Nneoss[®]

Case Report

Neoss ProActive® Ø3.25 implants supporting a fixed bridge in a periodontally compromised anterior mandible – a 10-year follow-up.

Dr. Ilhan Uzel, USA

Patient: Systemically healthy female patient in her early 60's.

Clinical situation: History of periodontal surgeries, developing a periodontal abscess in the lower anterior area.

Treatment plan: Extraction of all four lower incisors. Guided bone regeneration and placement of two Neoss ProActive[®] Ø3.25 implants supporting a fixed partial denture.



Figure 1. A systematically healthy patient with a history of periodontal disease was referred in 2009 since she had developed a periodontal abscess in the lower anterior area.



Figure 2. Following clinical and radiographic evaluation, all four lower incisors were deemed hopeless and extracted. The site was subjected to a thorough degranulation, revealing a one wall bone defect.



Figure 3. The site was augmented using freeze dried bone allograft.



Figure 4. The augmentation was covered by a resorbable collagen membrane.

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Figure 5. Primary closure was achieved using Vicryl and chromic gut sutures.



Figure 6. Approximately seven months later a clinically adequate ridge height and width was achieved for implant placements.



Figure 7. Two Ø3.25×13 mm Neoss ProActive® implants were placed at the lateral incisor positions in the mandible and left submerged.



Figure 8. Radiograph taken at time of implant placement.



Figure 9. Following six months of osseointegration the implants were uncovered.



Figure 10. Neoss Healing Abutments PEEK were connected to the implants. Subsequently a fixed partial denture was inserted in the area.

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Figure 11. Clinical five-year follow-up confirmed stable soft tissue levels.



Figure 12. Radiographic five-year follow-up confirmed stable crestal bone levels around the implants as well as for the regenerated bone in between the implants.



Figure 13. Smile line, five-year follow-up.



Figure 14. CBCT taken 10 years after implant placements. Bone levels maintained adequate after 10 years around both implants as well as the edentulous central incisor area, confirming Neoss narrow diameter implant as a viable long-term treatment option in support of fixed partial denture.



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