

PARKER PERIO

P R E S E N T S

The goal of our e-newsletter is simple:
Take cases that seem **impossible**
and show you how Parker Periodontics makes them **possible**.

TWO BIRDS, ONE STONE

THE BACK STORY

Lisa presented with a fractured tooth and significant dental anxiety. She had a dental implant placed in 2012 and remembered the process being very laborious. In the end, she was disappointed with the results. She felt people still thought the tooth was missing because it was so small.



THE OBSTACLE

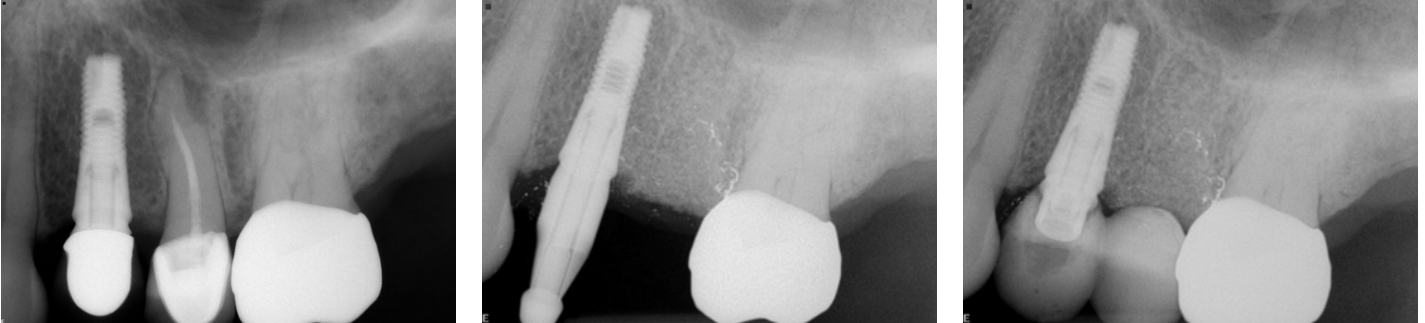
We often find ourselves able to place immediate implants with screw retained provisional crowns. Lisa came to our office hopeful that she would be such a candidate. Unfortunately, tooth #13 had a periapical lesion and the root apex approximated the maxillary sinus floor. A restored implant occupied the #12 tooth position. The implant was palatally positioned and the resulting crown was undersized and palatally positioned. This gave the appearance of a hidden tooth that was masked by the appropriate sized adjacent canine.

OUR DIALOGUE

Lisa and I shared the same concerns. Neither of us liked the appearance of tooth #12. The difference between us was she was resigned to live with the results and I was looking to give her the smile I felt she deserved. Once we established that tooth #13 would be lost, I educated her on how we might use the existing implant to improve her smile and ease her transition from a fractured tooth to a healthy implant at #13. She was immediately and enthusiastically onboard.

THE WORK UP

A CBCT scan revealed the position of the #12 implant. The implant was healthy with minimal bone loss over 10+ years in function. With inherited implants, our challenge often lies in identifying the manufacturer and acquiring suitable replacement parts. The implant was easily identified by its distinctive characteristics as an Astra OsseoSpeed TX.



THE TREATMENT

Under intravenous conscious sedation tooth #13 was removed. The site was thoroughly debrided and grafted with human demineralized allograft. A collagen membrane was placed and the site was closed. A traditional implant level impression was taken utilizing PVS. Our senior lab technician, Mr. Tom Schilling, fabricated a screw retained cantilever bridge #12-13. The cantilever was designed proportionally to the adjacent teeth to re-establish buccal corridor fill. Occlusion was relieved and Lisa was given strict instructions to avoid eating on the left side.



FUTURE TREATMENT

In 12 weeks, implant replacement of #13 will occur. We plan to evaluate the condition of the cantilever provisional bridge before deciding whether to continue to use it once the second implant is placed. Individual provisional crowns are possible but may not be necessary. Ultimately, individual implant crowns are planned with Lisa's dentist.

**LIKE IT? LOVE IT?
WANT TO KNOW MORE ABOUT IT?
HAVE A CASE YOU'D LIKE US TO DISCUSS?**

FEEL FREE TO CONTACT US AT WWW.PARKERPERIO.COM TO REVIEW MORE CASES LIKE THIS ONE!