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CLINICAL
CASE

Grand Morse

Neodent Grand Morse

Immediate Load Double Arch.

Patient's Medical History

Female, age 39.

Recovered drug addict, long term smoker, poor compliance and poor nutrition. Heart disease, heart attack, cardiac stent, clopidogrel, mild arthritis, hay fever, allergic to tomatoes, binge drinking. Regular blood tests since rehab.

Planning

Full Arch.

Immediate Loading Protocol.

With Flap Access Technique.



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Description of the procedure

Local anaesthetic dental clearance, ridge reduction in areas of sockets, placement of upper and lower NeoArch using Titamax GM Acqua on lower and Titamax CM Acqua on upper. Lower posterior (35;45) 4x15mm with 30 degree miniconical abutments, lower anterior 4x11mm straight miniconical abutments. Upper posterior (15) 3.5 x17 (25) 3.75 x15 with 30 degree miniconical abutments, Upper anterior 3.75 x11 with 17 degree abutments. All implants placed with motor driver at 45 Ncm and abutments placed at 15 Ncm. Immediate onto prefabricated acrylic bridges using titanium temporary copings at 10Ncm.

Prosthetic description

Surgery undertaken 12/01/2018. Two month integration check 26/02/2018. Final impressions due 26/03/2018. Createc bars, acrylic wrap following wax try-in.

Result description and/or conclusion

Double arch acrylic wrap.



DR ROBERT N HAYES

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Dr Hayes is a Royal College of Surgeons accredited implant training mentor and holds the Certificate in Advanced Implant Dentistry. He has undertaken research on immediate loading of single implants and Quad Zygoma and was the first surgeon outside the USA to undertake an immediate load double arch in 2006 using the NobelGuide All-on-4 technique. Robert provides live surgery courses for Neodent UK and mentors surgeons at all levels in all aspects of implant dentistry and related surgery.

www.neodent.com.br/grandmorse

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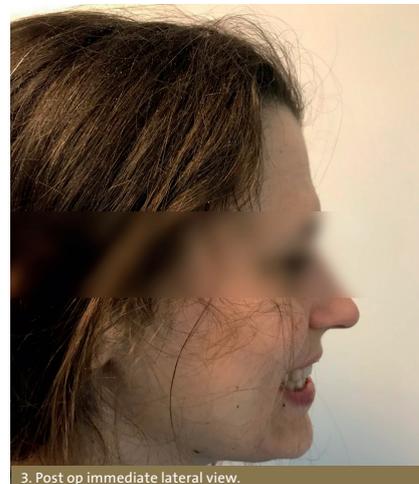
Immediate Load Double Arch.



1. Pre-op intra oral.



2. Post op immediate smile.



3. Post op immediate lateral view.



4. Pre op CBCT panoramic view.



5. Advanced maxillary resorption.



6. Lower temporary bridge



7. Post op implant positioning and initial prosthetic connection.



8. Helix Grand Morse Implant.



9. Final extra oral photo