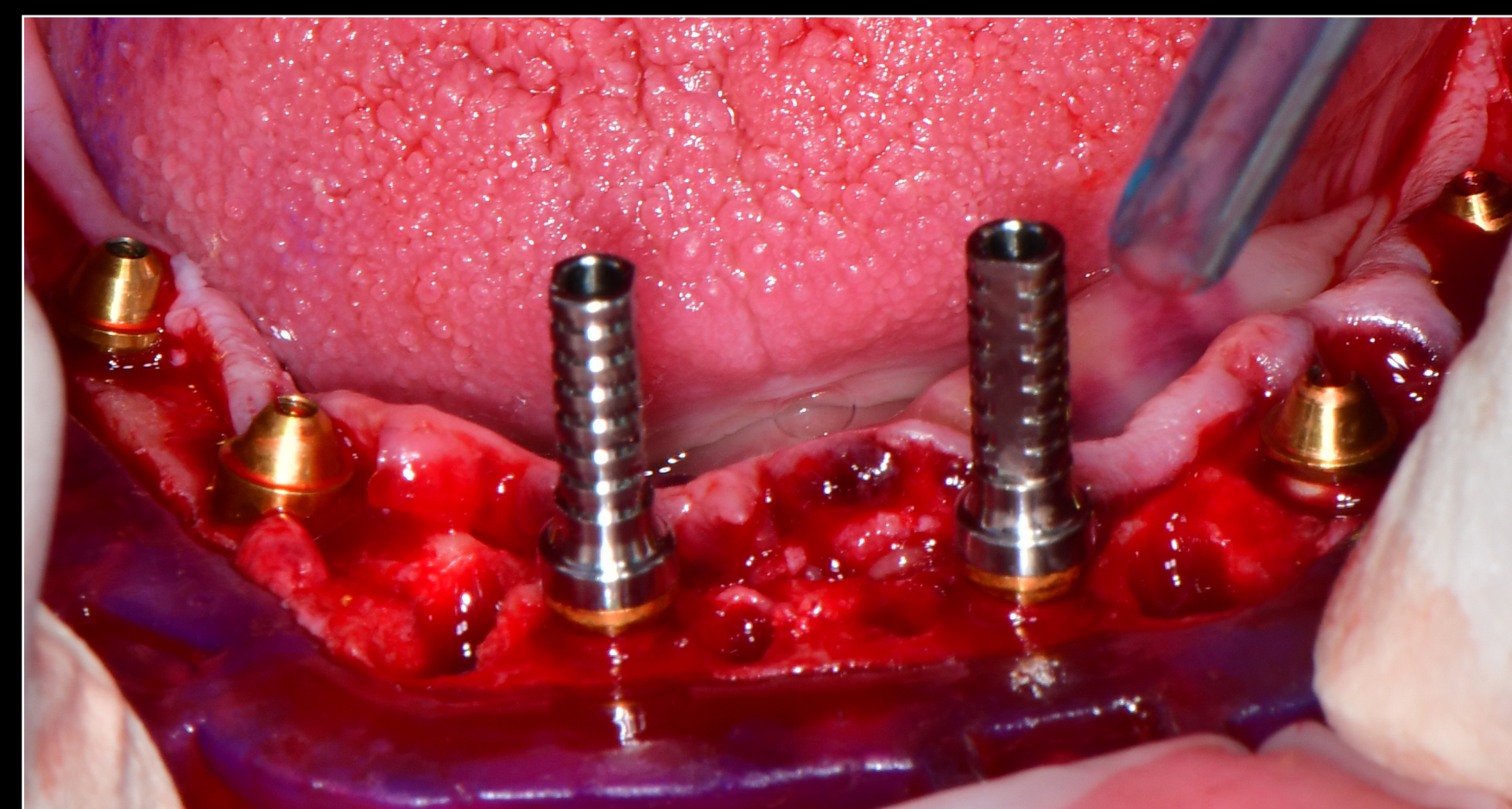
Introduction:

Full-arch dental implant therapy has become increasingly popular. However, traditional analog methods for creating provisional restorations have encountered obstacles such as prolonged chair time and complication risks. Digital dentistry has transformed this field by enabling same or second -day restoration design and delivery.



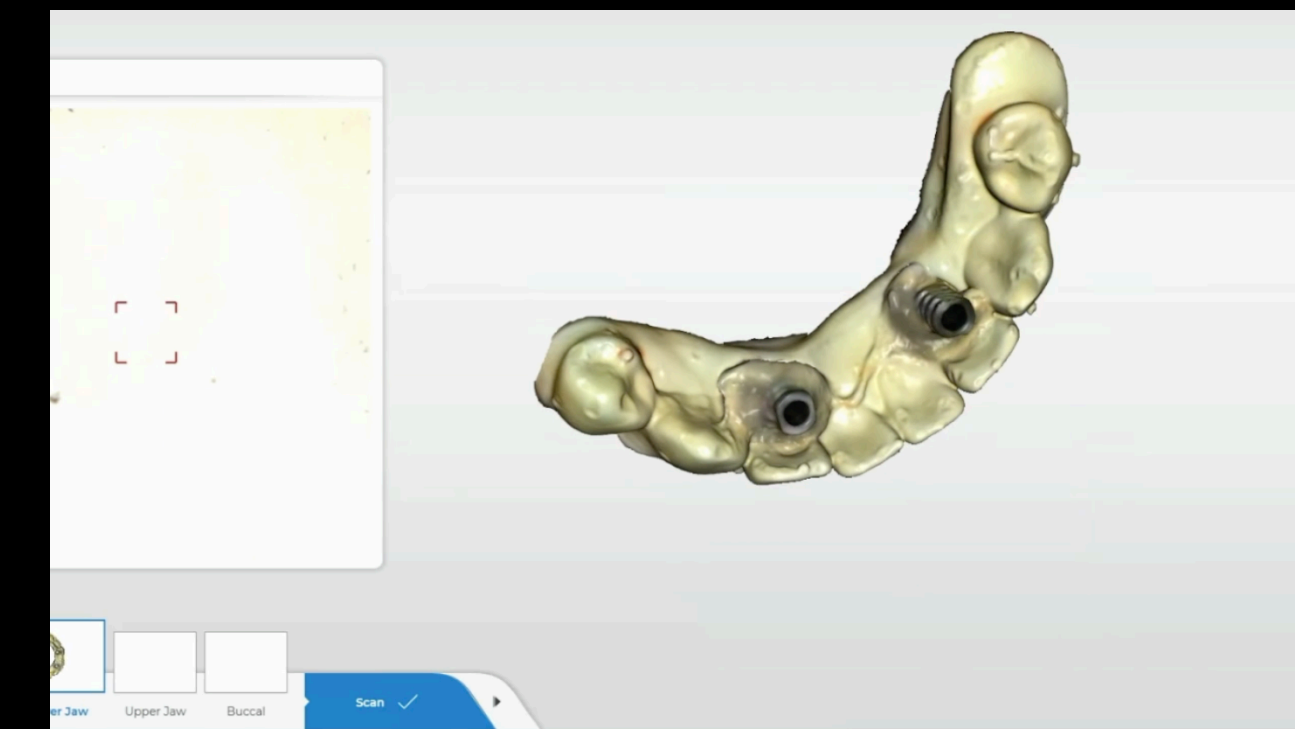
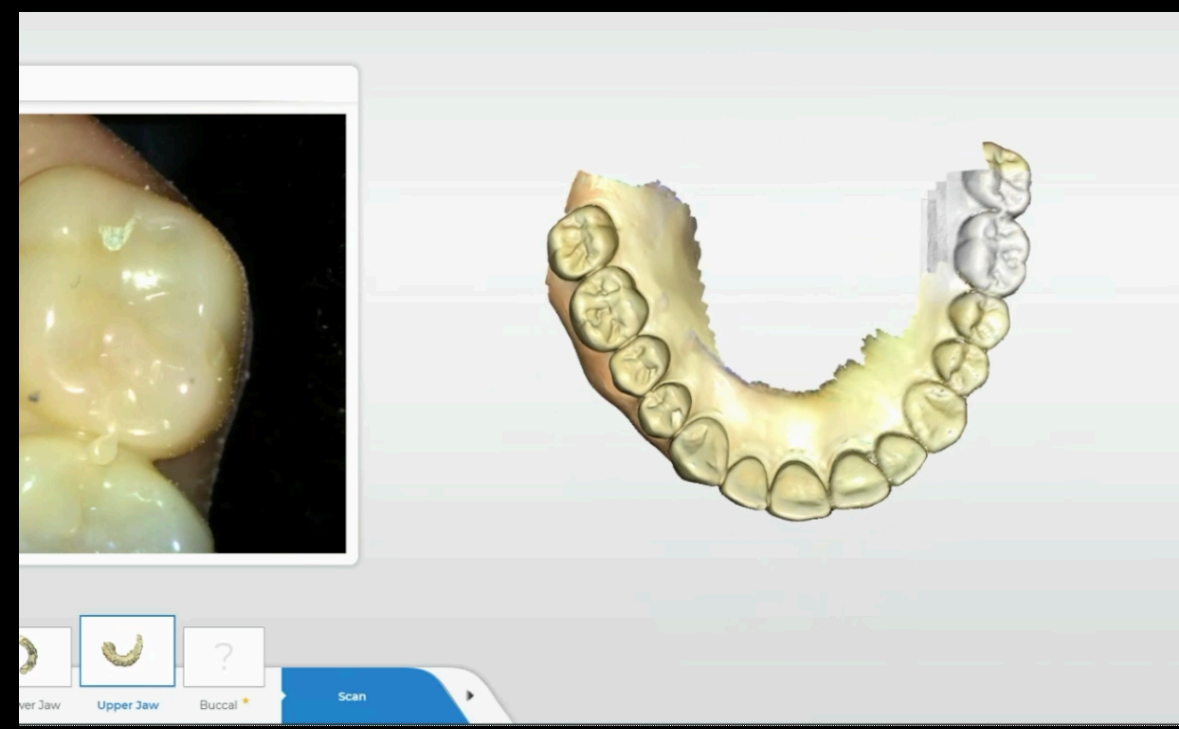
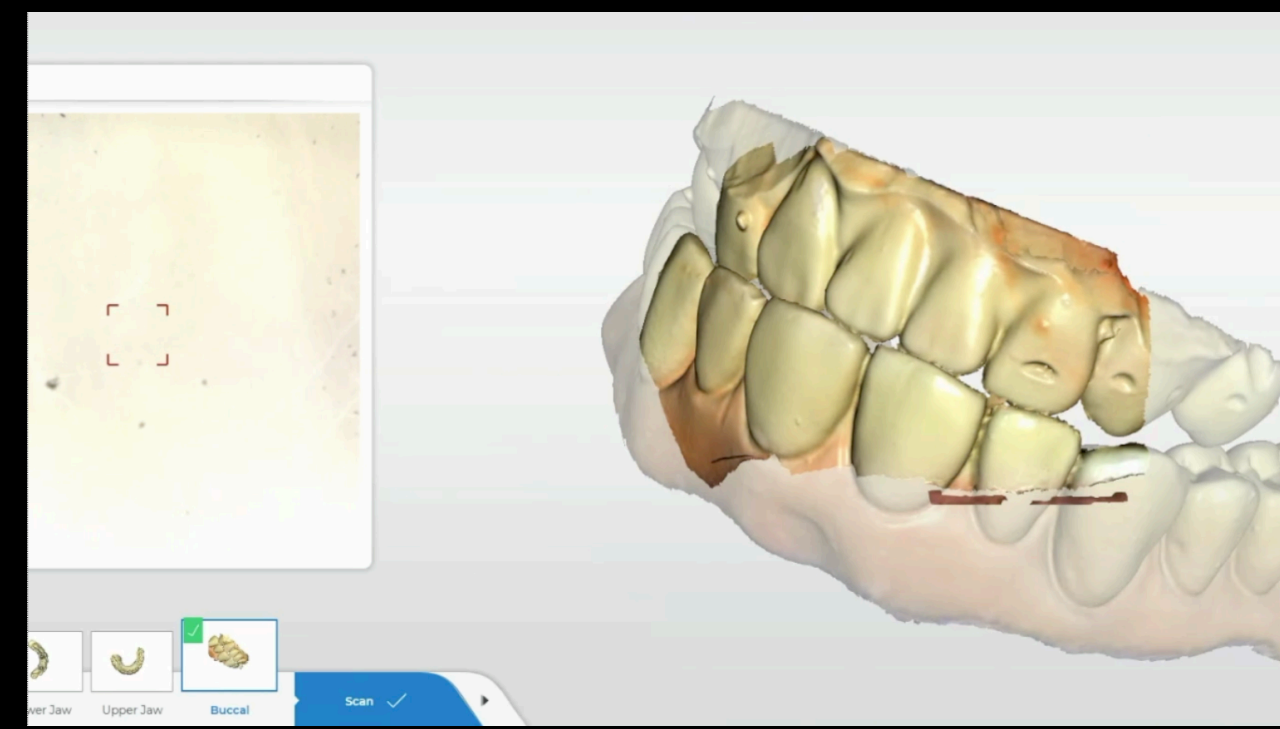
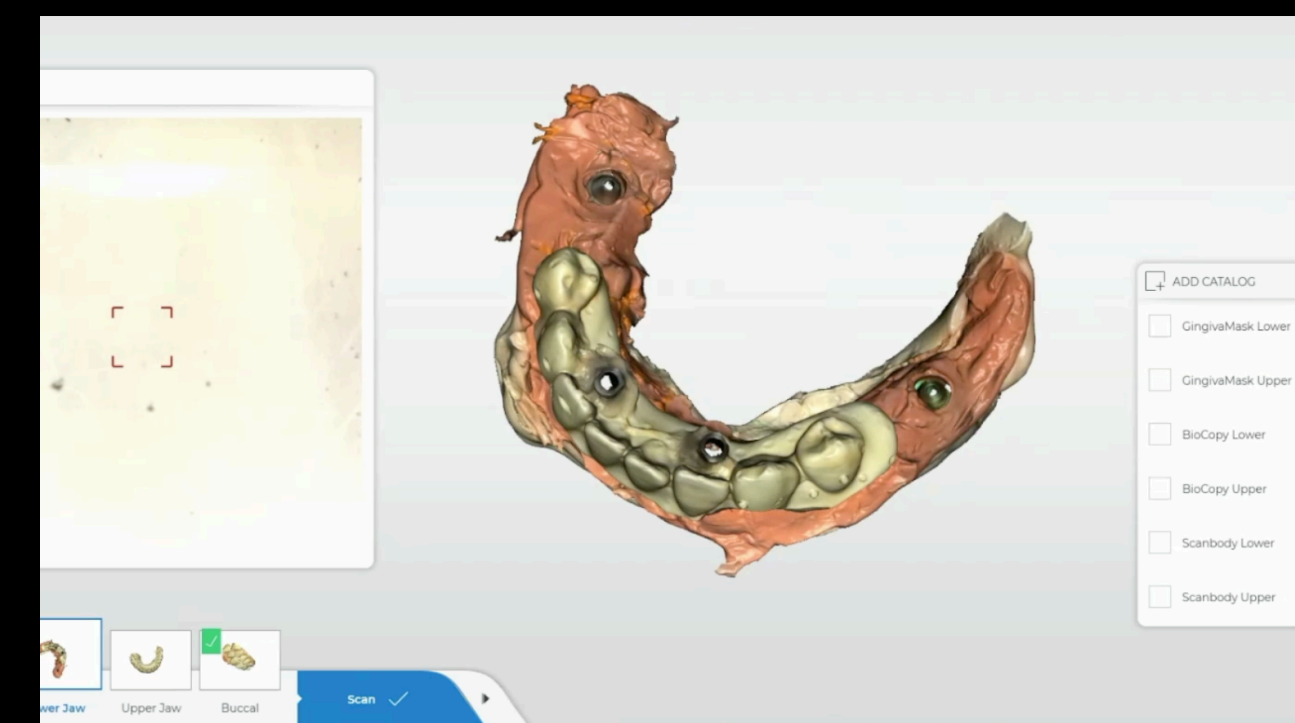
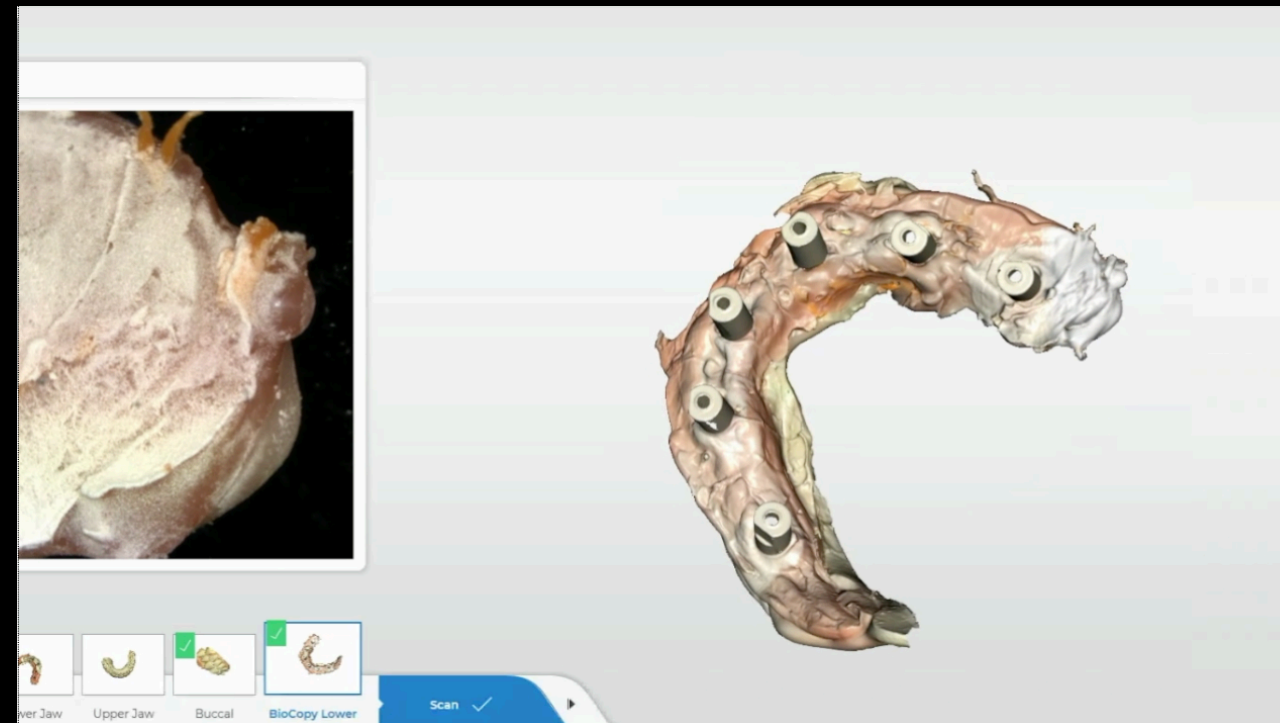
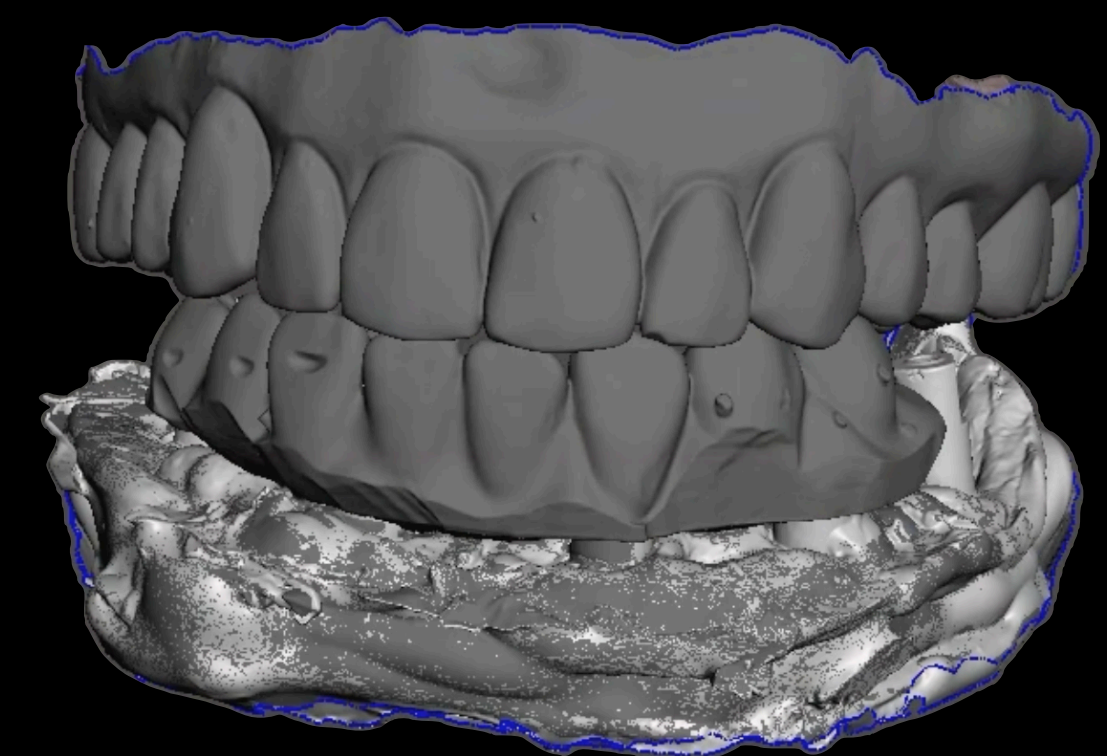
Dr Rami Salloum
Loma Linda University School of Dentistry, Loma Linda, CA USA

Method: patient with lower terminal dentition was treated with the All-on-6 fixed implant rehabilitation approach. A novel method called Rapid Digital Conversion was employed. The Anterior Scanning Device (ASD) served as a stable reference point in the anterior region of the patient's oral cavity, ensuring consistent occlusion and vertical dimension of occlusion (VDO) recording. It also facilitated a smooth transfer to and from the working model. Following the placement of implants and multi-unit abutments, the ASD was created by adapting a prepared stackable conversion onto a bone foundation guide, positioned over two copings in the anterior part of the patient's mouth.





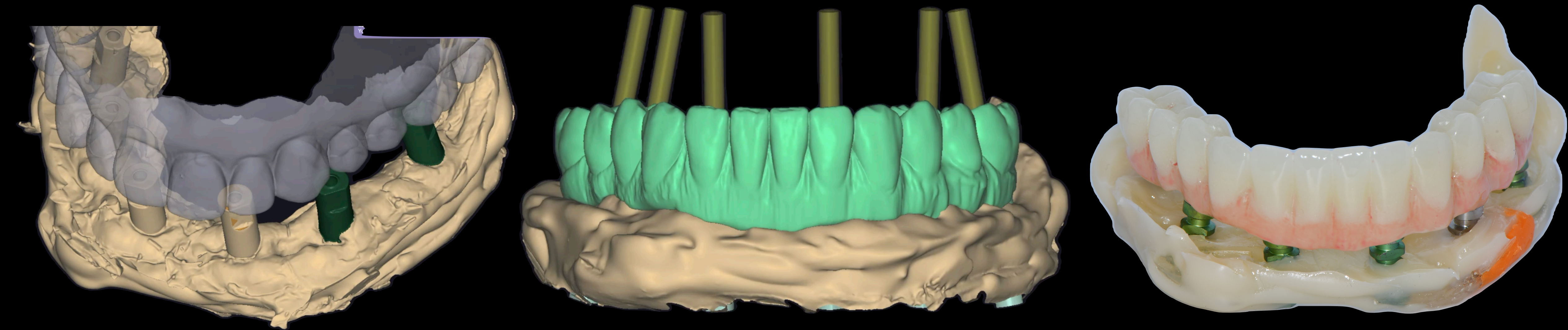
The ASD was digitally scanned intraorally to capture the bite, vertical dimension, and midline, and then transferred to the working model and scanned extraorally, along with the rest of the model. This **Hybrid Intra-oral Extra-oral scan** strategy effectively tricked the scanner into capturing the working model in occlusion, yielding precise scans and an accurate occlusion record without the need for external mounting of models.





Dr Rami Salloum
Loma Linda University School of Dentistry, Loma Linda, CA, USA

The Data obtained through this technique was utilized for the digital creation of a full-arch FP3 prosthesis, ensuring it had the ideal occlusion and a precise midline alignment. After thorough verification, the prosthesis was promptly delivered to the patient the following day.



Results: : The innovative digital approach detailed in this case study yielded remarkably accurate and efficient outcomes for the provisionalizing of implant-supported full-arch prostheses. This protocol's attributes, including its user-friendly nature, affordability, ability to seamlessly incorporate essential data from both intraoral and extraoral sources, and the capability to verify the prosthesis before delivery, collectively make it an invaluable option for a wide range of patients seeking efficient full-arch tooth replacement solutions.



Conclusion: this novel approach combine the best aspects of analog and digital methods while eliminating technique-sensitive aspects. It records essential information in a single step and facilitates accurate data merging from intraoral and extraoral sources. This method is suitable for a broad population of patients seeking efficient full-arch tooth replacement, offering a low-cost, efficient, and highly accurate alternative to other methods.