In the posterior area, when the ridge width allows it, placing wide-diameter implants has multiple advantages.

“With Nobel Biocare’s new wide-platform implants, the platform shifting effect is enhanced. Obtaining an optimized emergence profile that supports healthy soft tissue has never been more straightforward.

“Combining wide platform implants and the NobelProcera FCZ Implant Crown give us the level of precision we need in our daily practice.”

Patient:
Female
32 years old

Clinical situation:
Cracked tooth syndrome on upper-right first molar

Surgical solution:
Extraction, delayed implant placement (three months) NobelActive WP 5.5 x 8.5 mm

Restorative solution:
NobelProcera FCZ (full-contour zirconia) Implant Crown with angulated screw channel.

Surgery date:
January 14, 2015

Total treatment time:
Six months
Initial clinical situation

Preoperative X-ray on the day of consultation. The X-ray was used as part of the diagnostic process and helped determine that the tooth was hopeless.

CT scan reconstruction in NobelClinician after implant placement (NobelActive 5.5 x 8.5 mm). Taken on day of surgery.

Case courtesy of Dr. Pariente, Dr. Dada
Removal of healing abutment

Three months after implant placement. With the PEEK Healing Abutment, hard and soft tissue healing is outstanding.

After removal of the PEEK Healing Abutment the mucosal contour is healthy. The shape of the soft tissue contour will be transferred to the master model using a transfer with a profile similar to that of the PEEK Healing Abutment.

Case courtesy of Dr. Pariente, Dr. Dada
A temporary crown was not fabricated, as there is only a small difference between the profile of the Healing Abutment and the desired emergence profile. This means the technician can adjust the emergence profile directly on the model. At the time of crown placement the patient was anesthetized so that the soft tissue could be pushed into the desired position without discomfort.

X-ray shows proper fit of the Impression Coping Open Tray Conical Connection WP.

Case courtesy of Dr. Pariente, Dr. Dada
Optimization of emergence profile

Master cast just after pouring.

The soft tissue on the master cast is trimmed to create the ideal emergence profile.

Case courtesy of Dr. Pariente, Dr. Dada
Creation of wax-up

NobelProcera wax-up sleeve for the NobelProcera FCZ (full-contour zirconia) Abutment is placed on the master cast.

A wax-up is made on the wax-up sleeve.

Case courtesy of Dr. Pariente, Dr. Dada
Model scan with NobelProcera 2G Scanner

The wax-up is scanned using the NobelProcera 2G Scanner.

NobelProcera software view of the crown, designed with an angulated screw channel.

Case courtesy of Dr. Pariente, Dr. Dada
Final restoration

Final NobelProcera FCZ (full-contour zirconia) Implant Crown is received.

The angulated screw channel allows for easy access with the screwdriver.

Case courtesy of Dr. Pariente, Dr. Dada
Final restoration

Occlusal view of the working cast with the prosthesis.

Lateral view of the working cast with the prosthesis.

Case courtesy of Dr. Pariente, Dr. Dada
Placement of final crown

At crown placement the operative field is isolated with a rubber dam to achieve proper sealing of the screw access hole with teflon and composite.

Occlusal view after crown delivery

Case courtesy of Dr. Pariente, Dr. Dada
Final situation at delivery of crown

Lateral view after crown placement shows proper support of the soft tissue.

Final X-ray on day of crown placement. X-ray confirms optimal fit of NobelProcera FCZ Implant Crown.

Case courtesy of Dr. Pariente, Dr. Dada