

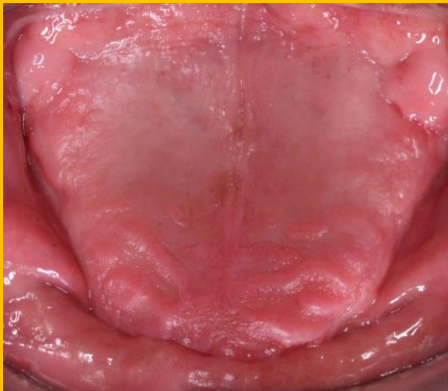
Case selection Patient 2

**Dominik S full
lower overdenture**

History

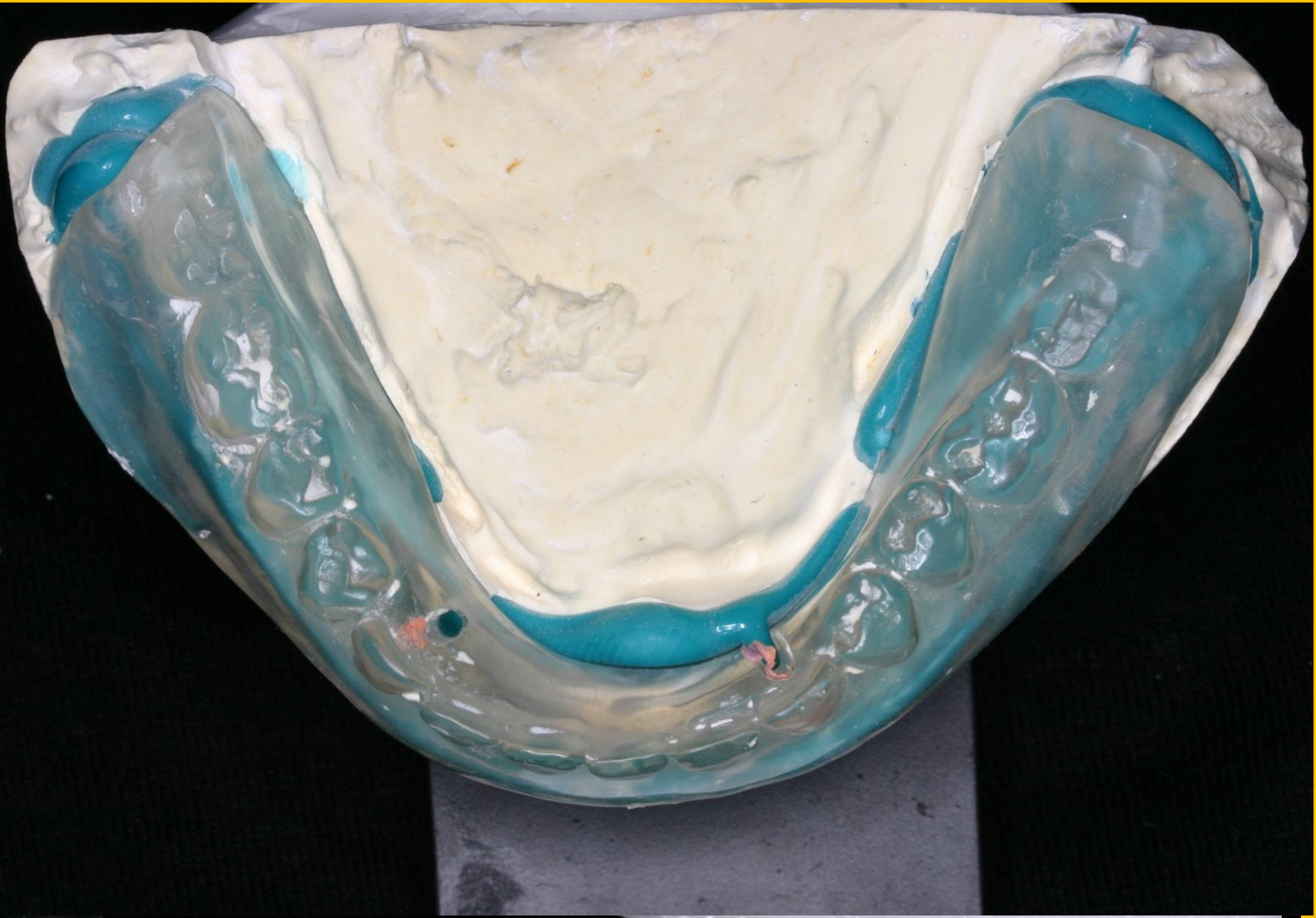
- 66 year old fully edentulous male
- Lost teeth due to periodontitis over a long period of time, severely resorbed lower ridge
- Had a FL denture not very happy with it
- Remaining upper teeth extracted about 3 years ago
- Smoker(25/day), high blood pressure, no diabetes, overweight, microvascular disease
- ASA classification “ almost 5”

- Chief concern “wants to be able to chew and stabilize dentures”
- January this year made him new FU/FL dentures which are not retentive as ridge severely resorbed.
- Can function in new dentures but the lower moves and top drops down anteriorly
- Patient not concerned about aesthetics just speech and function



Proposed Treatment

- Place two lower implants(Nobel Active 4.3x13mm) with Locator abutments to stabilize lower denture
- Medically compromised patient with difficult access. Single stage surgery under GA
- Load implants after 2 months.



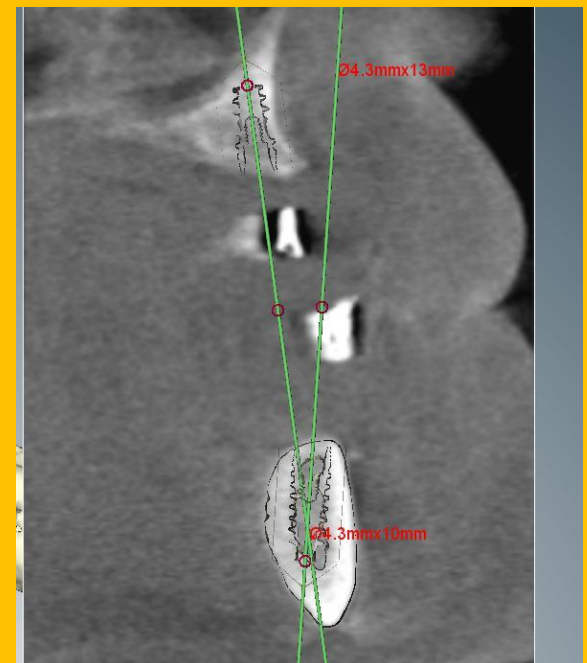
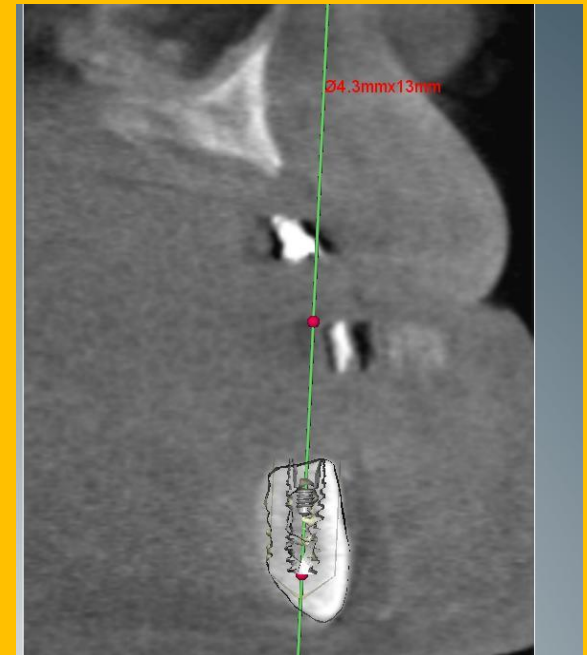
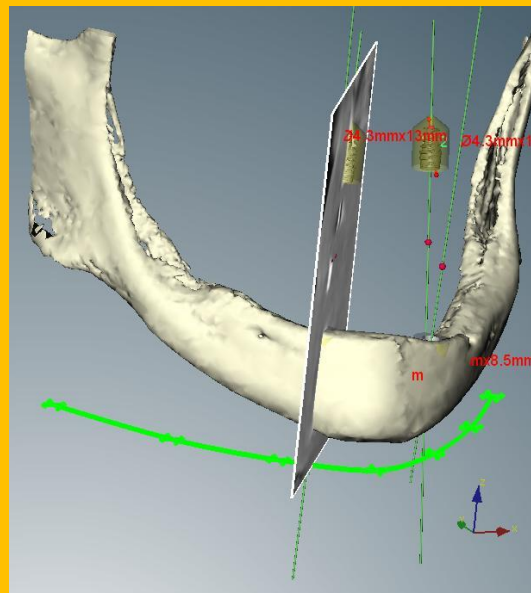
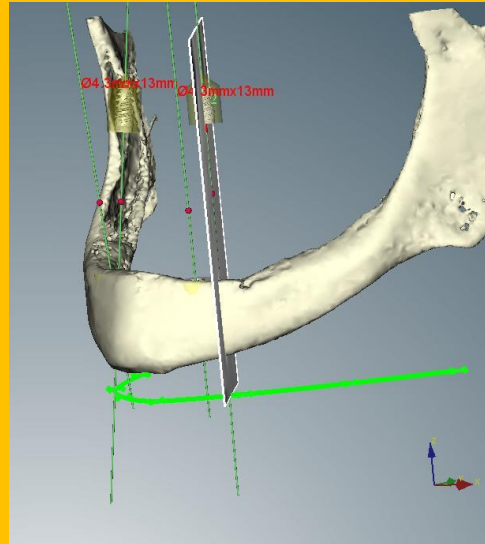
Diagnostic sequence

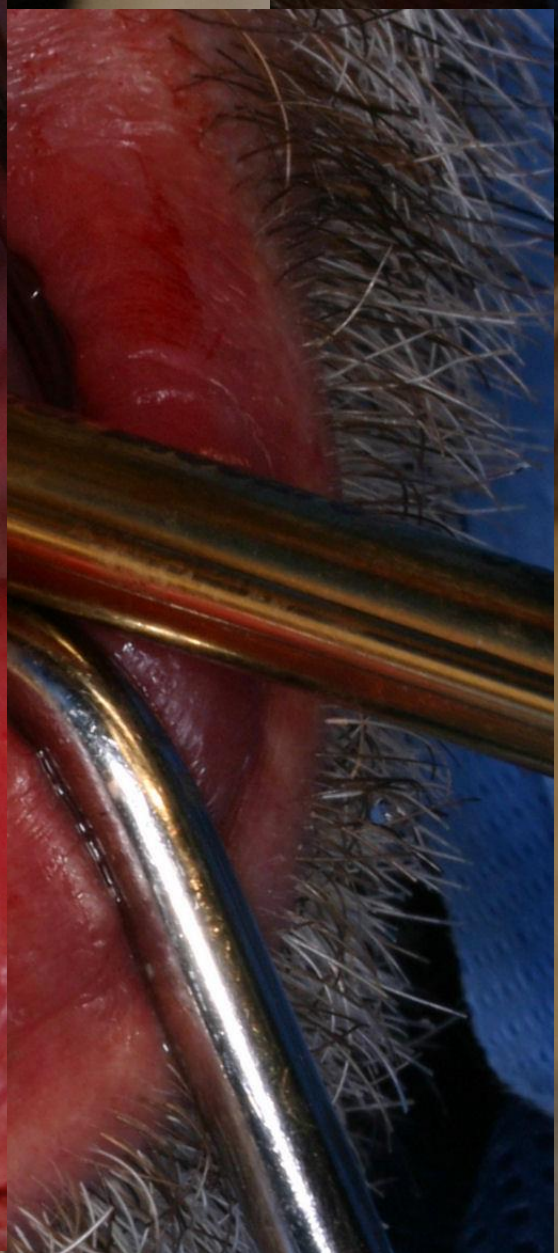
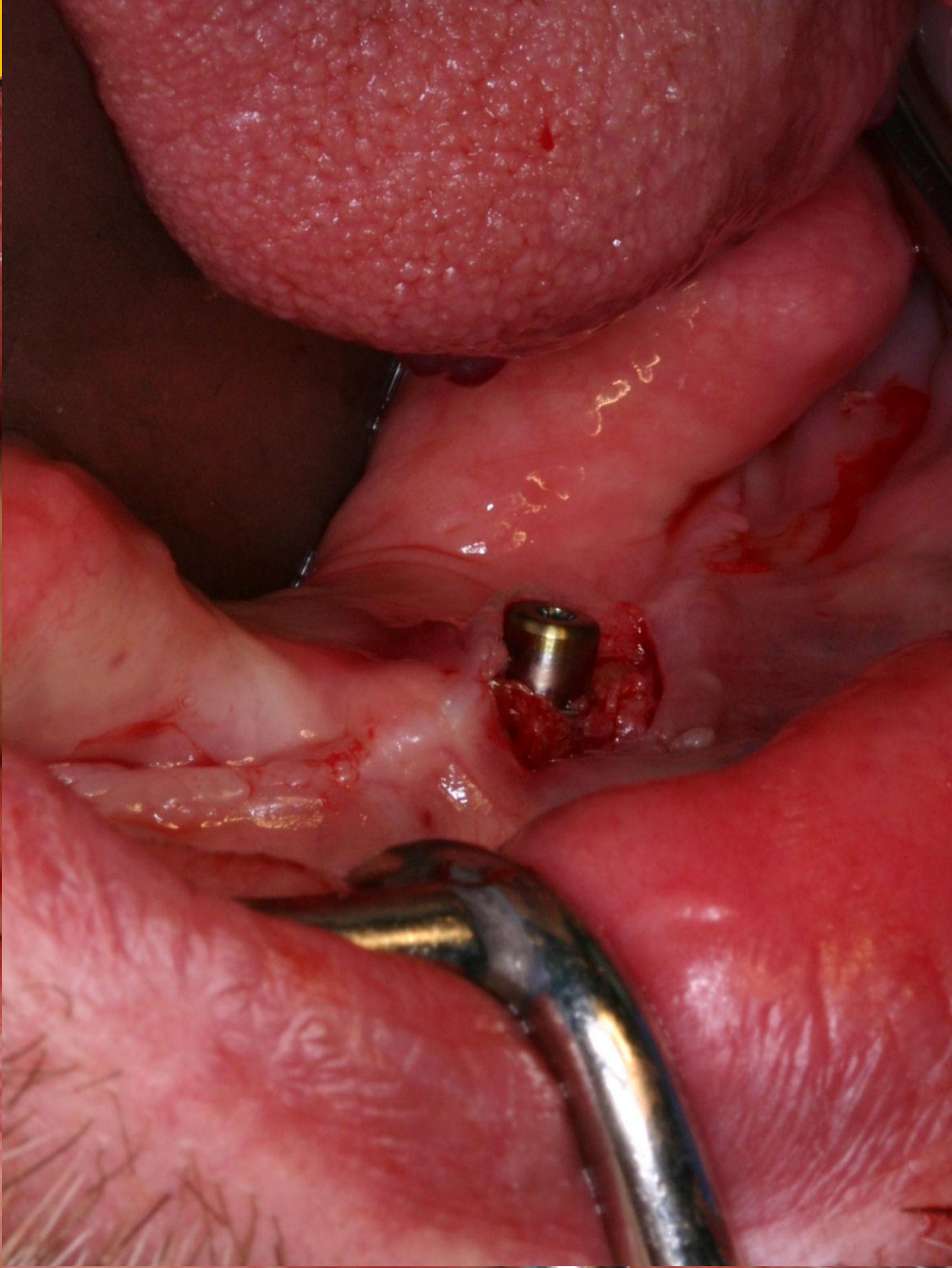
Constructed well fitting FU FL dentures

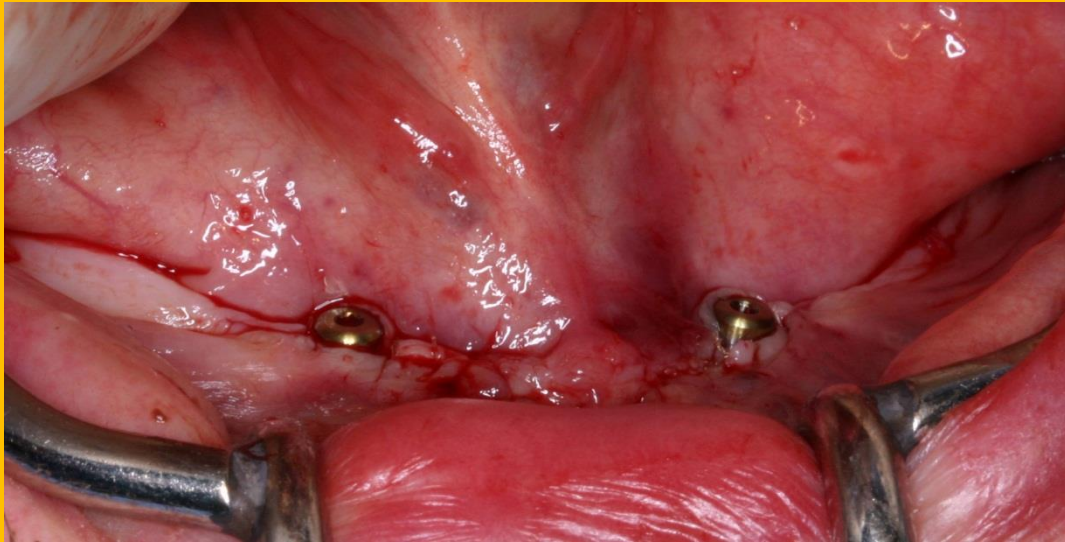
After 1 month denture function and bite balancing, copied dentures to make up clear acrylic FU FL

Placed Gutta Percha lingual of canine sites and obtained a Cone Beam Volumetric Tomogram(CBVT).

Drilled 2mm pilot drill holes in the guide adjusted accordingly from the GP markers on the CBVT







Remaining Treatment

- Patient on holidays until Dec 2012
- Fit Locator abutments
- Remake FU/FL reset teeth lingually as patient has had 10 months of new dentures and should be able to cope with teeth set back
- Fit locators to FL chairside with GC Unifast resin