

Partial Edentulous Maxillary and Mandibular Rehabilitation by Implant Supported Prosthesis and Fixed Dental Prosthesis

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INTRODUCTION

Prosthetic rehabilitation for partially edentulous patients with implant supported fixed prosthesis has been revolutionized by advancements of modern technology. Previously, the most common treatment option for a partially edentulous patient was a removable partial denture. Advances in fixed prosthetics have allowed for a high level of function and esthetics.

This case presents a patient whose occlusion on the maxillary right and mandibular right had been disrupted due to bite shifting over many years due to missing teeth #4, 6, and 29 and malpositioned #5 (Fig 3). In order to establish a new centric bite for this patient, a fixed maxillary implant prosthesis and a conventional mandibular 3-unit bridge was treatment planned.

The malposition of tooth #5 introduced an occlusal interference that did not allow for proper MIP. Patient refused orthodontic treatment as a option to correct the malocclusion. Therefore, #5 was extracted and implants were placed in areas of #4 and #6 and a 3 unit screw retained fixed partial denture was fabricated to re-establish proper centric occlusion.

After adequate implant healing, a diagnostic wax-up was fabricated for teeth #28 and #30 to create a provisional bridge that would correct the bite to achieve proper MIP. After two months of temporization, the patient's bite had been re-established in centric occlusion on the left and the right sides. Final impressions were made and sent to the lab, along with the diagnostic models and bite registrations of the patients current bite with the provisional bridge in place. The lab fabricated an implant supported bridge 4i-x-6i and conventional bridge 28-x-30 that would maintain the patient's occlusion in a stable MIP (Fig 5)

CONCLUSION

For this patient, the completed treatment which included an implant-supported bridge and a fixed dental prosthesis resulted in improved esthetics, as well as improved chewing ability and the re-establishment of MIP. The esthetics from the case have also contributed to a higher self-esteem of the patient.

Pre-Delivery



Figure 1. Pre-Delivery Frontal View



Figure 2. Pre-Delivery Occlusal and Side Views



Figure 3. Pre-Delivery Panoramic

Post-Delivery



Figure 4. Post-Delivery Frontal View



Figure 5. Post-Delivery Occlusal and Side Views

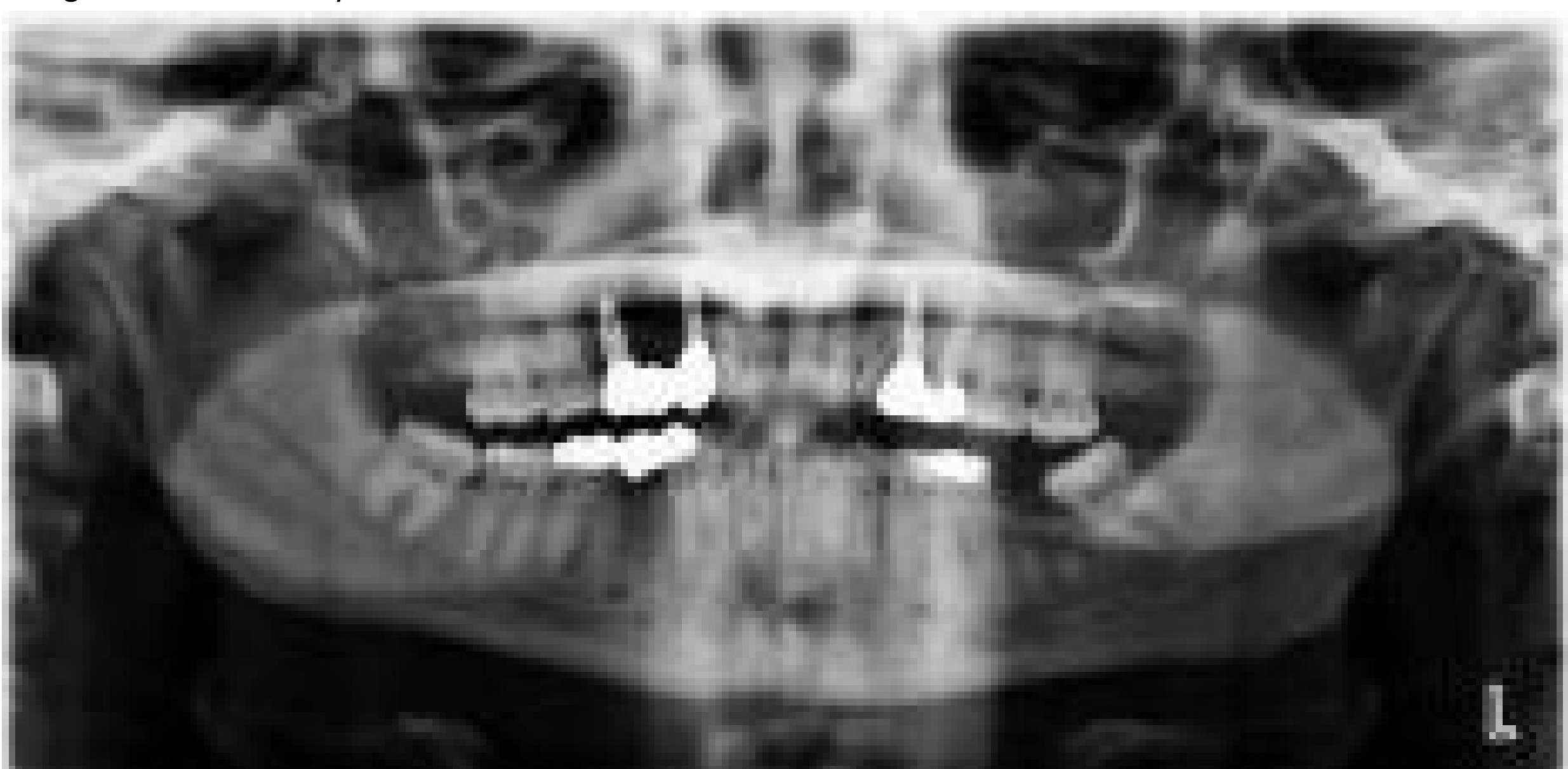


Figure 6. Post-Delivery Panormaic