



“Surgically and prosthetic digitalized full arch rehabilitation in a patient with loss of occlusal support”.

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Academy of
Osseointegration

INTRODUCTION

The digital flow has had a strong impact on contemporary implantology.

The philosophy applied in this case was the use of digital procedures, supported by an important base of analog processes focused on taking impressions to obtain the intermaxillary and occlusal relationship. Getting the benefit of both analog-digital systems for full arch rehabilitation in monolithic Zirconia.

1. PROSTHETIC PLANNING
2. SURGICAL PLANNING
3. PROVISIONALIZATION
4. ANALOGICAL IMPRESSION
5. DIGITALIZATION
6. PROSTHETIC MANUFACTURING



Figure 1. Patient with partial tooth absence and loss of occlusal support.

PLANNING

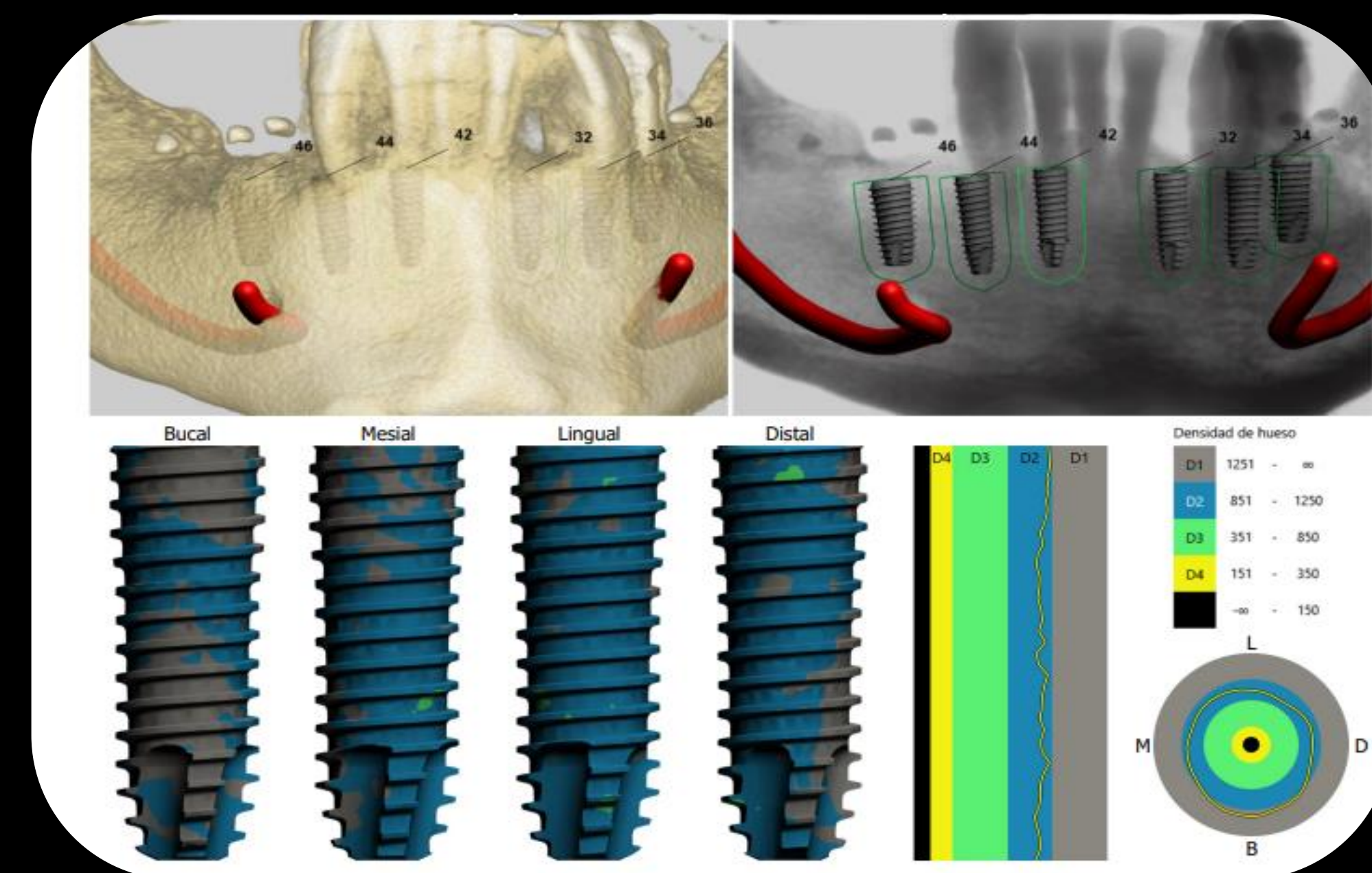
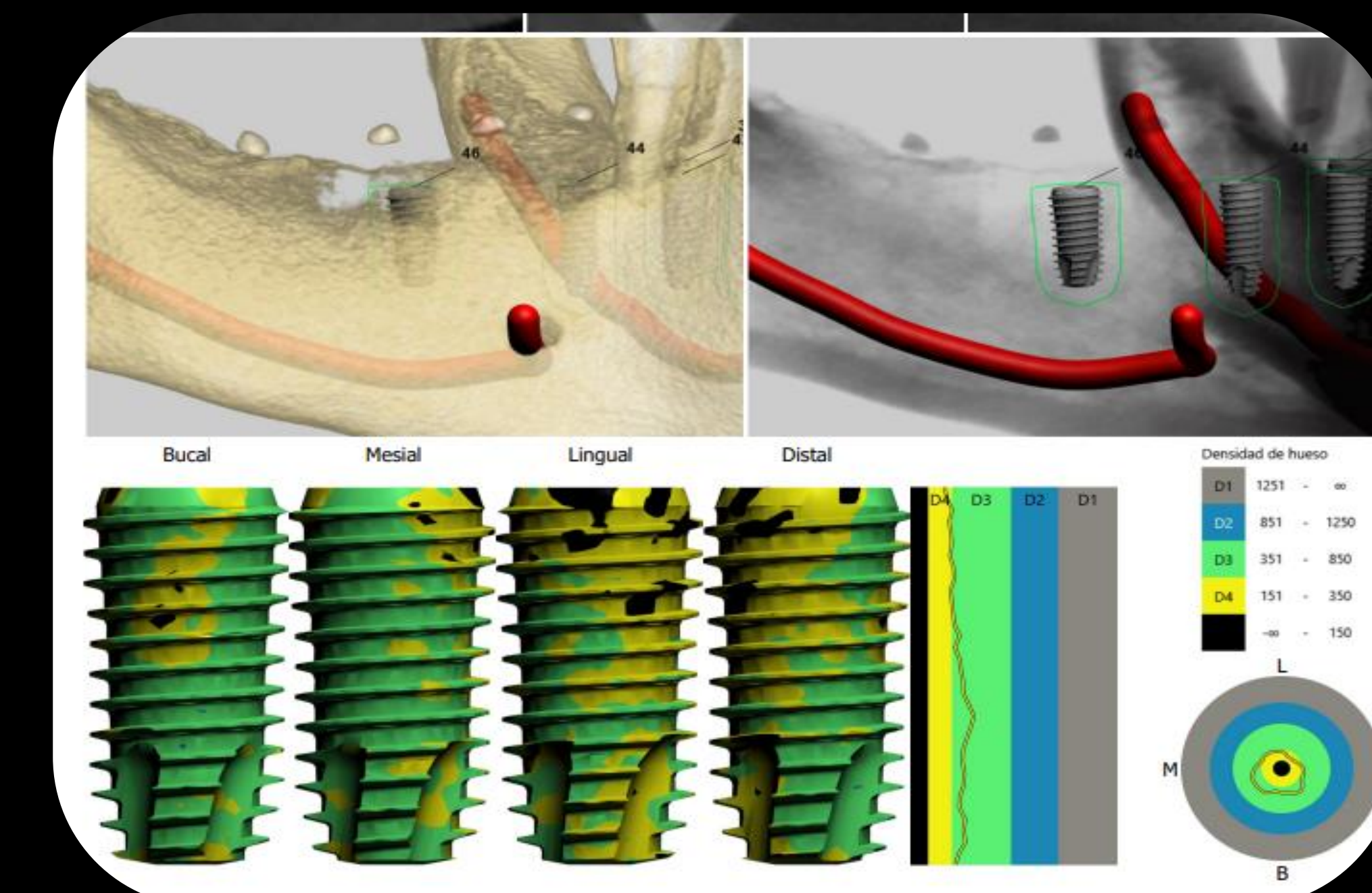
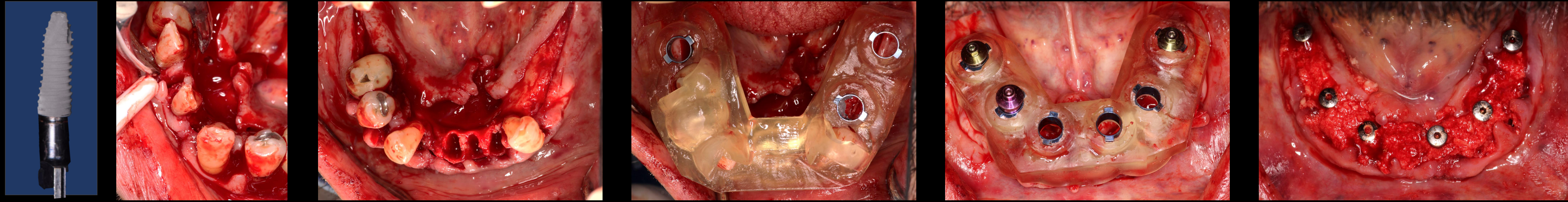


Figure 2. Prosthetic and surgical planning.

SURGICAL PHASE

Figure 3.



PROVISIONAL



Figure 4.

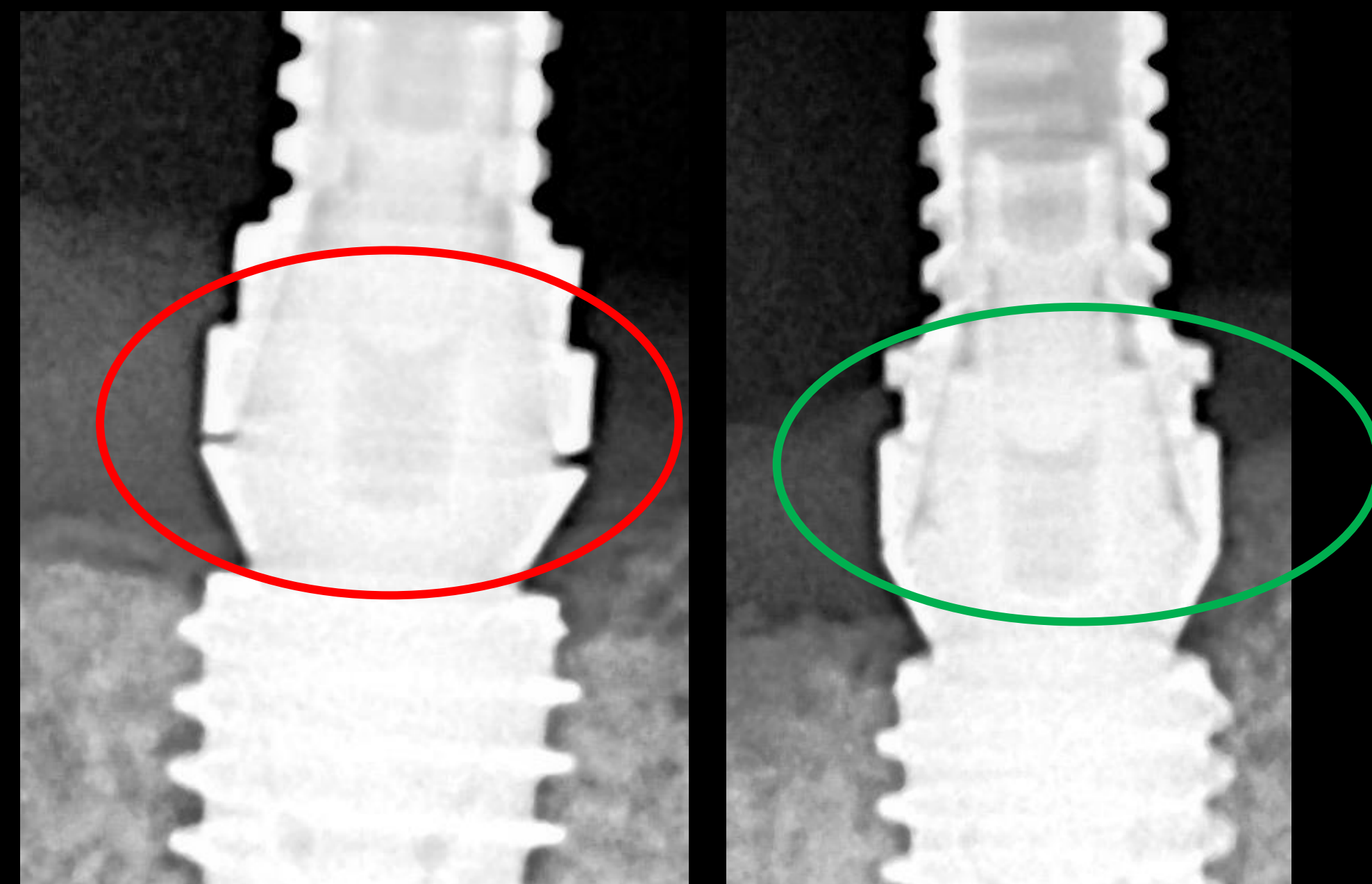
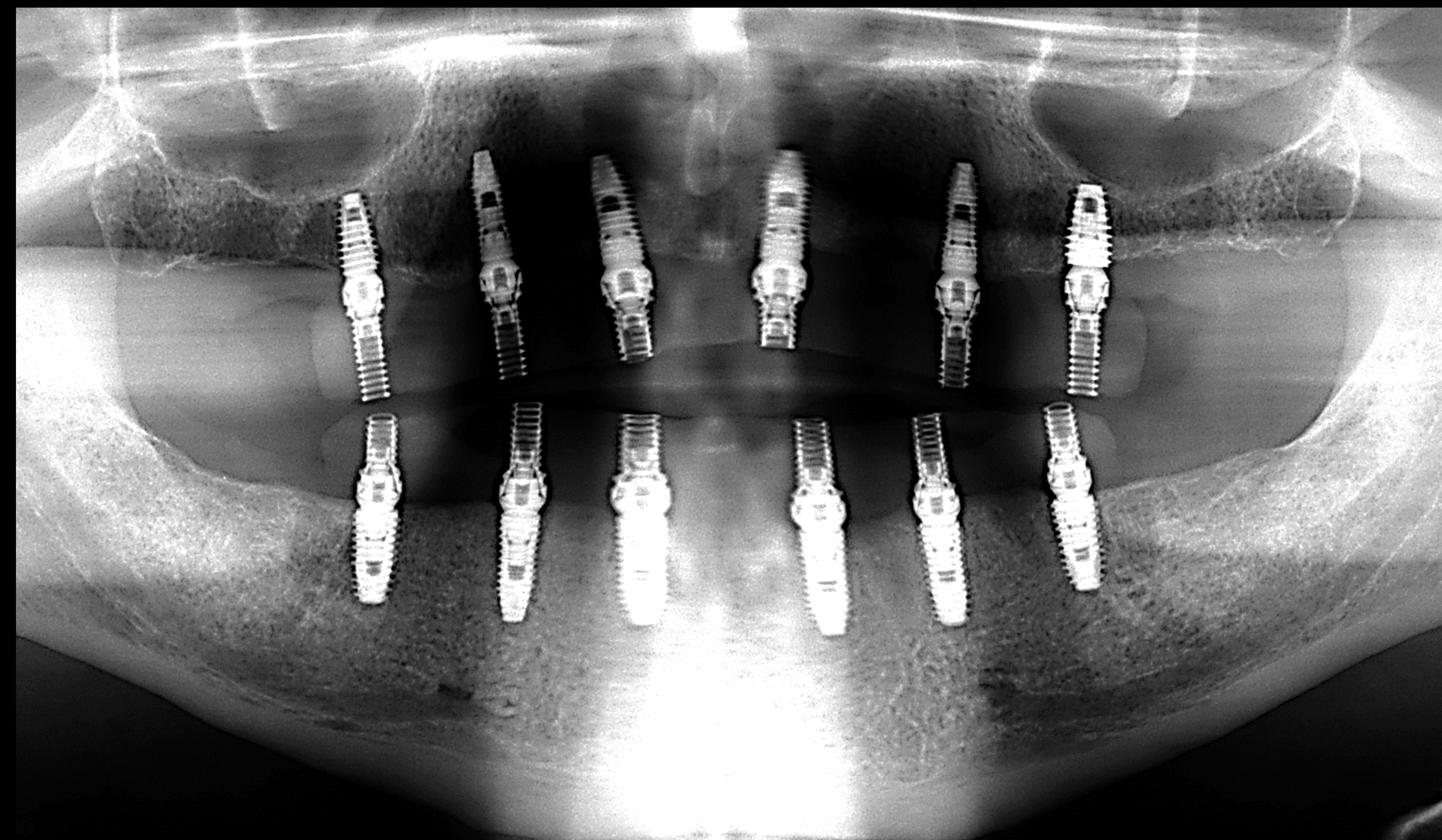


Figure 3 Surgical guides and immediate loading.

Figure 4 Passivity test
Radiographic control.

ANALOG IMPRESSIONS

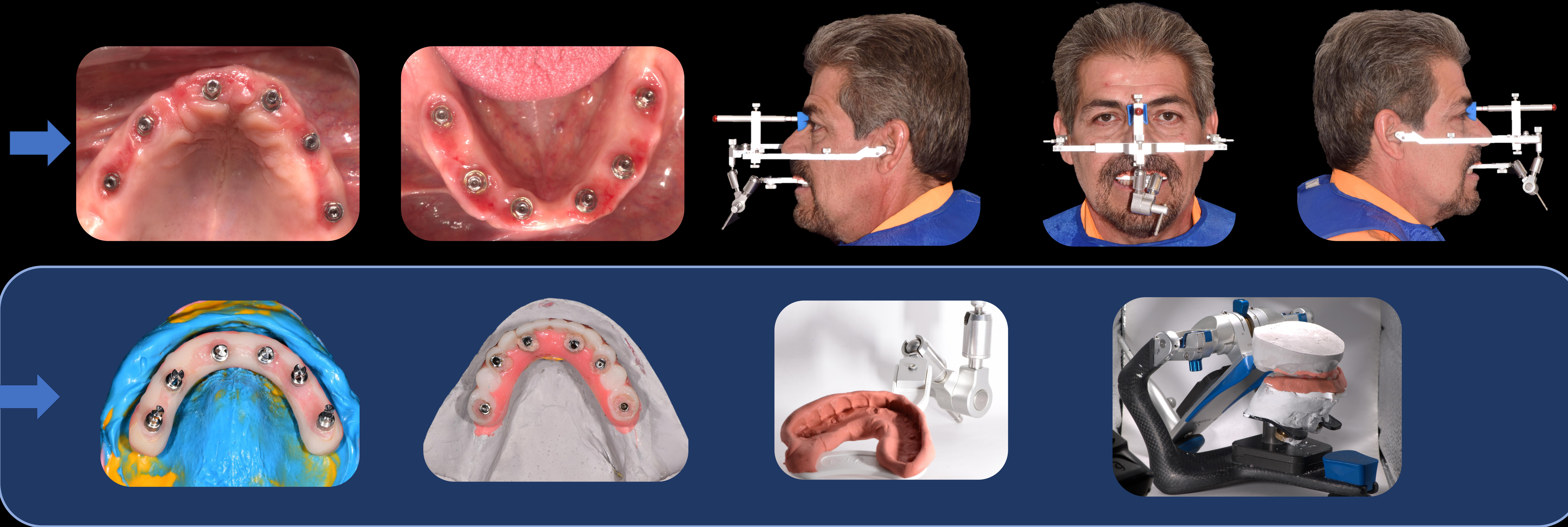
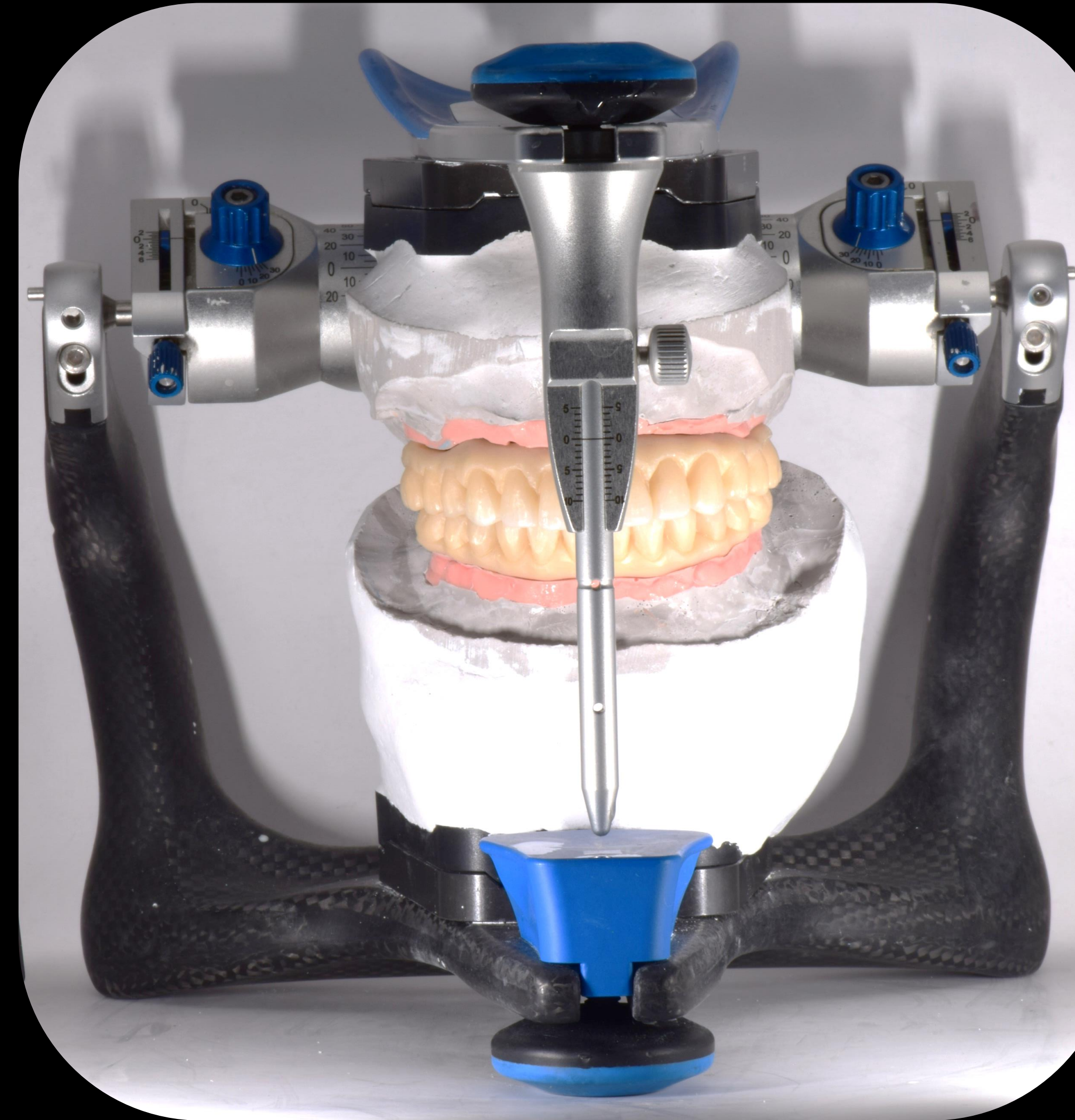
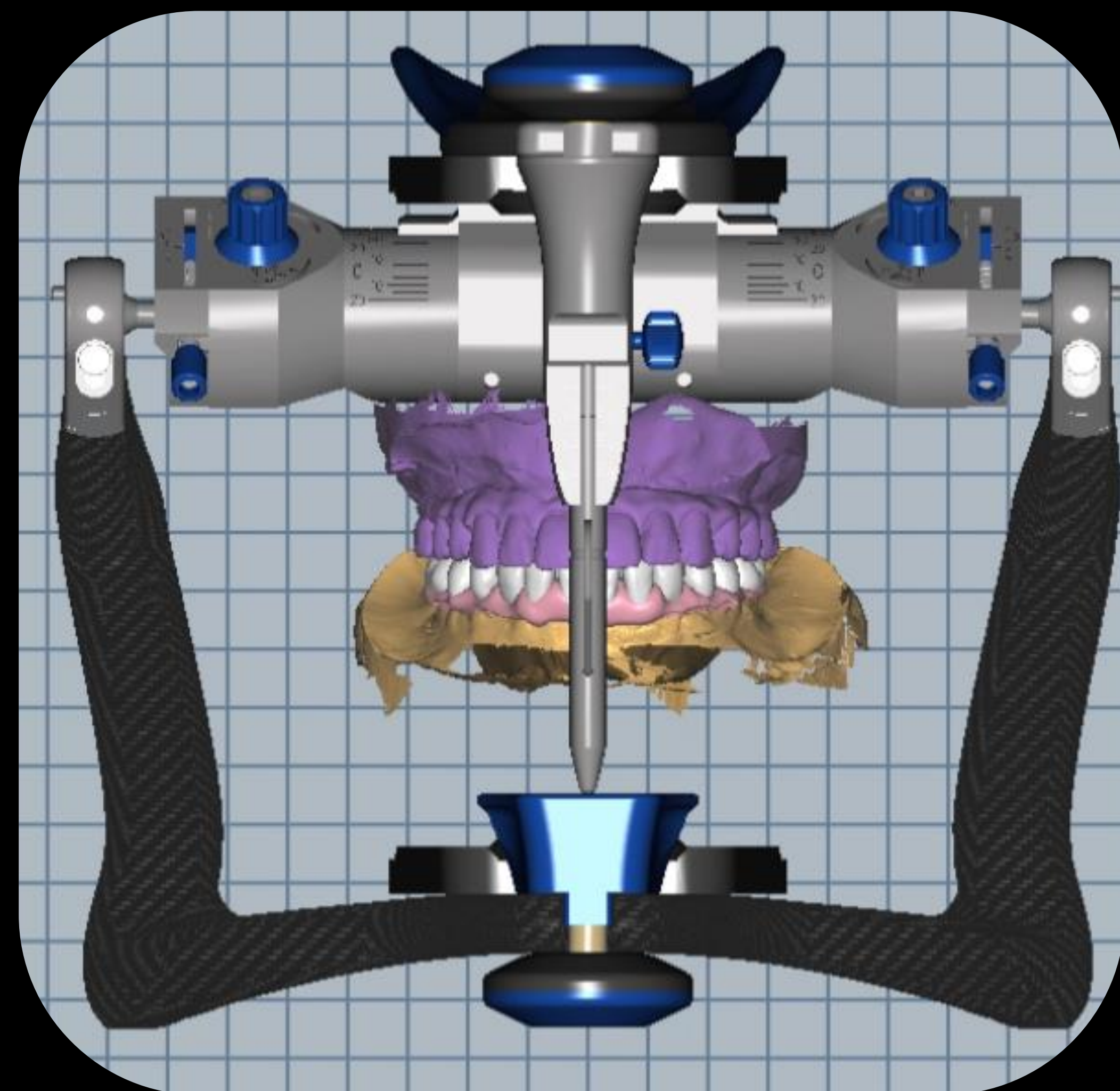
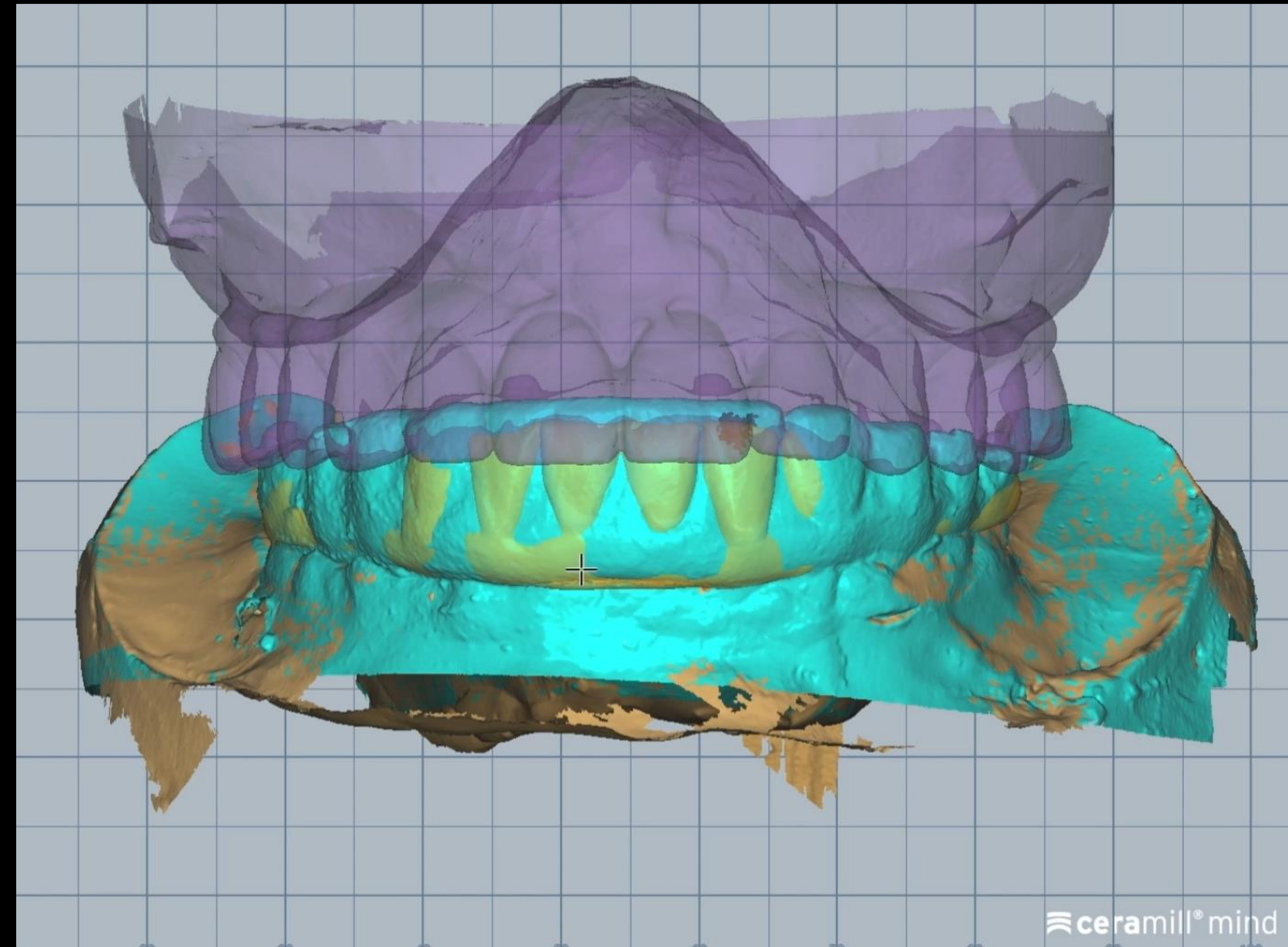


Figure 6.

- Impression taking with the prosthesis in patient.
- Positioning prosthesis within the impression.
- Obtaining analogue record.

DIGITALIZED AND MANUFACTURING



BIOMECHANICAL PASSIVITY

- NUMBER OF IMPLANTS
- NO DISTANT GAPS
- ABUTMENT PASSIVITY
- NO ANGLED IMPLANTS
- NON-CANTILEVER



Figure 8. Monolithic Zirconia prosthesis fitted to the articulator.

Figure 9. Full Arch Zirconia manufactured in CAD-CAM.

RESULTS



CONCLUSIONS

When occlusal stability has been achieved, it is convenient to obtain an analog record that can be digitized to obtain the benefits of the digital and analog system in a total rehabilitation. In this case, the formation of the biological profiles through correct provisionalization and analog impression taking were an important factor to carry out the rehabilitation full arch in a patient with loss of occlusal support.

