Minimally Invasive Method of Implantation -
"KISS": "Keep It Safe & Simple"

Author: Dr. Armin Nedjat
Translation: Celina Jelonek

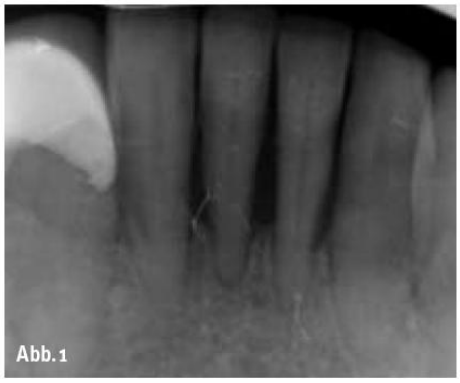


Fig.1: X-ray image of the teeth 32-42

Immediate implantation is a viable treatment option that has proven highly beneficial and effective for patients. For most patients, the extraction of the teeth is almost always more unpleasant than the dental implantation immediately following the extraction. With immediate implantation, the quality of life of patients can be considerably improved. For patients who are treated with immediate implants, the use of a removable temporary dental restoration can often be eliminated. Additionally, usually only one surgery session is necessary.

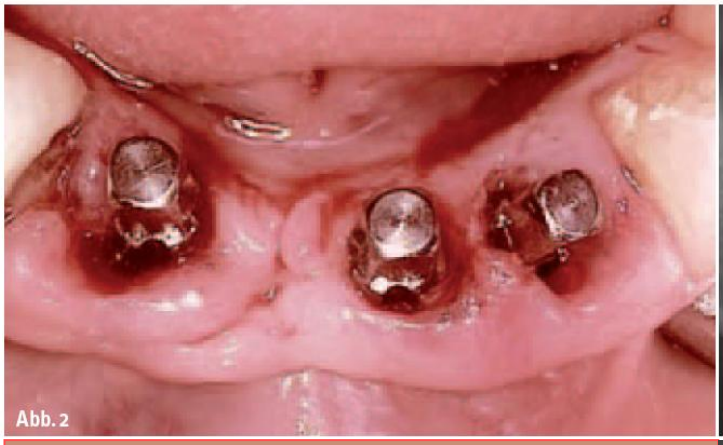


Fig. 2: View of the three subcrestally inserted Champions implants in the lingual alveolar wall.

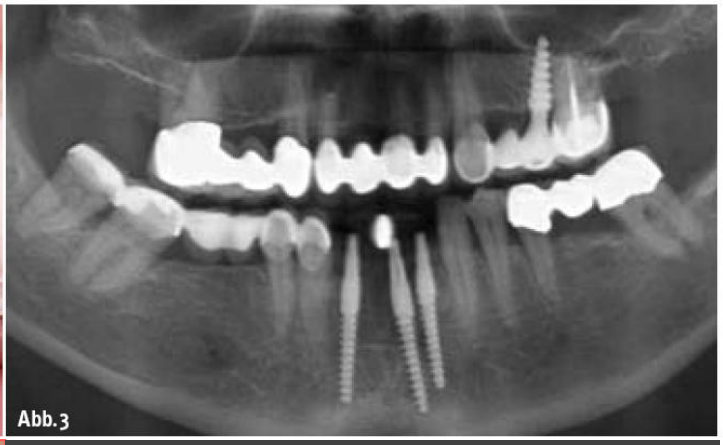


Fig. 3: OPG – Teeth/implants in the bicortical area

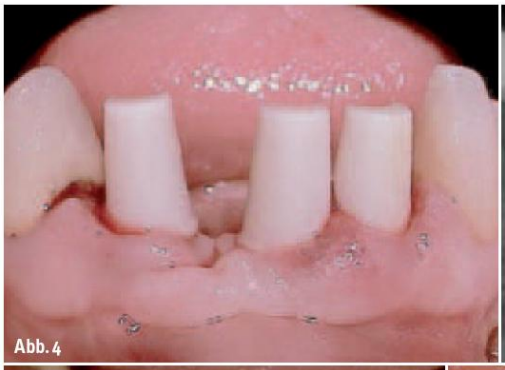
From a medical and physiological point of view, the advantage of an immediate implantation is that a retraction of the soft tissue can be prevented in most cases and that this treatment allows the patient to wear a fixed prosthodontic restoration. All this can be performed with the appropriate implant system and the necessary "know-how".

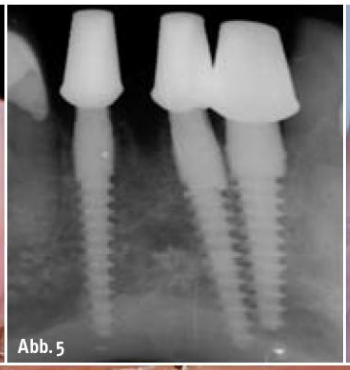
Case Study

The teeth 32 to 42 of this patient could not be maintained. The patient had been treated for periodontitis. However, tooth 17 could not be maintained either. Figure 1 shows the X-ray image of the teeth 32-42.

The patient said, "My tooth 41 just fell out a week before surgery." In Figure 2, you can see the subcrestal insertion of three Champions® implants in the lingual alveolar wall, positioned coronally approx. 2 mm from the dental root apices. The OPG (Fig. 3) shows the teeth/implants in the bicortical area. Eight years ago, an implant was inserted in regio 25, serving as a bridge support.
Figures 4 to 6 show the three zircon Prep-Caps, fitted with Glasionomer Base Cement. They were chosen among the ten types of zirconium Prep-Caps, available in different cementation heights and angles. The Prep-Cap is open at the top so that cement can flow out orally more easily.

Due to the conicity of the Prep-Cap and its opening at the top, there is usually no excess cement in the apical area.
In general, I use the zircon Prep-Caps for immediate implants or to compensate for big divergences between the implants. In this way, the alveoli, particularly in single-root teeth, can be closed. Thus, a socket preservation procedure can be performed relatively quickly or within only a few days.
In this case, another postoperative X-ray image was taken, and then the first bite registration was made, and the Impregum impression was taken with a conventional impression tray. For this procedure, no particular implant transfer copings or special tools were needed.





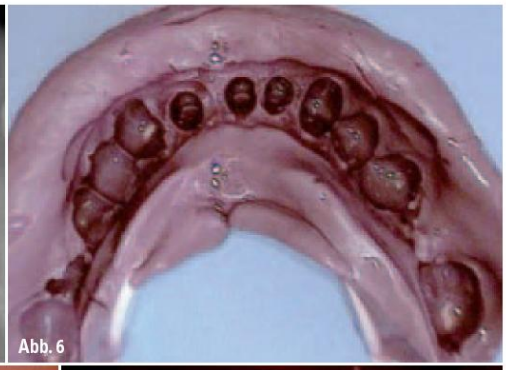
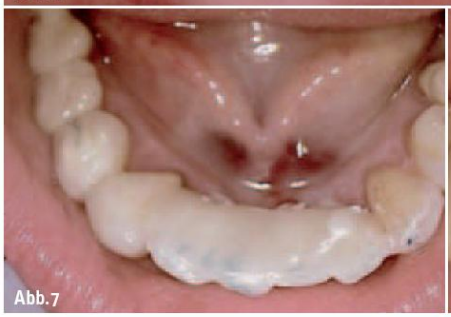
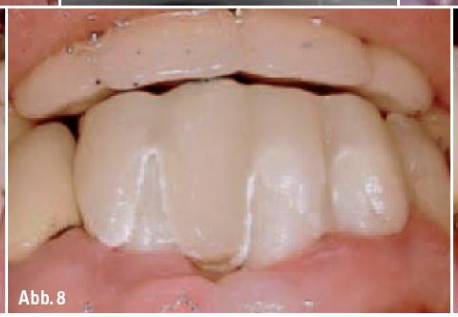


Fig. 4-6: View of the mouth and the 3 zircon Prep-Caps





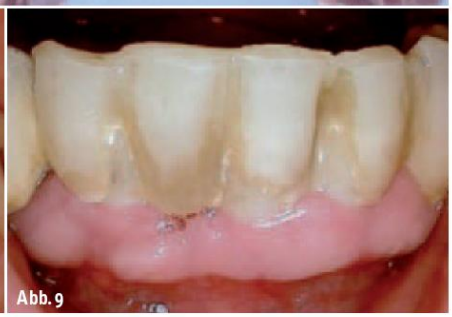


Fig. 7-9:

View of the temporary restoration

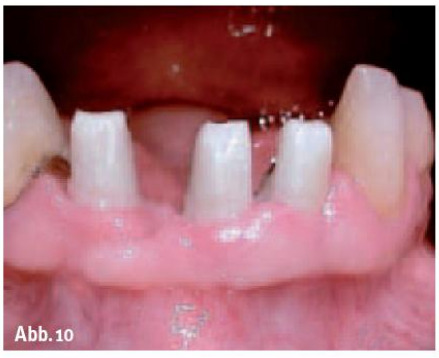
Next, I cemented the temporary restoration with Harvard-cement. Then, I temporarily splinted the provisional restoration to the approximal surfaces of the adjacent teeth with Heliobond (without etching before) and resin. I waited eight weeks to prevent lateral shear forces and in order to ensure that primary osseointegration stability (POS) could be upgraded to secondary osseointegration stability.

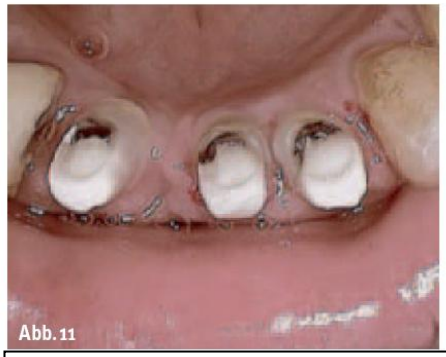
The purposely short provisional restoration, which did not irritate the gingiva, was colored with the 0.1% CLHX-solution (Fig. 7– 9).
After having removed the provisional restoration by shaping it and by using a bar (pulling and pressure forces usually do not cause implant problems), we fitted, cemented and glued the ready-made ceramic bridge with Implantlink®.
Eight weeks after surgery and cementation, the peri-implant mucosa was not irritated at all. (Fig. 10–12).

Conclusion

In my opinion, immediate implantation can also be performed by beginners in Implantology since when performing it, you are not just able to feel the bone with your hands, but you can actually see the bone - which is not always obvious during the transgingival MIMI procedure.

While the procedure of extracting the teeth and inserting the implants in just one session may seem extraordinary to many dentists, both dentists and patients will benefit from the treatment. For those who are skeptical:
We do not drill and insert implants in apical, inflammatory bone but only in very healthy bone! Our goal is to provide an efficient, optimal treatment so that patients benefit from our medical and physiological know-how. For decades, we have performed the treatment 100% according to the “KISS” (“Keep It Safe and Simple”) principle and the “CIIC” concept.





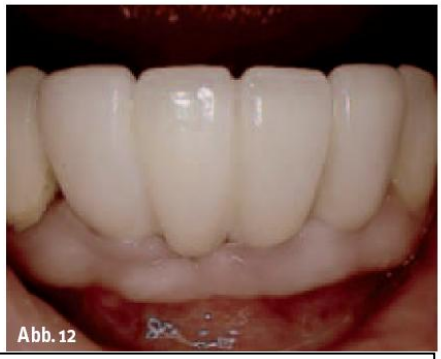


Fig. 10-12: View of the mucosa and the ceramic bridge 8 weeks post surgery and cementation

Contact

Dr. Armin Nedjat
Dentist, Implantology Specialist
Diplomate ICOI
Bornheimer Landstr. 8
55237 Flonheim
Germany
E-Mail: nedjat@t-online.de
www.championsimplants.com