

ZYGOMATIC IMPLANTS USED WITH THE *ALL-ON-FOUR* HYBRID THECNIQUE FOR REHABILITATION OF ATROPHIC MAXILLA: CASE REPORT

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CASE REPORT Patient G. D. R., 60 years old, male.

INTRODUCTION

In cases of severe maxillary atrophy, the zygomatic implant offers a viable alternative to more invasive procedures, including bone grafting or lifting the maxillary sinus, thus eliminating the need for a donor site, as well as the possible unfeasibility of a bone graft procedure conventional due to the residual morphology of the atrophic maxilla after bone resorption. Furthermore, the number of implants required is fewer to support the prosthetics.

Initial photo of the patient (fig. 1) Unsatisfactory upper complete denture (fig. 2)



(fig. 1)



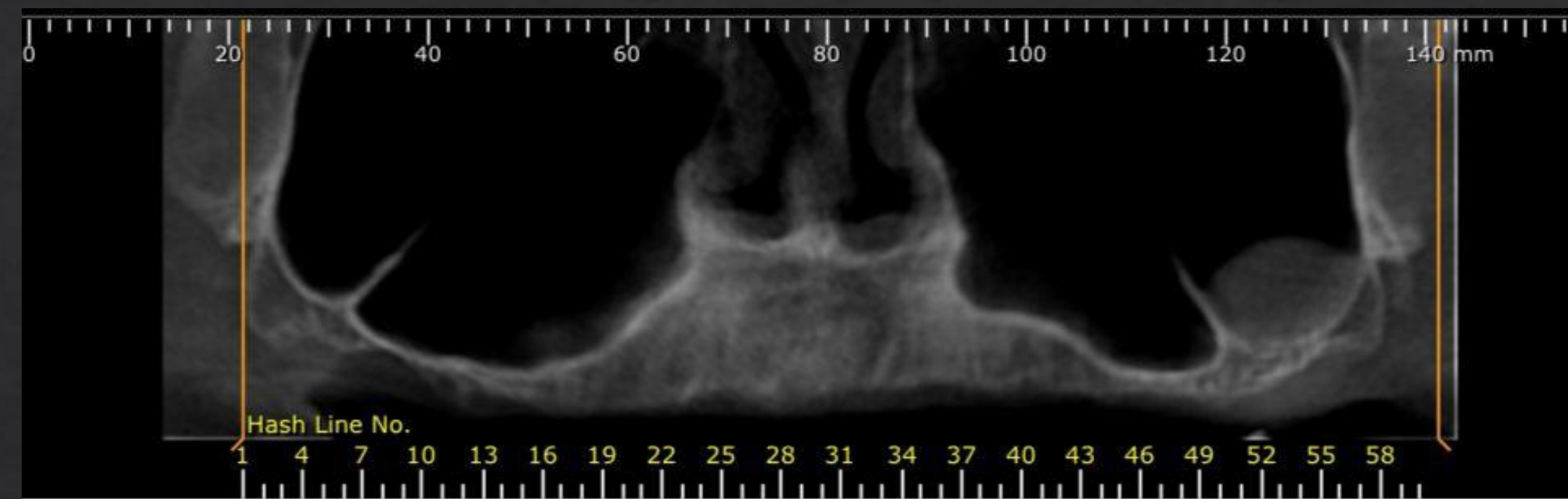
(fig. 2)

Radiograph showing maxillary atrophy (fig. 3)

CT scans for zygomatic extension were requested prior surgical simulation in a biomodel for surgical planning (fig. 4, 5, 6 and 7)



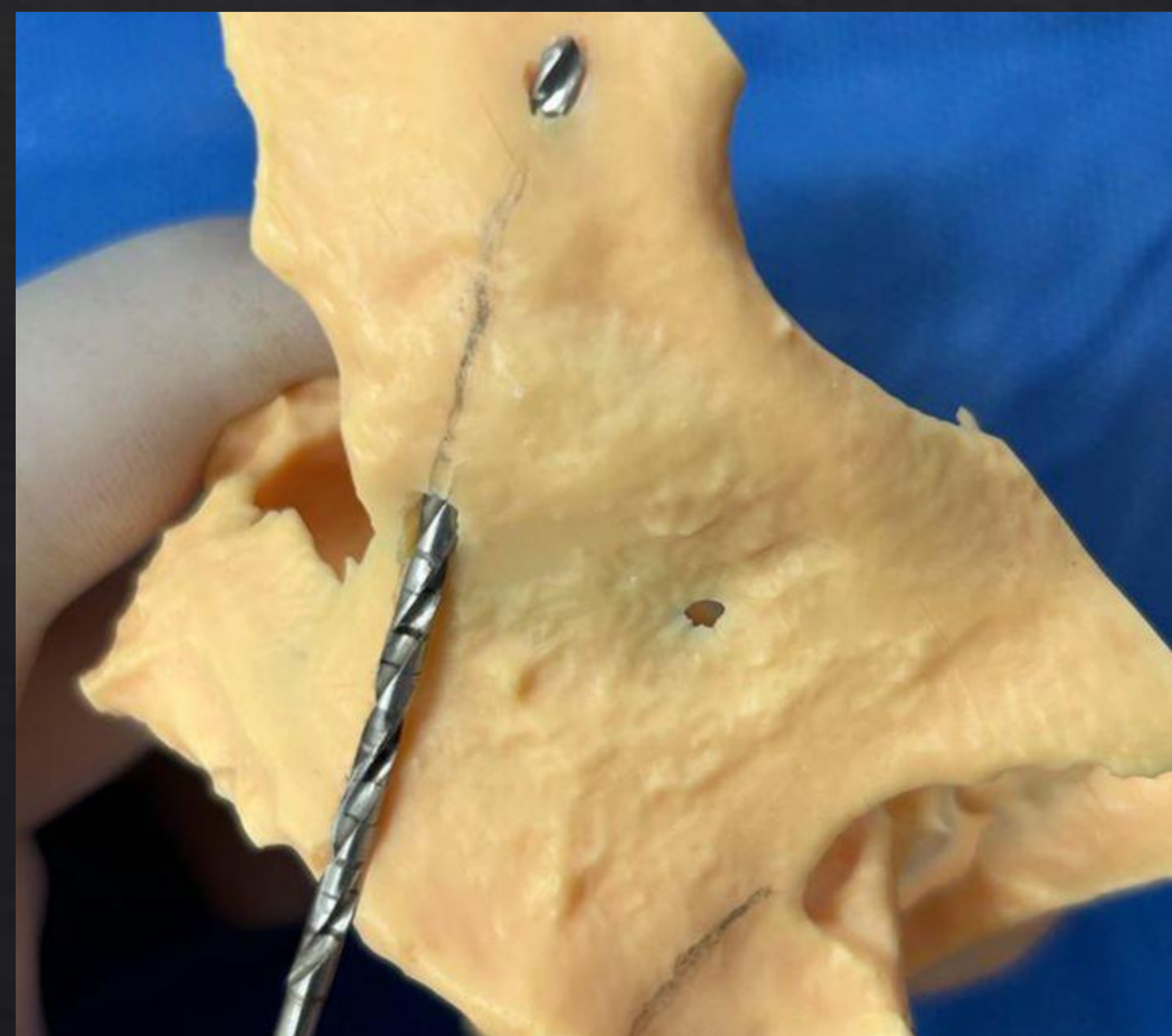
(fig. 3)



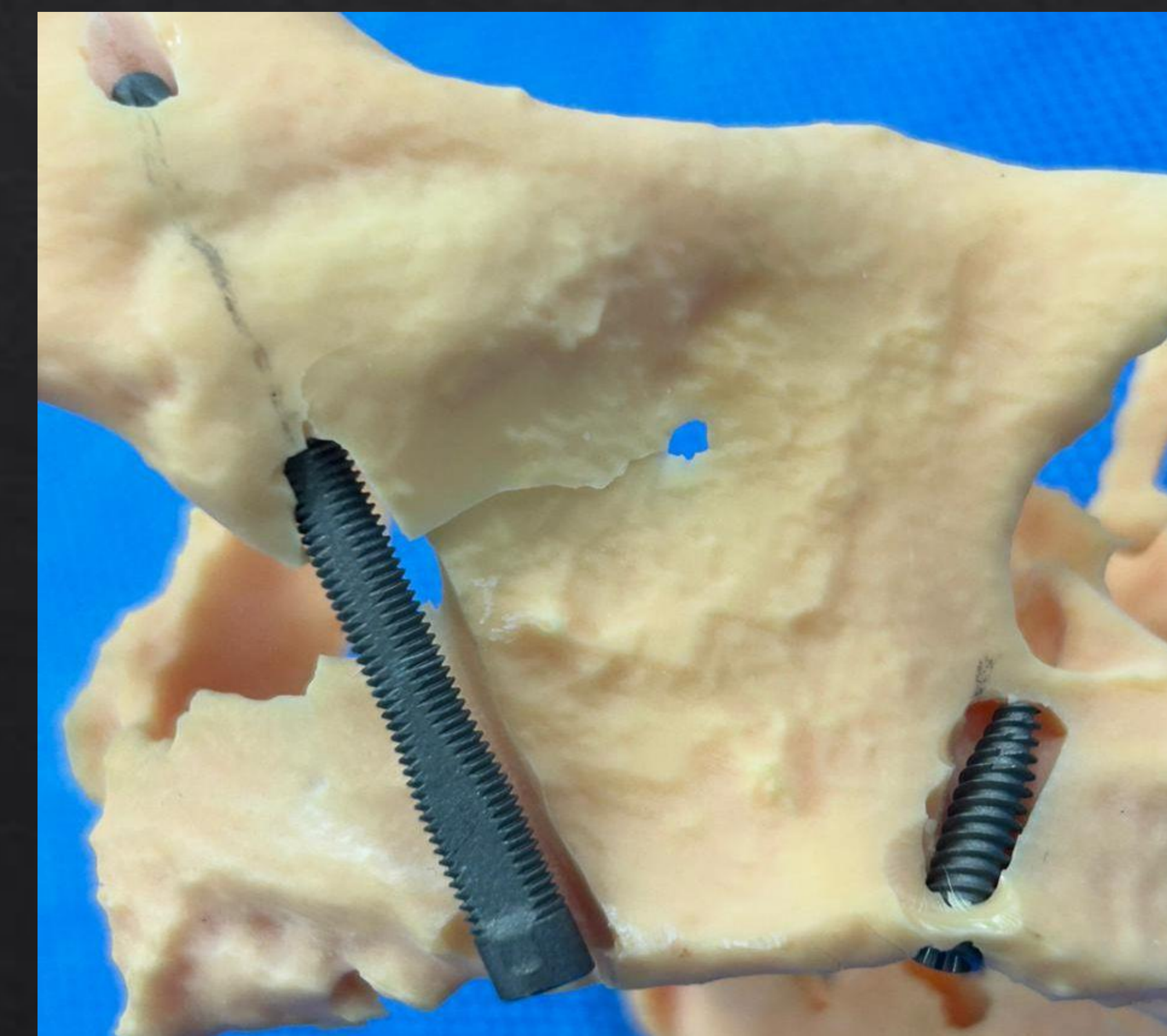
(fig. 4)



(fig. 5)

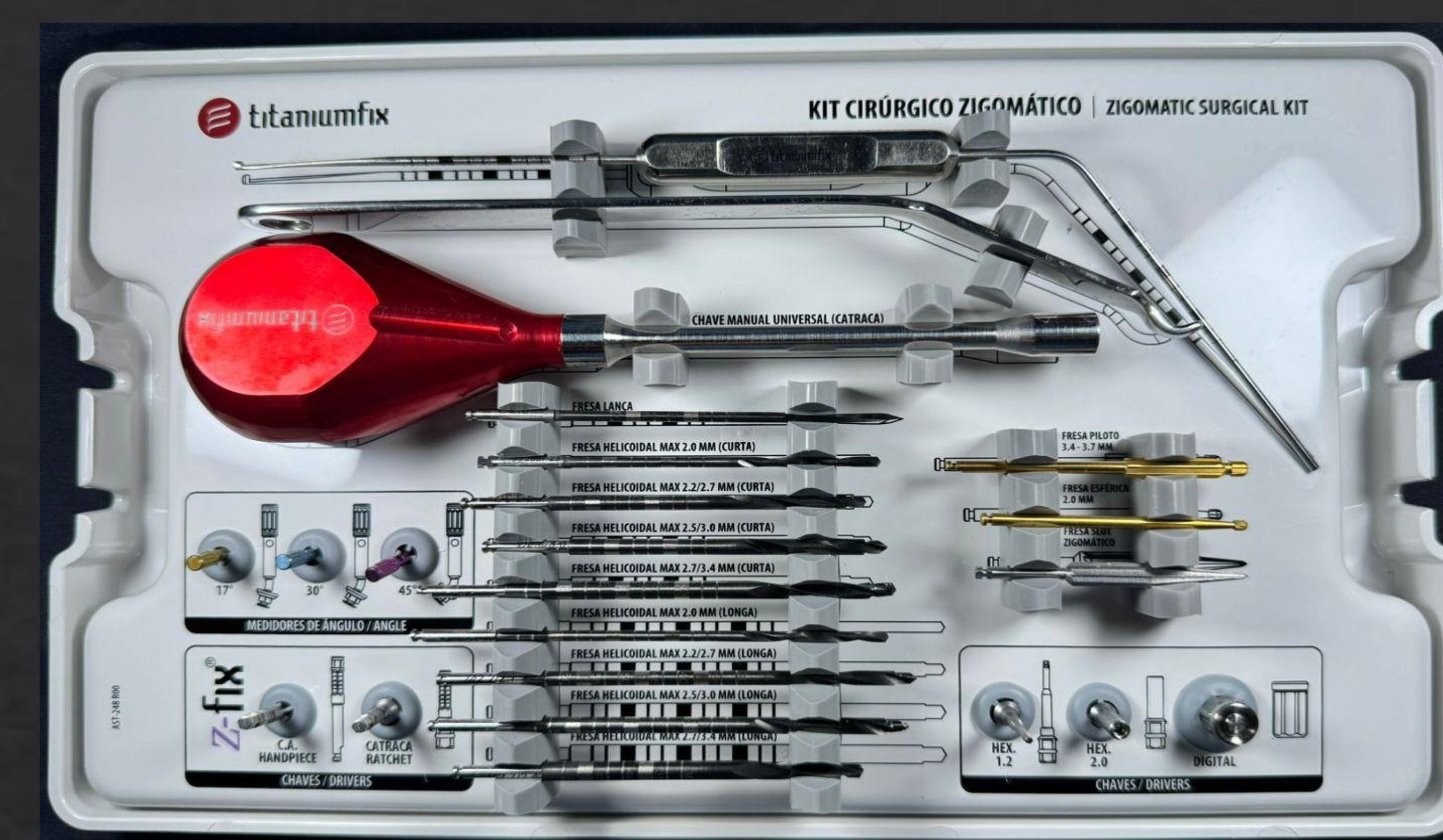


(fig. 6)

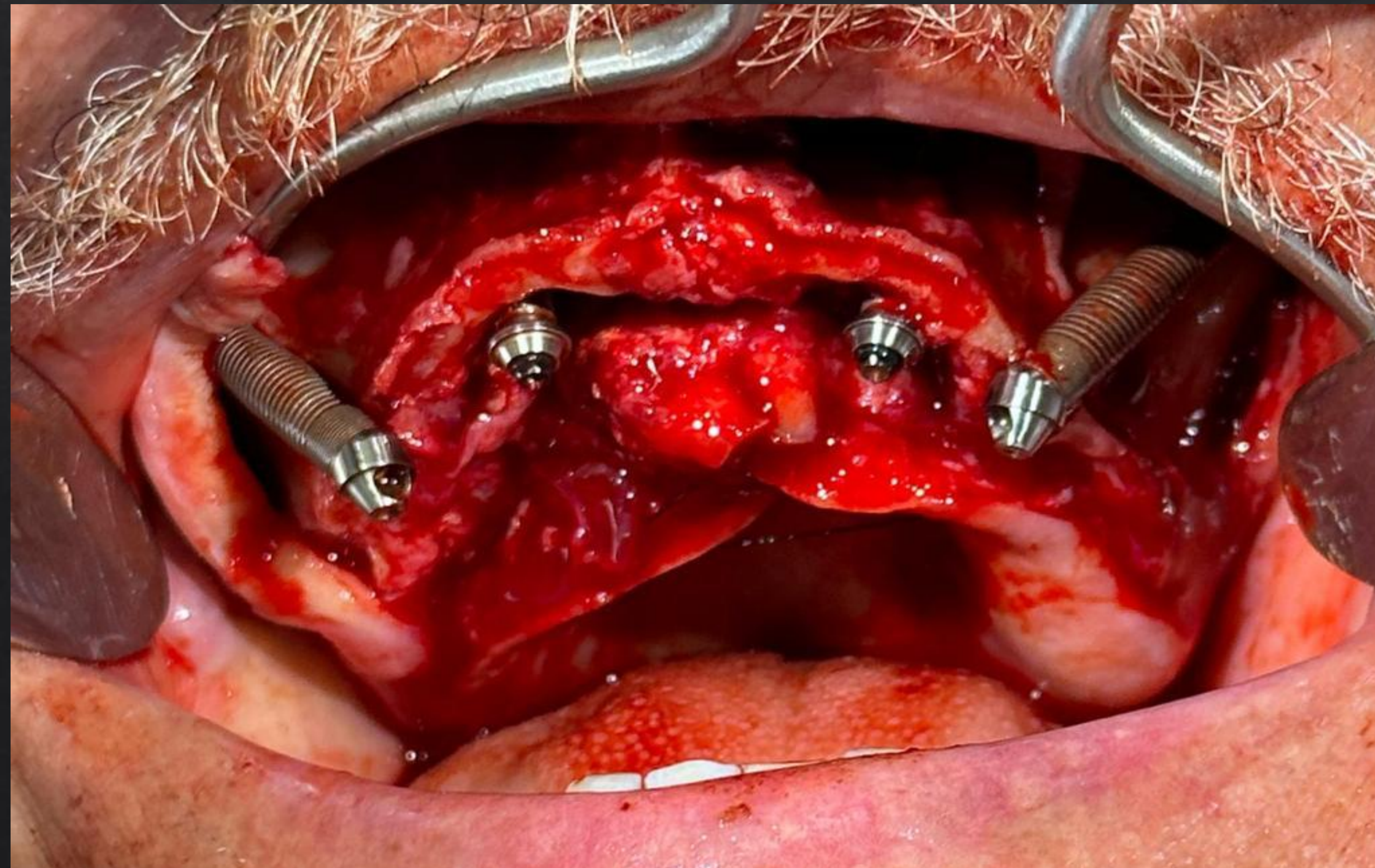


(fig. 7)

- 2 B-FIX PROFILE implants 3.5 x 15mm in the region of elements 13 and 23 (canine abutment) with 45 N locking. (Straight mini-abutment with 1 mm (20 n) strap.) (Fig 9)
- 2 Z-FIX implants 4.5 x 52.5mm in the region of elements 15 and 25 (zygoma) with 45 N locking. (Mini pillar angled 45° (20n).) (Fig 9)
- Return 3 months after surgery. Mucosa with a compressive appearance and uniform color. Patient released for fabrication of the final prosthesis (fig. 10)



Surgical kit used to install zygomatic implants. (fig. 8)



(fig. 9)



(fig. 10)

Making the bar and mounting the teeth in wax. Teeth test. (fig. 10)



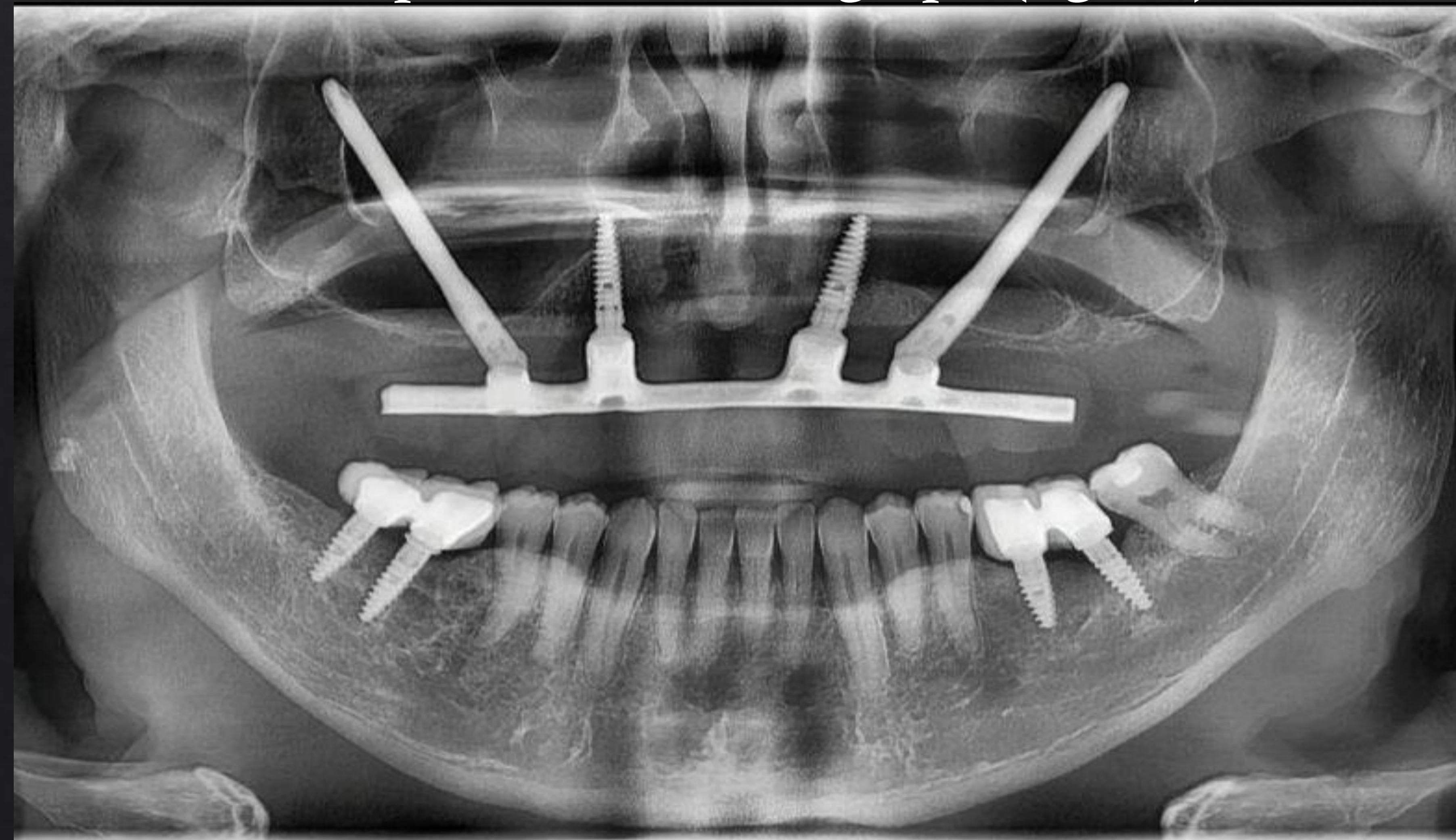
(fig. 10)

Installation of the final prosthesis (fig. 11)



(fig. 11)

Final panoramic radiograph (fig. 12)

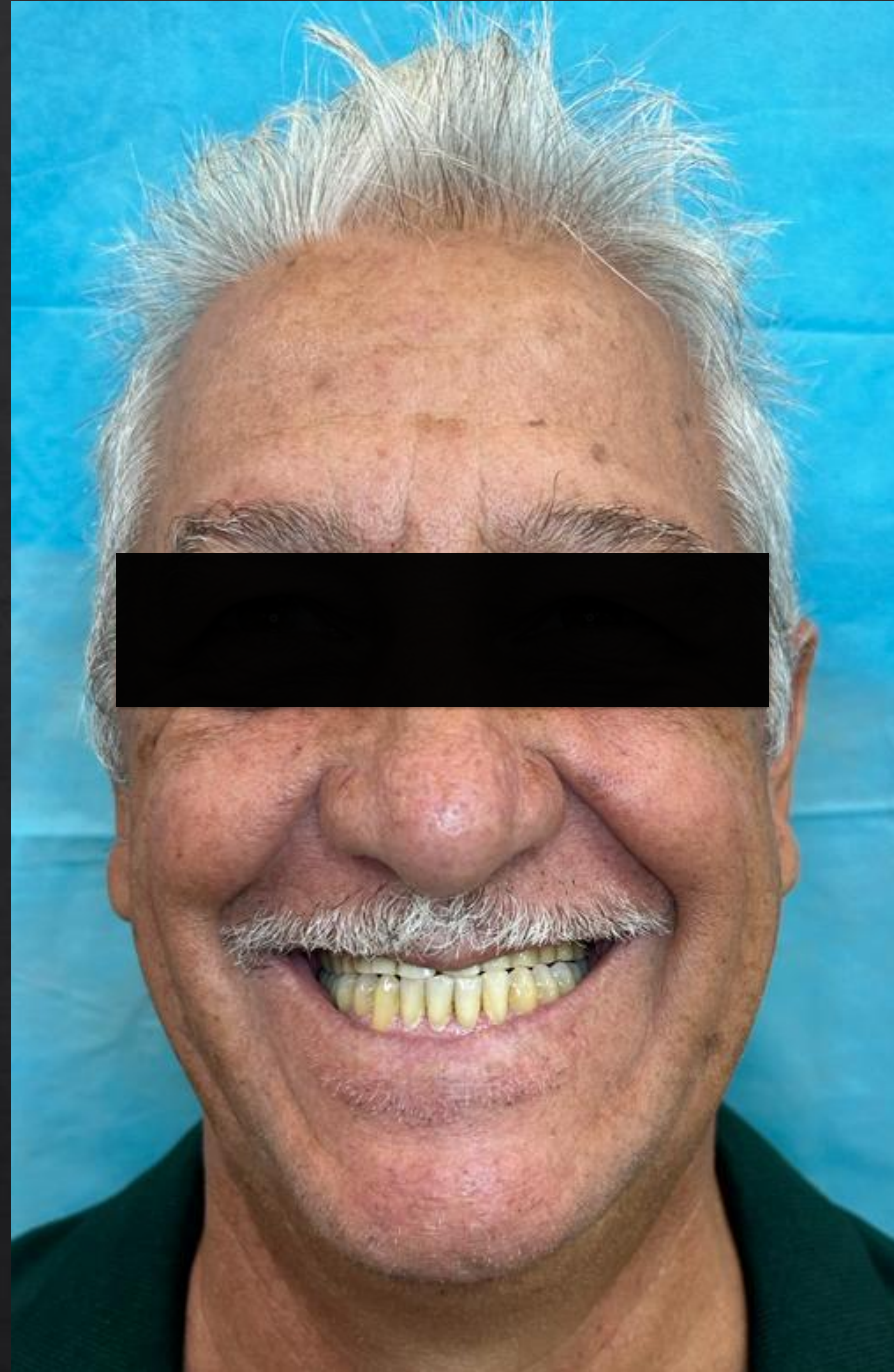


(fig. 12)

Occlusal adjustment (fig. 13)



(fig. 13)



Start of treatment. (fig. 14)
January 19th, 2023



End of treatment. (fig. 15)
June 1st, 2023

CONCLUSION

◆The condition of remaining bone only in the anterior portion of the atrophic maxilla, present in the clinical case described in this work, required specific planning where the treatment alternative was the use of zygomatic implants as recommended in the hybrid all-on-four technique, with the association of conventional implants, in which the results were satisfactory not only in the aesthetic aspect, but also providing greater stability and postural comfort to the patient, restoring chewing and speech functionality.