

IMMEDIATE REPLACEMENT OF DECIDUOUS UPPER LATERAL INCISORS WITH STANDARD PLUS IMPLANTS, NARROW NECK

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Case Overview

A 45 year old female patient presented with a chief complaint of loose teeth in sites 12 and 22 (FDI). Clinical and radiographic examination revealed retained deciduous maxillary lateral incisors with severe external root resorption and congenitally missing permanent maxillary lateral incisors. Based on the initial findings of extremely short roots, excellent soft tissue morphology maintained by the retained deciduous teeth, and relatively thick soft tissues, a treatment plan was devised for immediate implant placement and immediate nonfunctional restoration of the

implants to maintain the excellent soft tissue morphology.

Two Straumann Standard Plus Implants were placed with a flapless approach immediately after extraction of the involved teeth. Both implants demonstrated excellent primary stability and the implants were immediately restored with non-functional provisional crowns cemented onto modified Narrow Neck Titanium abutments. After a healing period of 5 months the final restorations were cemented onto customized metal-ceramic framework blanks.



Figure 1: Initial clinical presentation demonstrating retained deciduous maxillary lateral incisors with maintenance of the scalloping gingival architecture.



Figures 2 and 3: Detailed close-up view of the right and left deciduous maxillary lateral incisors; the left deciduous maxillary lateral incisor presents with localized gingival inflammation due to a defective restorative margin.

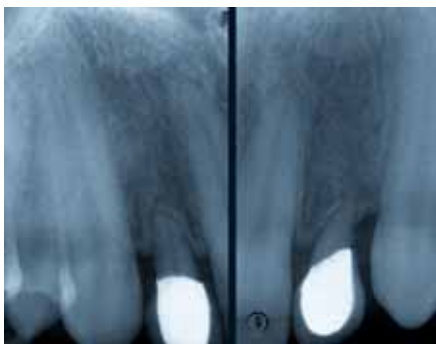


Figure 4: Initial radiographic presentation revealing extremely short roots due to severe external resorption and congenitally missing permanent maxillary lateral incisors.



Figure 5: The involved teeth were extracted taking care to minimize trauma to the surrounding gingival tissues.



Figure 6: A surgical guide was used to prepare the implant osteotomies with a minimally invasive flapless approach.

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Figure 7: Two Standard Plus implants, \varnothing 3.3 mm, Narrow Neck, length 12 mm, were placed in a flapless surgery approach.



Figure 8: Both implants were restored immediately with non-functional provisional restorations to maintain the pre-existing gingival morphology.



Figure 9: The clinical presentation at 5 months demonstrated excellent maintenance of the peri-implant soft tissue architecture.



Figure 10: The final restorations were fabricated as cementable metal-ceramic crowns on customized metal-ceramic abutments with a scalloping cement margin.



Figure 11: Clinical overview 2 months after the insertion of the final restorations.



Figures 12: Detailed close-up view of the inconspicuous implant restorations in sites 12 and 22, 2 months post-loading.

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Figures 13: Detailed close-up view of the inconspicuous implant restorations in sites 12 and 22, 2 months post-loading.



Figure 14: Lateral view of the implant restoration in site 22 demonstrating a natural emergence profile at 2 months post loading.



Figure 15: Clinical overview of the maxillary anterior sextant at the 5-year follow-up demonstrating excellent inconspicuous integration of the implant restorations and maintenance of the harmonious soft tissue architecture with the achievement of an excellent esthetic result.



Figures 16 and 17: Detailed close-up view of the natural-appearing implant restorations in sites 12 and 22 5 years post-loading.



Figures 16 and 17: Detailed close-up view of the natural-appearing implant restorations in sites 12 and 22 5 years post-loading.



Figure 18: Radiographic presentation 5 years post-loading demonstrating excellent maintenance of the peri-implant osseous morphology with physiologic crestal remodeling.

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