

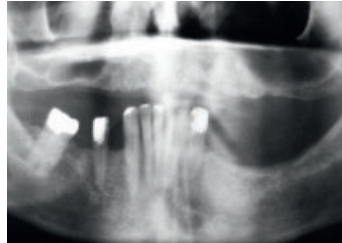
Mild/moderate bone resorption

Immediate loading for full-arch rehabilitation using NobelClinician

Patient: 65-year-old male, edentulous in the upper jaw. The dentures were made six years ago. **Chief complaint:** Patient was self-conscious of having a removable upper denture. He complained about the decreased retention and was often worried about the falling out of the denture. The patient's requirement was to replace the removable upper denture with a fixed restoration. **Overall health:** Healthy and non-smoker. **Oral examination:** Soft tissues within normal limits. Mild to moderate horizontal and vertical bone resorption patterns, with bilateral posterior sinus pneumatization. **Decision:** The predecessor of the NobelClinician Software was used for treatment planning, followed by the use of a surgical template for a precise implant placement and a minimally invasive and flapless surgical procedure. Five Brånemark System Mk III Groovy implants and one NobelSpeedy Shorty implant were placed posteriorly on the left side. As final restoration, a NobelProcera Implant Bridge Titanium with acrylic teeth was used. The final restoration was prepared one day prior to surgery and inserted into the patient's mouth at the time of implant placement. **Time for total treatment:** 3 months



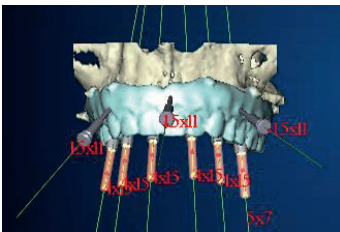
Initial analysis shows the complete maxillary denture with the partial mandibular denture in occlusion. The decreased retention and instability of the maxillary denture lead to its replacement.



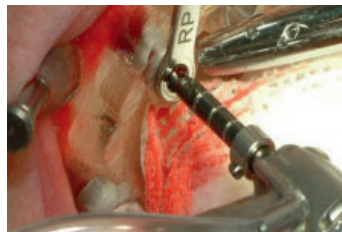
Pre-op panoramic radiograph (OPG) shows the mild to moderate horizontal and vertical bone resorption patterns in maxilla resulting in the instability of the maxillary denture. The bilateral sinus pneumatization is also observed.



The intra-oral analysis shows the healthy condition of the soft tissues. The bone height and width were seen to be adequate for the planned treatment and optimal surgical and restorative outcome.



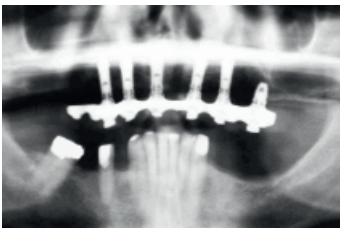
Digital treatment planning done in 2007 with the predecessor of the NobelClinician Software. The reconstructed 3D image of the maxilla allowed for the visualization of quantity and quality of available bone and for digital treatment planning and positioning of the implants relative to the prosthesis.



The pre-planned surgery was performed with the use of a surgical template to ensure optimal implant placement. The guided sleeves allowed for precise drilling as well as minimal invasiveness of the soft and hard tissues for an optimal surgical outcome.



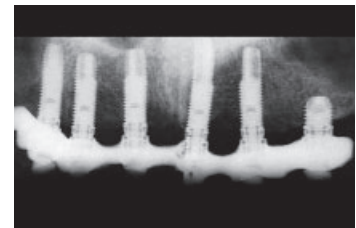
As final restoration, a NobelProcera Implant Bridge Titanium with acrylic teeth was provided to the patient. It was prepared one day prior to surgery and inserted into the patient's mouth at the time of implant placement.



Post-op panoramic radiograph (OPG) immediately after implant placement shows the successful maxillary treatment with six Nobel Biocare implants and a NobelProcera Implant Bridge.



Post-op picture of the patient shortly after surgery. The NobelProcera Implant Bridge provides the patient with the stability and retention he needs, resulting in an increased quality of life.



Post-op radiographs show a follow-up of more than five years. The successful bone maintenance around the implants and the final restoration can be observed both radiographically and clinically, when compared with the post-op radiograph taken immediately after the treatment.