

REPLACEMENT OF AN UPPER LEFT LATERAL INCISOR WITH A STANDARD PLUS IMPLANT¹, NARROW NECK

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Case Overview:

The 23-year-old female patient presented with a missing left upper lateral incisor, which was lost during orthodontic therapy. Due to severe general root resorption, orthodontic correction of the canine's position was not possible.

To improve the thin attached gingiva, a connective tissue

graft was placed and a Straumann Standard Plus Implant, Ø 3.3mm, Narrow Neck Ø 3.5mm, length 12mm, was placed in order to replace tooth 22 (FDI).

'In this article, all Straumann product names correspond to the "new naming", introduced at the beginning of 2004.



Figure 1: Status of referral after orthodontic treatment. The impacted upper left canine had been orthodontically extruded. Tooth 22 was lost during the treatment. The orthodontist did not want to correct the position of the canine because of severe general root resorption. The distance between tooth 21 and tooth 23 was 5mm.

Figure 2: Gingival recession was about 4mm at tooth 23. The attached gingiva was very thin. The position of the tooth, especially of the root, was too far labial.

Figure 3: As a result of the orthodontic treatment, the canine was rotated and positioned buccally.

Figure 4: The gingival recession was surgically covered with a connective tissue graft. At the same time, the ridge was built up with a connective tissue graft. The figure shows the situation 7 days postoperatively.

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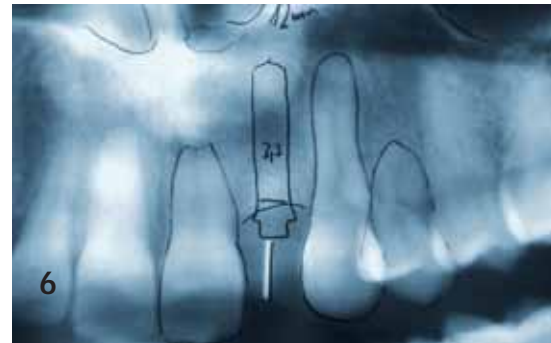
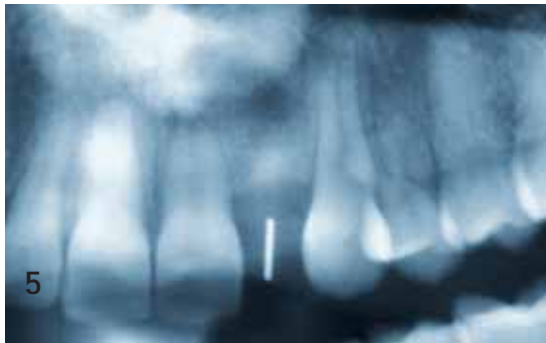


Figure 5: A diagnostic wax-up and a surgical splint were prepared. The X-ray with the splint demonstrates the root resorption of the teeth 21 and 24.

Figure 6: Planning for placement of a Narrow Neck Implant (endosseous Ø 3.3mm, length 12mm).

Figures 7 and 8: 5 months after surgical recession covering, the Narrow Neck Implant was placed for submerged healing.

Figure 9: Control X-ray after implantation. A Narrow Neck occlusal screw was used instead of the Narrow Neck healing cap to cover the implant.

Figures 10 and 11: Status after installation of the definitive metal-ceramic crown, utilizing a Narrow Neck framework blank. Beforehand, the emergence profile of the mucosa had been conditioned with a removable temporary denture, which was regularly reshaped over a period of 3 weeks.



Figure 12: Control X-ray immediately after crown placement.

Figures 13 and 14: Situation 2 years and 4 months after crown placement. The periimplant mucosa presents healthy and stable.