



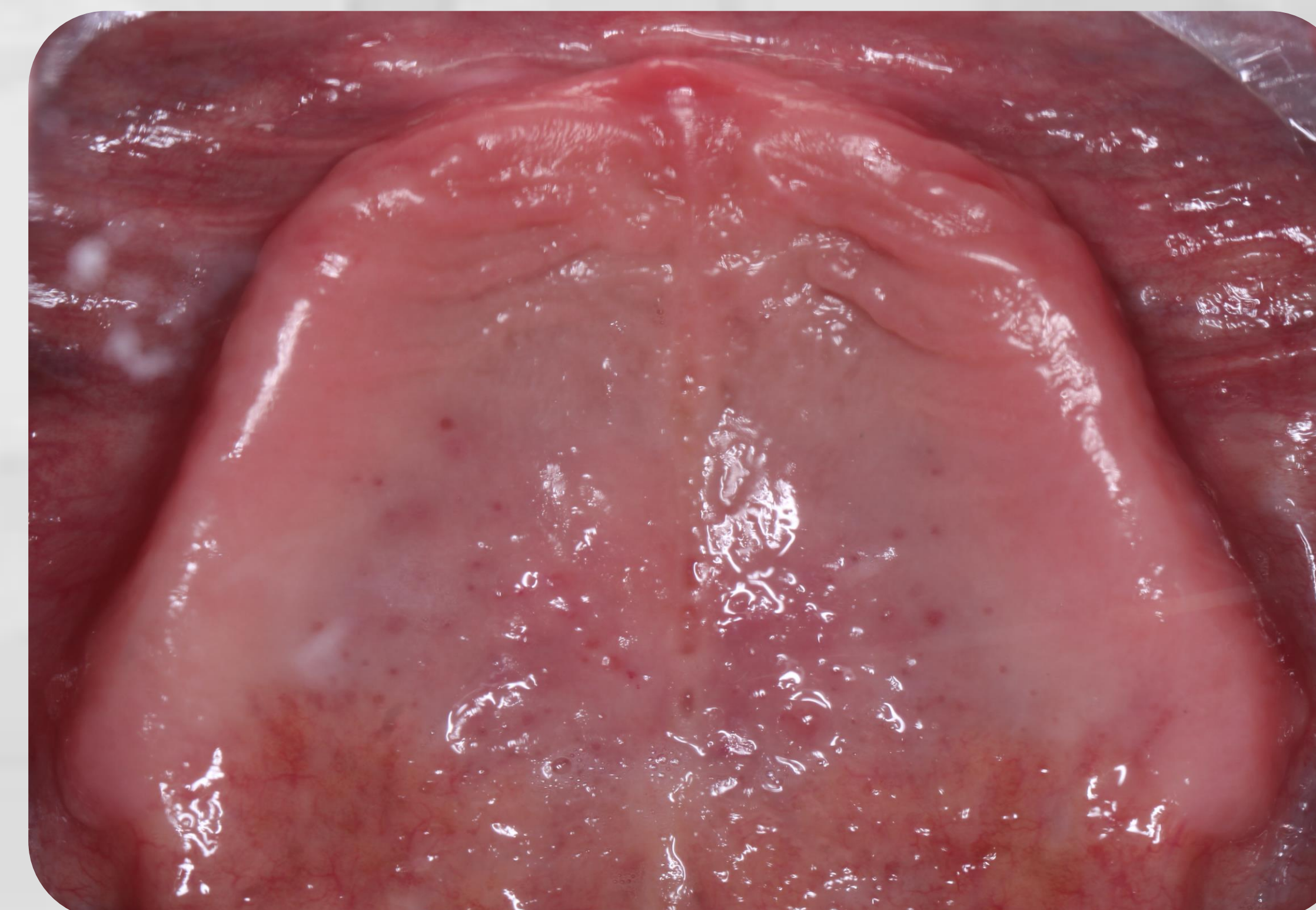
NATIONAL AUTONOMOUS UNIVERSITY OF MEXICO, UNAM
FACULTY OF DENTISTRY
HIGH SPECIALIZATION IN SURGICAL AND PROSTHETIC ORAL IMPLANTOLOGY



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SURGICAL GUIDE FOR IMPLANT PLACEMENT TO SUPPORT AN OVERDENTURE IN PATIENTS WITH OROMANDIBULAR DYSTONIA (CASE REPORT)

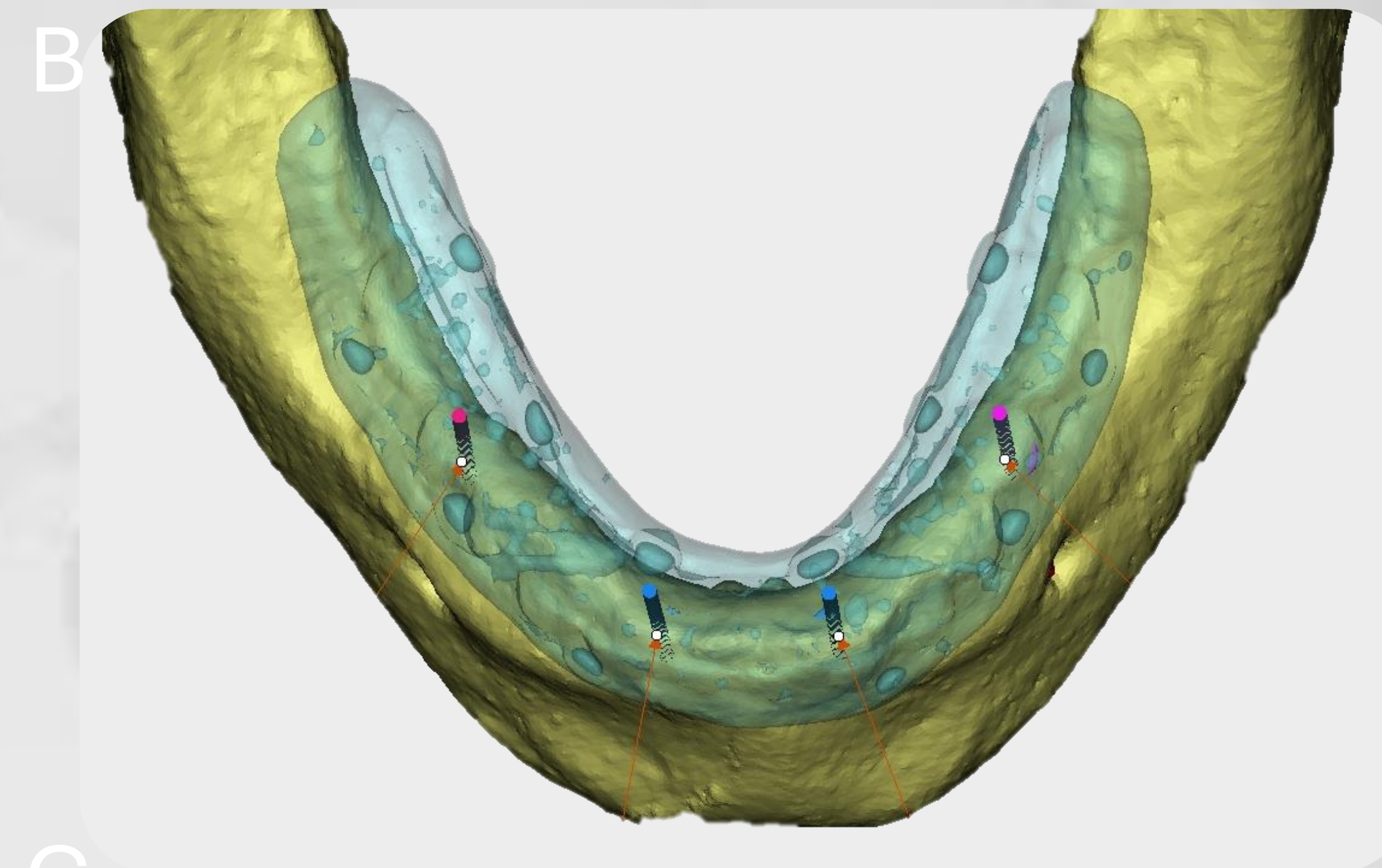
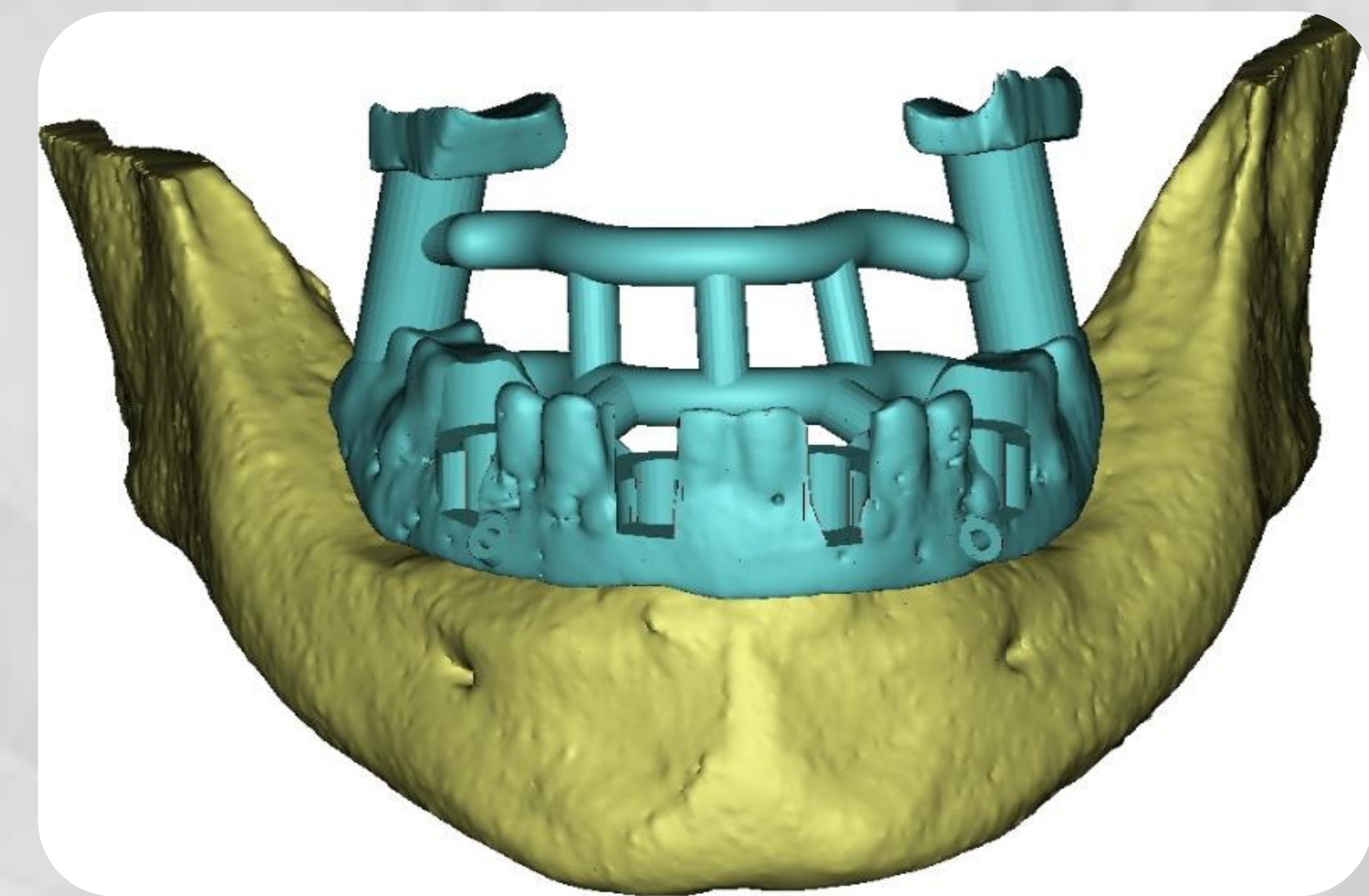
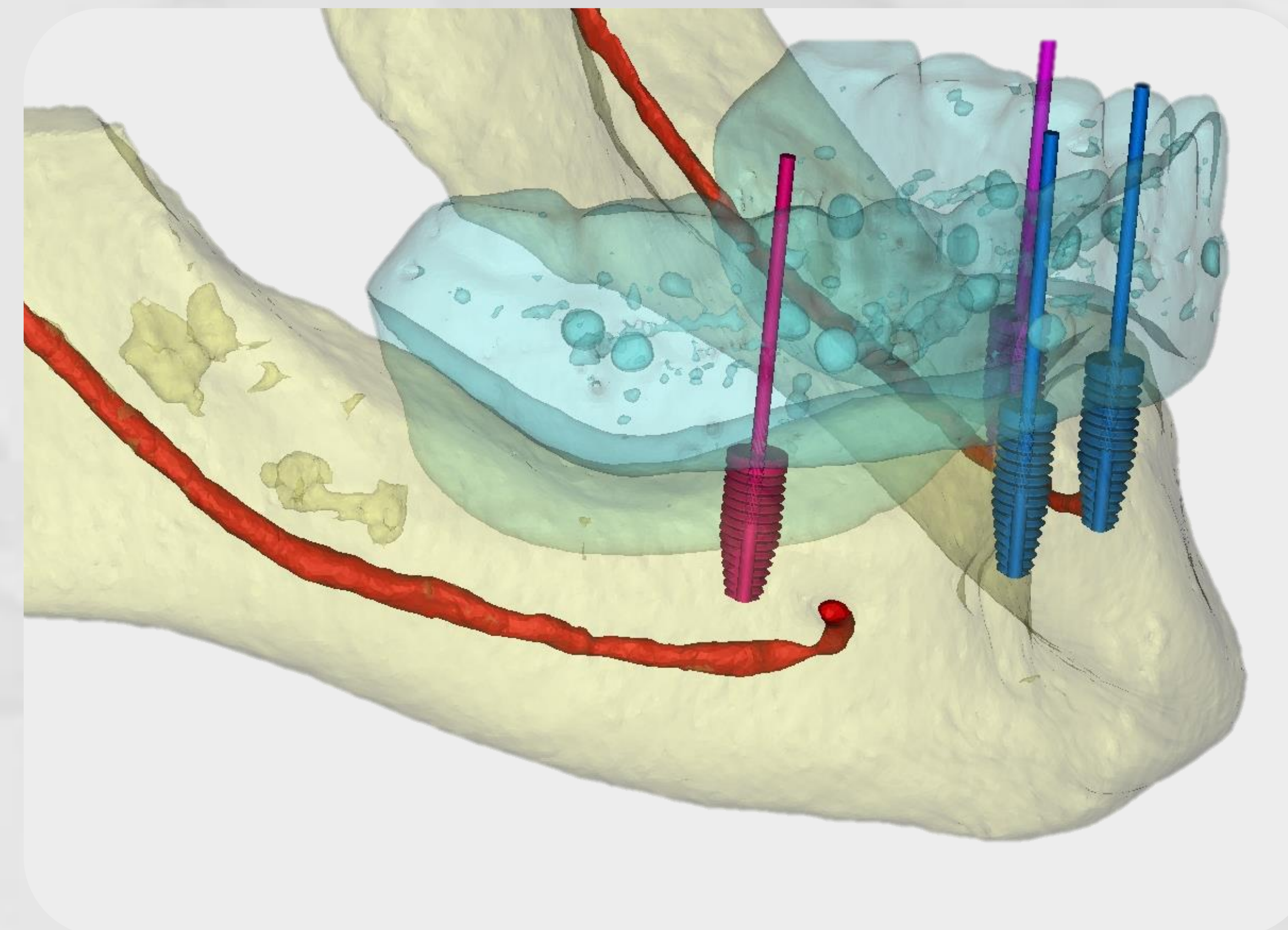
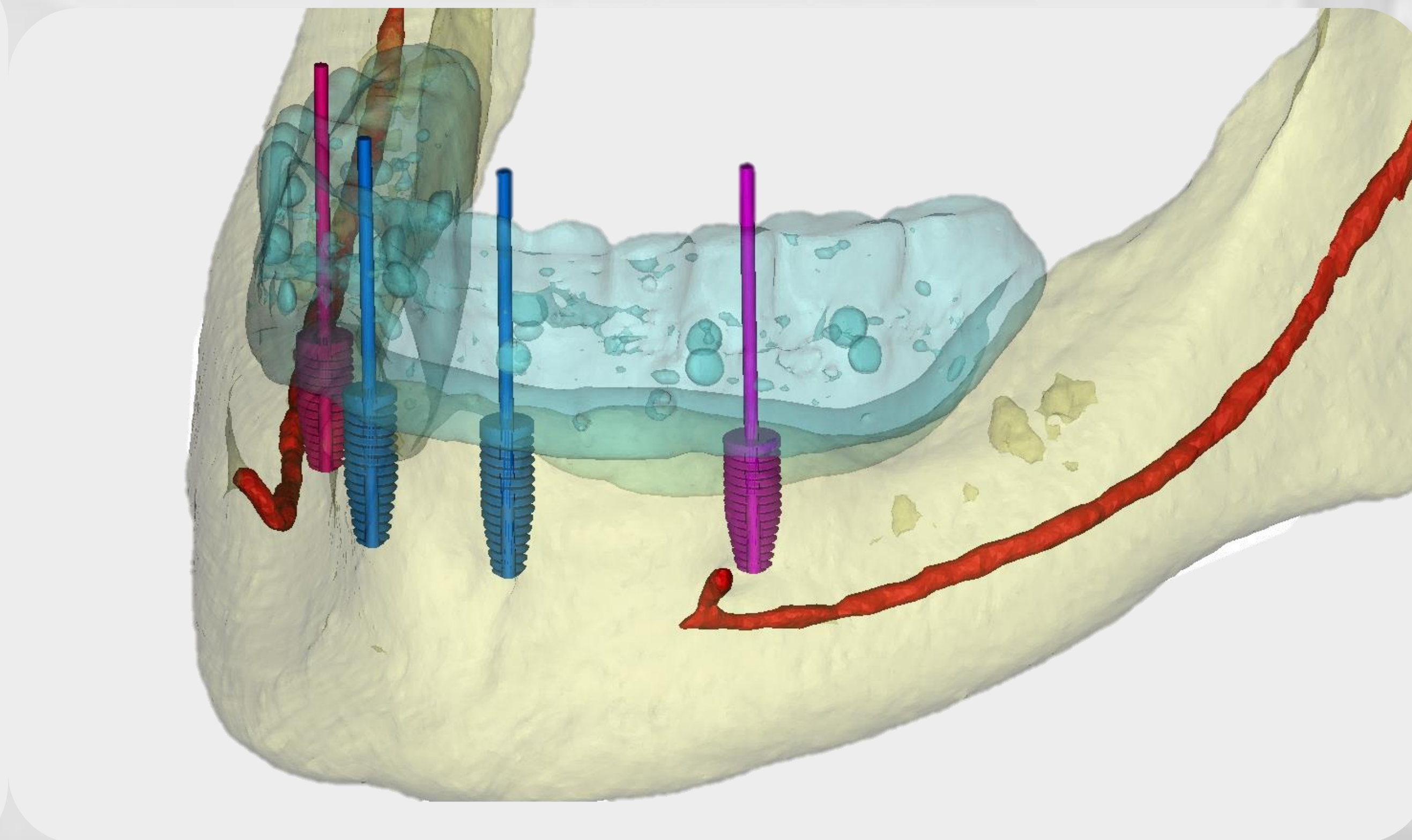
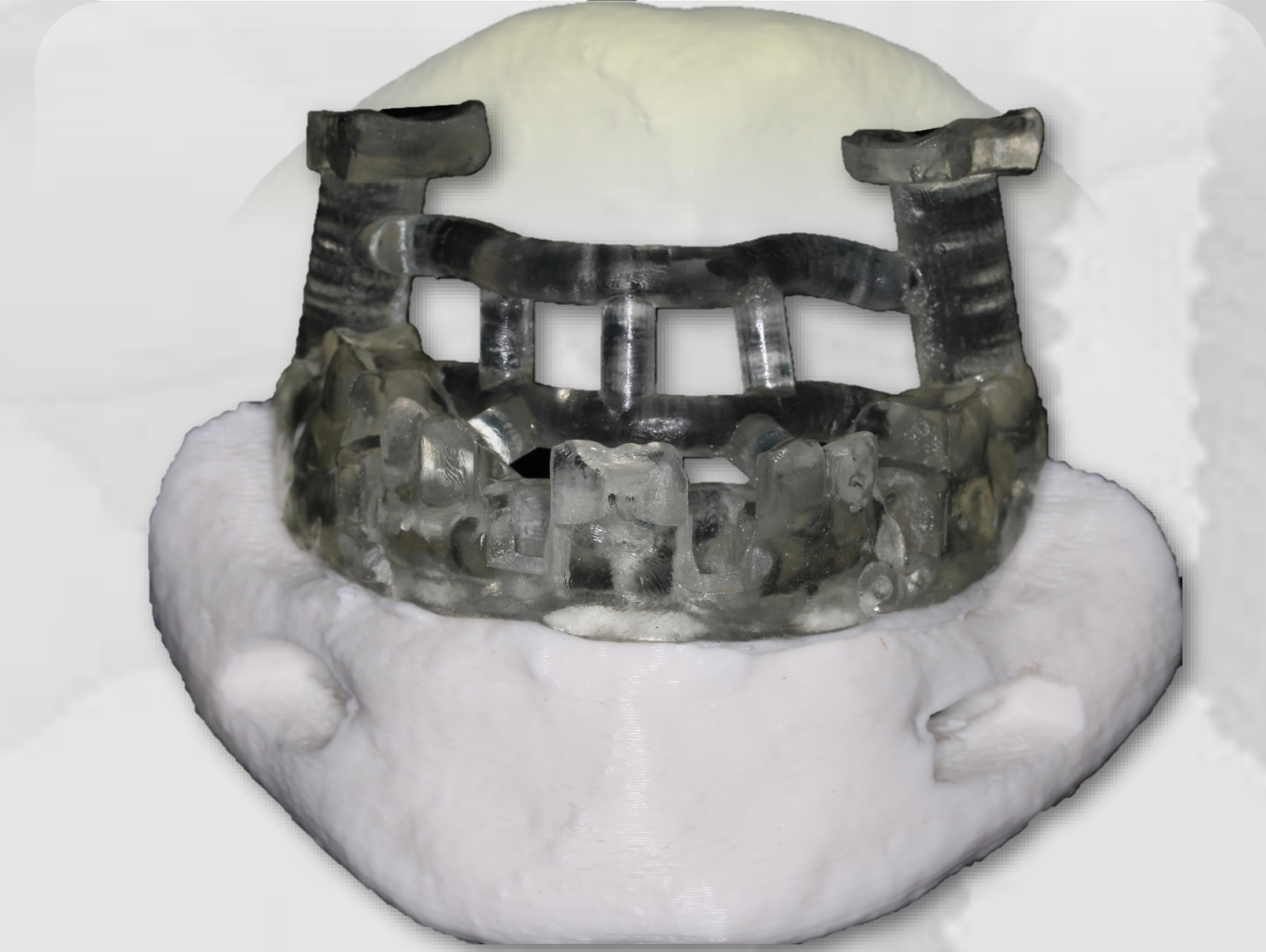


In this case, a 77 year old completely edentulous individual whose main complaint is that due to the repetitive and sustained spasmodic contraction of the tongue a conventional denture does not achieve an adequate retention, causing the patient to be unable to eat or keep the denture in place, so the alternative of an implant-retained mandibular overdenture was proposed.



Oromandibular dystonia (OMD) is an involuntary, repetitive and sustained or spasmodic contraction of the masticatory muscles of the face and tongue. OMD can result in involuntary opening or closing of the jaw, and involuntary movements of the tongue. OMD is directly related to the use of antidepressants, as well as peripheral nerve injuries in dental procedures





Once the diagnostic procedures and design of the treatment plan were carried out, basically three main considerations arose. The first was related to the surgery for the placement of the implants, due to the uncontrollable movements of the jaw and tongue, the precision to replicate and to perform at the surgery placing the implants in the ideal positions that were determined in the tomography.

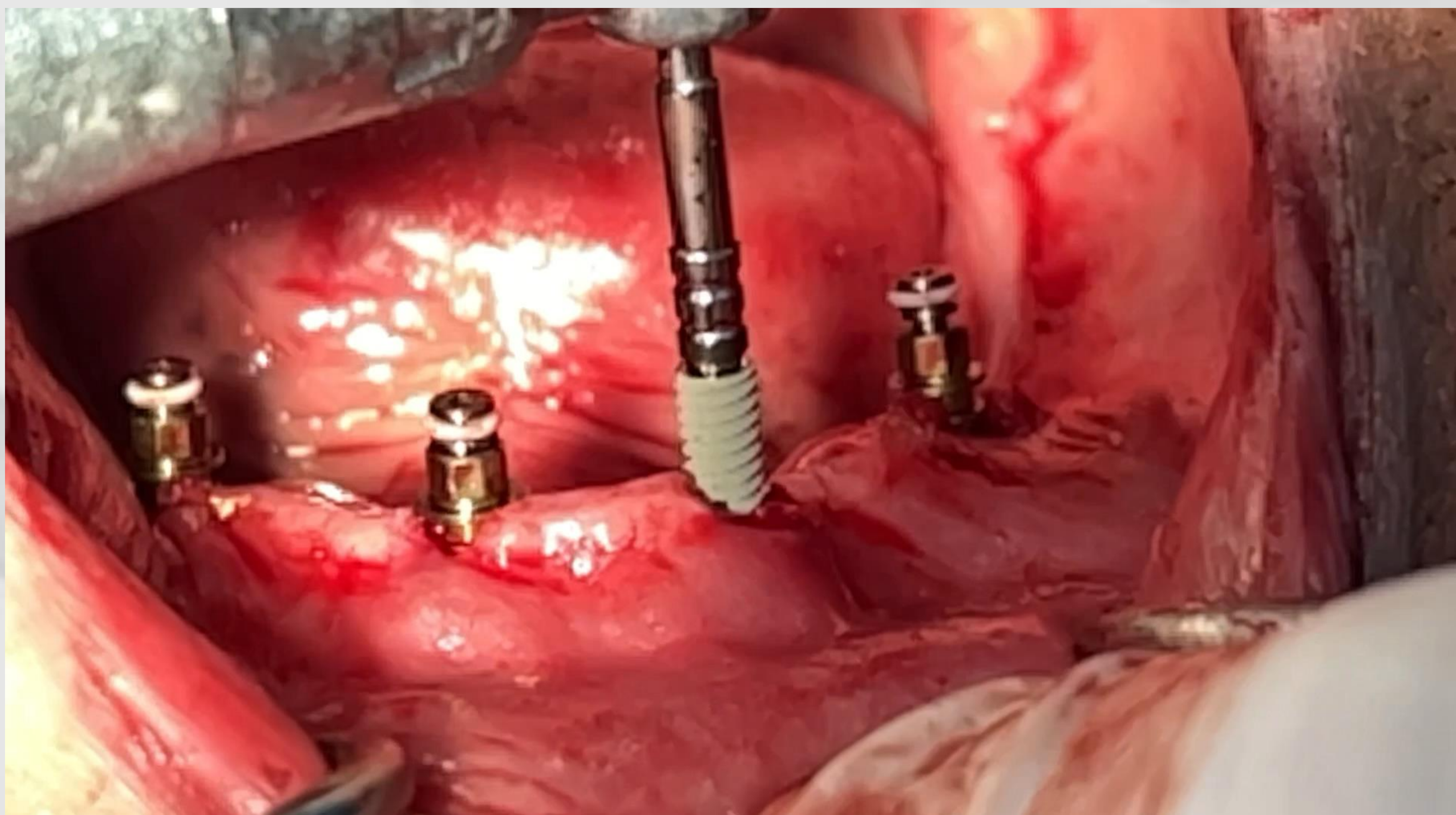
For that a surgical guide which includes a design with horizontal and vertical bars was planned, their function is to limit the movements of the tongue so that during the implant placement it does not interfere in the surgical procedure, isolating the tongue from the surgical site.



During the surgical procedure, the surgical guide was fixed with screws anchored to the bone, preventing its dislodging or movement. Once the guide was fixed, the milling protocol was carried out



An average of 35N/cm and an ISQ of 80 were obtained



Results.

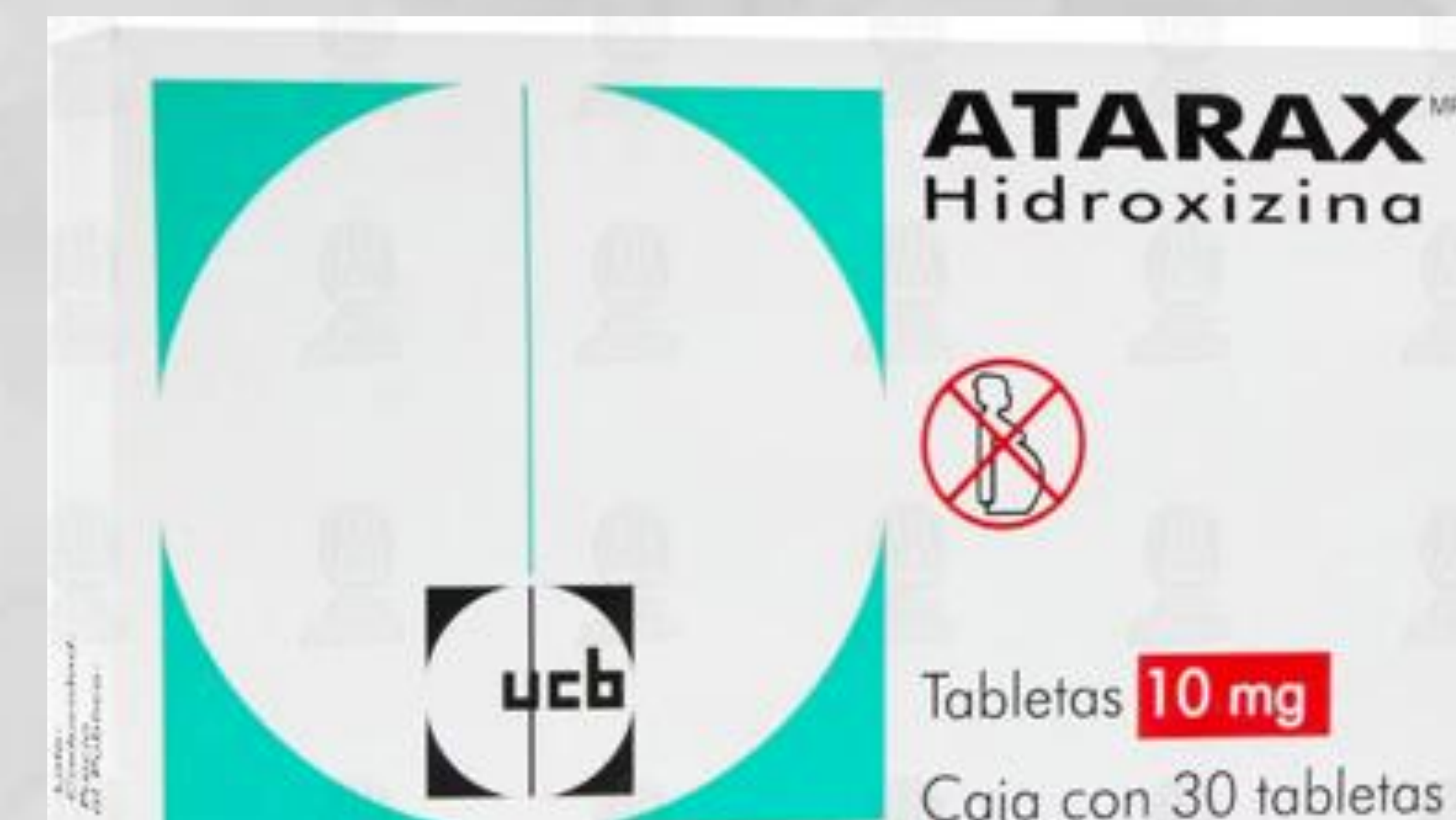
4 conical implants of 4mm in diameter in the area of lateral incisors and of first premolars were inserted



No immediate loading due to tongue movements



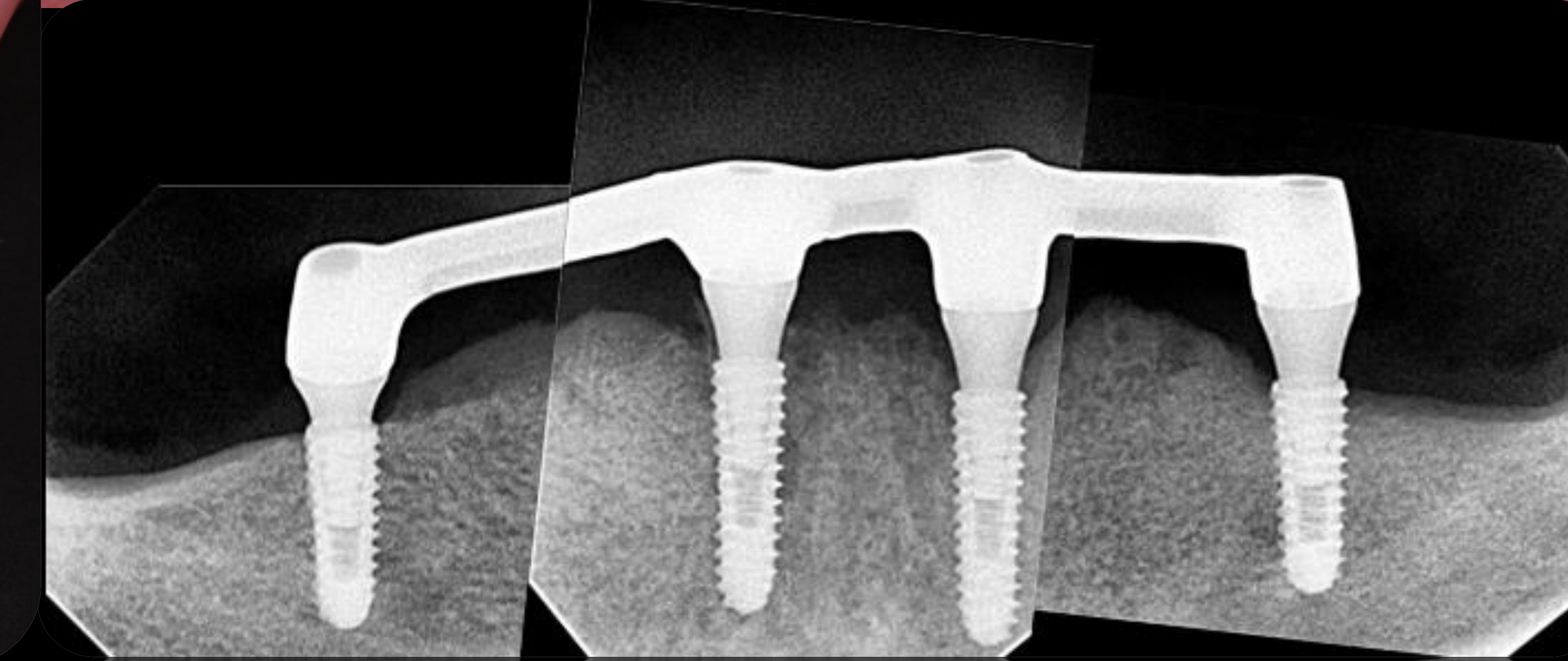
The second consideration is the type of the retention means that were used, due to the constant movement of the tongue, axial attachments are not the most appropriate alternative due to the lateral loads that could be generated, for that, a Hader bar was chosen, with this alternative the implants will be necessarily splinted in order to support in a more favorable way the lateral loads providing a more robust support and retention to the denture, considering that such parafunctional and uncontrolled movements of the tongue incorporate harmful loads to the bone, promoting possible peri-implant disease in addition of premature wear of the retentive elements of the denture in the short and medium term.



And the third considerations was how the patient could be treated pharmacologically to improve his condition. In this case, an adjustment was made to the medication and dose that the patient was taking. The patient was under antidepressants, so a consultation was made with his treating doctor. to make the corresponding adjustments, which resulted in a very considerable decrease in the condition.

Conclusion

In this case, the treatment of OMD turned out to be very effective considering that the systematic causes were addressed by first modifying the pharmacological scheme considering the control of repetitive and sustained movements or spasmodic contraction of the tongue. The dental treatment was based on an implant-supported overdenture retained by a hader bar to provide a more favorable support and retention to the denture.



REFERENCES

