



National Autonomous University of Mexico, UNAM

Faculty of Dentistry

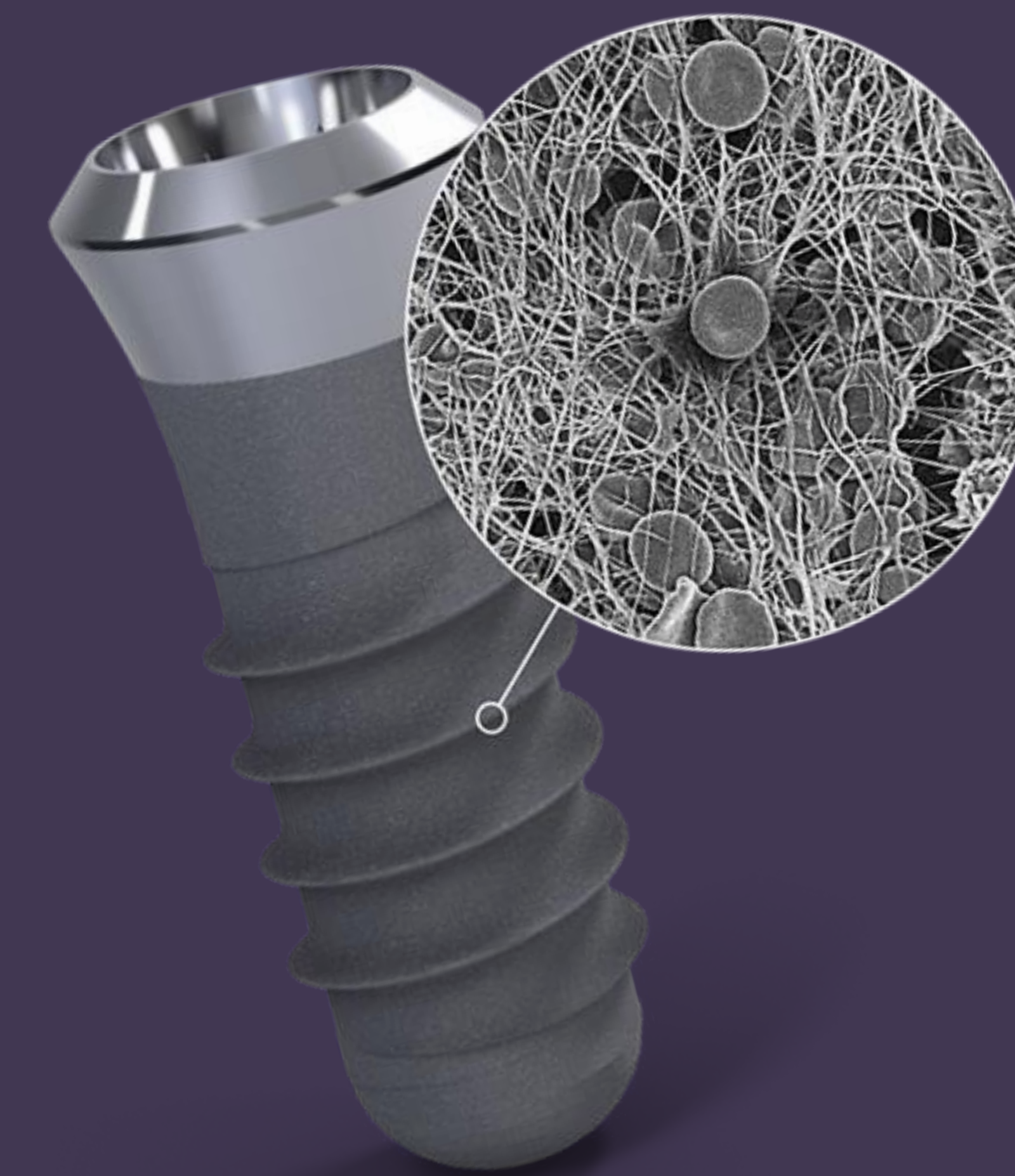
**Department of High Specialization in Surgical and Prosthetic Oral
Implantology**

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IMMEDIACY WITH ACTIVATED SURFACE IMPLANTS



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INTRODUCTION

The treatment of our patients with missing teeth has evolved over the years, and we have witnessed the journey from two-stage afterloading of implants placed in healed extraction sites to immediate implant placement with immediate provisional restoration at the time of extraction. Likewise in edentulous arches with immediate loading.

OBJECTIVE

Is to describe immediate placement and immediate provisionalized procedures in 3 cases, and to discuss surgical and prosthetic factors for long term success.

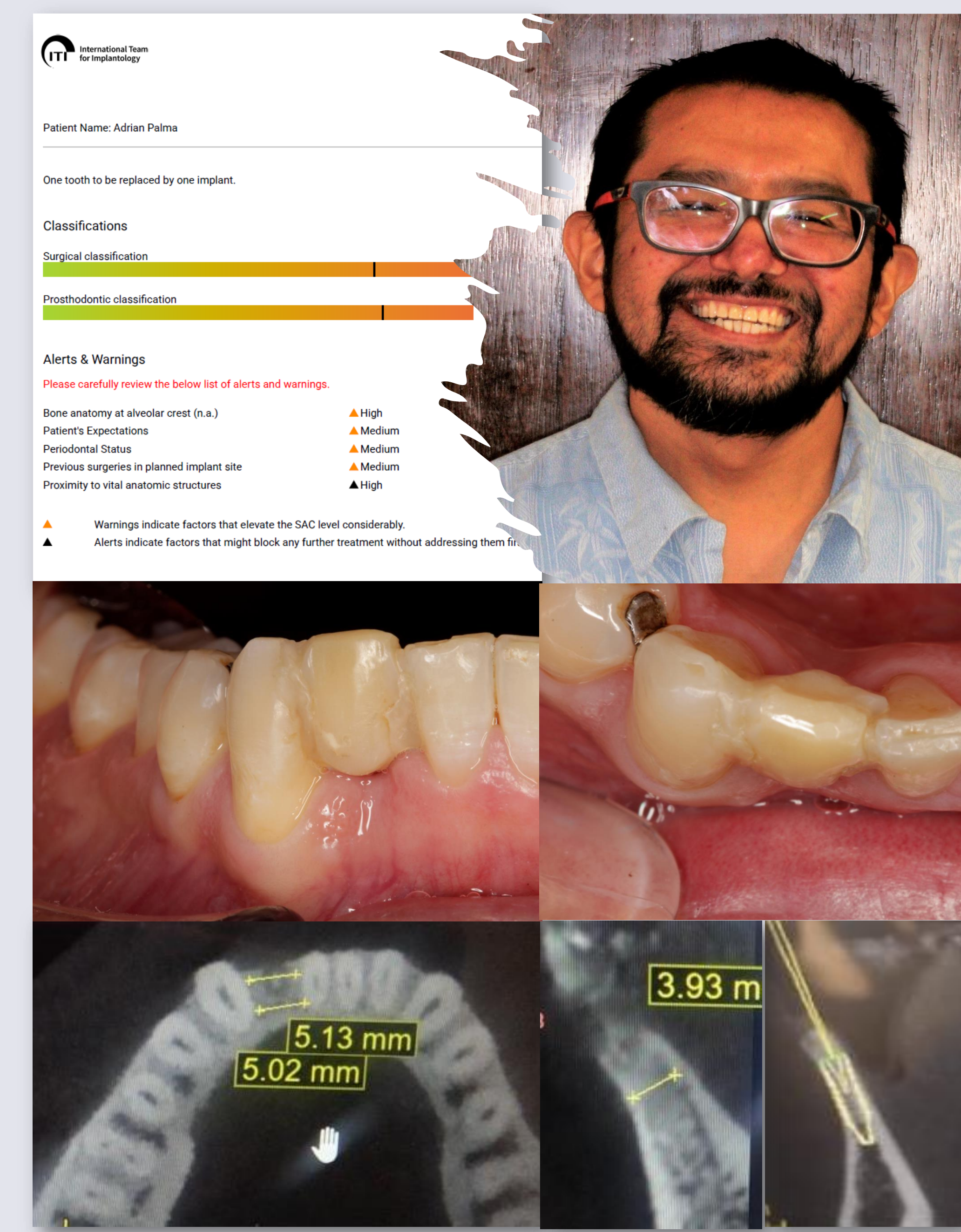


Fig. 1. Patient with missing lower incisor. According to the CBCT images, Codiagnostix software, and the SAC assesment tool, his case was classified as a high-risk surgery and medium-risk esthetics. The treatment plan was to place a 2.9 narrow diameter implant BLT-SC 2.9 implant with guided surgery and immediate provisionalization.

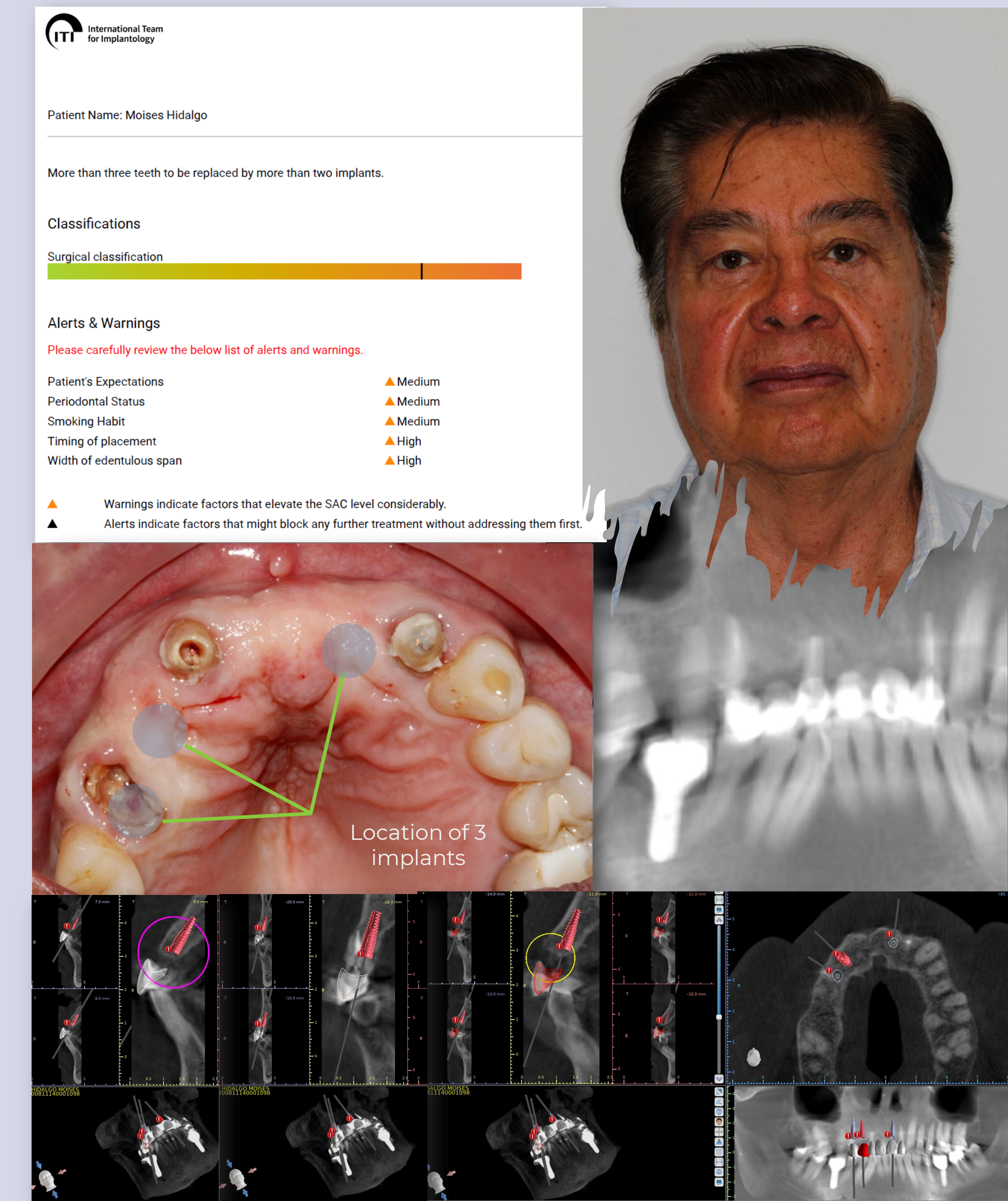


Fig. 2. Patient with failing tooth supported anterior fixed partial prostheses, he was classified as a high-risk surgery and medium-risk esthetics. The treatment plan was to place 3 implants to immediate provisionalization of the esthetic zone.

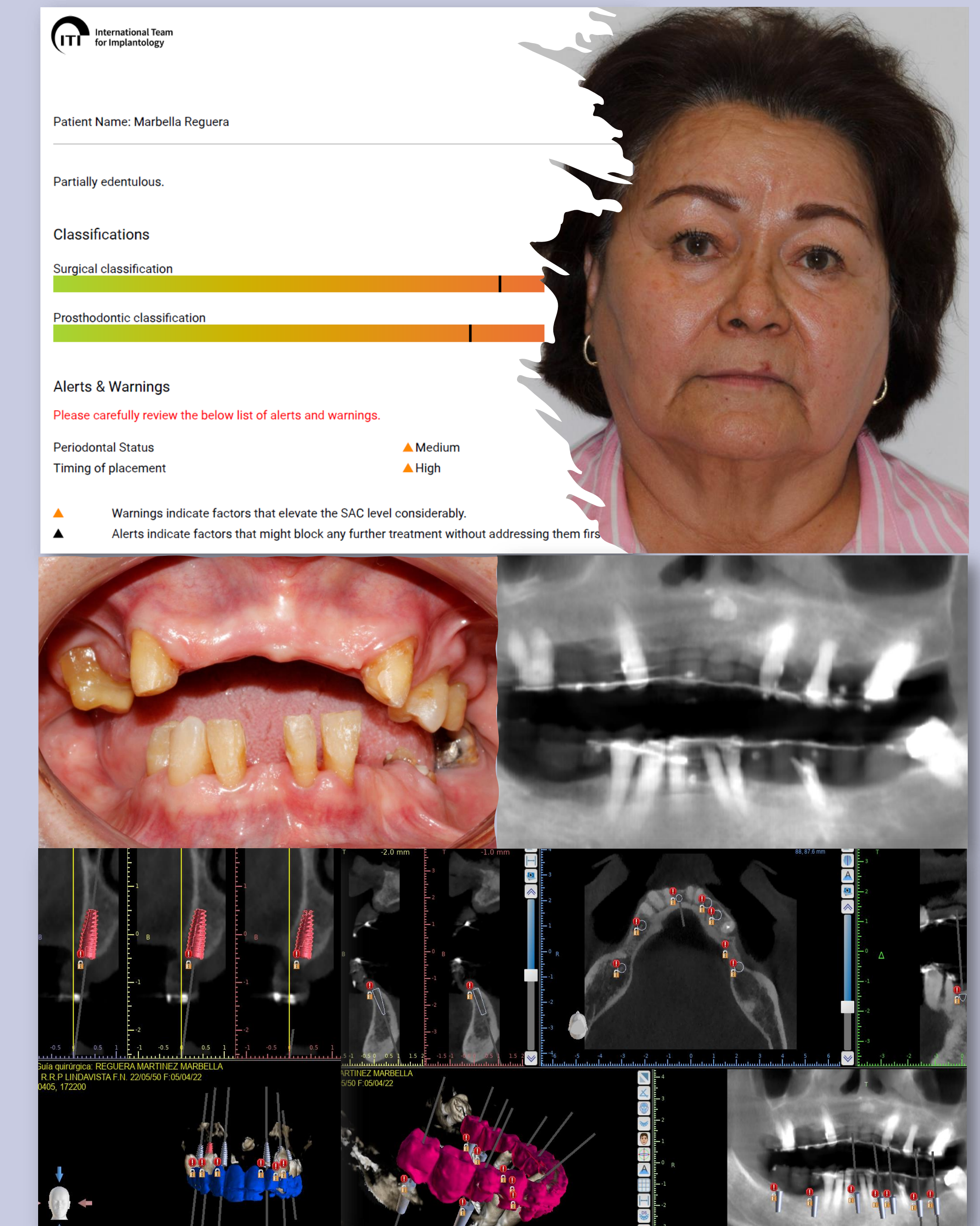


Fig. 3. he was classified as a high-risk surgery, high-risk prosthodontic and medium-risk esthetics. The treatment plan was to place six 4.0 BLX maxillary, six 4.0 BLX and one 2.9 BLT mandibular implants and immediate loading screw retained temporary restoration using SRA abutment.

SURGICAL GUIDES

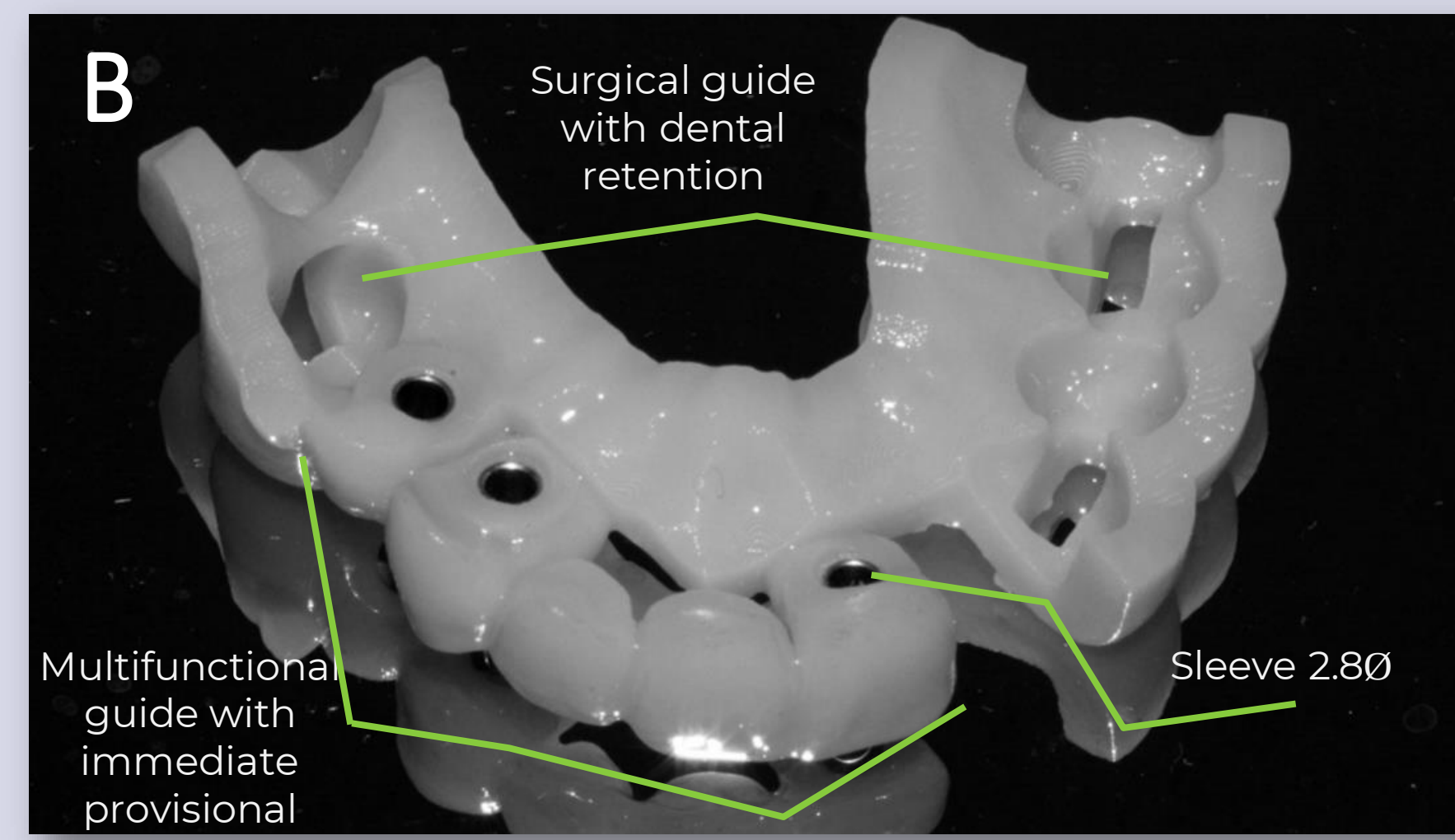


Fig. 4. Design of partially restrictive and totally restrictive surgical guides for the placement of dental implants. (A) Implant at 42 for partially restrictive placement. (B) Surgical guide with a design that includes the provisional used for rehabilitation. (C) Fully restrictive guide, with fixing pins for greater stability.

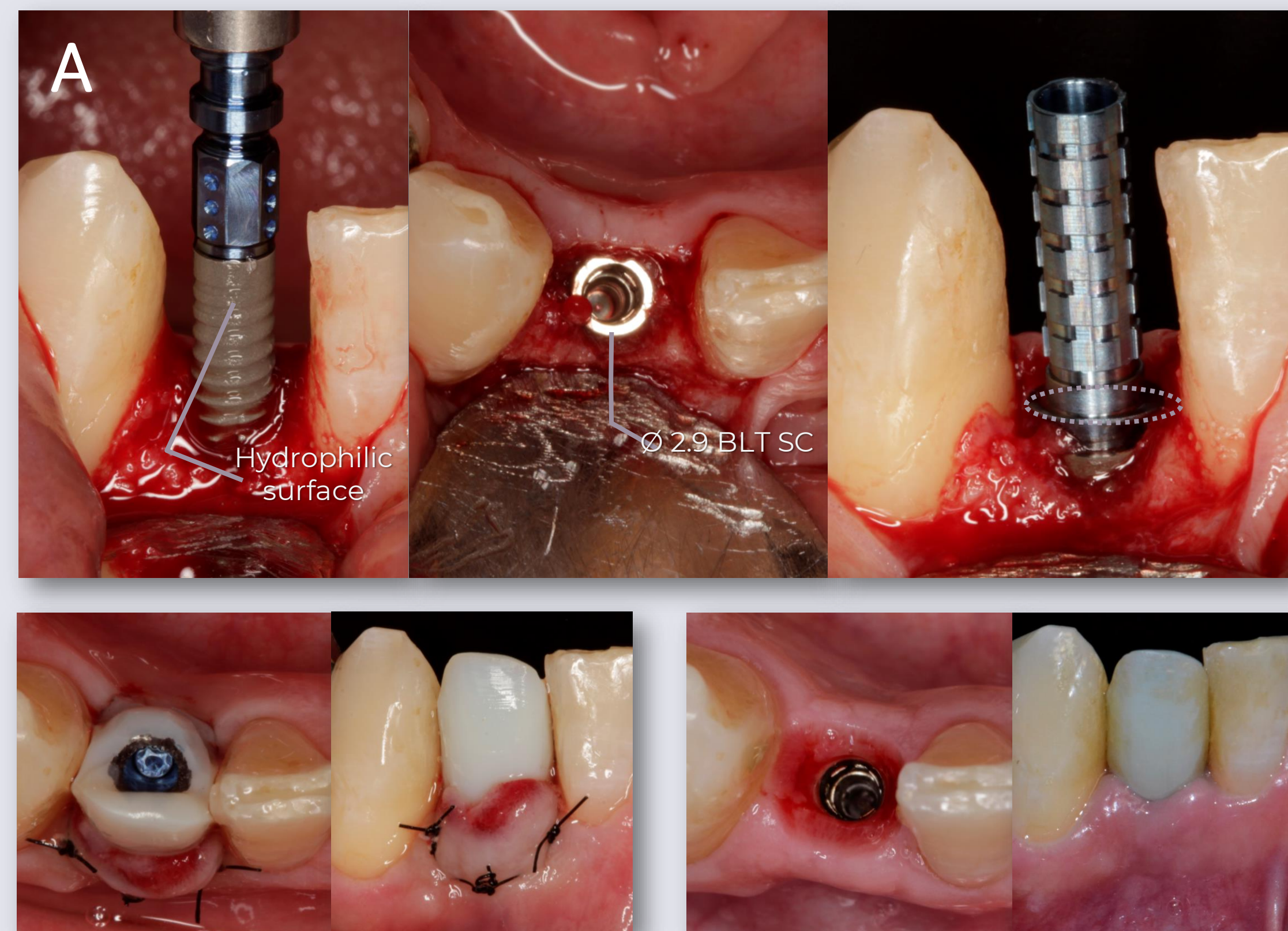
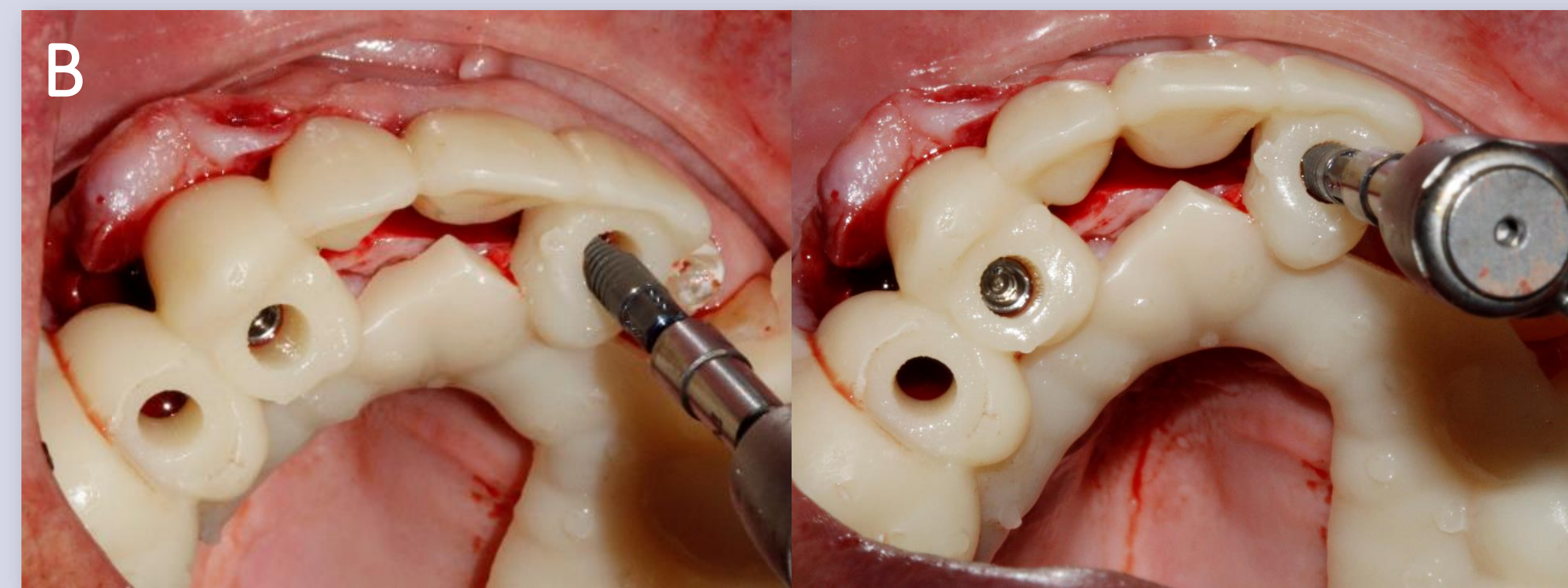
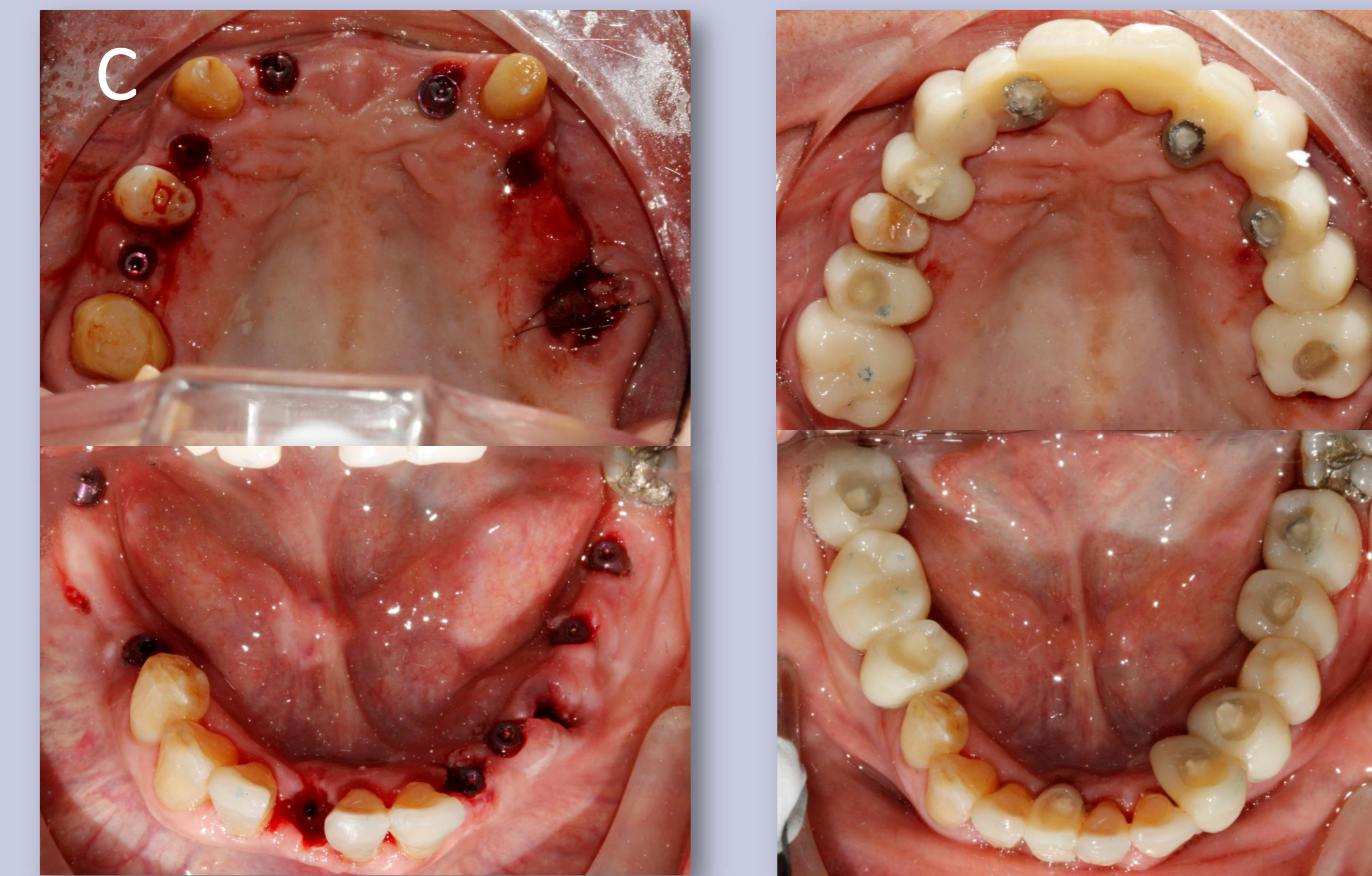


Fig. 5. Surgical protocols. A) Implant for single crown, buccal rotated flap. B) 3 Implants for immediate provisionalization of the aesthetic anterior area. C) 13 implants for immediate loading protocol.

IMPLANTS PLACEMENT



Fig. 6. Stability of hard and soft tissues of the different treatments with provisionalization and immediate loading protocols. A) Immediate provisionalization, 1-year follow-up and 4-year follow-up. B) Immediate provisionalization and 2-year follow-up. C) 1-year follow-up of immediate loading protocol.

POST-OP

RESULTS

Patients' immediacy was achieved thank to primary stability obtained from implant design.

Osteintegration time reduction was observed due to SLActive surfaces.

The use of surgical guides allowed the correct 3D implant placement and reduced surgical times.

Hard and soft peri-implant tissue stability was clinically corroborated thru a 2- and 4-year follow-up.

Patient's complete satisfaction with their treatment.



Fig. 7. Stability and success of treatments with provisionalization and immediate loading protocols A) 4 years of follow-up. B) 2 years of follow-up C) 1 year of follow-up.

CONCUSION

The **digital planning** and the **guided surgery** are needed for accurate 3-D implant placement.

The **implants surface** suggest shorter osseontegration time.

The **implant designs** improve the initial stability.