

REPORT FROM ISRAEL

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KEY WORDS

Multimodal practice
Root form implant
Subperiosteal implant
Mini-implant
Blade implant

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Multimodal practice is alive and well here in Tel Aviv. This communication describes a 14-year treatment period for a patient who was under my care.

The earliest encounter with this healthy female patient was in 1985; she presented for treatment of the left maxilla, which was edentulous, distal to the canine. The canine was restored with a cast post and core, 2 root-form implants placed, and the quadrant restored with a ceramometal fixed bridge (Figures 1 and 2). Within 6 months the restoration failed secondary to the fracture of the canine root. New root-form implants were inserted (bringing the total to 3), and the lateral incisor was prepared to serve as an abutment for a new fixed prosthesis. (Figure 3). At the same time the left posterior mandible required treatment. Due to a narrow ridge, a single-headed blade implant was placed and a 4-unit bridge completed the procedure (Figure 4).

Two years later, the patient com-

plained of problems in the right maxilla. With the loss of this support, the left posterior prosthesis became unstable. The final solution for the maxillae was developed with the assistance of 2 new, 1-stage, threaded root-form implants on the left side and a unilateral, double-abutted subperiosteal implant on the right side (Figure 4a and b). With the support of 3 remaining natural incisors, a full-arch, fixed prosthesis was fabricated and cemented.

Seven years later, after long periods of neglect, the patient returned with significant mandibular anterior deterioration (Figure 5). Treatment consisted of removal of the right posterior bridge, placement of 5 mini-implants, and replacement with a full-arch fixed prosthesis (Figures 6 and 7).

It has been almost 5 years since the patient's implants have been restored and her course during this period has been free of problems. The final photographs demonstrate her oral appearance and excellent state of gingival health (Figures 8, 9 and 10).

FIGURES 1–10. FIGURE 1. The maxillary left quadrant was provided with 2 root-form threaded implants. FIGURE 2. (a and b) This completed ceramometal fixed prosthesis was supported by 2 root-form implants and the restored canine tooth. FIGURE 3. The lateral incisor has now been added as a means of maintaining a newly fabricated bridge. FIGURE 4. This blade implant was selected for the left posterior mandible because the bone morphology required it. FIGURE 5. (a and b). The subperiosteal implant casting was placed and within 6 weeks, with the assistance of the remaining dentition and implants, served as abutments for a full-arch fixed bridge. (See FIGURES 7, 8, 9). FIGURE 6. The lower incisors were lost because of neglect. FIGURE 7. Mini-implants were placed strategically in the anterior and right mandible. The blade from previous years was still serving reliably. FIGURES 8, 9, 10. The most recent panoramic radiograph, close-up, and full-face photographs of this persevering woman show her current state of oral health.

