CLINICAL CASE

Grand Morse
Neodent Grand Morse

Maxillary sinus tangential technique for prosthetic resolution.

**Patient’s Medical History**
Patient has atypical chronic leukemia. Takes no medication that would prevent or increase the risk of implant placement. Has been a patient of this team since 1991 and has already placed five implants in different areas in the last 15 years.

**Planning**
Partial Arch.
Positions 25, 26, 27 of the Maxilla (FDI System).
Immediate Loading Protocol.
With Flap Access Technique.

**Description of the procedure**
Incision in crest, from implant 25 to the distal area of 27, reflected flap, 12mm distal was measured to implant 25 and angled at 30 degrees (in relation to 25) in mesiodistal direction. Drilling with guide drill, to 15 mm (checked with direction indicator), followed by drills 3.5 and 3.75 from the GM Helix Acqua 3.75 x 13 mm, which was then placed. The torque greater than 60 N.cm allowed for immediate loading. Three days later the provisional was placed.

**Prosthetic Description**
A GM Angled Mini Abutment with a transmucosal height of 1.5mm and 30-degree angle, was screwed into the GM Helix implant placed tangentially to the maxillary sinus at the height of tooth 27. Another straight Mini Abutment, with a 1 mm band, was placed on the existing implant, rehabilitating 25. Both Mini Abutments received temporary resin-covered copings so as to build a provisional splint from 25 to 27 with 26 as the pontic.

**Result description and/or conclusion**
The work is still provisional, but illustrates a practical solution, with a reduction in cost, time and morbidity, in the treatment of posterior upper areas with bone height limitation. Obviously, there needs to be bone thickness in the part distal to the maxillary sinus and an implant or bone area compatible with placement in the anterior region, so as to allow splinting with the distal implant.
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