Periodontal Care you can Trust

KELSHEIMER PERIODONTICS

PERIO POINTERS

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Implants and Sports Injuries

One of the biggest issues I see with implants is the proper placement in the maxillary anterior segment, particularly in the young patient. I think we have to consider other options besides implants– perhaps a fixed bridge, cantilever bridge to replace laterals, or if the patient has not completed growth, I would consider a bonded resin bridge.

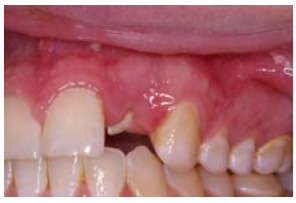
How do we know if the child has quit growing? Superimposed serial lateral cephalometic xrays one year apart showing no change are the most reliable means to establish completion of bone growth. The premaxilla is the least predictable. David Robinson of the NBA grew six inches in college. Males are a crapshoot. There are a lot of people, Thilander and Jemt from Europe who claim the alveolus never stops growing in some. The result if implants are placed is that you get infraocclusion and thinning of the facial bone, so you get recession and perhaps loss of bone on the facial of the implant with thread exposure. John Mew, from the UK says the maxilla grows down and back throughout life. Since facial and alveolar growth continue throughout life you need minimum clinical impact on long term results by proper placement. There are lots of rules but I like George Priests rule of 3X3PIE, because it is based on the restorative

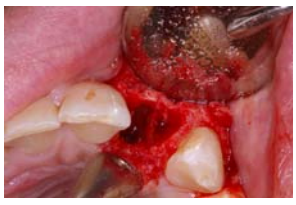
We are suffering from truth decay..

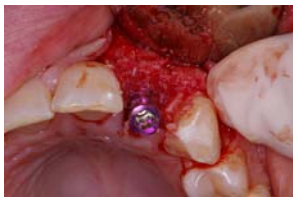
Newsletter Spotlight

The mnemonic 3X3PIE stands for 3 mm, the position of the implant platform from the zenith of the restoration, the second 3 stands for center of the implant 3 mm from the facial margin of the restoration and PIE stands for the angle of the implant through the palatal incisal edge. It is better to err on the palatal side than the facial side with the angulations on the young patient.

Case Study







This case is entirely different from the case last month. The tissue is firm and broad, there is great width of alveolar bone, there is no periapical pathology and this individual is 22 years of age. The greatest difficulty with this case is removal of the root as the crown was fractured off during a soccer match with an opponents elbow. The patient was also leaving the country soon. We were able to extract the root, but I had to remove some bone on the distal of #10 to create a purchase point. I do not worry about having to remove bone on the mesial or distal, but I do not want to lose bone on the buccal. One problem with immediate implants is not being able to use a positioning pin, so I will use a drill to determine depth and angle. (just a tip) The end result is I have followed the 3x3 PIE postion. A PVS impression was taken so the abutment and crown could be done that he could take back to the UK.