

# Anatomic anterosuperior bridge by radiological impression

## Patient

28 year old male Clinic history Smoker No medical pathology or medical history of importance Reason for consultation Absence of parts 12 to 23 Treatment plan Placement of 3 OEX® ZIACOM® implants in The positions of 12-21-23 Clinical control every 15 days Prosthetic rehabilitation at 3 months after Placement after the adaptation of the gingiva to the prosthesis Provisional for which the removable was used Acrylic that already had the patient and ZIACOM® PEEK provisional abutments.

## Introduction

Any loss or absence of parts in the anterosuperior sector entails a series of changes, both in the tissue Gingival as in bone tissue, which Derives in unfavourable esthetic situations. The patient came to the Absence of parts 12, 11, 21, 22 and 23. Although wearing a removable prosthesis Acrylic restoring the pieces Mentioned, but the discomfort of the same Made him resort to a more Aesthetic and functional: a fixed prosthesis Direct to implant. In this case we will expose the clothing of anterosuperior rehabilitation, Performed in zirconium, direct to 3 implants OEX® Hexagonal Connection External standard ZIACOM®.

## Steps

In the first place, a clinical study of Physiology of the patient's mouth, as well as of the quantity and quality of the bone, to ensure Primary stability of the implant, which will allow a durable fixed prosthesis to be placed (Figure 1). The surgical process consisted in the placement of three external hexagonal connection implants OEX® standard from ZIACOM®, in the 12, 21 and 23 (Figure 2). The directions of the implants and by means of an Osstell, the stability Evaluation of the progress of the Osseointegration (Figure 3). Then they were screwed, with a screwdriver Manual at a torque of approximately 10Ncm, Scanning pillars (Scanbodies) of PEEK radiopaque to previously implanted Cited. Then the patient was taken into the room Ray, where, in the 3D TAC, the Shot by CBCT (Figures 4-6). The images obtained (in DICOM files) were processed and converted to the format Universal ".stl", which served as a reference to work with the CAD design software (Figure 7). A silicone impression was taken Heavy and fluid to this structure in order to obtain a registry of soft tissues, since they are not visible in the images Of the CBCT. Thanks to the generated file, and through the technology CAD-CAM, it was possible to obtain the address the implants, which made it possible to achieve a passive fit in the mouth of 10µ. In the next phase of the treatment were placed three provisional pillars of PEEK ZIACOM®, integrated in the provisional prosthesis that the patient had, in order to conform Fabrics, profile the emergency profile and achieve a more natural aesthetic result (Figure 8 &9). At the Ziacor® CAD-CAM center, Manufactured the superior anterosuperior rehabilitation Veneer, with the occlusal zone completely monolithic, extra-translucent Zirconium Implant (Figure 10). Finally, the dental laboratory completed the Structure with ceramic vestibular load and was taken to the clinic for the Mouth, achieving natural results and

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aesthetic (Figure 11). The result was esthetically and technically of great success, obtaining tolerances between implant-prosthesis of 10µ (Figure 12).



Figure 1



Figure 2



Figure 3



Figure 4



Figure 9



Figure 5



Figure 10



Figure 6



Figure 11

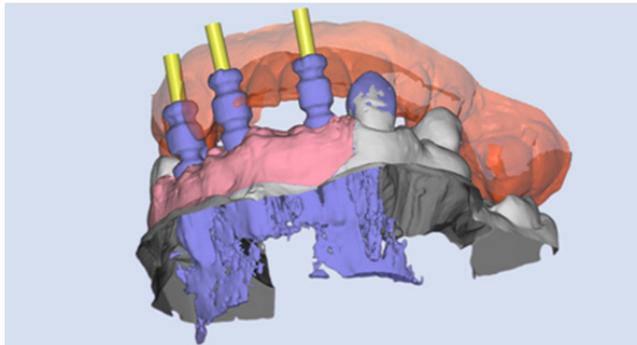


Figure 7



Figure 8



Figure 12

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