

Case Presentation

Severe Periodontitis – Implants as adjunct to a tooth preservation concept

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Anamnesis

The 59-year-old patient, systemically healthy, non-smoker, sought advice asking for therapy and prosthetic rehabilitation. Removable prostheses had to be avoided. His wish was to maintain as many teeth as possible in order to keep the masticatory function.



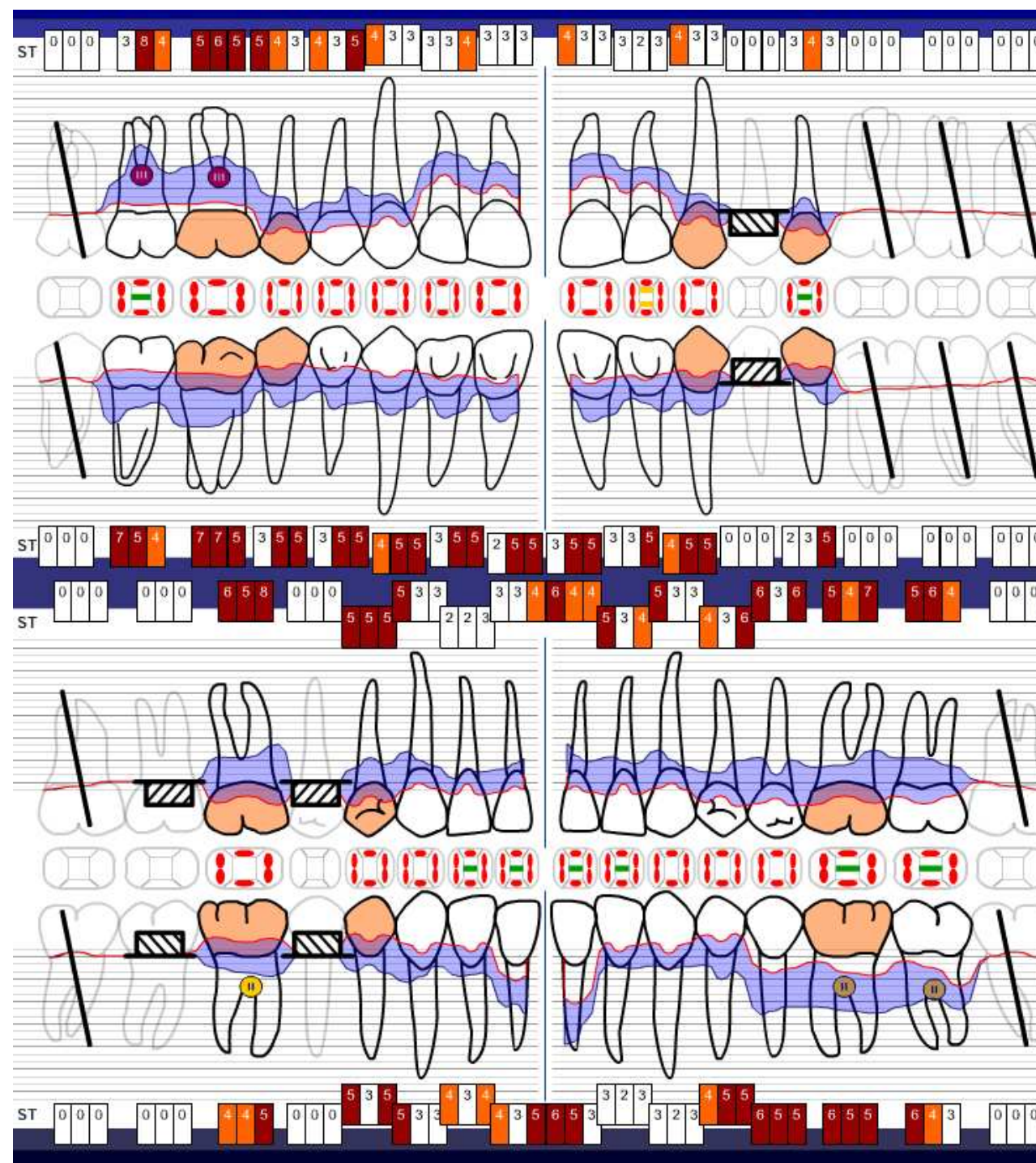
Clinical Evidence

Clinically he showed massive attachment loss and multiple severe recession defects in the upper incisors. Combined with the bone loss for many patients this fact would be an esthetic issue. For our Patient esthetic aspects were not primarily to be considered.

Periodontal Chart

13.04.2011:

- Generalized elevated pocket depths in maxilla and mandibula up to 8mm
- Mobility of the teeth up to grade II
- Furcation Involvement: teeth 16, 17, 36, 37 and 46
- Generalized attachment loss
- Bone loss
- Generalized bleeding on probing



Orthopantomogramm

24.03.2011:

- Severe horizontal and vertical bone loss up to the apical third of the root
- Prosthetic insufficient therapy
- Periapical lesion tooth 44



Diagnosis

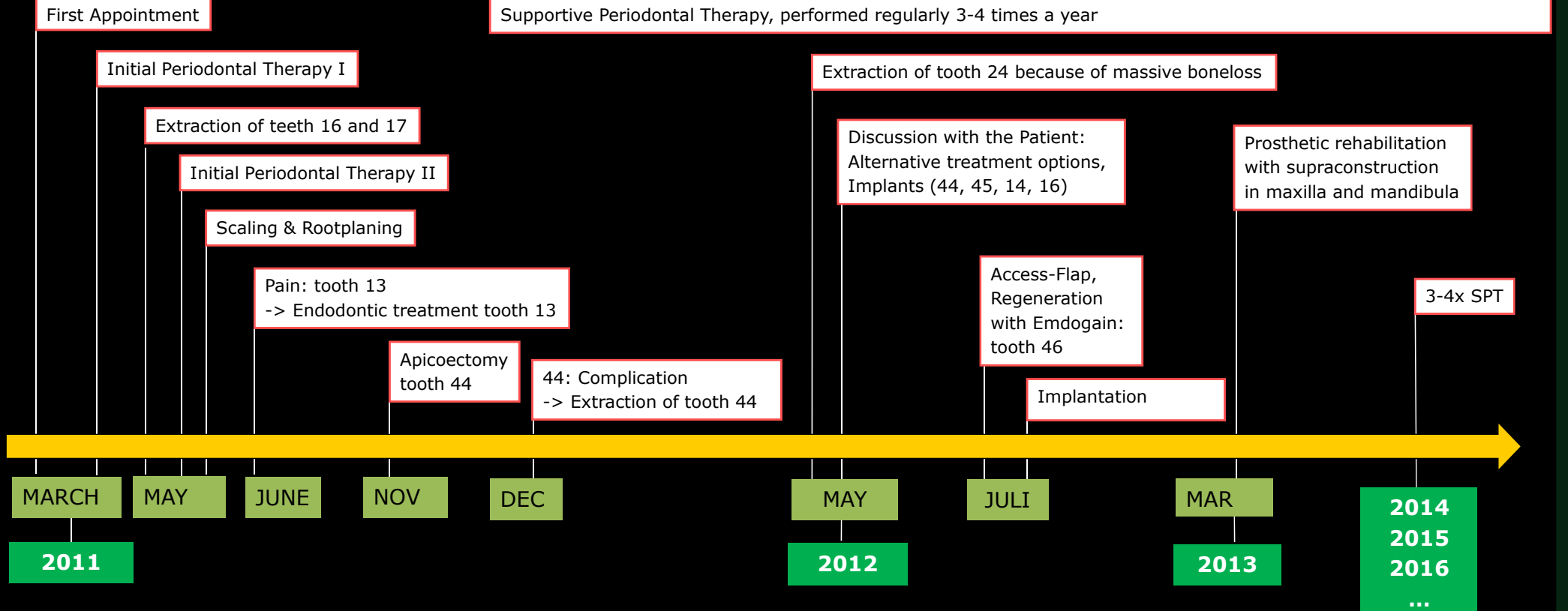
generalized severe chronic periodontitis

Therapy Plan

For treatment planning, clinical decision making and patient's consultation a therapy plan document was provided. It contains every clinical evidence relevant for the intended treatment options such as prosthetic conditions, presence of tooth vitality, pocket depths, BOP and Plaque. Furthermore it is a tool for classifying tooth preservation and esthetic issues. In the quintessence three possible prosthetic options can be provided for every patient.

Therapieplanung												
Plan3	E	B	K	R								Plan3
Plan2												Plan2
Plan1												Plan1
prov. V.												prov. V.
Chir.												Chir.
Para.												Para.
Endo.												Endo.
777												777
würdig												würdig
fähig												fähig
Furk.												Furk.
PIQ												PIQ
BAS												BAS
Vit												Vit
LG												LG
Krone												Krone
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rechts												rechts
UK												UK
Krone												Krone
LG												LG
Vit												Vit
BAS												BAS
PIQ												PIQ
Furk.												Furk.
fähig												fähig
würdig												würdig
777												777
Endo.												Endo.
Para.												Para.
Chir.												Chir.
prov. V.												prov. V.
Plan2												Plan2
Plan3												Plan3
Anamnese												
1. Röntgenuntersuchung												
2. Parodontale Ereignisse												
3. Ästhetische Korrekturen												
4. Psychische Faktoren												
5. Einschränkung der Kaufunktion												
6. Mängel am Zahnersatz												
7. Mängel am Zahnersatz												

Treatment History



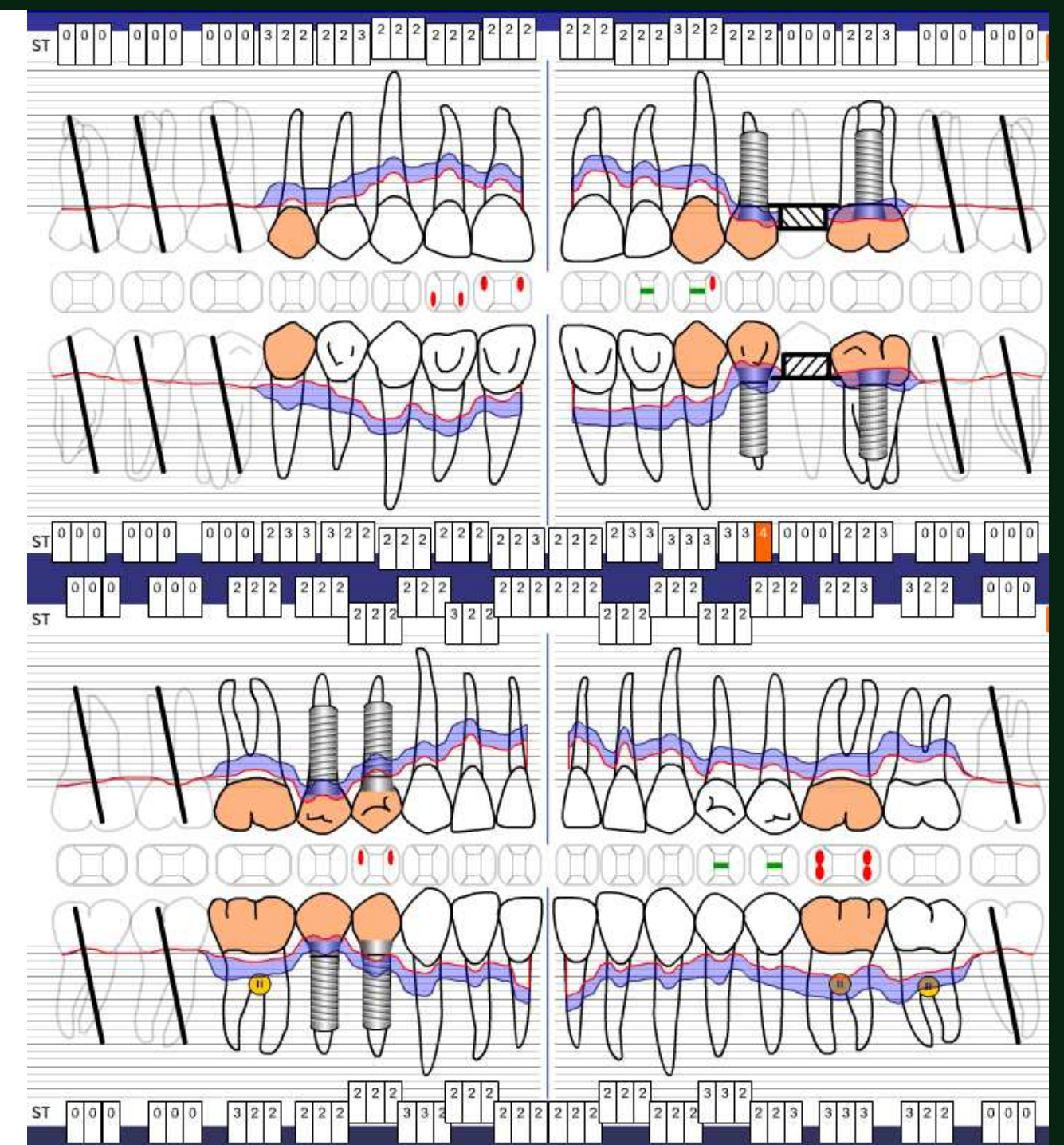
Treatment was carried out from March 2011 until June 2013 with a concept focussing on tooth preservation. Until now Supportive Periodontal Therapy is performed regularly every three to four months in order to maintain teeth and implants.

Results

Periodontal Chart

13.01.2016:

- Stable periodontal situation
- Exemplary compliance of our patient: SPT every 4 months



Both functionally and esthetically satisfying prosthetic rehabilitation for our patient.

Orthopantomogramm

13.01.2016:

- St. p. sinus elevation maxilla left and augmentation mandibula right (Dr. M. Korsch, Karlsruhe)
- Implants with supraconstruction regio 44-45 and 24-26



Discussion

Even in patients with a history of periodontitis, implants can be placed and maintained. Results can be both functionally and esthetically satisfactory for patients with a distal free-end edentulism in a compromised dentition and periodontium with massive attachment loss. Pleasant consequences are amongst others the optimized chewing comfort and a better quality of life for our patients.



Literature

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