Large Implant Case—Let's Treatment Plan It Together

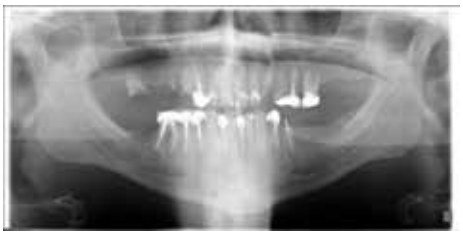
A Townie enlists suggestions for a significant case.

6D1R3
Member Since: 03/02/06
Post: 1 of 25

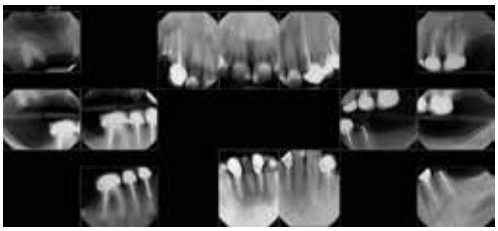
Introduction:

The patient is a 31-year-old male with no significant medical history. He obviously has a very significant dental history. He has been coming in occasionally for emergencies over the past few years. (He has a cousin who is an endodontist who did some work at the family price and he also had Medicaid and was being seen at the local clinics.)

He now is serious about doing something about his teeth and he realizes the significant commitment of time and money that this will entail. He wants nice aesthetics and something fixed. He is OK with a short-term denture as a temp as long as the final result is non-removable. I spoke with my periodontist last night and we came up with a treatment plan (for the uppers). I thought this would be a good case to see how some of the experts here would treatment plan and maybe we all can learn something together from it.



UR will need a sinus lift. UL will need grafting and possible sinus lift.



Recent X-rays sent from his previous dentist. I have individual PA's I can post later on if needed. #11 fractured off subgingivally since these X-rays and is hopeless.

I have some more photos I can post later on if needed.

Conclusion:

Our basic treatment plan is: Full extractions on the upper followed by implant-supported restoration. Hybrid or full C&B depending on bone and patient finances. The anteriors are on their last legs even before starting. #11 is missing—no canine means a fixed bridge is not going to work. #14 has a large PAP and lingual decay extending subgingival.

With all the questionable teeth and extremely high caries index, a fresh start with implants seems to be the way to go. The sequence is still up in the air first. We are waiting for a CT scan to finalize but right now we are thinking first UR exo of root tips and lateral window sinus lift. Extract the UL posteriors and after about four months of healing on the sinus lift, extract the anteriors and place an immediate denture. Wait about eight weeks (which is close to six months from sinus lift) and place implants on #6–8 for a hybrid and #8–10 for full C&B. Wait 4–6 months for integration and then restore the case.

We did discuss immediate placement of the implants with the extractions of the anteriors but we need the CT scan to see if there is even enough bone to think about it. The lower is more interesting. #19 ridge is severely resorbed and will need augmentation to place an implant. Most of the remaining teeth are viable with crown and bridge. #28 has the large PAP. On the one hand retreatment and new crown might be possible, or exo and a three-unit bridge, but we were nervous due to his high caries index. I can't justify extracting all the lowers now when they are mostly restorable but I don't want to do significant C&B and then have everything fail in a few years. Any thoughts or input or other ideas would be appreciated. ■

11/22/2016

GocubsGo
Member Since: 10/19/16
Post: 2 of 25

I'm a surgeon so if he shows up, no plans of restoring the maxilla. I'll pitch him with maxillary all-on-four with minimal to no grafting at same day as extractions. Leaves that day with a fixed temporary and will have a final in four months. Sinus lifts will just delay treatment for me. I'll try to post a picture of a 33-year-old I did a few weeks ago. Almost identical. We could do both upper and lower, but it looks like the lower could be more easily saved. ■

11/22/2016

toofache32
Member Since: 08/10/04
Post: 3 of 25

I agree that if the patient wants fixed, then a full arch immediate hybrid is a nice way to go. No grafting needed. Looks like there is tons of bone, although we don't have a cross-sectional CT to know width. ■

11/22/2016

Bifid Uvula
Member Since: 05/17/06
Post: 4 of 25

I'll be the third stooge to join my fellow compadres and say All on 4-5-6 hybrid. Without any doubts or hesitation. ■

11/22/2016

6D1R3
Member Since: 03/02/06
Post: 5 of 25

I can't argue with three of the top surgeons on DT. We thought about an All-on-4 type of hybrid. My hesitation to do an All-on-4 is simply he is very young and an All-on-4 can eventually turn into a None-on-3. If we can get decent AP spread for an All-on-6 hybrid, that is a good possibility, assuming the CT confirms that there is enough bone to make it work. We can always go back and do a sinus lift later on if we need more implants in the future. ■

11/23/2016

toofache32
Member Since: 08/10/04
Post: 6 of 25

All-on-4 is a concept, not a maximum number of implants. You can do the same thing with six implants. I often put an extra 1–2 implants in if the bone is available, but only immediate load four. The others are "spare tires" which can be included in the final prosthesis or banked. ■

11/23/2016

drjk
Member Since: 09/14/04
Post: 7 of 25

First, I haven't done any big cases as these with implants, or any All-on-4. I don't understand the logic of loading only four if you have more implants. Is it for ease of restorability or some other reason? ■

11/23/2016

toofache32
Member Since: 08/10/04
Post: 8 of 25

Fewer implants are much easier for the immediate prosthesis. ■

11/23/2016

GocubsGo
Member Since: 10/19/16
Post: 9 of 25

Toof, Bifid, do you guys charge the patient more when you do five or six? In my practice, I treatment plan for four and charge for four. Only once I've thrown in an extra for stability since I didn't feel great, but if the others torque at >50 and I feel good, then I just leave the four regardless of bone. Just curious how others do it.

And I agree: four, five six—doesn't matter. Just load those up for him immediately and give him a great result. ■

11/24/2016

6D1R3
Member Since: 03/02/06
Post: 10 of 25

Where would you put the implants in this case? Assuming we don't graft then you have to place the implants at the #6 and #8 positions on the right and have the options of #9, #10, #11, #12 on the left. If we do a hybrid then it doesn't really matter and can place two on the right and 2–3 on the left and call it a day. This should work really well but I want to build for long-term complications if in the next 60 years one implant fails. I guess you can do the sinus lifts and grafting then if/when the issue occurs. ■

11/24/2016

Calvin Bessonet
Member Since: 12/17/03
Post: 11 of 25

Personally I would want to give this very young patient the option of socket fit bridges (three segments). I would feel better not removing a ton of bone to make room for a hybrid (assuming his smile line will show transition). Let him choose but at least offer the best. ■

11/24/2016

GocubsGo
Member Since: 10/19/16
Post: 12 of 25

Why would you consider your option the best? ■

11/24/2016

resadent
Member Since: 11/08/14
Post: 13 of 25

Good point about transition zone—that was my first thought too. I think he definitely needs some bone removed to account for materials at the very least. What are socket fit bridges? Haven't heard of them!

Also, while planning for an immediate provisional, how do you determine tooth position and occlusal plane in a case like this? Looks like he has limited interarch space anteriorly and posteriorly. Could you walk us through that process please? ■

11/24/2016

Bifid Uvula
Member Since: 05/17/06
Posts: 14 & 15 of 25

Flat fee to get the job done. Most of my cases are four, some need more and they get it. My goal is to load the case, and sometimes that means adding an implant somewhere else. If my prostho tells me he really needs five or six for the case, then I make it happen. I charge more if it's a really complicated case that may involve some zygomatics, but not substantially more.

If I need to do some crazy grafting with BMP or something out of the ordinary, I'll charge more. But 99% of these cases are just flat fee.

That is a perfectly acceptable option … but it doesn't mean it's the best option. This is much more technically demanding when it comes to landing the implants in to "perfect position" and "perfect depth" and "perfect angulation."

Assuming that you are able to land 6–8 implants for a "socket-fitted bridge," and the case

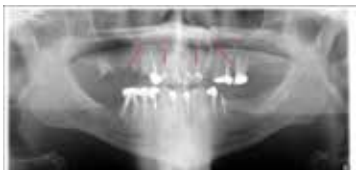
turns out great, what is it going to look like 5–10 years from now? There is a potential for greater risk of an aesthetic compromise here … black triangles, recession, bone loss. This option may also be more expensive and therefore cost prohibitive. ■

11/24/2016

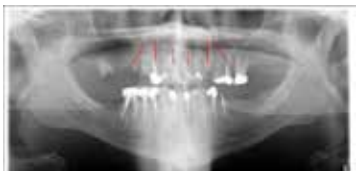
toofache32
Member Since: 08/10/04
Posts: 16 & 17 of 25

It depends on if insurance is involved or not. If no insurance, then we do a package deal for either four or six implants. If insurance, then we do charge for additional implants since we have to itemize every little thing (abutments, bone grafting, denture conversion, etc.)

Here's how I usually do it with four implants. I like using the lateral incisor positions:



And here is one way to do it with six implants:



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11/24/2016

almunk
Member Since: 12/17/05
Post: 18 of 25

Glad to hear several would use the spare tire concept and place an extra implant or two. The more failures I have over time the more I use this concept. ■

11/24/2016

6D1R3
Member Since: 03/02/06
Post: 19 of 25

I agree with trying to use the lateral positions. If there was a good way to get six implants in using the lateral positions, then I would feel much more comfortable—but that doesn't look very promising. ■

11/25/2016

Uwe Mohr MDT
Member Since: 01/10/05
Post: 20 of 25

At that age he needs as many implants as you can get in there. I also see no point in loading only some of them. Why? Give the man the best prosthesis you can, the more load distribution the better. Don't worry about more implants being more complicated, that's the lab's job to give you the best solution, it will not complicate your life. All-on-four only will. ■

11/25/2016

Bifid Uvula
Member Since: 05/17/06
Post: 21 of 25

I think the point was you don't need to necessarily load the extra implants for the temporary prosthesis. But for most of us doing these cases, picking up two more implants at the time of conversion really isn't a big deal for our prosthodontist or restorative dentists comfortable in these full-arch cases.

I'll still argue that six isn't always better than four. But for this guy's age, I'd probably be going with six if anatomically possible. ■

11/25/2016

toofache32
Member Since: 08/10/04
Post: 22 of 25

Two more implants are a pain in the butt for my immediates because I am usually doing the pickup/conversion with just me and a lab guy. This is why I usually only pickup four for the temp hybrid as long as they all torque >35. ■

11/25/2016

GocubsGo
Member Since: 10/19/16
Post: 23 of 25

Absolutely. Honestly, in my short career, I've never had one fail in an all-on-four scenario (aggressively knocking on wood) and wished I would have thrown in a fifth or sixth. Do you also buy two extra spare tires when you buy a new car? I'm just kidding. I know there will be a day in the future that I wish I had an extra one. ■

11/25/2016

knife
Member Since: 03/14/12
Posts: 24 & 25 of 25

I recently spoke with Drs. Parel and Tarnow about this (on separate occasions) and it seems that the literature supports the extra implants only in particular situations. Since Dr. Parel was involved w/ ClearChoice centers doing tons of these, they've tried to find common denominators with their failures.

Some factors to consider placing more implants are (but not limited to):

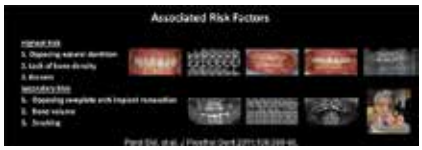
- Opposing natural dentition
- Low-FMA
- Bruxism
- Larger males

Not that any one of these would be an exclusion for four implants, but certainly if you have a patient with all these factors, then you'd probably be better off adding one or two "emotional" implants. In my opinion, the best alternative for these additional "emotional" implants are the pterygoid implants to eliminate cantilevers.

Found this slide (courtesy of Dr. Steven Sadowsky) on the risk factors associated with "all-on-4" indicating the use of more than four implants:

Info comes from:

Parel SM et al. J Prosthet Dent. 2011; 106:359-366.



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11/27/2016

Share your opinion online!

(Search: Large Implant)

How would you have treatment planned this case? To share your advice, go to dentaltown.com and search the message boards for "Large Implant." This thread will be the top result.