

CASE REPORT DR. DAVID REANEY



Introduction



Dr. David Reaney BDS(Edin), DGDP(UK), MClinDent(Prosthodontics) - London FICD

This patient required the replacement of the missing lower posterior teeth on both sides of the arch to provide additional posterior support.

His main concern was a functional deficiency with difficulty eating although secondary to this was an aesthetic issue in that he was concerned about the appearance of the missing lower teeth. The patient was anxious about implant treatment and so chose to treat the right side Q4 in the first instance with the treatment to replace the missing posterior teeth Q3 deferred until Q4 had been completed.

Following CBCT scan and analysis of the data, virtual implant planning was carried using 3Shape software.

Final approval was given for the fabrication of a surgical guide for "guided surgery" to provide implants 47, 46 which would later be used to support a 3 unit bridge 47, 46, 45.

The implants chosen for this case were TRI®-Matrix bone level implants and the final restoration was a screw retained monolithic zirconia bridge with no abutments and no titanium base.

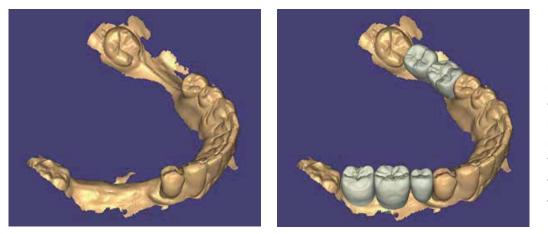
The advantage of the Matrix system is the precision fit of zirconia to the implant platform with no intervening abutment. All restorative work was carried out by the technical team at SCD.



Case Overview

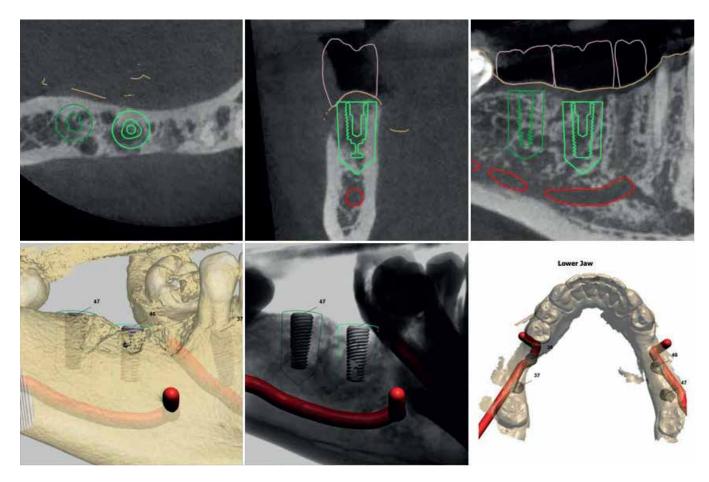
Case for the provision of two TRI® MATRIX abutment free restorations to support a three-unit screw-retained fully monolithic zirconia bridge. 47, 46, 45.

Pre-op intraoral scan using the Medit i700



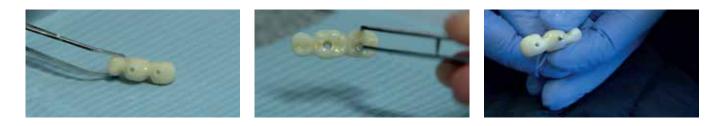
Digital wax up provided in EXO-CAD with restorations proposed Q4, Q3 – the patient only requested Q4 to be restored initially three-unit bridge designed on inplants 47.46.

Implant planning on software showing inferior dental nerve mapping and implant positioning.



Case Overview

Fully monolithic zirconia bridge 47,46,45 (pontic 45) - screw-retained on TRI® MATRIX bone level implants. 47,46.



Final restoration – three-unit bridge screw torqued to 35Ncm and access sealed with PTFE tape and composite resin.







Click to view video https://tri-implants.swiss/en/matrix-line/

DENTIST FEEDBACK

Dr. David Reaney:

"Both myself and the patient were delighted with the outcome of this case. I used a conventional impression but in future cases plan to use my scanner to record the working arch, opposing arch and the occlusal relationship. The screw retained monolithic zirconia bridge fitted perfectly without any adjustment to contact points or occlusion. I have since used TRI®-Matrix tissue level implants for other cases and would certainly consider tissue level Matrix implants when placing implants to restore Q3. I see significant advantages in moving the interface between implant platform and the restoration away from bone level and because there is no abutment with Matrix, cases where space is reduced can be managed more readily."