

# Lower anterior tooth replacement using NobelGuide guided pilot surgical template



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*“Guided pilot drilling is effective when the clinician wants to keep the control of the drilling at the drill site and of the final implant seating.”*

*“It is particularly valuable when immediately placing implants in fresh extraction sockets, as it helps to achieve the primary stability needed in such challenging procedures.”*



**Patient:**  
male  
66

**Clinical situation:**  
Vertical tooth drift of the four lower incisors, class II dento-skeletal malocclusion, chronic periodontitis, tooth mobility and dental caries.

**Surgical solution:**  
NobelParallel Conical Connection 3.75 x 13 mm NobelGuide pilot drill surgical template in fresh extraction socket. Flapless surgery. Immediate provisionalization.

**Restorative solution:**  
NobelProcera Zirconia Implant Bridge

**Surgery date:**  
October 30, 2013

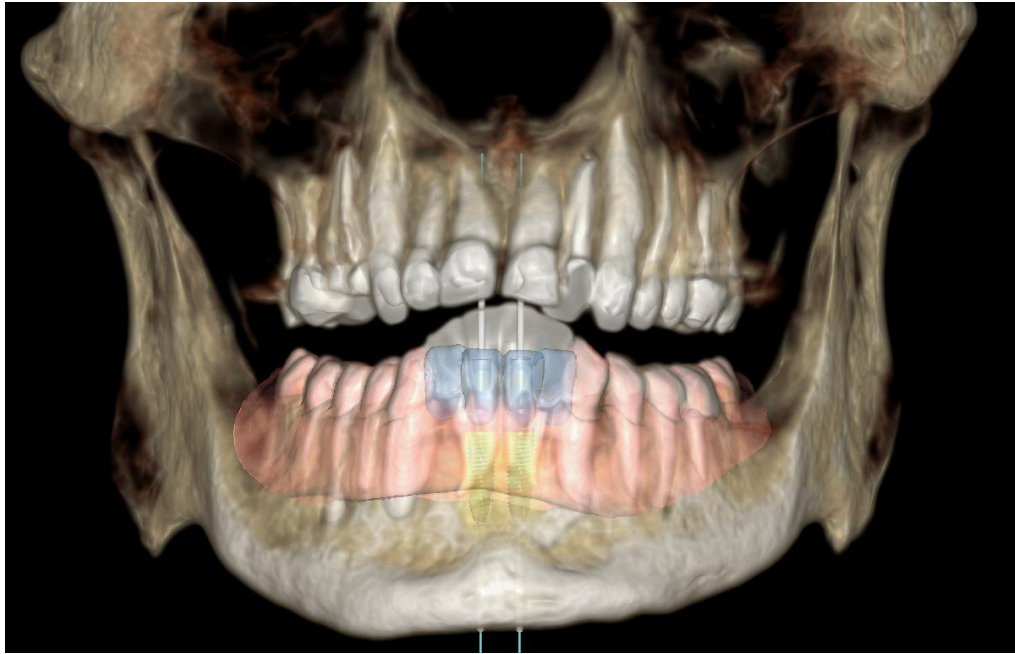
**Total treatment time:**  
Five months

# Initial clinical situation

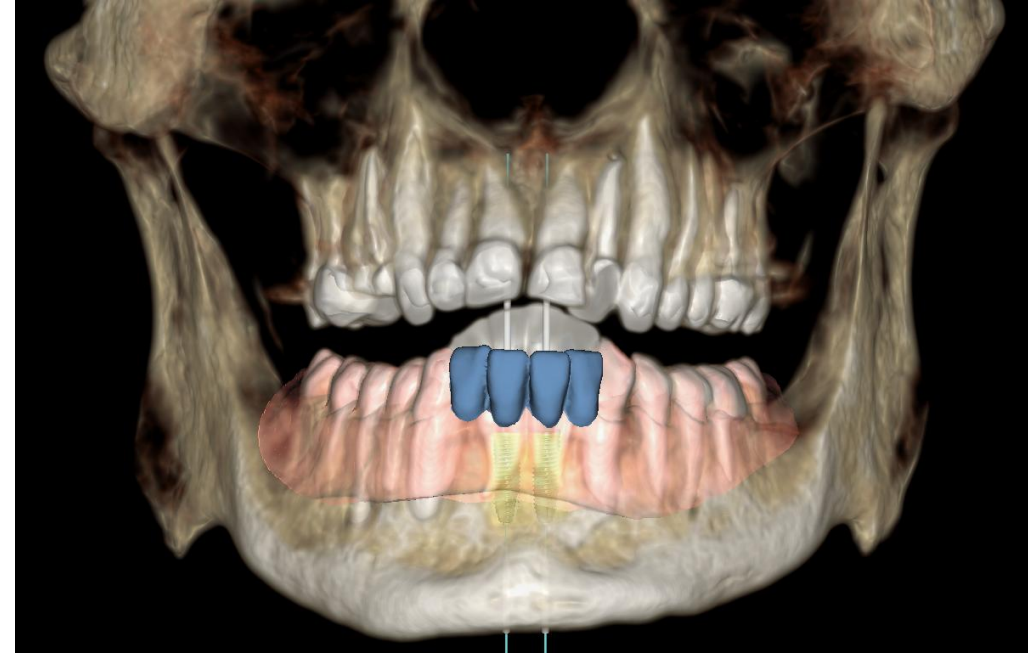


Patient presented with vertical tooth drift of the four lower incisors, class II dento-skeletal malocclusion, chronic periodontitis, tooth mobility and dental caries. The slow super eruption of the lower incisors has been followed by the super eruption of alveolar bone, resulting in maintenance of the bone levels.

# Treatment planning



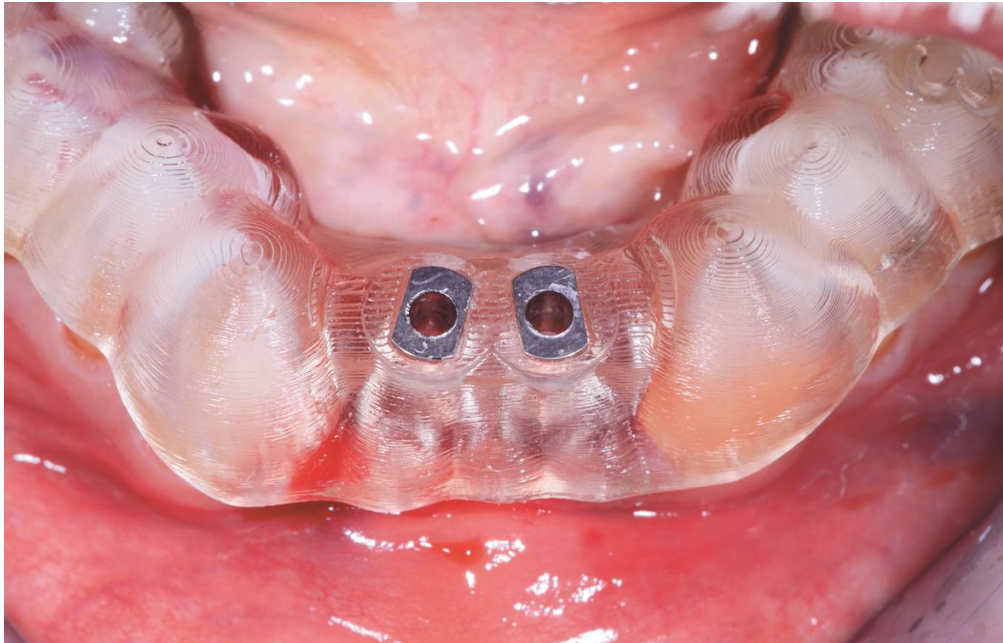
The NobelClinician Software visualizes patient anatomy, soft tissue architecture and the ideal prosthetic outcome, simplifying the assessment of the failing super-erupted dentition and the contours of the final restoration.



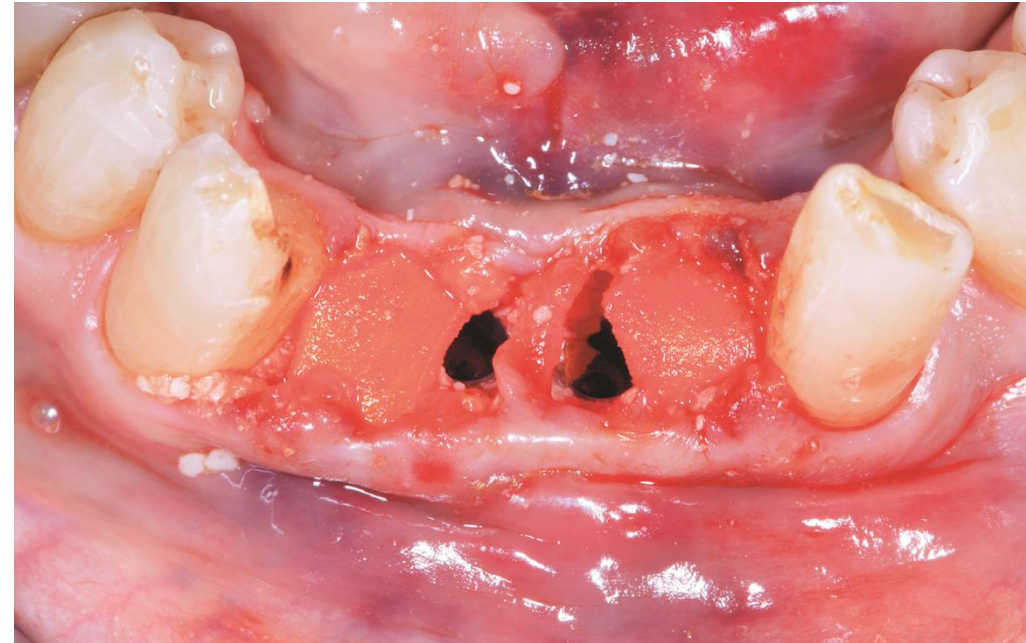
With this prosthetically driven approach, immediate implant placement into the fresh extraction sockets is planned, with proper positioning and adequate primary stability to support immediate provisionalization.



# Surgery – Preparation of osteotomies

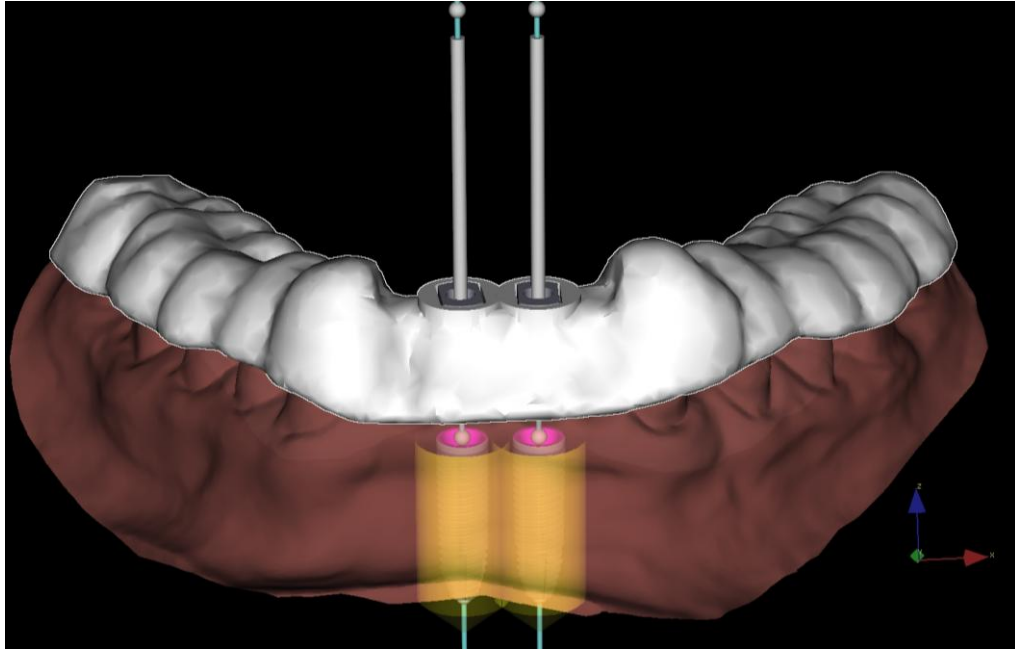


Immediately after tooth extraction two implant sites were prepared using the NobelGuide pilot drill surgical template to facilitate guided drilling of the 2 mm twist drill.

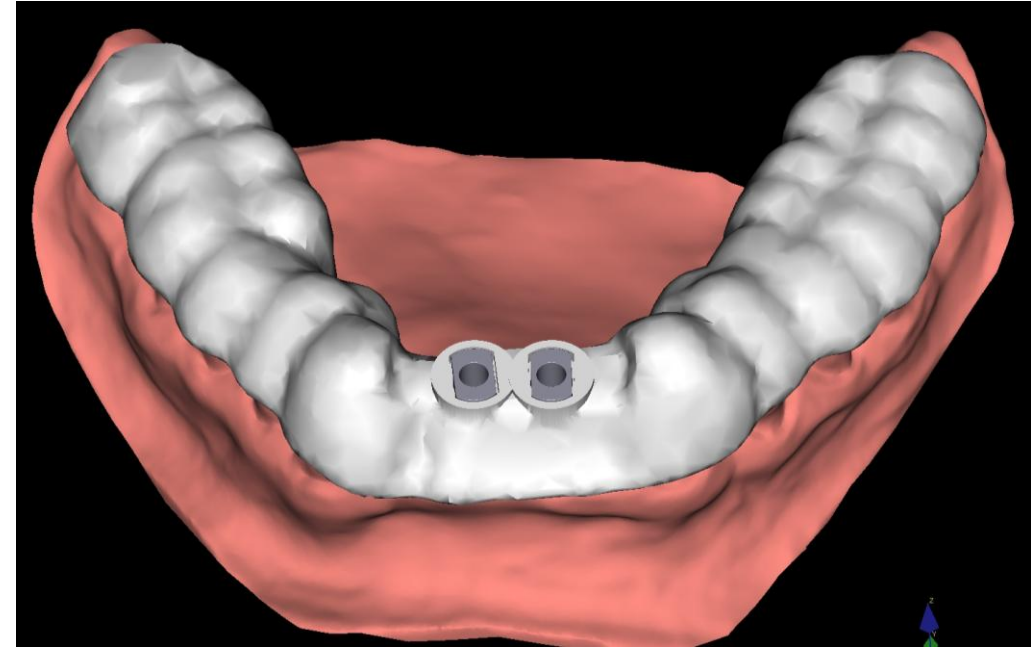


Implants were placed in a flapless surgery. A socket augmentation procedure was performed to enhance proper healing of the fresh extraction sites. The implant platform was placed 1.5 mm below the most apical portion of the bone crest. Both implants were immediately loaded.

# Treatment planning and surgical template



Two NobelParallel Conical Connection 3.75 x 13mm implants were planned in the 31–41 positions to overcome the issues related to the tight restorative space and the converging position of the canine roots.

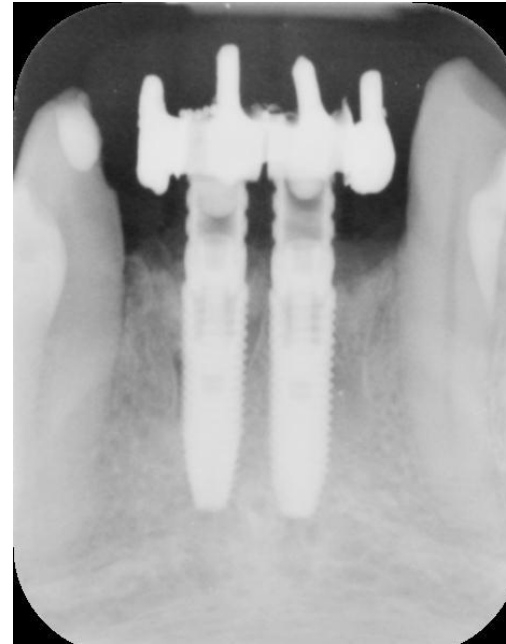


Surgical template for pilot drilling and freehand surgery.

# Provisional restoration



Prefabricated screw-retained provisional restoration was immediately placed.



Intra-oral radiograph at delivery of provisional restoration.



# Final restoration



Clinical view and intra-oral radiograph of the final restoration, a NobelProcera Implant Bridge Zirconia. After the healing period, the soft tissue architecture mimics the scalloping of the gingival tissue around the natural dentition and its morphology mirrors the fully preserved bone morphology.