

# BACK TO THE FUTURE

by Paresh B. Patel, DDS

## Extractions and Small Diameter Implants for Overdentures

It's kind of hard to imagine the past (extractions) and the future (implants) working well in the present, but they do! With so many potential patients out there who have put off dentistry, the need for extractions and overdentures is astronomical. Let's make 2013 the year where implant placement increases for everyone. We have made excuses on why we have not stabilized dentures with implants for more than a decade since the McGill Consensus statement came out in 2002. Most people don't wear their conventional dentures for one reason – they will not stay in place. We all know dental implants have success rates of more than 90 percent, one of the highest rates of any implanted surgical device. This year I encourage any general dentist who is surgically oriented to commit the time and get the proper training to help patients replace the teeth we extract with implants and overdentures.



Fig. 1

### Why Overdentures and Small Diameter Implants?

- Minimally invasive
- No more adhesive
- Restores confidence, improves speech
- Improves function and dietary needs

### Case Report

A 56-year-old female presented at our office with the chief complaint that her upper teeth were movable, hurt and her partial was ill-fitting (Fig. 1). She wanted to discuss how she could replace her teeth with implants. The upper arch was most important to her, as that is what caused her the most discomfort. The maxilla had six remaining teeth and two unerupted wisdom teeth.

After a full workup, a CT scan (GBX-500 i-CAT) was obtained (Fig 2). The primary reason was to confirm the bone sounding measurements that demonstrated a thin ridge in the buccal/lingual dimension as well as pneumatized sinuses. As expected, the i-CAT slices showed <3mm of width in most areas. After much discussion it was decided to stage her



Fig. 2

continued on page 22

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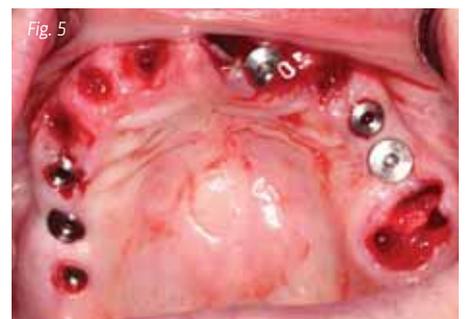
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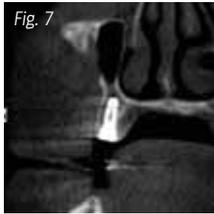
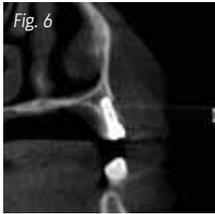
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## case presentation feature continued from page 21

treatment plan for financial reasons. Phase I would be removal of the maxillary teeth, extraction site grafting, immediate placement of SDI implants to stay with the thin bone and delivery of a healing denture. Phase II would be placement of the low-profile overdenture attachments and a horseshoe-shaped full denture. Phase III (if she decides to continue) would be to place three additional SDI in the grafted areas and an implant-supported full-arch fixed restoration.



On the day of treatment all maxillary teeth were extracted except for the unerupted wisdom teeth. The innovative design in forceps (Golden Forceps) was used to remove the teeth and preserve as much buccal bone as possible. These forceps are designed to take advantage of the Class I lever and bio-physiology to rotate a tooth out with gentle but constant pressure. All sockets were debrided and irrigated to remove any contaminants. The Blue Sky Bio One Stage SDI was selected for this case (Fig. 3). This implant comes in a narrow platform diameter of 3.3mm, thus allowing the SDI to engage both cortical plates for excellent stability and to take advantage of the thin ridge without additional surgery (Fig. 4). This implant is also a two-piece implant that will allow for an easy transition (remove and replace) from the low-profile overdenture attachment to a crown/bridge abutment. Six sites were selected off the i-CAT scan for potential implant placement and the areas were prepared with the appropriate drill series with the use of an implant handpiece (Aseptico AEU-7000). Five of the six BSB One Stage SDI achieved 35Ncm of torque (Fig. 5). Dental Bone Putty (NovaBone ACE Surgical) was placed in the extraction sites as socket preservation material and the extraction sites closed with collagen membrane and PGA sutures. The healing denture was tried in and soft lined (Ufi Gel VOCCO). A post-operative CT scan was taken to ensure the implants were well-contained in



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the extraction sites and residual ridges (Figs. 6 & 7). The extraction sites were allowed to heal and achieve full closure.

At eight weeks post-surgery impressions were taken for the final overdenture (Fig. 8). On delivery day the healing caps were removed and the low-profile attachments were placed (Fig. 9). I like to pick up the housing chairside to ensure that the denture fits passively over the implants and there are no interferences. Retentive housings were placed over the attachments along with the white block out spacers to prevent excess pickup material from locking on the overdenture. A self-curing pink composite attachment pickup material was then injected into the relief wells (Quick Up VOCO) and the denture was then seated over the attachments (Fig. 10). After set time the denture was removed and any voids in the pickup material were filled in with pink flowable composite (Quick Up LC VOCO). The patient was satisfied with the retention of the overdenture with just the black processing rings and would return in one week for any adjustments and replacement of more retentive inserts, if necessary. At the follow-up appointment, three of the inserts were replaced with more retentive ones. The patient was satisfied with the overdenture and has started saving for Phase III of her upgradable treatment plan (Fig. 11).

Clinicians all reach a plateau in their careers. We entered dentistry as lifelong learners and should continue our quest to search out new ideas and solutions that are cost effective and allow our patients to move forward with implant dentistry at their own pace. Small diameter implants can offer alternative solutions to traditional implant therapy, especially with overdentures. This kind of treatment can be everyday dentistry for most clinicians who take the time and dedicate themselves to learning implant dentistry. ■

### Author's Bio

**Dr. Paresh Patel** is a graduate of UNC-CH School of Dentistry and the MCG/AAID MaxiCourse. He is the co-founder of the American Academy of Small Diameter Implants and is a clinical instructor at the Reconstructive Dentistry Institute. Dr. Patel has placed more than 2,500 mini implants and has worked as a lecturer and clinical consultant on mini implants for various companies. He can be reached at [pareshpateldds2@gmail.com](mailto:pareshpateldds2@gmail.com) or online at [www.dentalminiimplant.com](http://www.dentalminiimplant.com).

