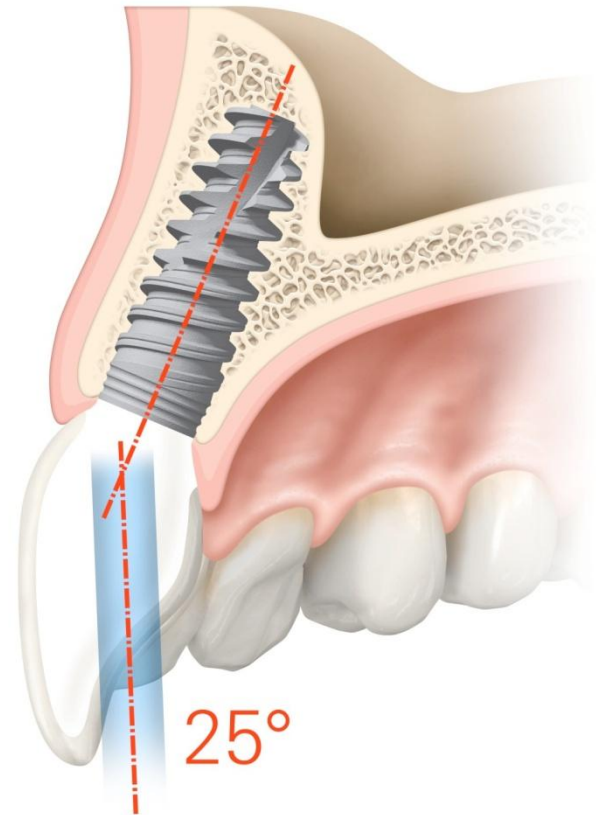


Clinical Case

NobelProcera[®] ASC Abutment

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NobelProcera® ASC Abutment



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“The NobelProcera ASC concept not only allows for greater clinical flexibility when restoring implants with screw retained restorations, but also provides ease of mind due to the safety features provided by the retention mechanism of the Omnigrip screw driver and abutment screw.” SH

Posterior single molar replacement

Male patient

38 years old

Implant:

NobelReplace CC RP 3.5x16mm

Prosthetics:

Screw retained NobelProcera ASC abutment.

Surgery date:

January 13th , 2013

Time for total treatment:

3 months¹

Type of implant procedure:

Two-stage protocol with open healing

FDI POS: 36

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Clinical Case: Posterior single molar replacement

The 38-year old patient presented with a failing first mandibular molar. Following extraction and implant placement in a two-stage approach, a screw retained NobelProcera zirconia restoration (NobelProcera abutment Zirconia) was selected. Due to the patients restricted mouth opening the ASC concept was utilized to angle the screw access towards the mesial.

The range of angles of inclination allows design of a perfect screw access hole overcoming difficult access in the posterior due to vertical space and improved restoration of function by creating a better cusp-fossa contact in the dental laboratory.

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Clinical Case: Posterior single molar replacement



Intraoral occlusal view of implant healing abutment and polyether transfer impression

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Clinical Case: Posterior single molar replacement



Courtesy of Luc & Patrick Rutten, Belgium

Zirconia abutment with anatomical morphology for proper support of veneering ceramics.



Courtesy of Luc & Patrick Rutten, Belgium

Porcelain veneered zirconia abutment.

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Clinical Case: Posterior single molar replacement



Courtesy of Luc & Patrick Rutten, Belgium

Finalized restoration. The screw access channel is closed with a ceramic insert.

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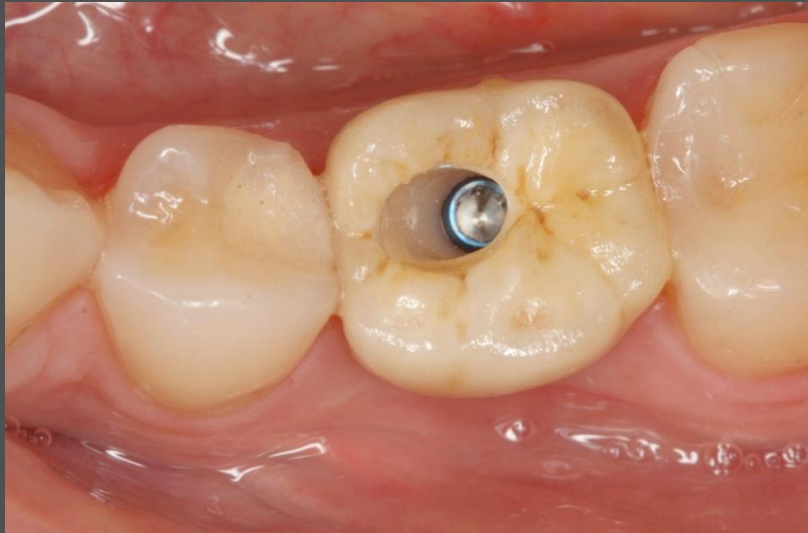
Clinical Case: Posterior single molar replacement



Abutment screw insertion showing the angulation at the driver-screw interface. The Omnigrip design grasps the screw during the insertion procedure, allowing secure pick-up and eliminating the risk of dropping the screw during positioning. This provides the clinician with additional safety benefit while working in difficult to reach mandibular and maxillary molar areas.

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Clinical Case: Posterior single molar replacement



Intraoral occlusal view of the inserted restoration prior to closure of the screw access channel.



Definitive restoration. The screw access channel was closed with a ceramic insert. However for simplicity conventional composite resin closure can be applied with excellent long-term success.

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Clinical Case: Posterior single molar replacement



Intraoral buccal view of the definitive restoration. Note the excellent adaptation of the surrounding soft tissue architecture