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Individual Dental Implant Supported Restorations for Maxillary Incisors



By Doug Benting (</spear-review/author/doug-benting/>) on November 7, 2014 | [\(/bookmarks/bookmark/35476\)](/bookmarks/bookmark/35476)

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Fig. 1

This patient has decided to have his upper maxillary incisors removed following a significant dental history that includes endodontic treatment, clinical crown lengthening, full coverage restorations and trauma. (Fig. 1)

Certainly, there are several restorative options available for treatment. Tooth Supported fixed bridge, dental implant (<https://www.speareducation.com/spear-review/category/implants/>) supported fixed bridge, individual dental implant supported restorations, removable partial denture and of course – no treatment. When there are several options available, it is really our responsibility to help the patient make the decisions on the

options available based on their unique situation and circumstances.

This patient would like to move forward with individual dental implant supported restorations in the anterior maxillary segment. (Fig. 2) It is logical for a patient to make a comparison of what they had with natural teeth to what could be with individual dental implant supported restorations.

What types of discussion items would be important for the patient to know prior to this point? What would you like to know based on what you see in the clinical photo?

A couple thoughts before we discuss individual dental implant supported restorations...

Fresh extraction sites visible in the photos certainly lead to the question as to whether or not the labial plate of bone is intact or fractured for each of the incisors. Will augmentation or grafting be indicated and how will that impact

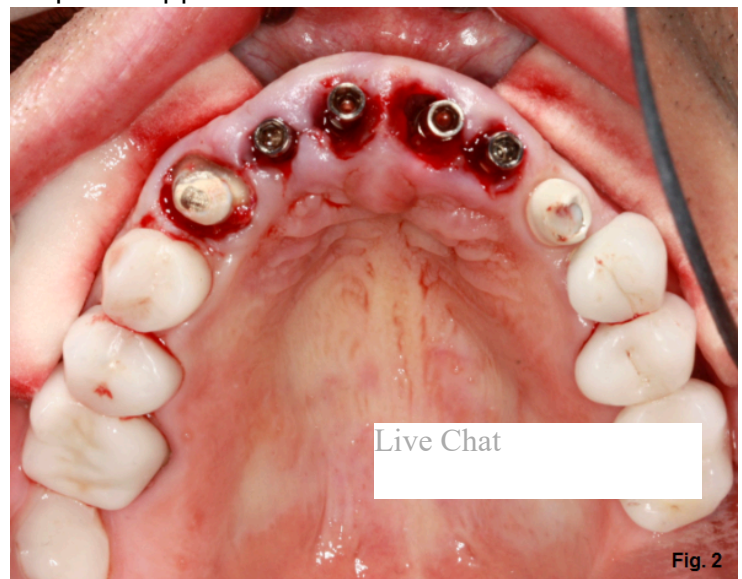


Fig. 2

the provisional restoration? What about lip length and lip mobility particularly as it pertains to gingival display? How will you discuss the anticipated levels of the interdental papillae and gingival margins?



As restorative dentists, our concern relates to the provisionalization of this area following surgery. The goal is to plan for an option that provides a degree of flexibility to accommodate for what could happen as a result of the surgical process. A provisional canine to canine fixed bridge was made to provide a degree of flexibility for a surgical plan that included removal of the teeth and immediate placement of dental implants. (Fig. 3)

What types of discussion items would be important for the patient to know prior to this point? What would you like to know based on what you see in the clinical photo? Would you

work with a canine to canine (6-11) fixed bridge provisional until the definitive restorations are completed or would you make a new provisional with individual units prior to completion of the restorative treatment? What would you be looking for should you decide to proceed with individual dental implant supported restorations?

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