

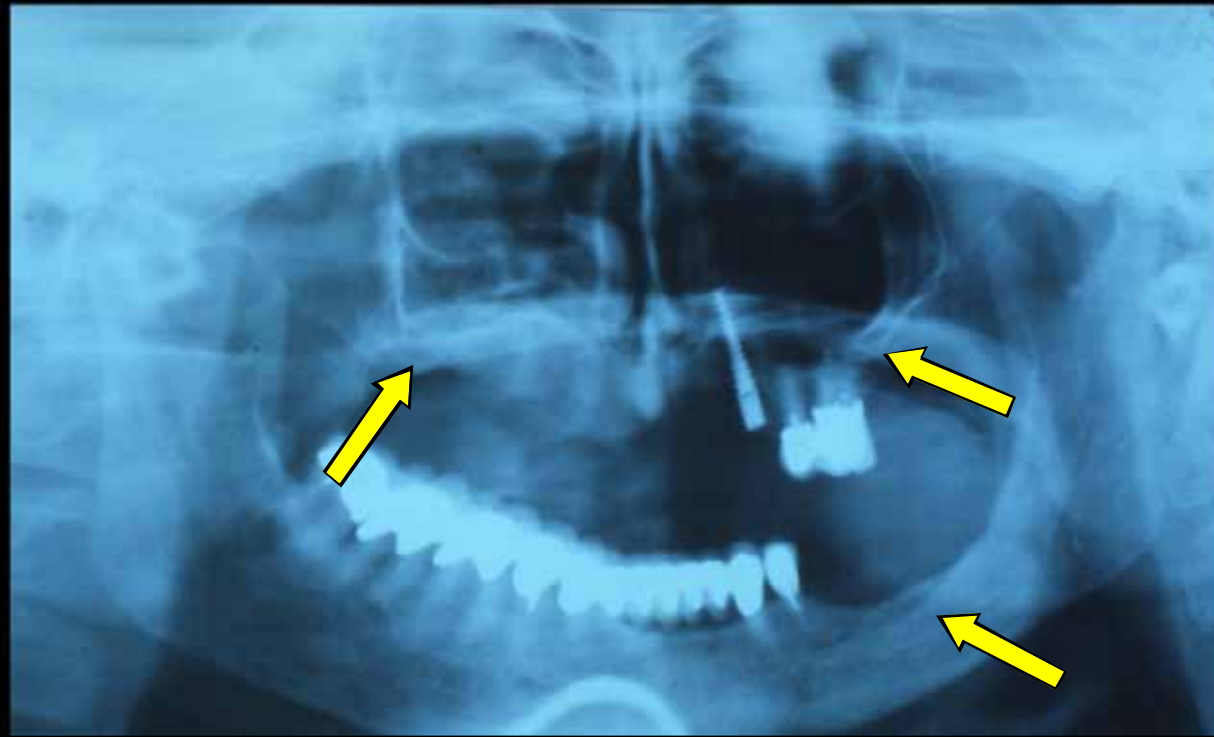
# Case 1



# Severely Atrophic Maxilla with Opposing Teeth



# Insufficient Ridge Height



# June 1997

- Bilateral Sinus Grafting
- Inferior Dental Nerve Repositioning

# Implants placed 1 1/2 Years Later

December 1998



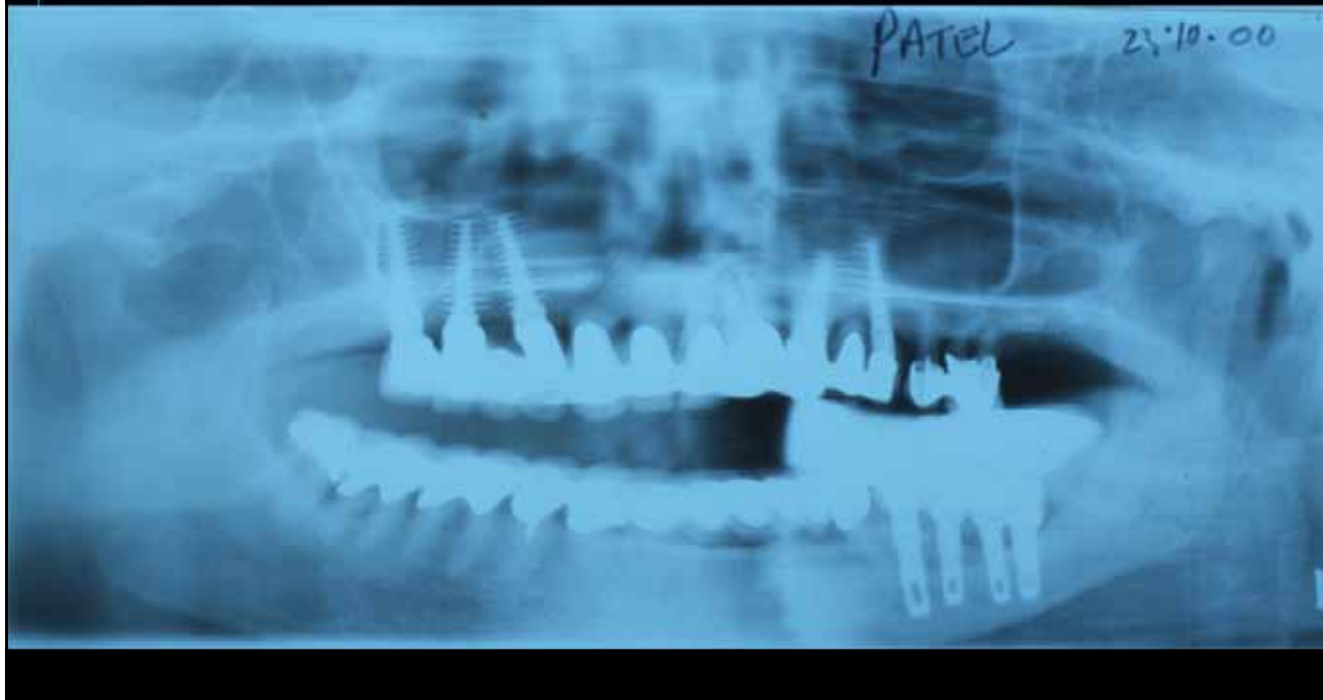
Restorations placed  
1 Year 10 months Later October 2000



# Upper Restoration Cantilevered forwards to compensate Class 111 Jaw Relationship



# Progressive Bone Loss and Loosening of the Implants



# Upper Restoration became very Loose



Upper Restoration removed  
1 year 10 months Later August 2002



# Upper Partial Overdenture fitted

August 2002



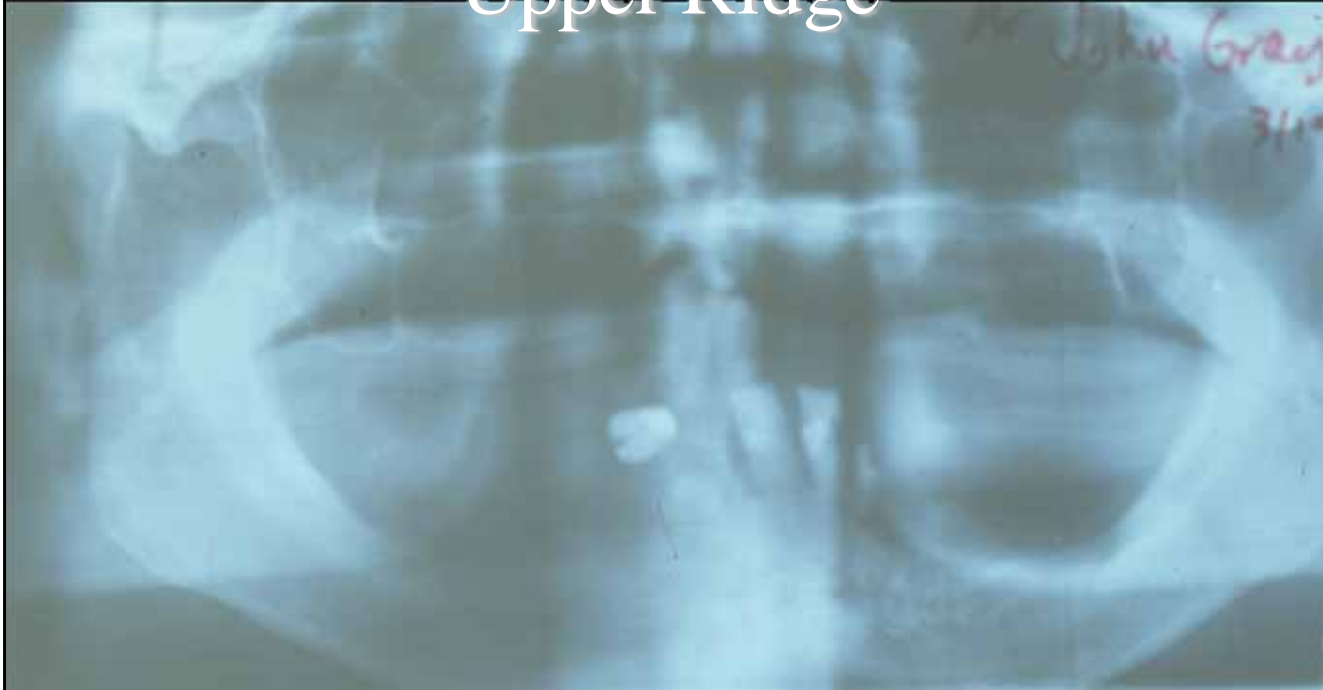
# Case 2



# Severely Atrophic Maxilla



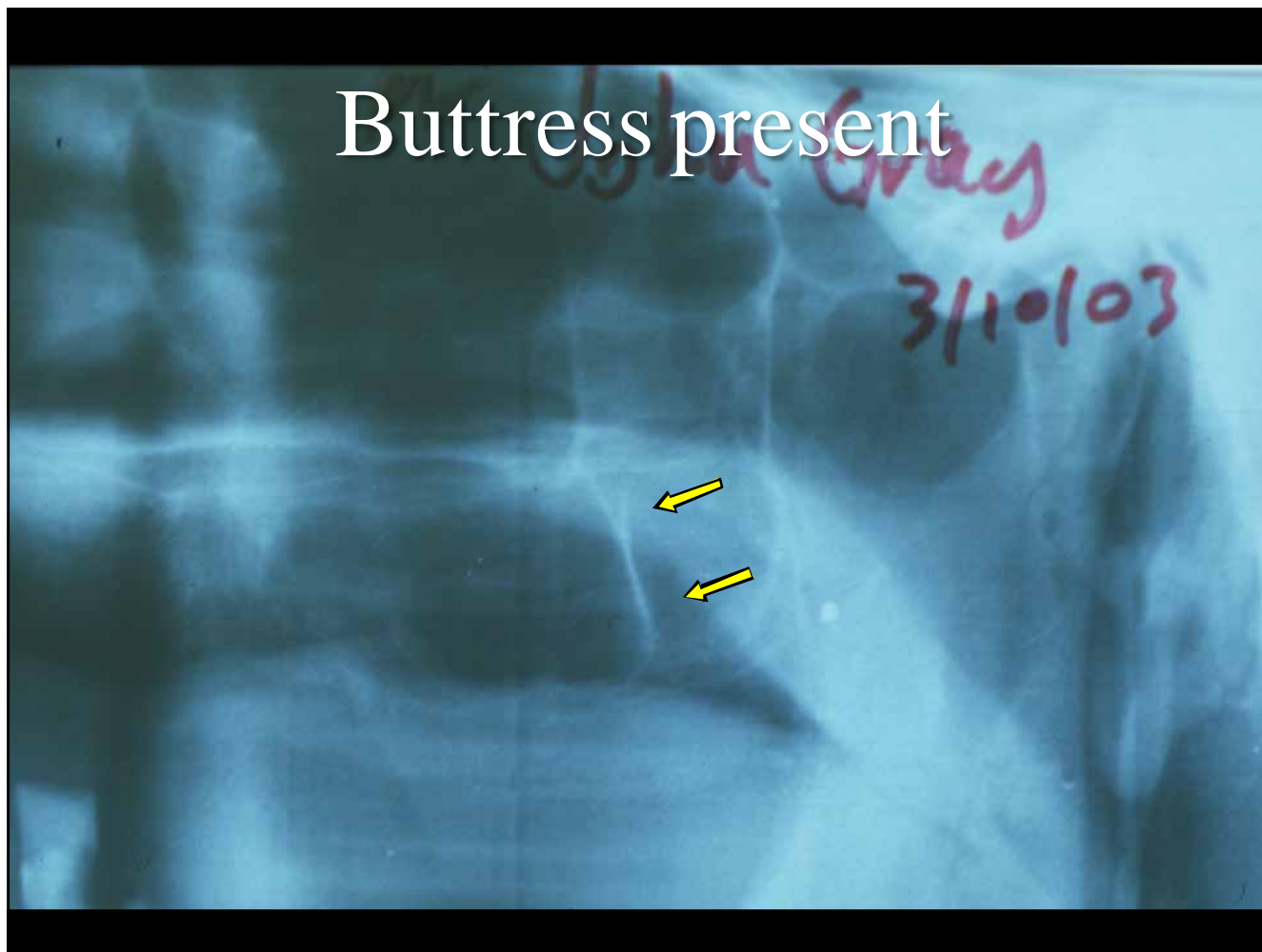
# Over-erupted Lower Teeth overloading Upper Ridge



Buttress present

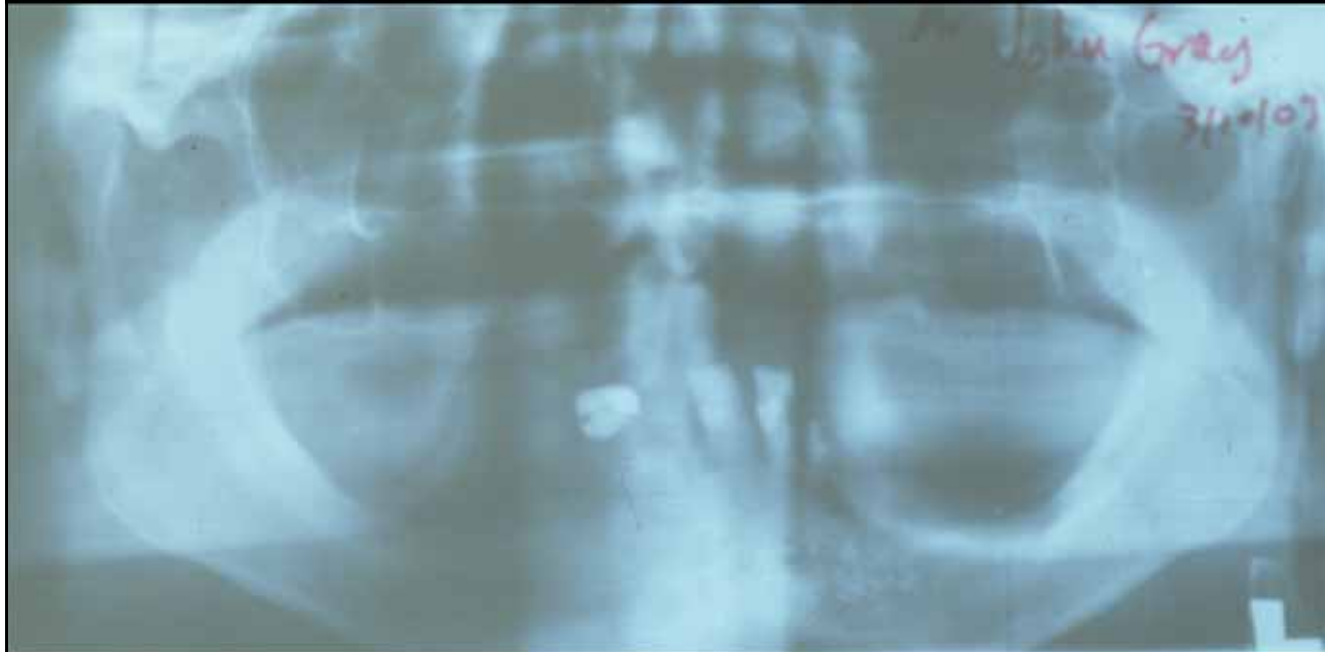


Buttress present



# Bilateral Sinus Grafting

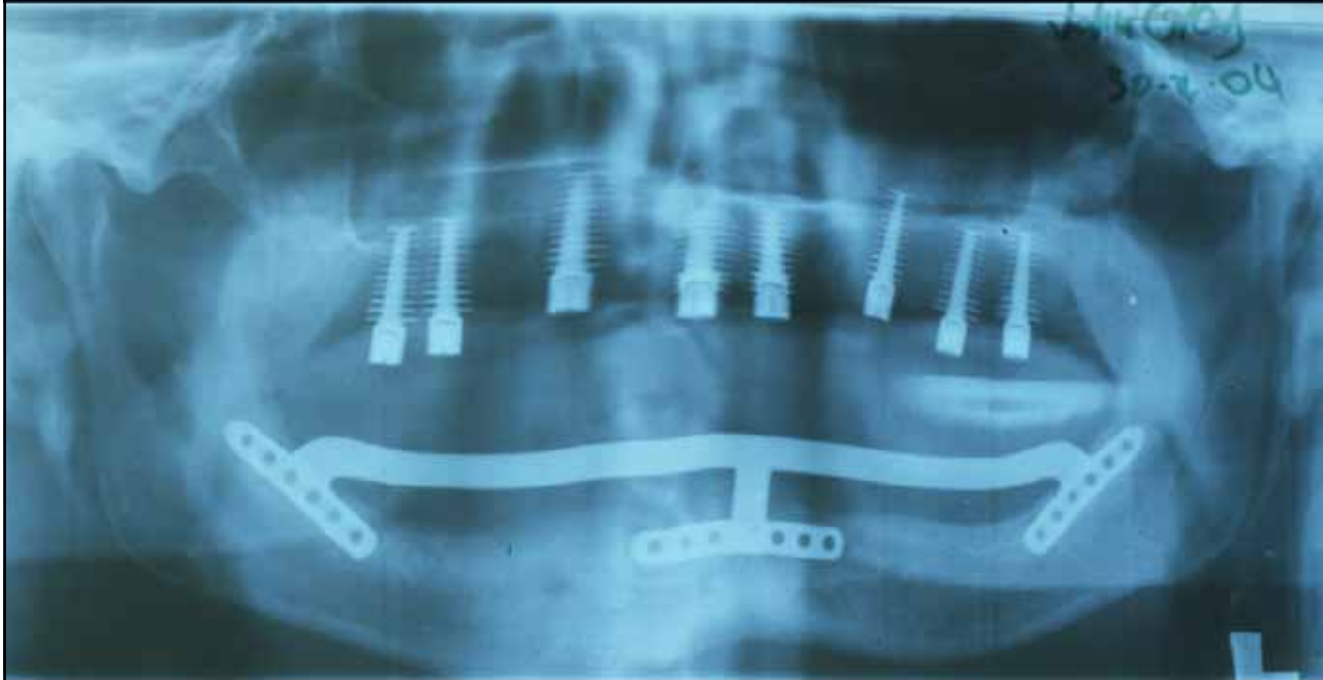
03/10/2003



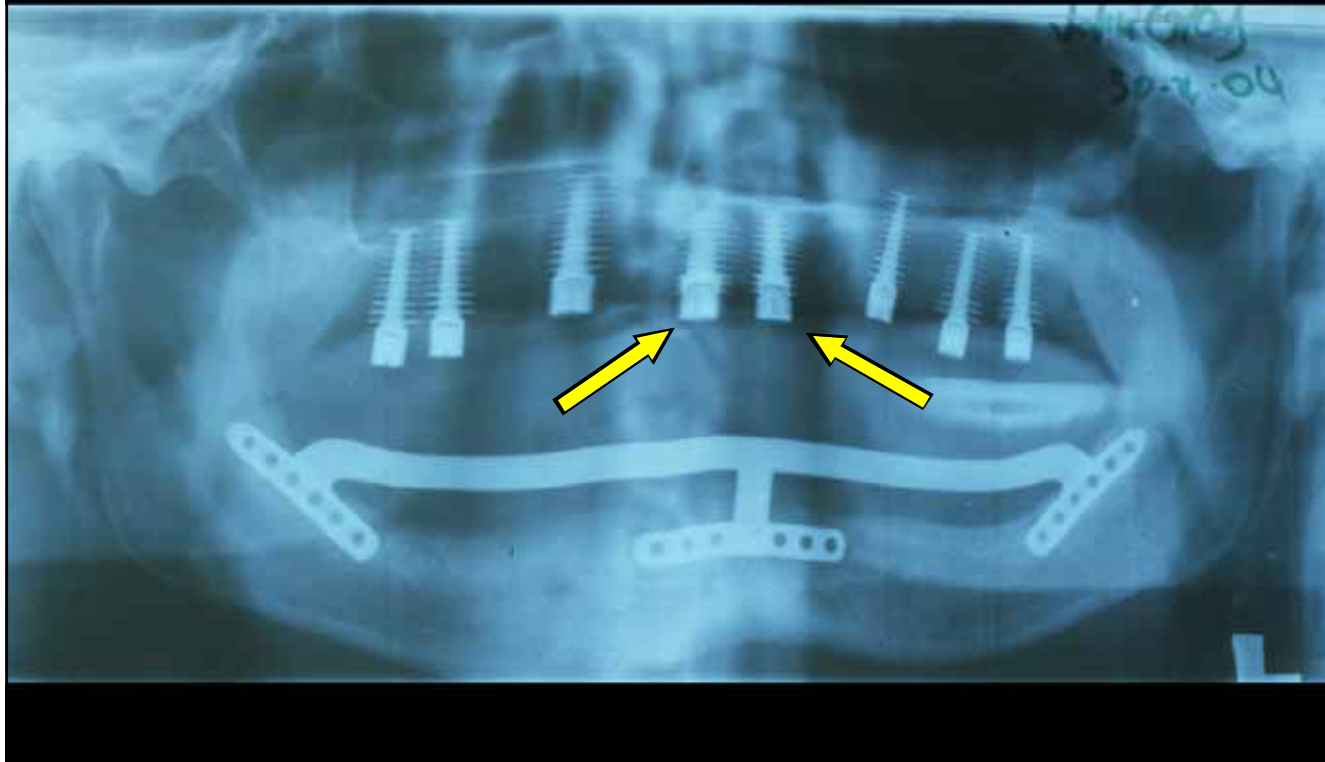
# Ramus Frame placed



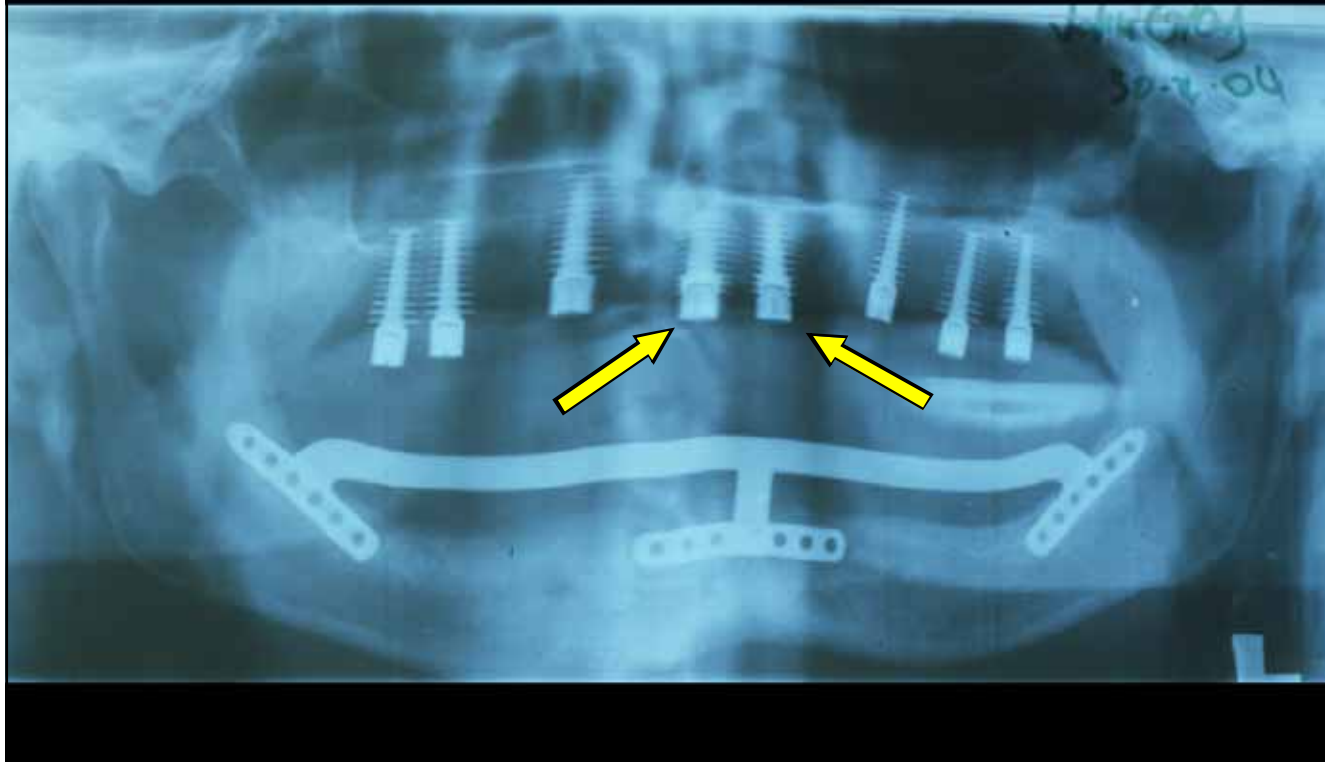
# Upper Implants placed Four Months Later



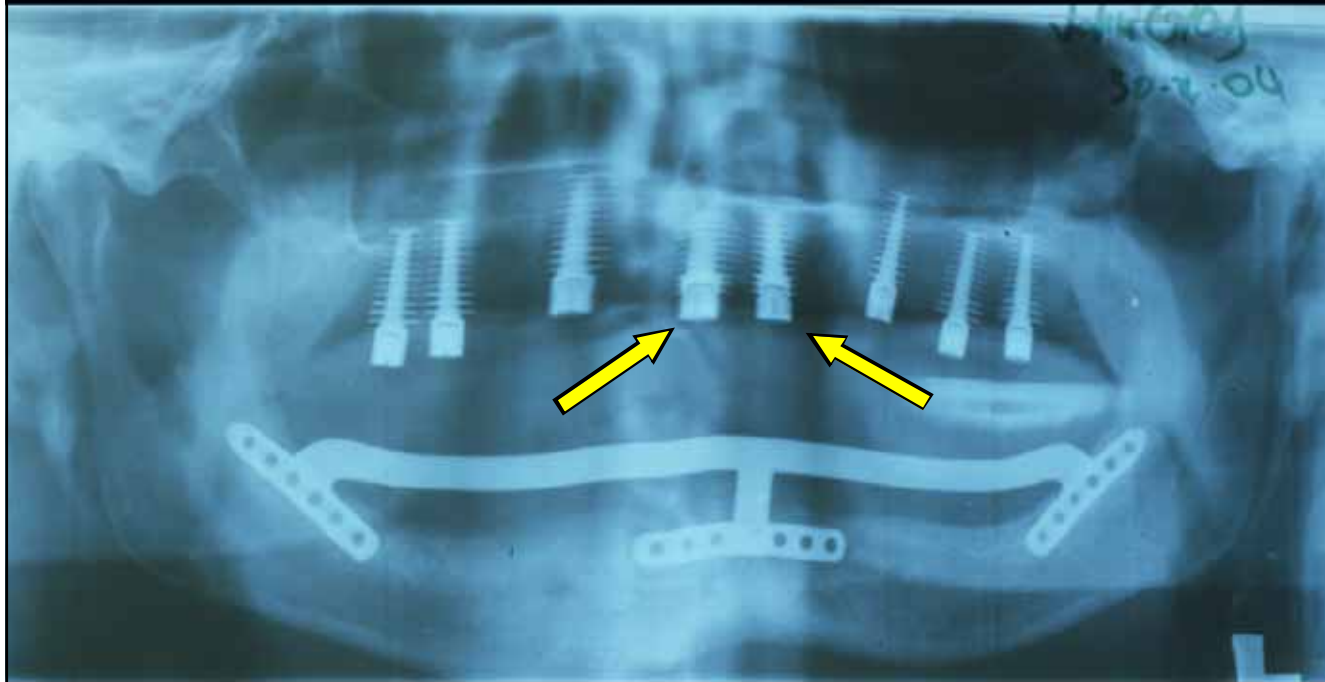
# Loose Implants



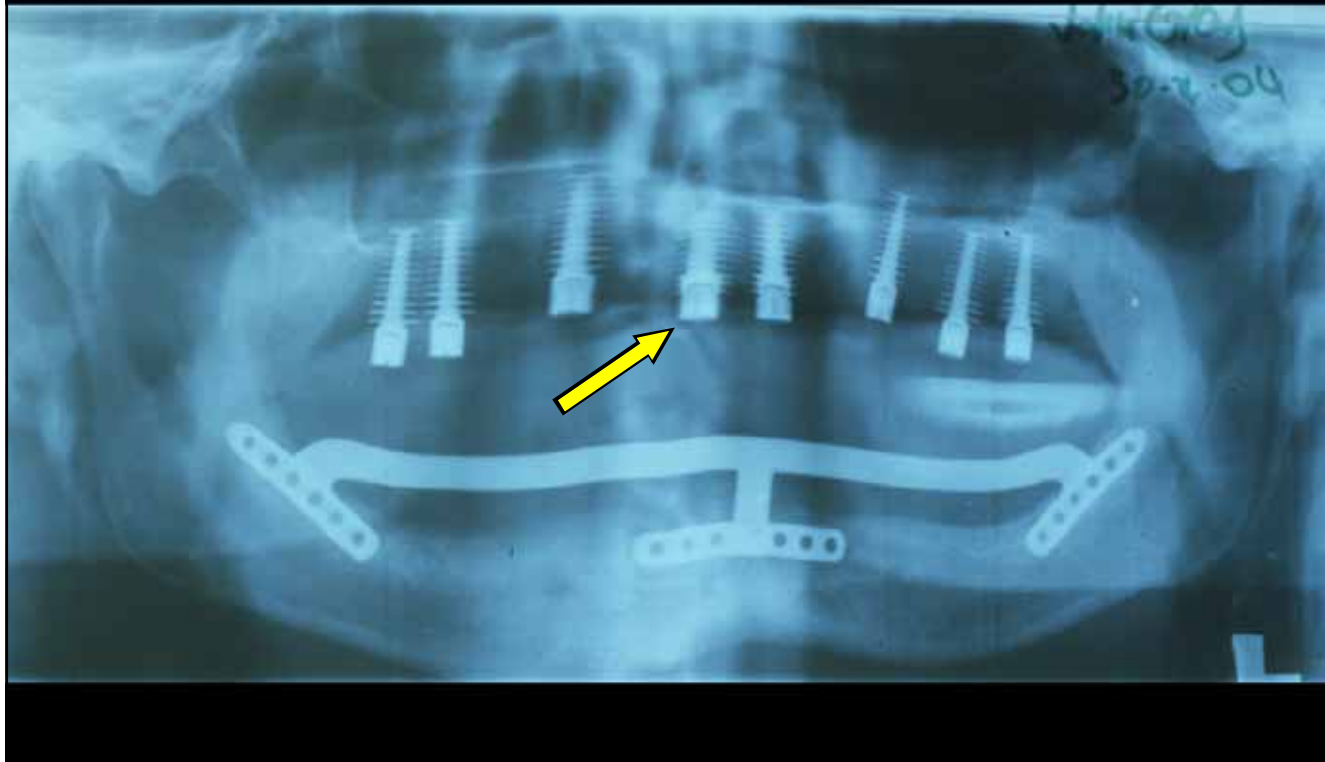
# Denture touching Implants



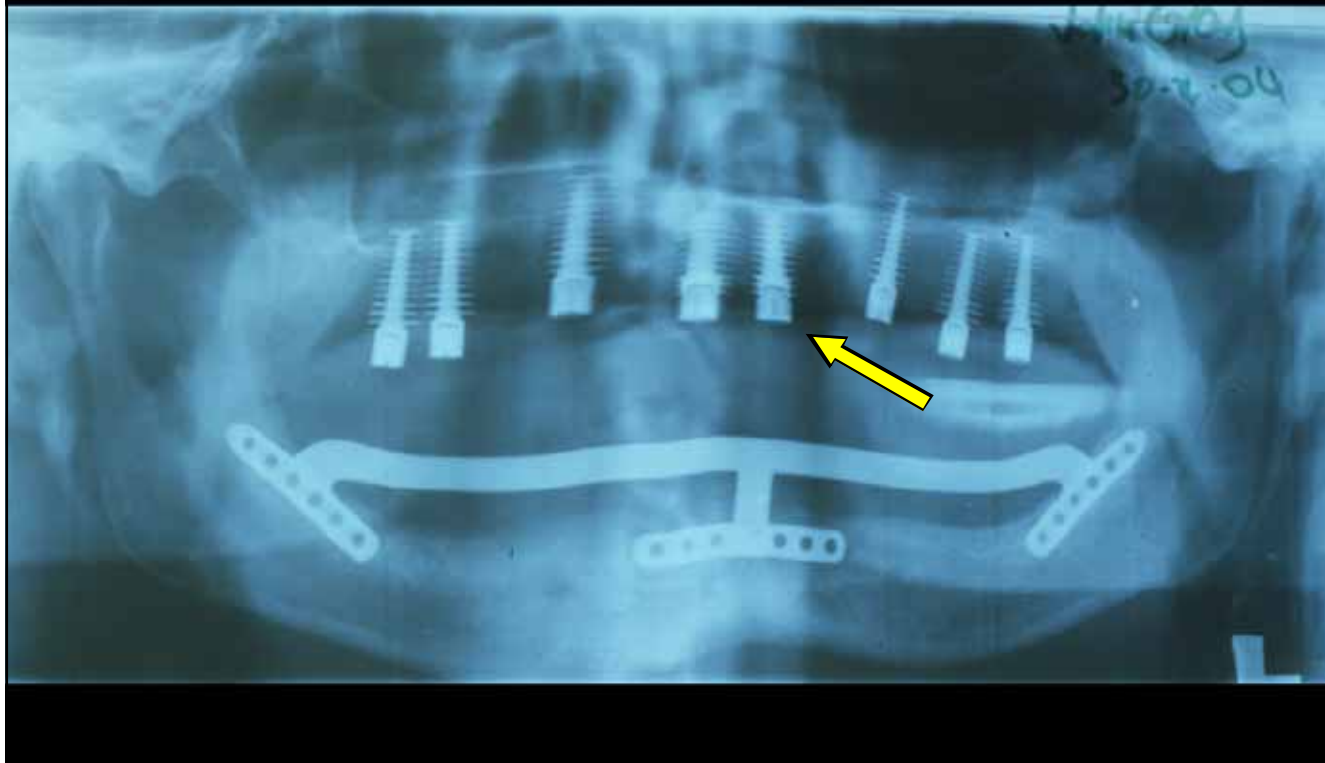
# Denture eased



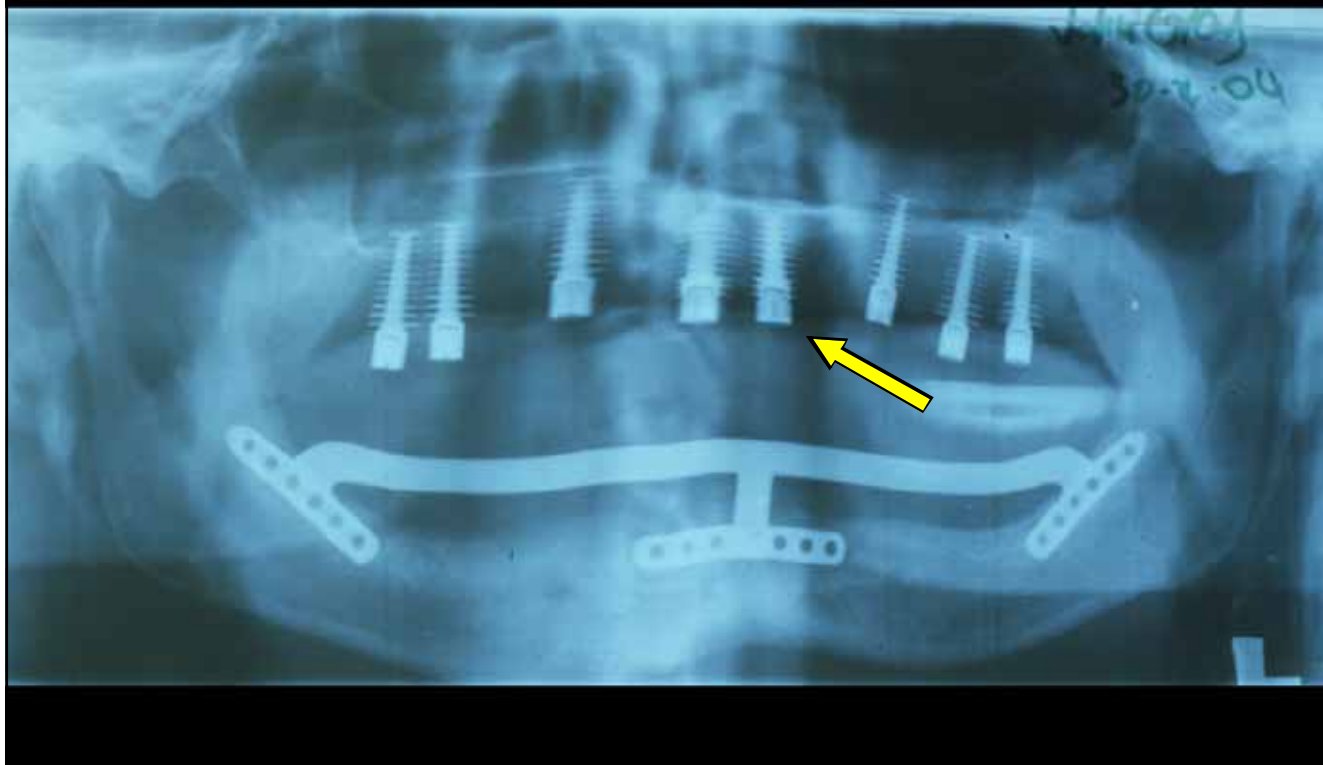
# One Implant became Firm



# Denture eased over Other Implant



# Other Implant became Firmer



## Cause of the Problem

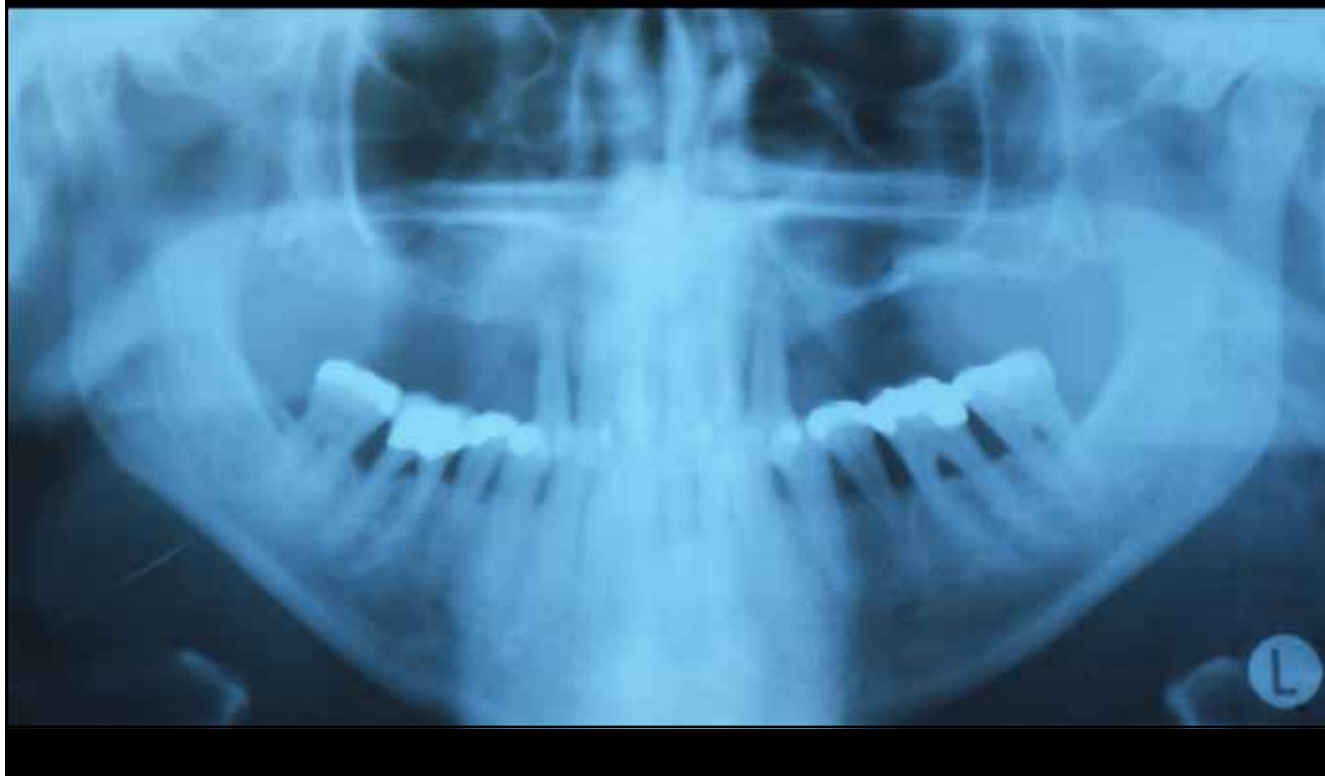
Very Firm Denture attached to  
a Ramus Frame

Occluding against a Loose  
Upper Denture

# Solution

Stabilize the Upper Denture  
with a Screw in the Palate  
at the Initial Upper Implant  
placement

# Case 3

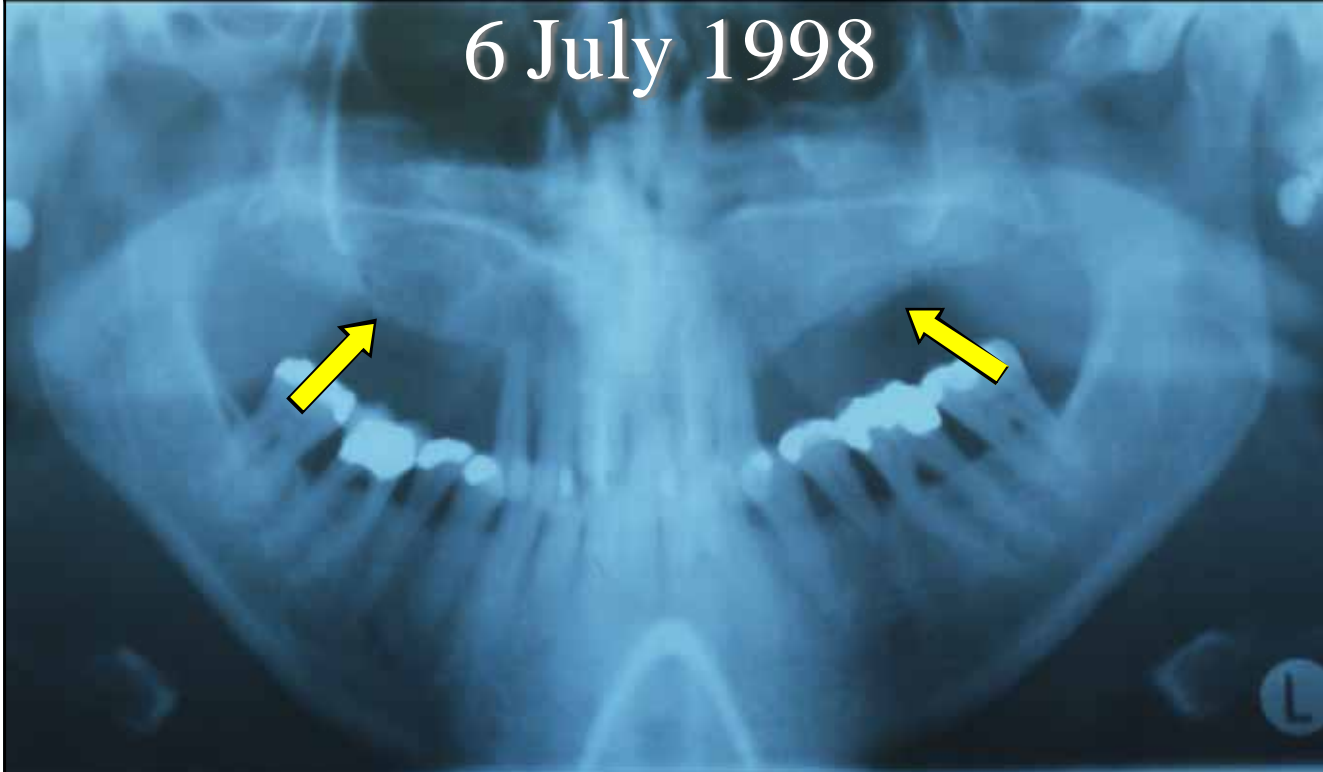


# Atrophic Maxilla against a Complete Lower Natural Dentition

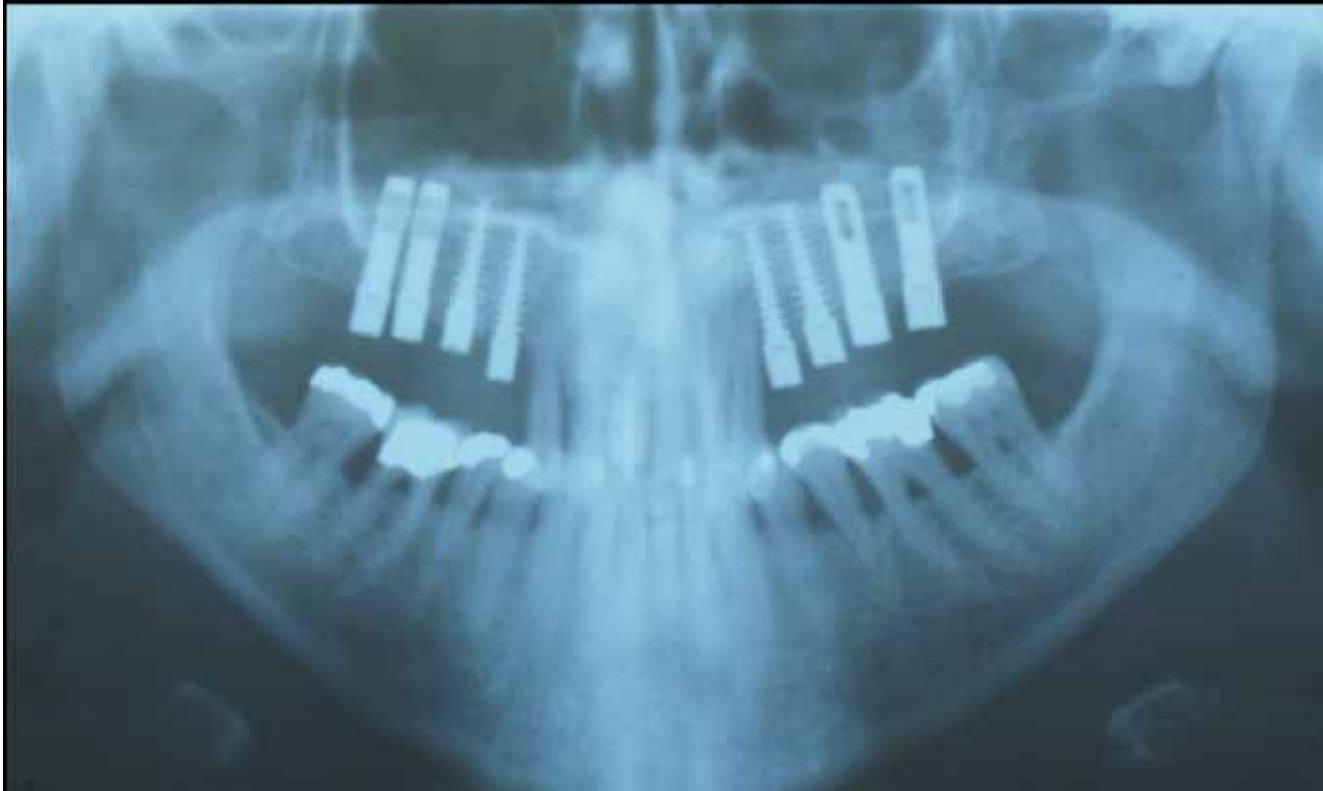


# Bilateral Sinus Grafting

6 July 1998



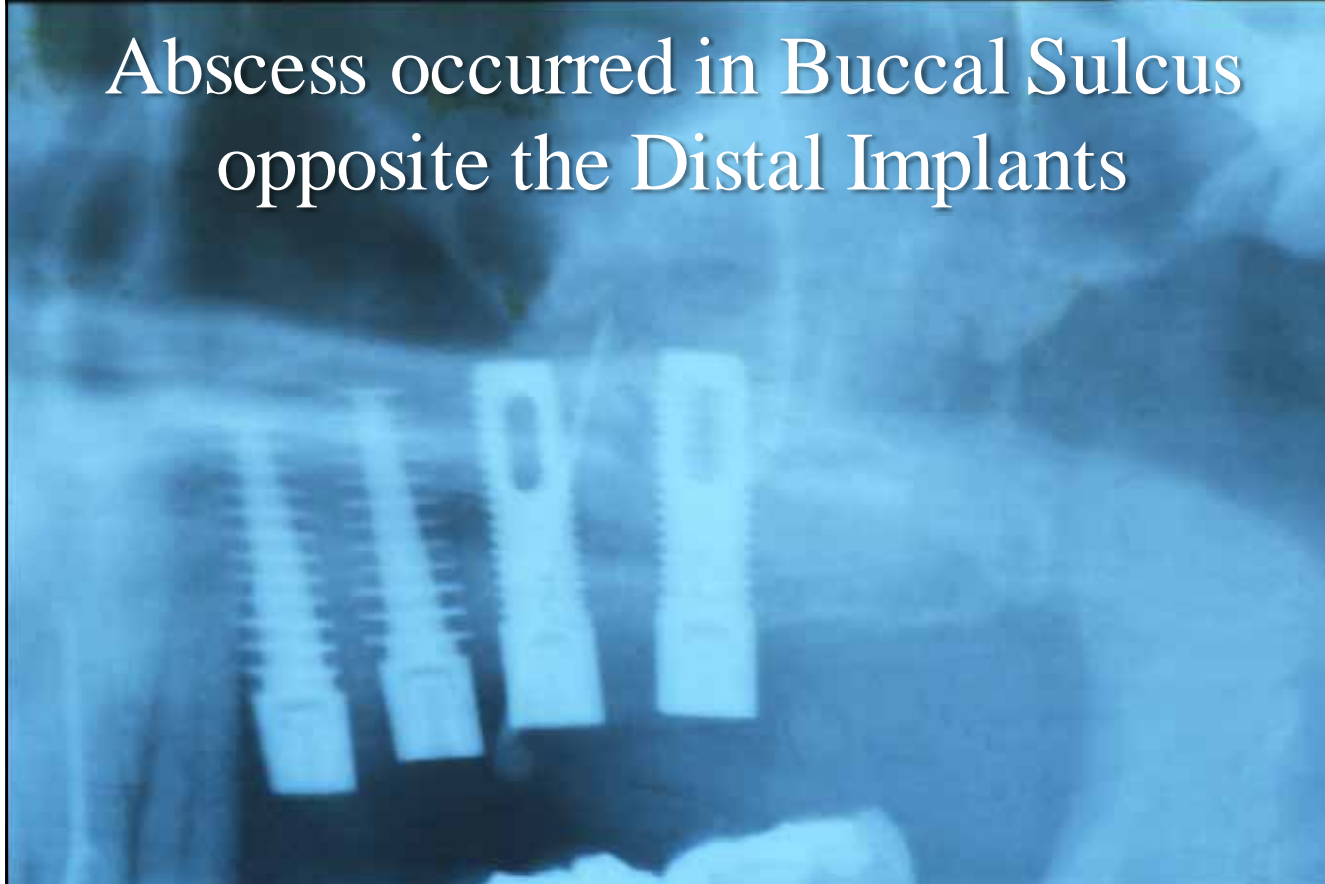
# Implants placed 6 Months Later 15/01/99



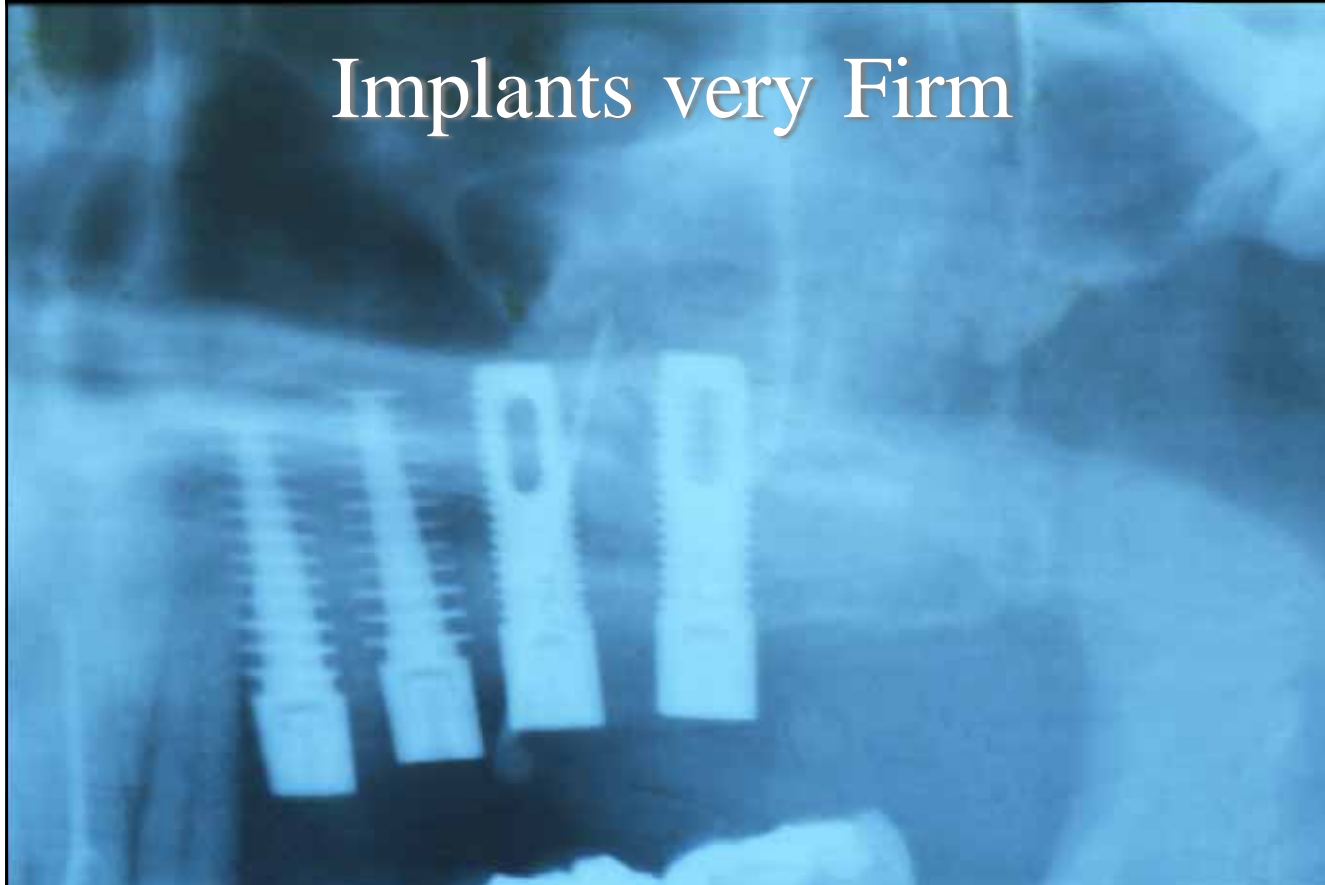
4 Months later



Abscess occurred in Buccal Sulcus  
opposite the Distal Implants



Implants very Firm



Gutta Percha Point  
inserted into the Fistula



# Treatment

- Amoxicillin and Metronidazole
- Yellow Exudate aspirated from the Sinus

# Treatment

- Gentamycin injected into the Sinus
- and aspirated out Several Times
- Situation improved after Several Weeks
- Implants still Firm

# Posts and Temporary Bridge fitted for Progressive Loading 10 January 2000



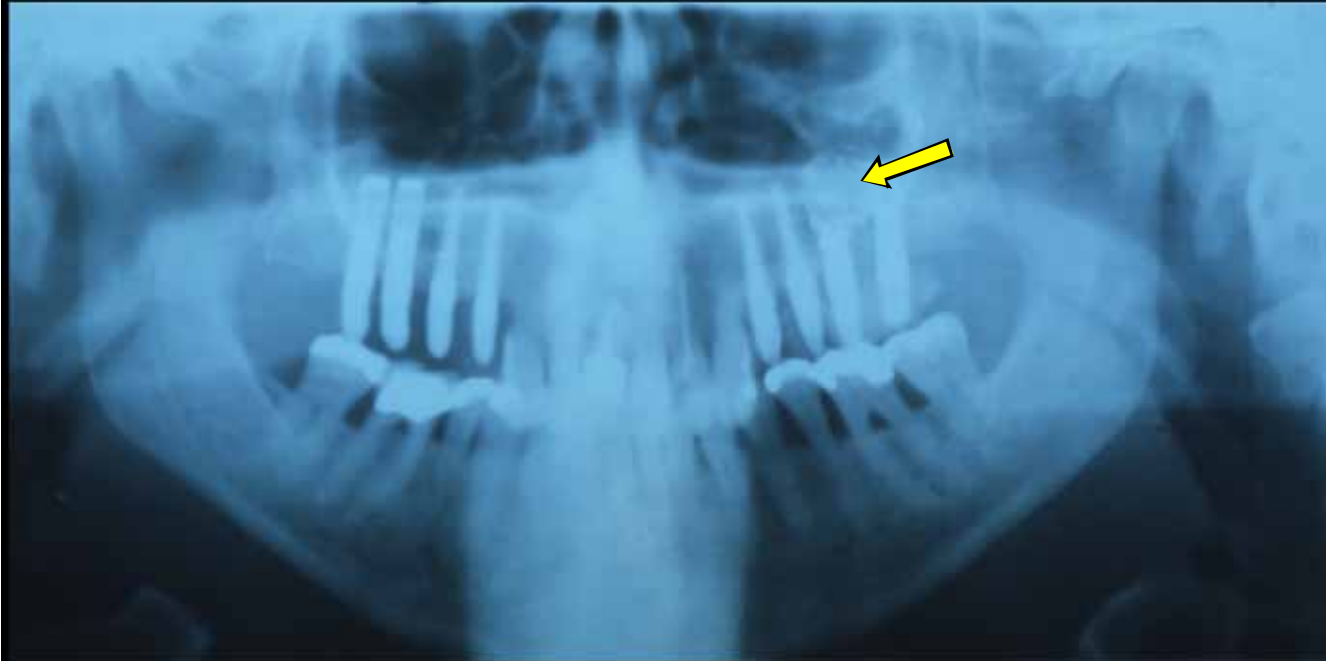
## Abscess re-occurred

- Gentamycin injected into the Sinus
- Systemic Antibiotics administered

# The Sinus was Opened 27 June 2000

- Granulation Tissue and Infected Bone curetted
- End of the Implant cut down to Bone Level
- Packed with Bisthmus Iodoform Gauze
- Surgical Drain inserted

## The Shortened Implant



Despite further Treatment  
Oro-antral Fistula still present with  
Discharge of Pus  
Oro-antral Fistula still present  
First Molar Implant removed

# Final Bridgework fitted

29 April 2002



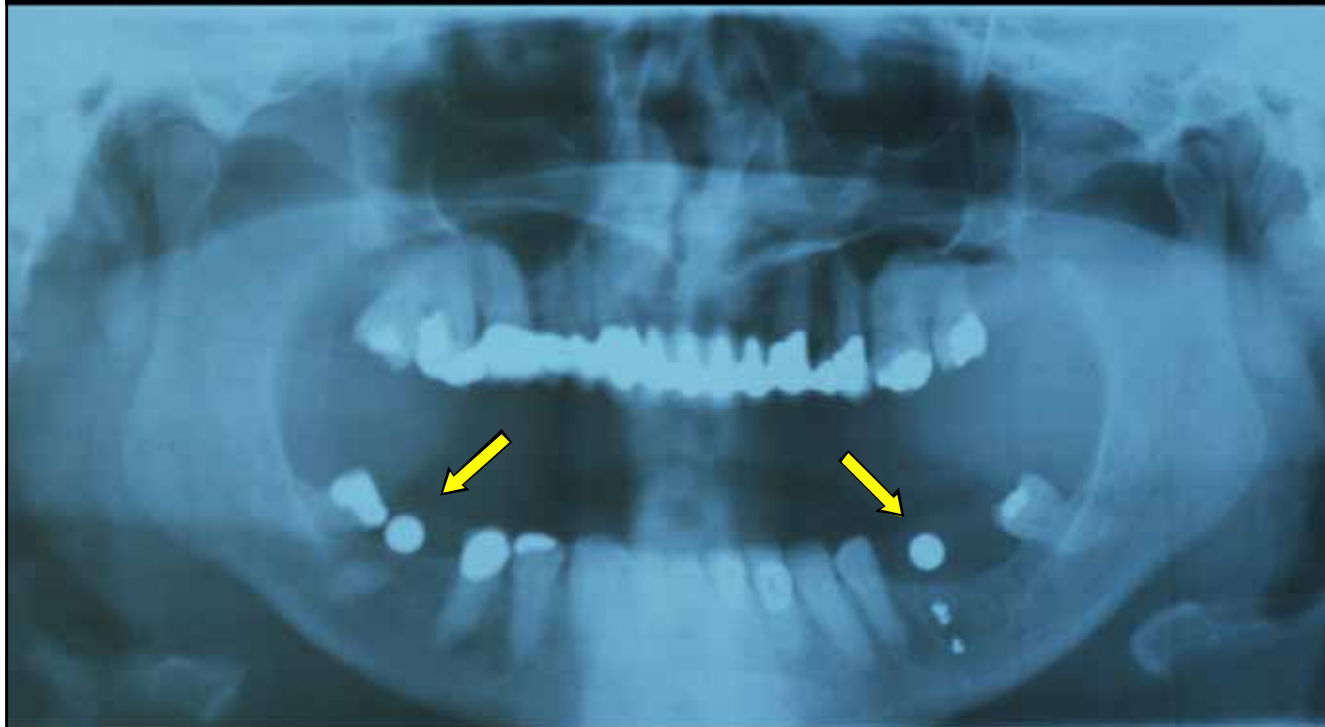
# Case 4



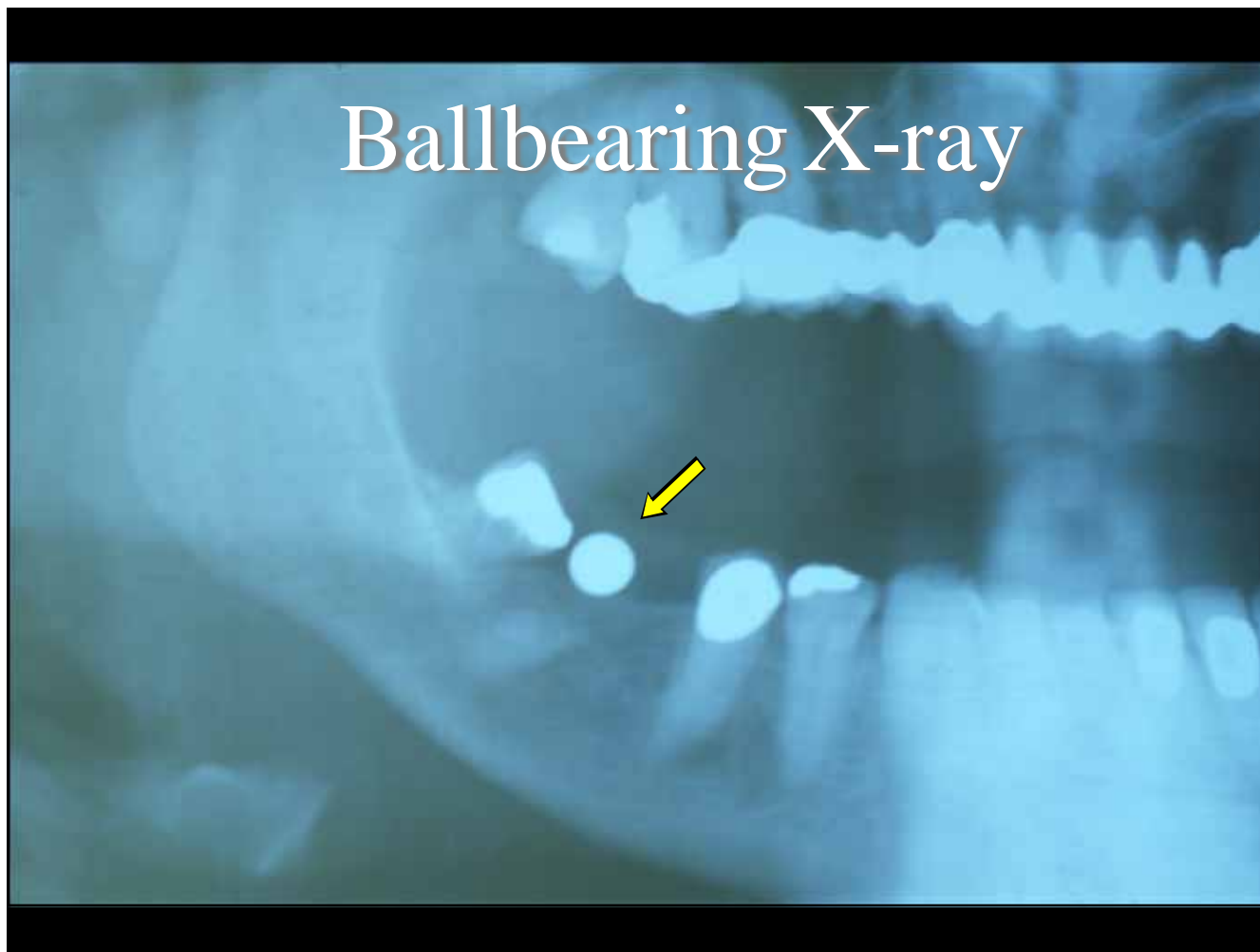
# Retained Root



# Ballbearing X-ray



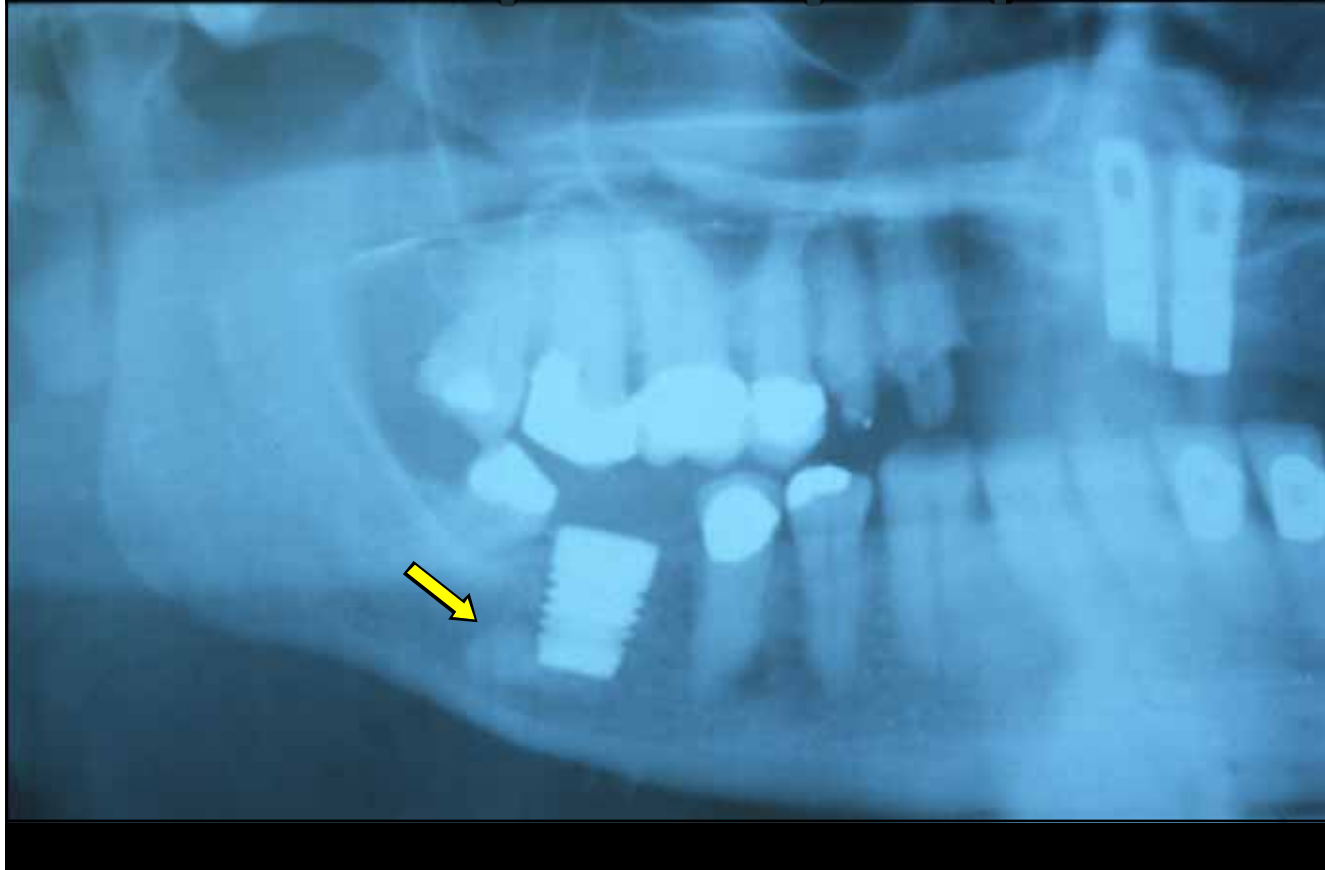
# Ballbearing X-ray



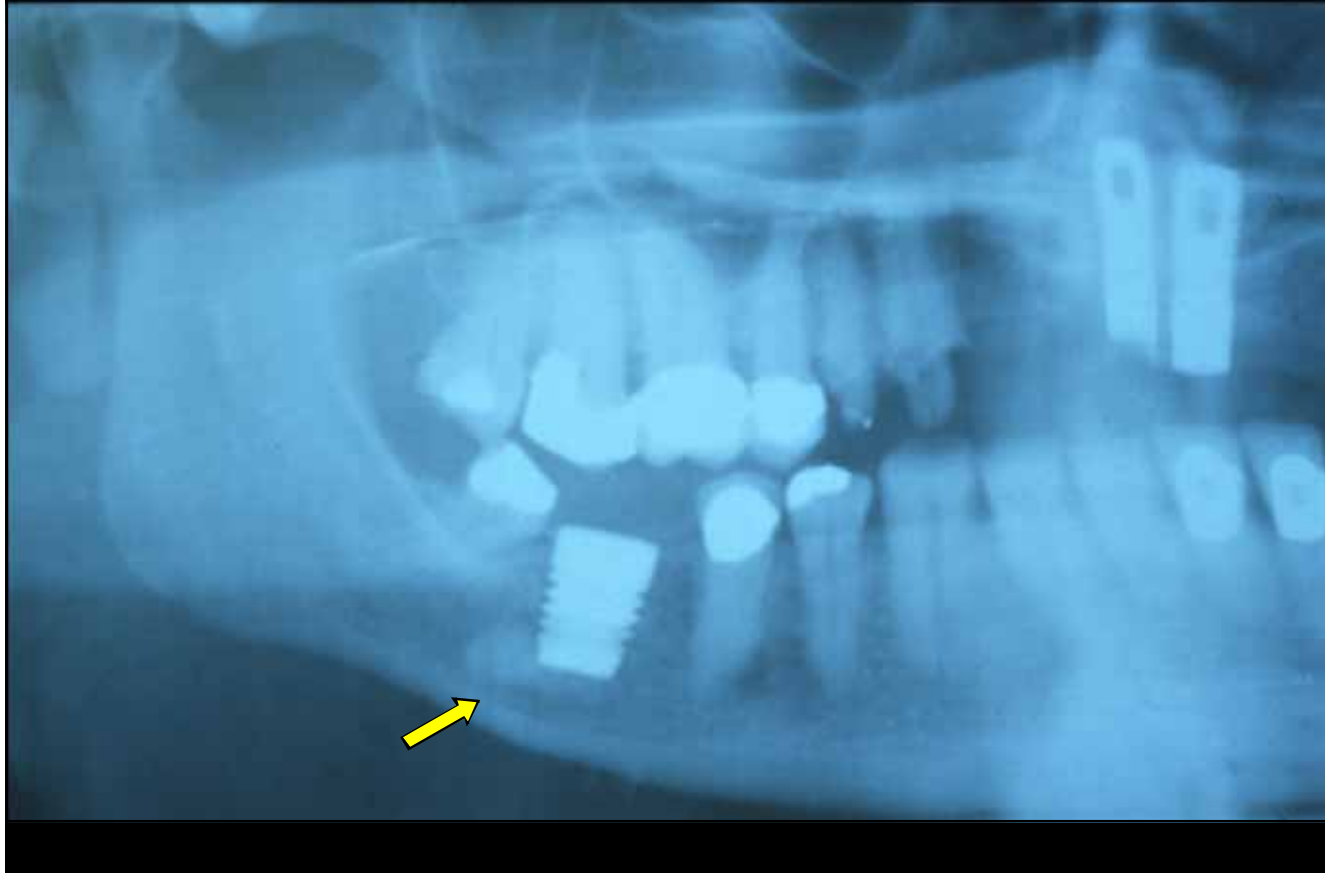
Implants was placed



## Root pushed Apically



## Onto the Inferior Alveolar Bundle





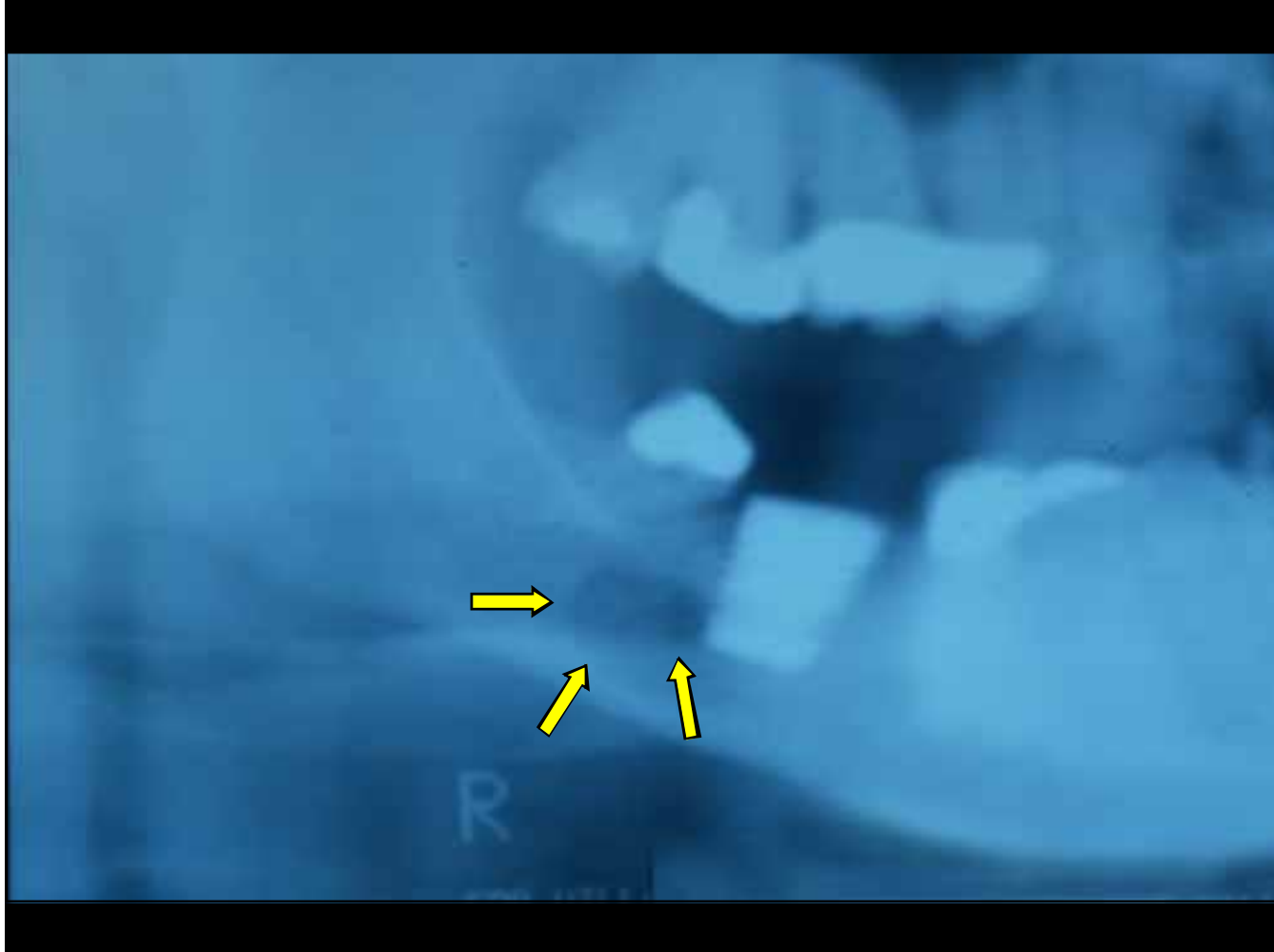
2 Days later Root removed  
using Buccal Approach



Immediate Numb Lip and Chin  
on Right Side

Corticosteroids and Vitamin B12  
prescribed immediately

2 Days later  
The Root was removed  
using Buccal Approach



# Dexamethazone Injection in the Area



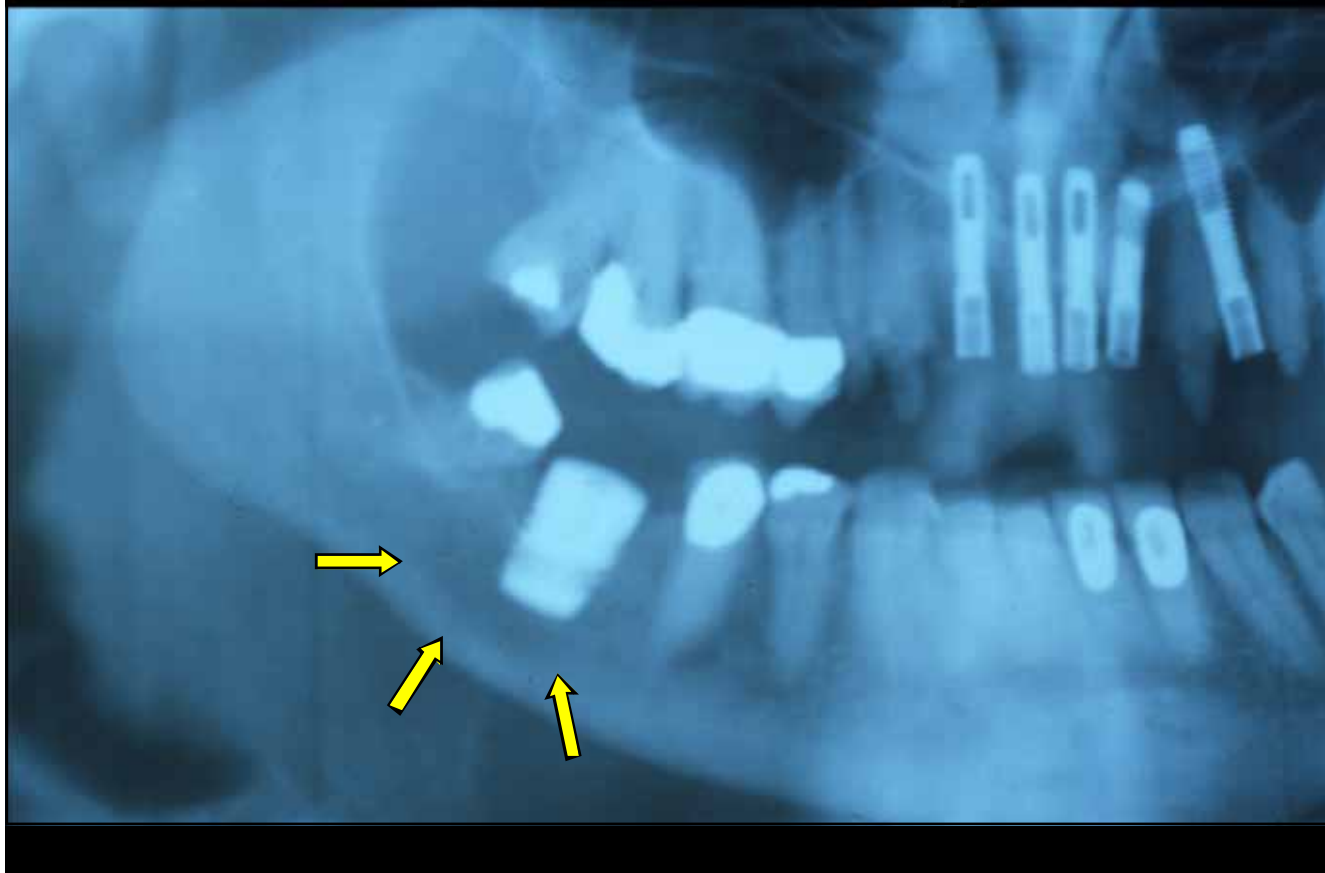
10 Days later Numb Lip and Chin  
returned to Normal



2 Months later  
Bone Regeneration



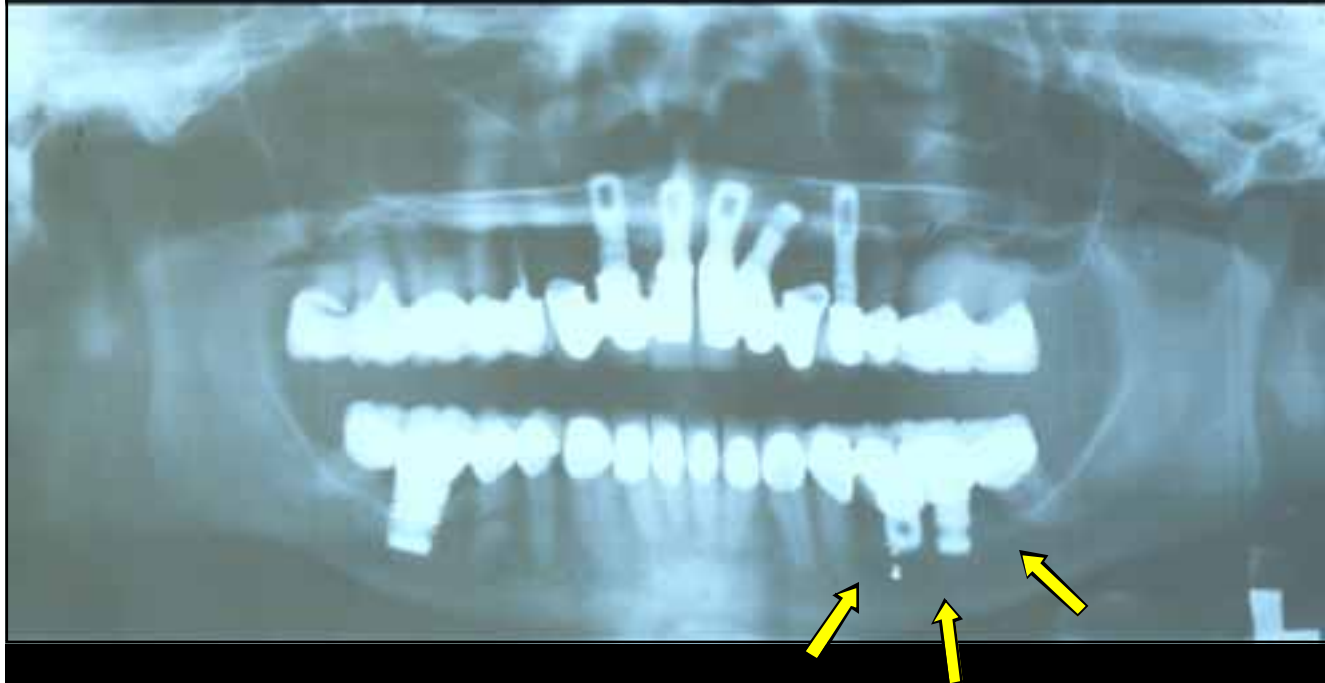
# 6 Months Later Bone Regenerated



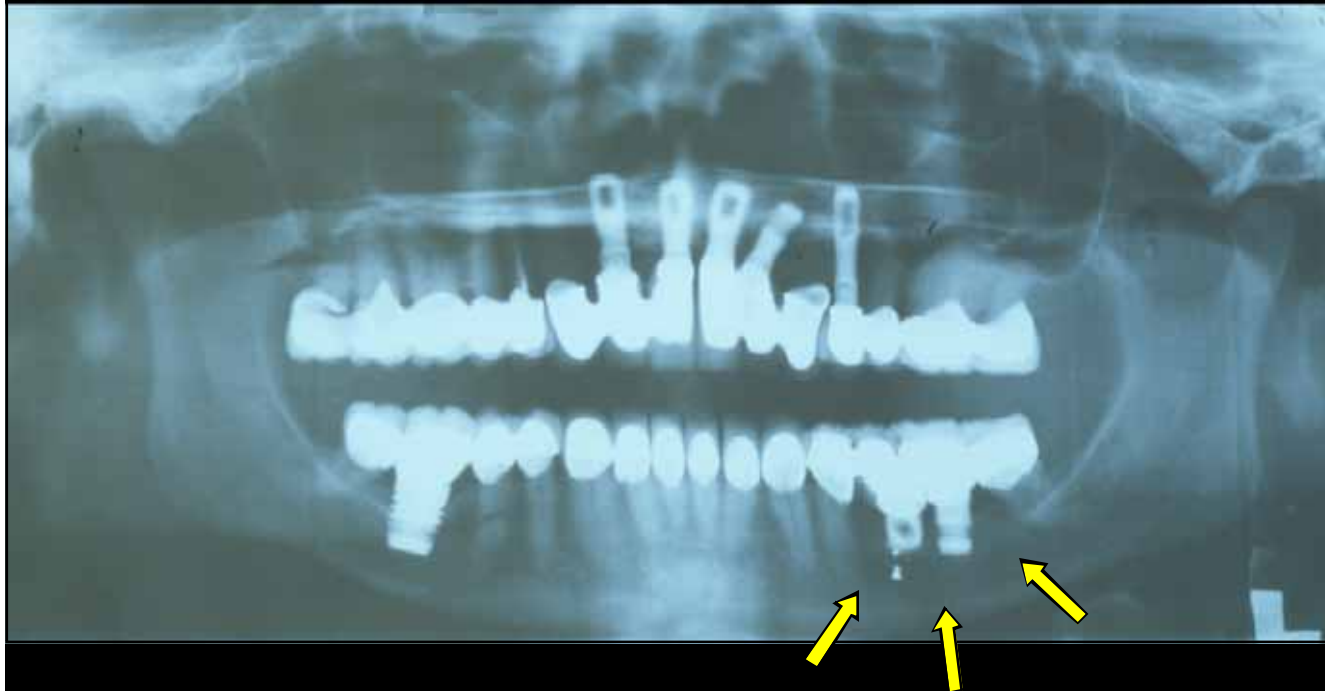
# Final Restorations



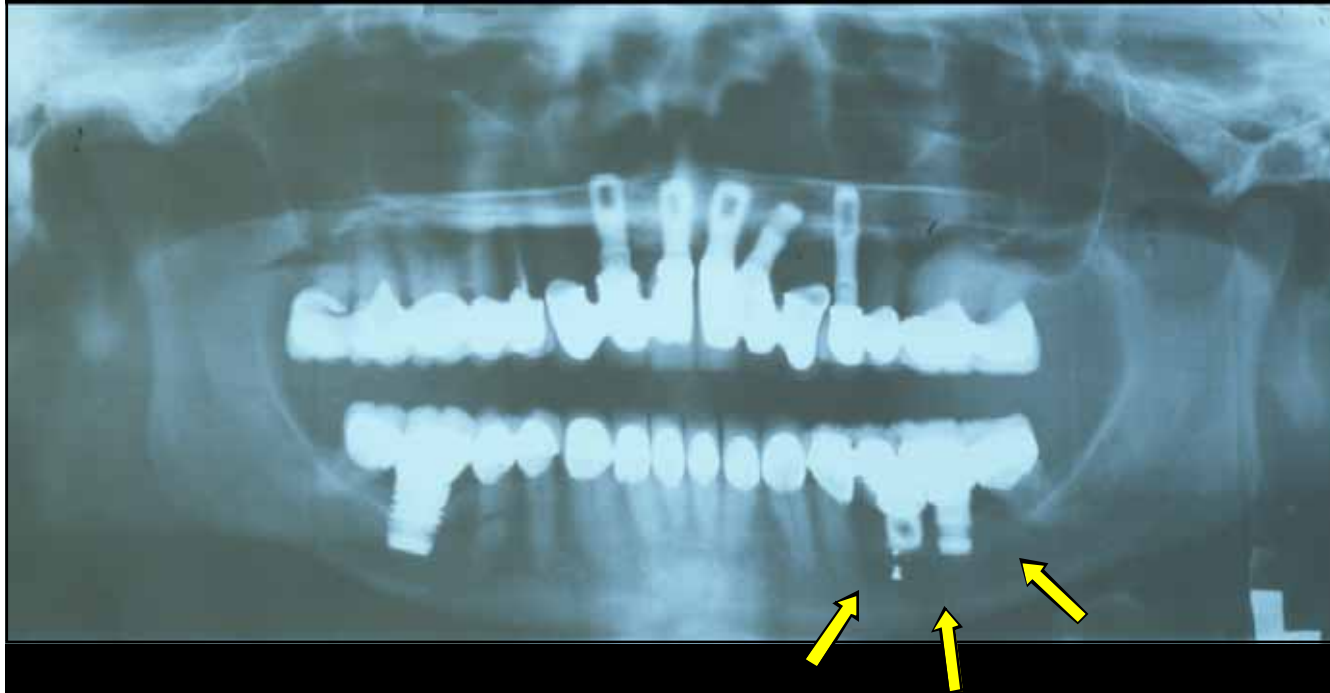
# Lack of Attached Gingiva



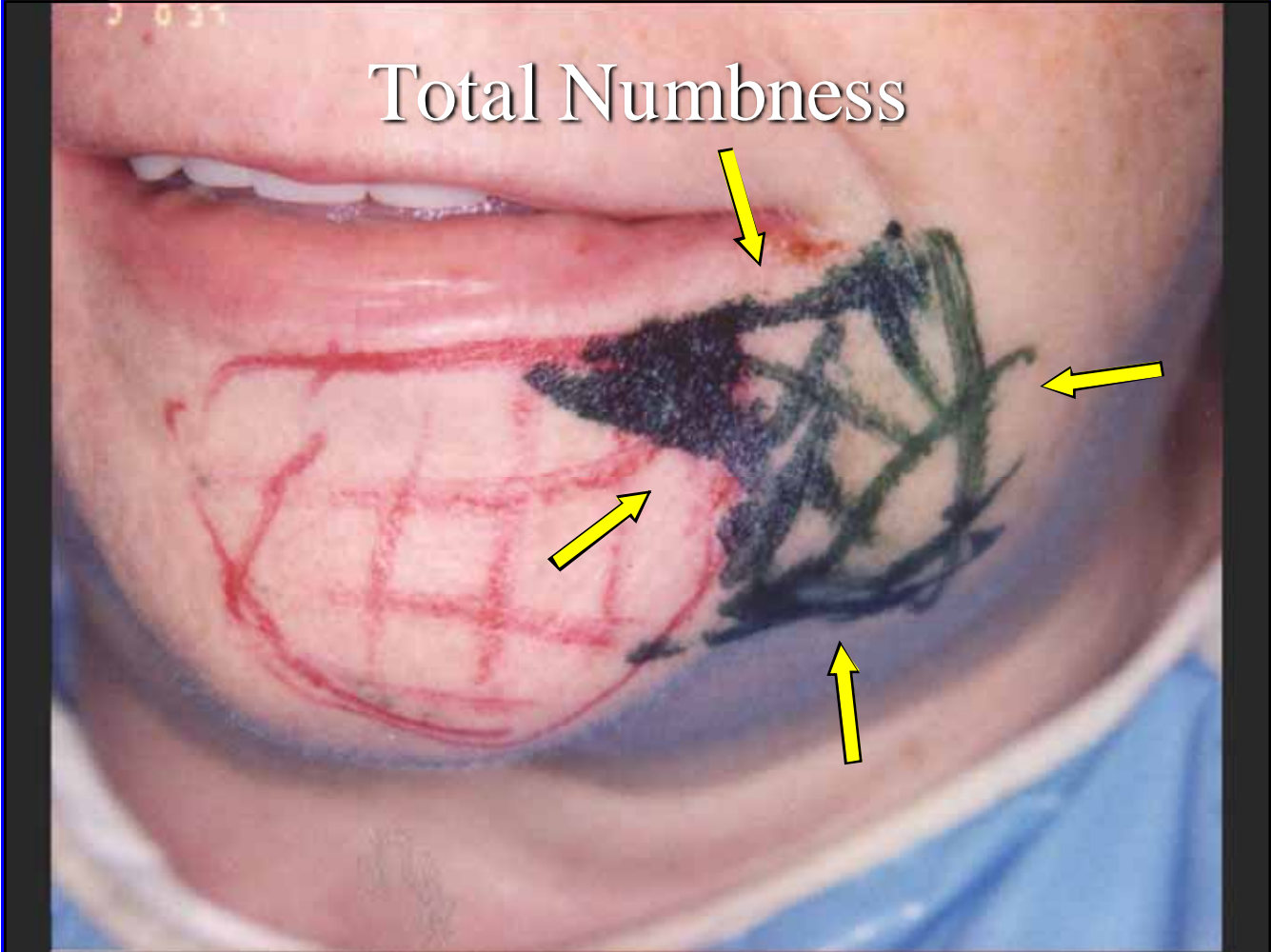
Alloderm placed



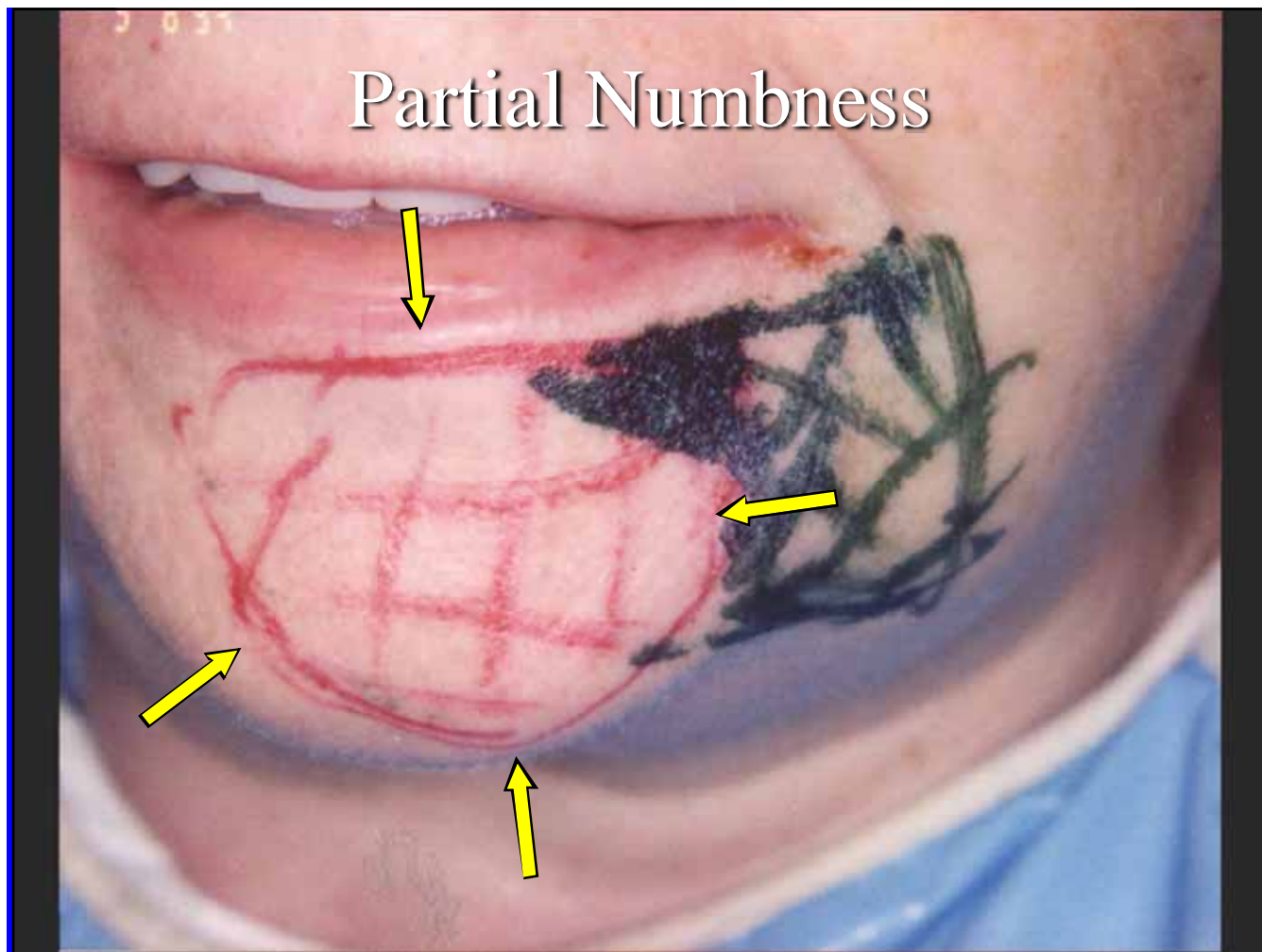
# Numb Lip



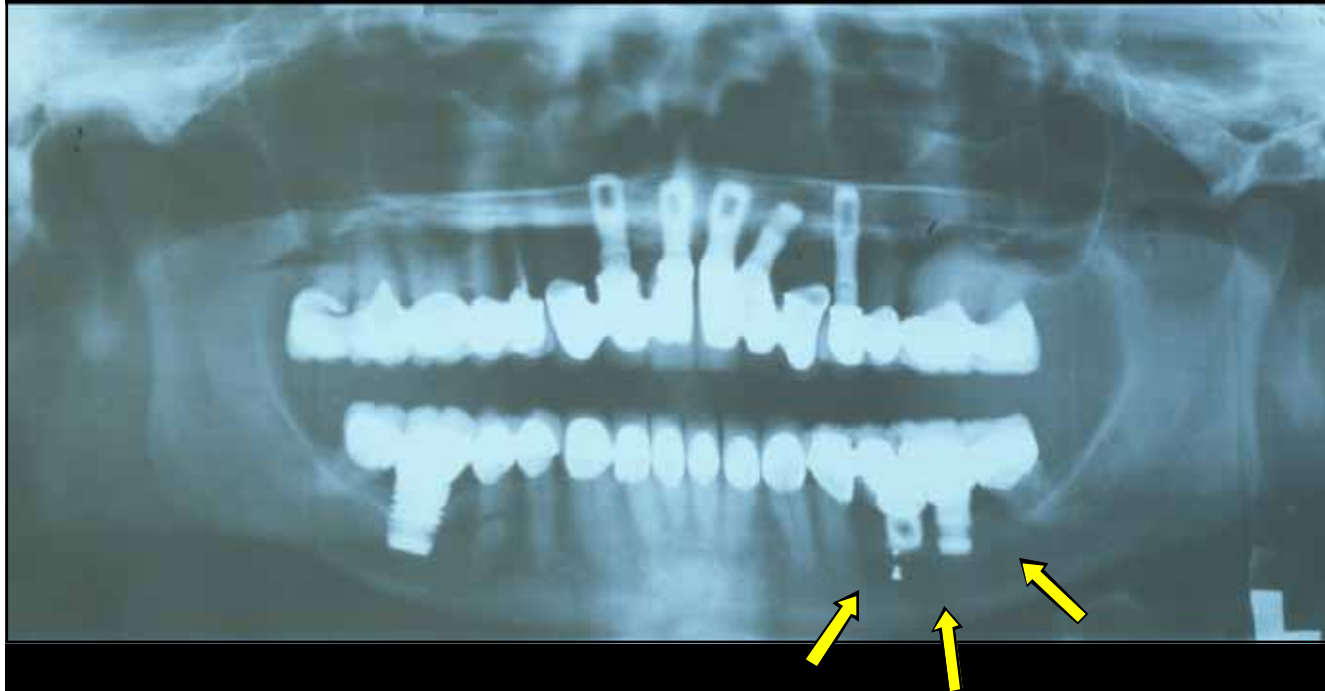
Total Numbness



Partial Numbness



3 Weeks later  
Total Recovery



# Case 5

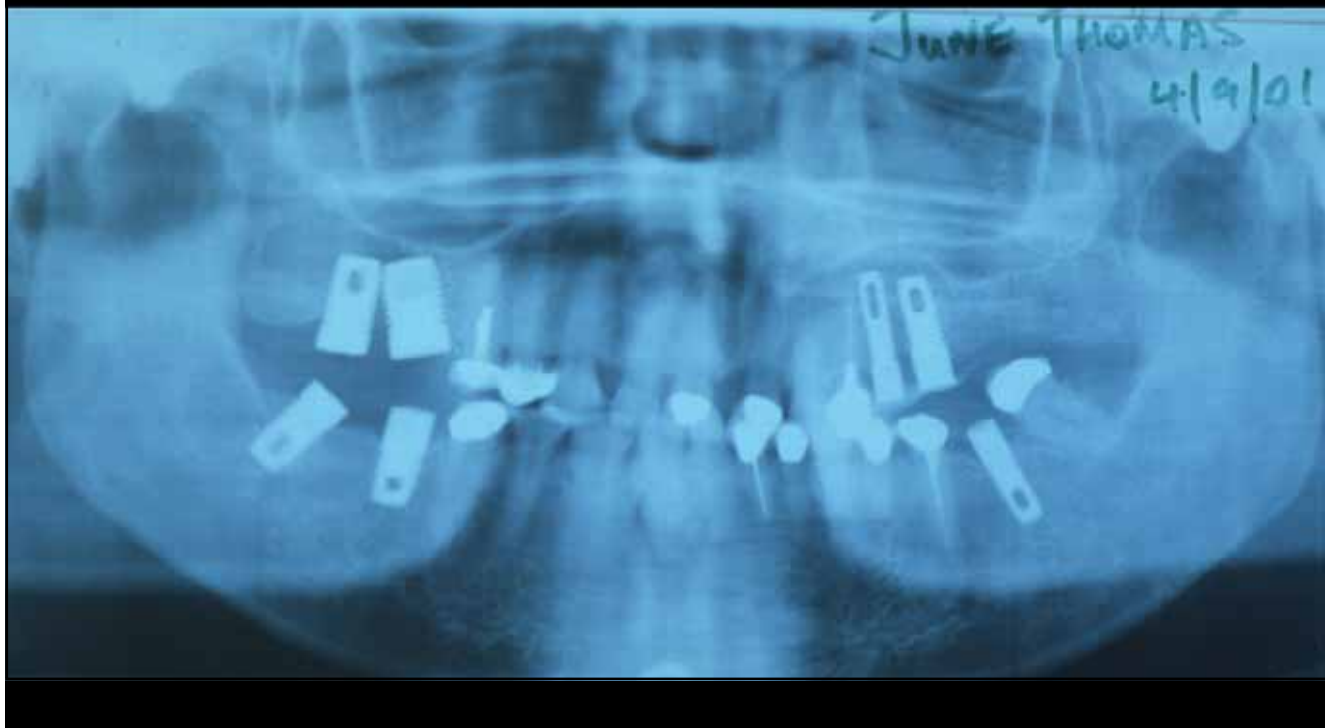


# Ballbearing X-rays



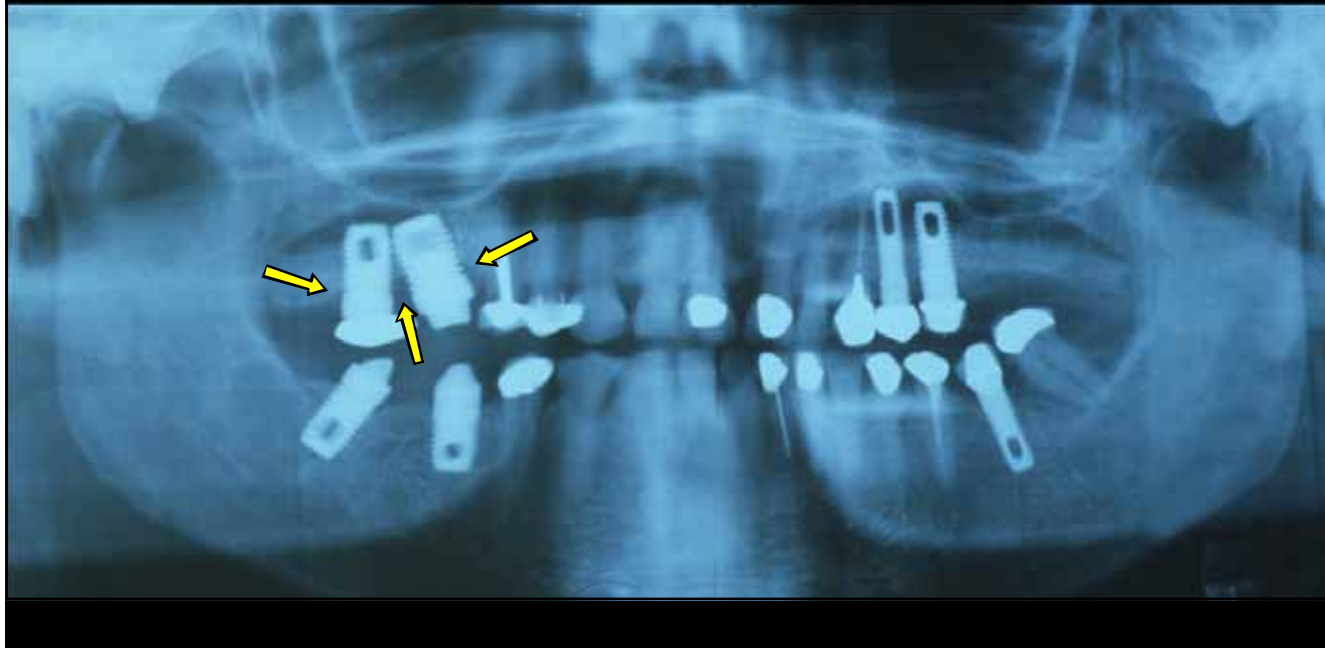
# Implants placed

4 April 2001



# Bone Loss

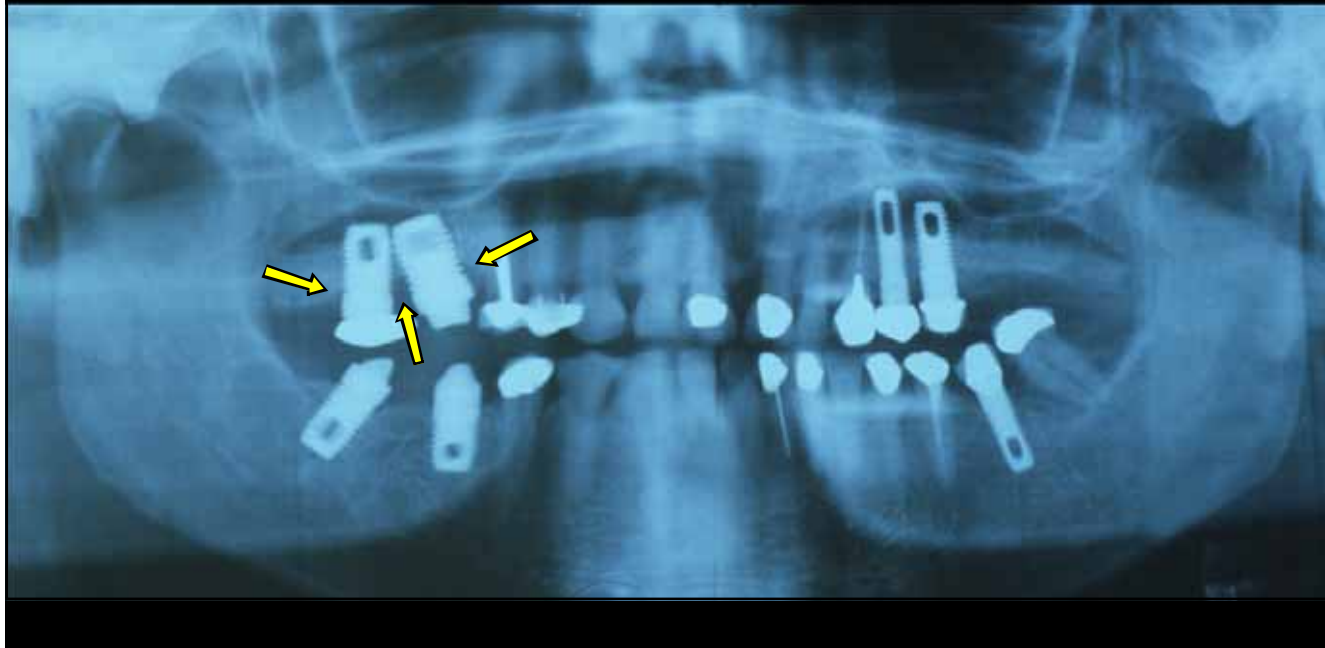
2 Years and 10 Months 27 January 2004



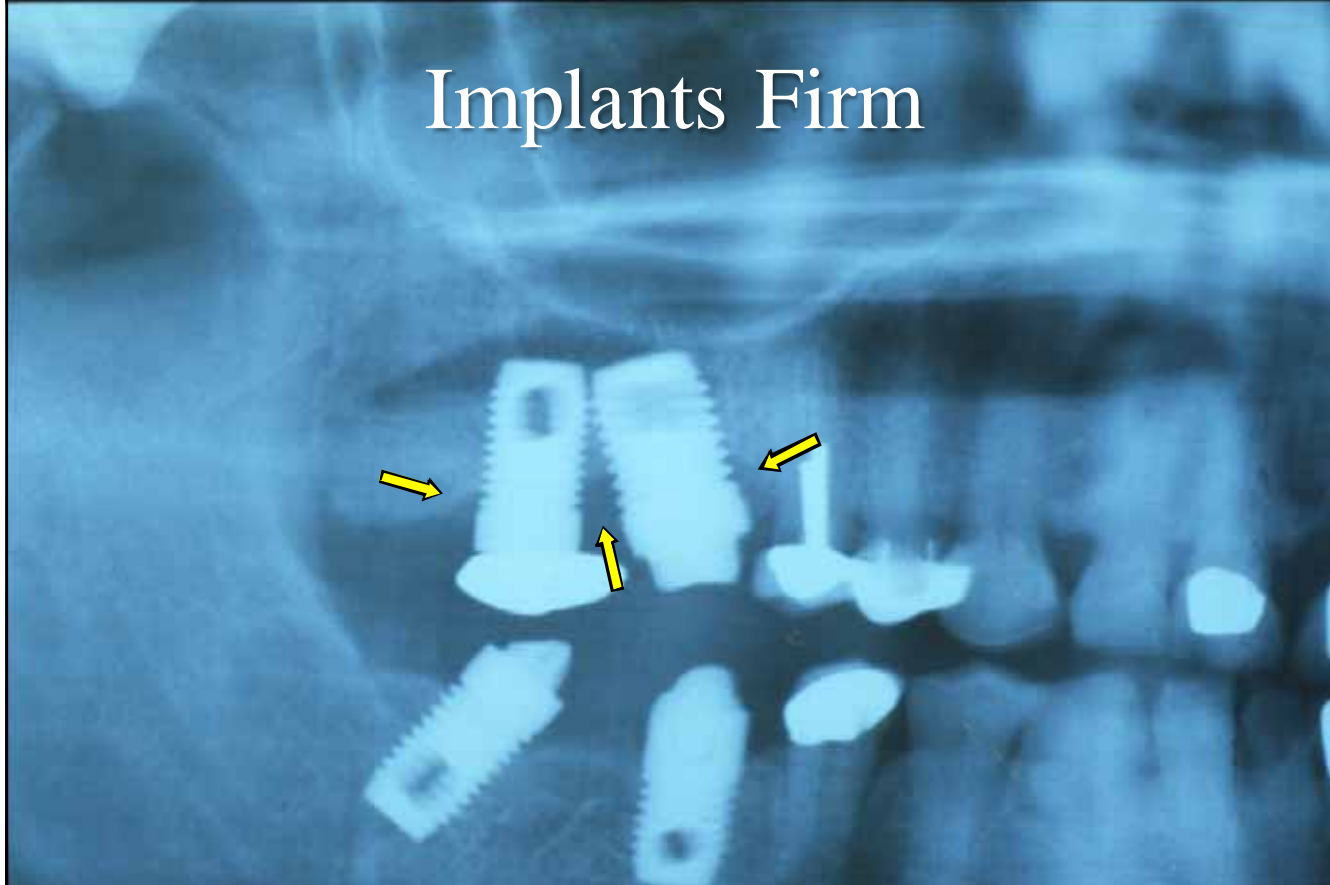
# Bone Loss



# Swelling and Pocketting



Implants Firm



- Flap was raised
- Granulation Tissue curetted
- The Threads Smoothed
- The Implant Surfaces Micro etched with Aluminium Oxide

## Treated with

- Betadyne
- Tetracycline
- Citric Acid
- and Gentomycin

Grafted with Irradiated Bone  
Osteogen and  
Tricalcium Phosphate TCP

Healed with Tight Cuff of Tissue



The End