

USE OF FLAPLESS GUIDED SURGERY FOR ALL-ON-SIX AND ALL-ON-FOUR PROTOCOL

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INTRODUCTION

Dental implants have become a predictable treatment option for the patient with complete or partial edentulism. Computer-guided surgery offers patients the benefits of successful implant placement without flap elevation and less postoperative pain and discomfort than with conventional implant surgery

OBJECTIVE

The purpose of this study is to present a case of flapless approach through the use of a surgical guide for the complete rehabilitation of edentulous patients.

CASE REPORT

SURGICAL PLAN: Guided rehabilitation under the all-on-six in maxilla and all-on-four concept for mandible

DOUBLE SCAN PROTOCOL THROUGH CBTC + MODELS SCANNING → DICOM and STL files → Virtual implant placement and surgical guide desing

- OD # 13 and 23 extraction
- Surgical guide was placed and the drilling sequence was initiated through a flapless approach.
- Six implants were placed in the maxilla and four implants in the mandible
- Immediate prostheses were installed.
- After 5 months: failure of the implant is evidenced in position of OD 13 and 44, for which the implant placement in the lower arch is planned, waiting 3 months for its osseointegration.
- Once the established time has been waited, the multi-units are placed with a torque of 25 ncm and the temporary prostheses are loaded.
- The final impression was taken, after splinting using a resin pattern, to obtain the metallic structure.
- The definitive prosthesis was obtained and installed in the patient successfully.

50-year-old: Female patient
Bimaxilar partial edentulism
Medical record was unremarkable



1. Initial situation of the patient 2-3. Surgical guides 4. Resin pattern to obtain the metallic structure 4. Definitive prosthesis

CONCLUSION

The all-on-6 and all-on-four protocol constitutes an ideal method for the total rehabilitation of edentulous patients. Guided surgery is currently an alternative that allows, in appropriate cases, to perform flapless approach, which reduce patient discomfort, surgical time, and enhance implant placement accuracy by reducing operator error

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST