

FOCUS ON

bico

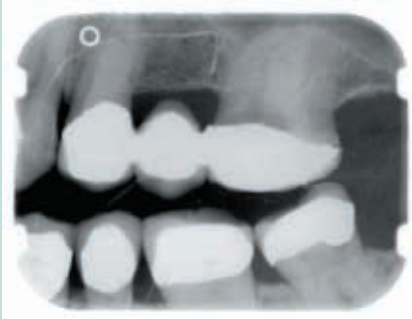
DENTAL IMPLANTS



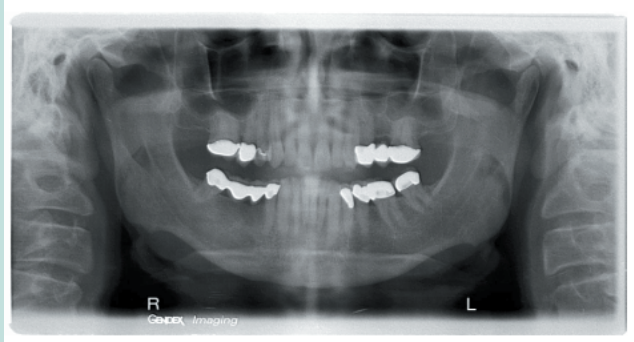
A Practitioner's Perspective

Case Study No. 1 - Working below the sinus floor - Geoff Pullen

1



A new patient. At first glance the upper left bridge looks OK but although there's no pain the upper left bridge is uncemented at the molar abutment. Told that the radiograph is suspicious, the bridge is sectioned and falls away from the molar to reveal a large carious lesion. The rest of the mouth is sound.



2



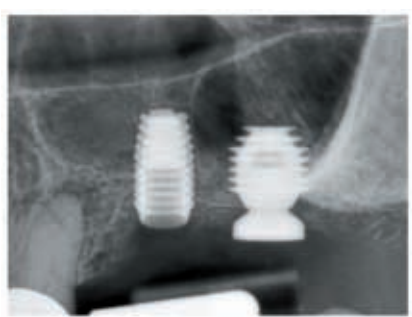
There should be plenty of bone for an implant at the pontic site should we choose and that molar must be in plenty of bone. But the socket is large and needs some healing before we can place an implant.

3



It doesn't look so clever on this radiograph taken 8 weeks after the extraction but there was bony height when the tooth was there so we couldn't have lost that much on extraction.

4



The mesial implant went in OK with a careful internal sinus lift. The distal implant was always going to be more difficult. The pilot drill was used to depth and to gauge where the sinus floor was breached. At 6mm.

I then use hand reamers with twisting and tapping with mallets and sinus floor osteotomes. The implant is assembled with a wide, flat sinus healing abutment (catalogue number) and tapped to full depth.

5



This was not dissimilar to the approach that Shadi used on his patient when we had the live link at the Users Meeting this year.

More pictures of the restoration to follow in 4 months.

If you would like to comment on this article, please email Geoff Pullen on pullenteeth@btinternet.com

