

Case study with ten IMPLA implants inserted after a generalized chronic severe periodontitis

by Dr. Dr. Philipp Plugmann, MSc MSc MBA, Leverkusen/Germany

Initial situation of the patient:

In January of 2013, a male patient presented at the age of 60. The general medical history was without pathological findings. The patient was a non-smoker.

The dental anamnesis revealed a generalized chronic severe periodontitis, concretions, pocket depths of 4-5 mm and no loose teeth. The PCR was at 80 % and the GBI was at 60 %. The patient had twelve teeth left (tooth 28 impacted). Tooth 26 will be removed in the course of the prosthetic treatment. After discussing this matter with the patient, this tooth should remain provisionally until after the implantation.



Fig. 1 Upper jaw - top view



Fig. 2 front view



Fig. 3 View from the patient's left side



Fig. 4 Lower jaw - top view



Fig. 5 View from the patient's right side

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At the beginning of the treatment in January 2013, the focus was on treating the periodontitis:

1. January-July 2013: Pre-treatment of periodontitis and instructions for oral hygiene. The patient showed good compliance and cooperation.
2. Re-evaluation in July 2013: PCR 15 % and GBI 20 %, pocket depths 3-3.5 mm
3. Re-evaluation in December 2013: PCR 5 % and GBI 0 %, pocket depths 3 mm

After the patient had proven his care ability and motivation over a longer period of time, the implantation followed in January 2014. Fitting the restorations is planned for the summer of 2014.

Implantation (with internal sinus lift in region 16):

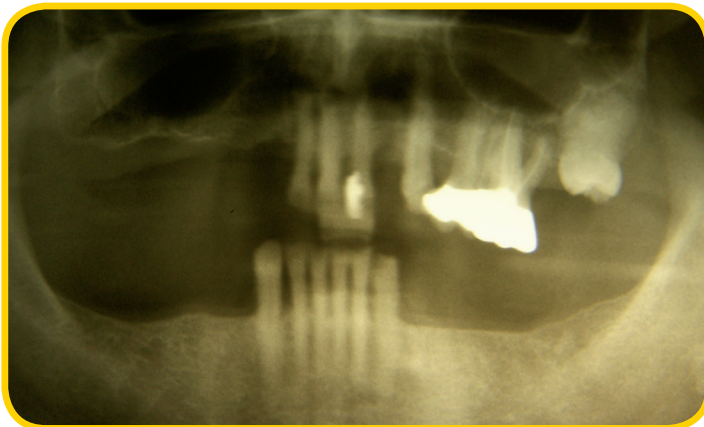


Fig. 6 OPG of the initial situation after the periodontitis treatment was concluded successfully and before the implantation

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Ten IMPLA implants were inserted, nine of them Cylindrical Hex Connection implants and one Micro Retention Hex Connection implant (region 22). In regions 14 (\emptyset 3.6/L 11,5), 15 (\emptyset 4.5/L 9.5) and 16 (\emptyset 4.5/L 9.5), three individual implants were placed. An internal sinus lift was carried out with CERASORB (500-1000 μ m) in region 16.

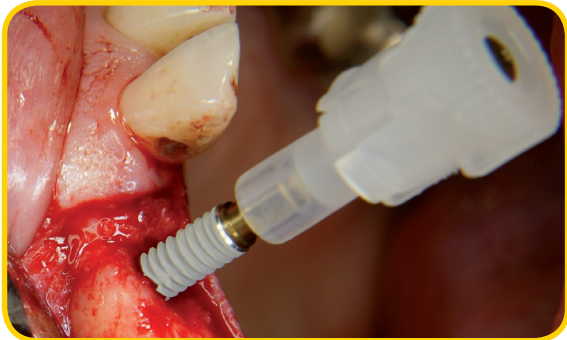


Fig. 7

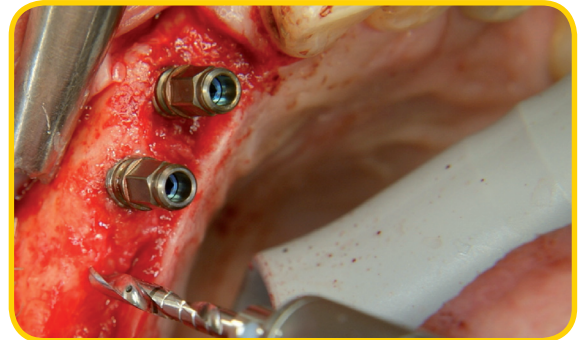


Fig. 8

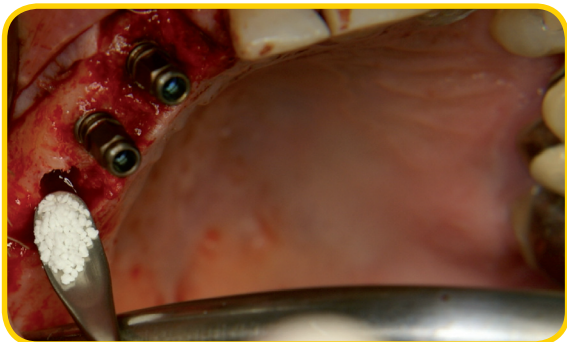


Fig. 9

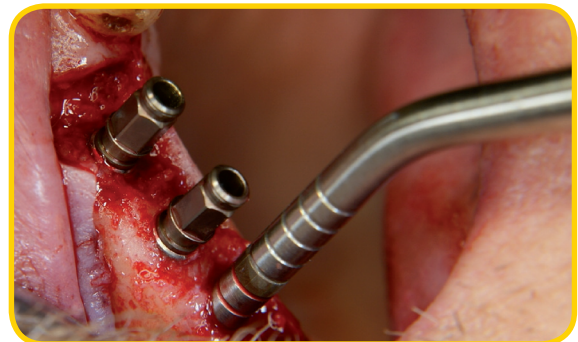


Fig. 10



Fig. 11

Fig. 7-11: Implantations in regions 14, 15 and 16; additional sinus lift in region 16

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Based upon the anatomic situation, a conic IMPLA implant (Micro Retention Hex Connection) was chosen for region 22 (\emptyset 3.3/L 11.5).

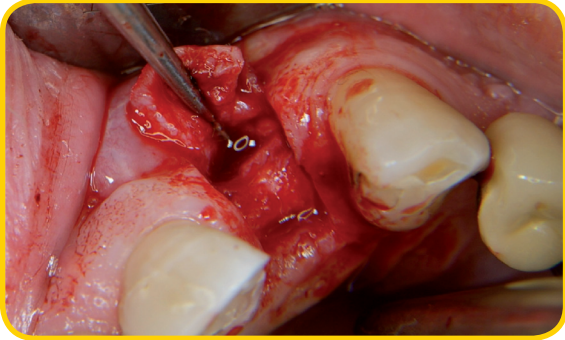


Fig. 12

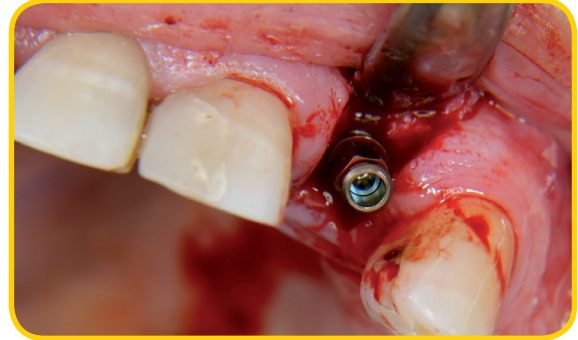


Fig. 13

Fig. 12, 13: Implantation in region 22 (Micro Retention Hex Connection)



Fig. 14

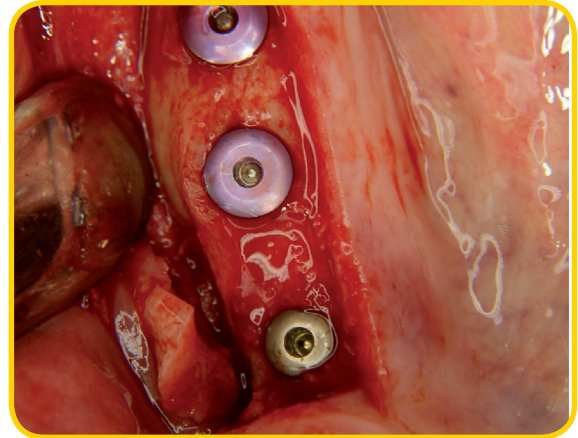


Fig. 15

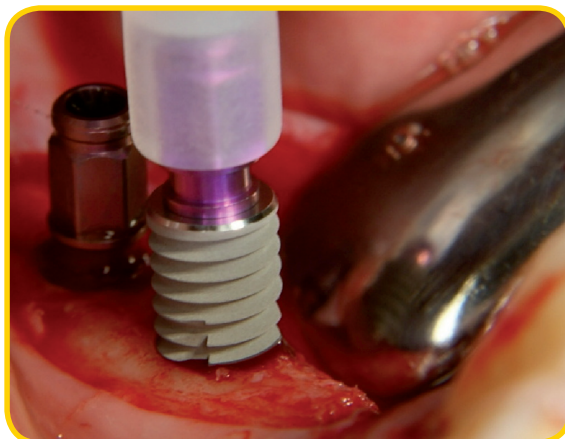


Fig. 16

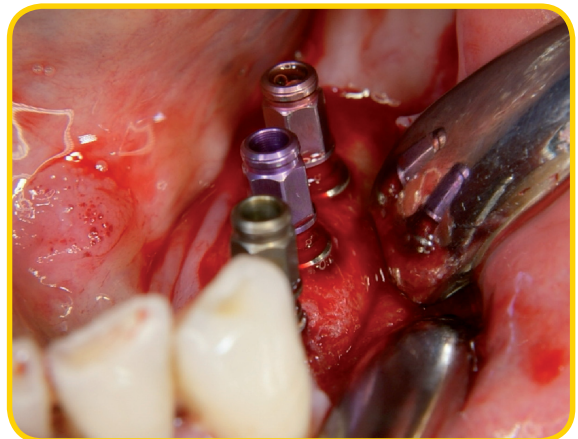


Fig. 17

Fig. 14-17: Individual implantations in regions 34, 35 and 36

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Distal of the canine teeth in the lower jaw, the patient had a bilateral free-end situation. Individual implants were placed in regions 34 (\emptyset 3.6/L 11.5), 35 and 36 (\emptyset 4.5/L 11,5 each). As well, individual implants were placed in regions 44 (\emptyset 3.6/L 11.5), 45 and 46 (\emptyset 4.5/L 11.5 each) (please see fig. 18 and 19).

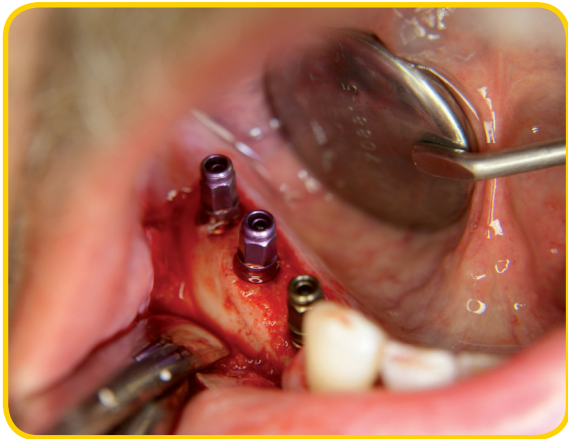


Fig. 18: Implants in regions 44, 45 and 46 with insertion aids



Fig. 19: Implants in regions 44, 45 and 46 with cover screws

The final x-ray (OPG, fig. 20) shows a panoramic view and the positions of the successfully inserted IMPLA implants.

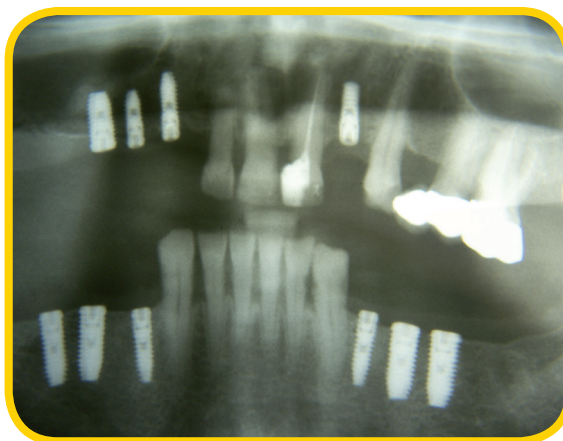


Fig. 20: OPG taken after insertion of ten IMPLA implants (internal sinus lift in region 16)

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Prosthetic strategy:

Individual crowns are intended for the implants in regions 34, 35, 36, 44, 45 and 46 in the lower jaw in six months. In the upper jaw, a cantilever bridge (13-14-15-16, free end 17) is planned and an individual crown in region 22. Furthermore, a cantilever bridge 23-25-26, free end 26 (according to extraction 26 and long-term temporary) will be placed.

The patient was treated by:

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The practice is quality certified in accordance with ISO 9001:2008. Supervision practice of the German Association for Oral Implantologie (DGOI). Focus on implantology BDZI-certified since 2007, recertified until 2017.



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