

# CLINICAL CASES

Lower single-unit posterior rehabilitation  
using Drive GM<sup>®</sup> implant

GM

Grand Morse<sup>®</sup>  
Connection



Single Unit



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Lower single-unit posterior rehabilitation using Drive GM® implant

PATIENT MEDICAL HISTORY

Male patient is 54 years old. He had a recurrent apical lesion on tooth 36 even after retreating the root treatment and extensive coronary restoration in composite resin. Patient ASA I, already with three other implants in different oral regions.

PLANNING

It was decided to remove the tooth and using the technique DTR: Drilling thorough the roots, properly curettage of the lesion, immediately placing a Grand Morse® implant and grafting the socket with biomaterial.



1. Initial clinical aspect.



2. Initial panoramic x-ray.



3. Drilling protocol through the root.



4. Tooth Extraction.



5. Alveolus curettage.



6. Clinical aspect of the cleaned and prepared alveolus.

Images provided by Dr. Sergio Pereira.

## DESCRIPTION OF THE PROCEDURE

The surgery went well, pre-operative antibiotic and anti-inflammatory medication was indicated, one hour before the surgery. Anesthesia was performed through trunk block with infiltrative vestibular complementation.

No flaps were made, we performed the surgery through the socket. The implant chosen was the Drive GM® 4.3 x 11.5mm with Neoporos® surface, placed in an alveolar infra-bone position of 3 mm and an initial stability of 40N.cm was achieved. We chose to seal the implant with a cover screw, graft biomaterial was placed and seal the set with the resorbable membrane. Finally, stabilizing sutures were made.

## NEODENT® MATERIALS

- Drive GM® 4.3 x 11.5mm
- GM Exact Click Universal Abutment 4.5 x 4.0 x 4.5mm

## PROSTHETIC DESCRIPTION

Four months after implant placement, the GM Exact Click Universal Abutment 4.5 x 4.0 x 4.5mm was placed and the final prosthetic crown was cemented over the abutment.



7. Biomaterial placement.



8. Drive GM® 4.3 x 11.5mm implant.



9. Placing the implant.



10. Implant on the final position.



11. Biomaterial placed.



12. Final sutures.

Images provided by Dr. Sergio Pereira.

## LEARNING OUTCOMES FROM THE DOCTOR

Questions and answers

### Professional opinion of the product and the procedure:

*Great products designed for a predictable, intuitive surgical sequence and adequate gingival health, the result of the bio-compatibility of the materials chosen for surgery and prosthesis.*

### What were the other treatment options?

*Another treatment option would be a fixed partial denture, early discarded since it would damage the adjacent teeth.*

### There was any challenge during the treatment?

*We were not sure of the feasibility of placing the implant in the same day of the tooth extraction, but with careful removal*

*of the roots during dental section and with the technique of alveolar preparation through the roots before its extraction we managed to reach our goal in this case.*

### TIPS

*When possible and when the basic criteria are respected, the immediate placement of simultaneous implants and grafts after tooth extractions is a possible technique and can seek to shorten the time taken to resolve cases.*

**Dr. Sergio Pereira**



13. Follow-up panoramic x-ray.

Images provided by Dr. Sergio Pereira

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It is the clinician’s exclusive responsibility to evaluate the patient’s health conditions and viability of the procedure. The reproduction of this clinical case does not imply the success of similar procedures, as it will depend on the clinician’s technique and ability, on patient’s conditions on the previous and post procedure.

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