USER REPORT

Provision of a 61-year old patient with an Q-implant®

Case Study

Due to the increasing acceptance of implants in dental clinics in Germany and the consequently very lucrative market for manufacturers of dental products, a vast number of new developments of implant systems are on offer, which presents difficulties when making choices even for an experienced expert.

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The enossal part of almost all modern implant systems is characterised by screws and threads. The apical part often has one or several recesses, which is the cause of many differences in opinion with regard to their necessity. The question as to whether this recess is of bio-mechanical importance with regard to the screwing-in stress, which is generated during the insertion of the implant into the alveolar bone, has not yet been finally settled. Over the years one certainly has agreed on the processing of the surface of the implant, in order to offer the bone as large a contact area to the implant as possible. Important factors for the differentiation of the various implant systems should be the micro-vibration resistance, torsion resistance as well as the material components. However, the most important question is often overlooked. That is the time you and your patient have to spend in your clinic. As an answer one only needs a simple, safe and reliable implant system. Whether a complicated implant system without countless variations of prosthetic structures and ancillary means is suitable for that has to be questioned. After all, every working step means an additional source of defects and takes time. Yours and that of the patient!

Case Study

In recent times we have often encountered a case like this in our clinic: This 61-year old male patient had good prostheses. The periodontal findings showed a generalised periodontitis marginalis superficialis et profound. In addition, the patient had for several years suffered from a reactive arthritis of the hand and finger joints, which went hand in hand with general symptoms (Illustration 1).

ORIGINAL VERSION IN GERMAN

ANWENDERBERICHT

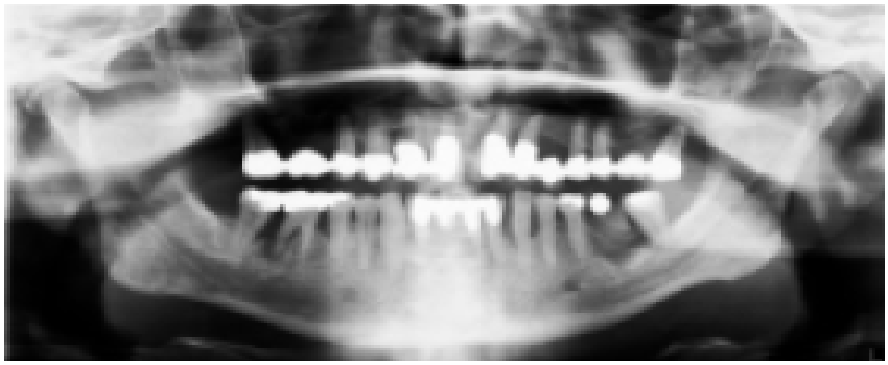

Illustration 1

First of all, all teeth of the upper jaw that were not worth retaining were removed, except the blocked teeth 13, 14 24, 25 as well as in the lower jaw the tooth 38 and a hemi-section including a successful root-filling were carried out on tooth 46. Afterwards an intensive PA treatment ware carried out for more than ten months.

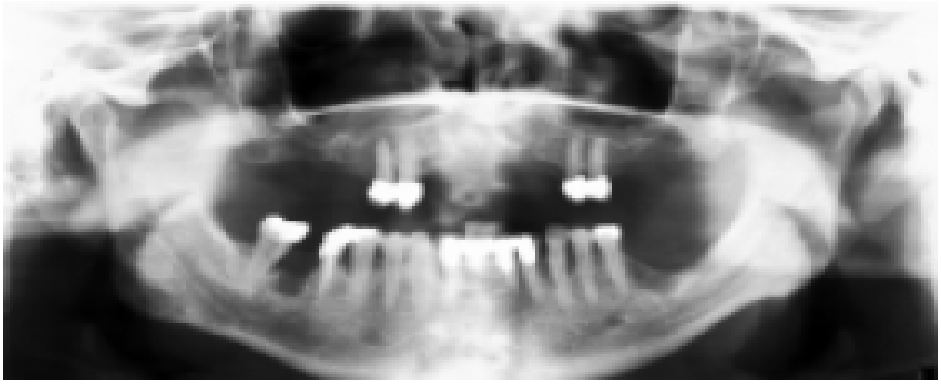

Illustration 2

The inserted interim provision (double clamp, Illustration 2) was not able to satisfy the needs of the patient at all. However, we waited to see how the teeth 14, 31 and 42 would react after a PA treatment carried out at a German university hospital and if they could be saved. Due to this immediate prosthesis the patient was confronted with a great limitation of his quality of life (Illustration 3).

Illustration 3

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Illustration 4


Illustration 6

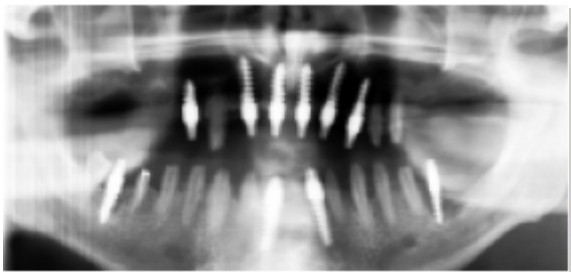
Illustration 5


Illustration 7


Illustration 8

Every colleague knows this problem.
The patient obviously does not want to give up what he has in his mouth, because a removable denture even at the age of only 61 may mean a complete loss of his ego. He will always try to find the fastest way to get rid of it. Fortunately, in our clinic we were able to offer the patient treatment with the new Q-implant system of company TRINON Titanium, Karlsruhe.

After the re-adjustment of the occlusal position and a new production of the interim prostheses we waited again to see whether the periodontal state of the teeth 14, 31, 42 would improve. However, intra-operative extraction had to be given precedence. In the course of the four hour operation, 7 Q-implants were set trans-gingival and 3 Q-implants as immediate implants. The remaining 13 teeth were also prepared for the new prosthetic provision and afterwards all stumps were shaped. Due to the integrated structure and the MultiCap+ shaping system an ingenious and precise solution is available. Due to the simple and safe handling of the Q-implant system (Illustration 4 and 5, SurgicalKit) the person performing the treatment is able to carry out the insertion comfortably and without complications. The work was produced in the laboratory within ten days and inserted immediately, while the angulations of the implant posts could be compensated due to the skilled use of the individually produced anchors. This method is, by the way, to handle any torsion in all directions that is created by any movement of

both jaws. 14 days after the insertion of the work and the adjustment of the occlusion the chewing diagram was once more checked and adjusted more precisely (Illustration 6 and 7).

Summary

In spite of a most difficult initial situation and the time-related pressure that was created due to the mental situation of the patient, it was possible to save the patient from an extremely extensive treatment that would have taken a long time with the probable result of removable dentures. Overall the implantological treatment (insertion to OPG control picture of the inserted work) took only ten days (Illustration 8).

Literatur

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