

NobelParallel™ CC TiUltra™ and X-Guide®

NobelParallel™ Conical Connection
TiUltra™ Implant & X-Guide® for
immediate loading of single implants
in the esthetic zone in one visit

Prof. Alessandro Pozzi
Rome, Italy





Prof. Alessandro Pozzi

Patient

40 years old, female, no appreciable disease

Clinical situation

Failed PFM crown on upper central incisor right side, with mobility, periapical infection and radiolucency, and oral fistula on the buccal side

Surgical solution

Dynamic navigation and immediate loading of NobelParallel CC TiUltra in the esthetic zone in one visit

Restorative solution

Immediate temporary prosthesis screw-retained porcelain fused to NobelProcera ASC zirconia abutment

Surgery date

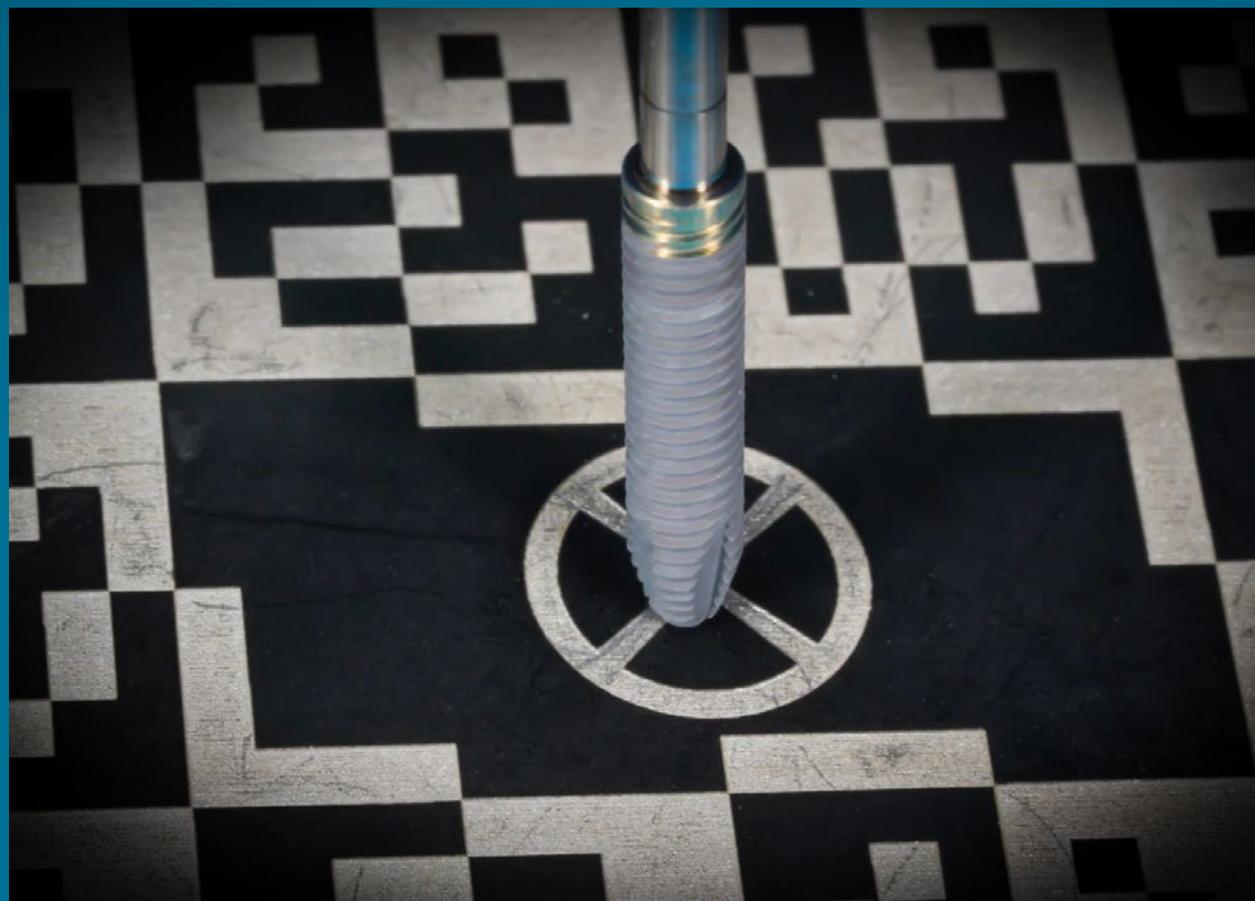
April 2019

Total treatment time

6 months

Tooth position

11



Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome



Failing PFM Crown on tooth 11. Gingival recession, vertical super-eruption of the tooth misalignment of the gingival contour compared to tooth 21, inversion of the zenith position, buccal fistula. Challenging case for immediate loading due to malocclusion including a deep bite and poor canine guidance on the right side.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome

Dynamic navigation for immediate tooth replacement in a single visit: CBCT and IOS scanning, DTX™ Studio implant 3D planning, DTX X-Guide® streamlined execution



Pre-operative clinical frontal view and periapical x-ray

Failed PFM crown on upper central incisor right side with a clearly visible fistula on the buccal side and periapical infection and radiolucency.

Initial clinical situation

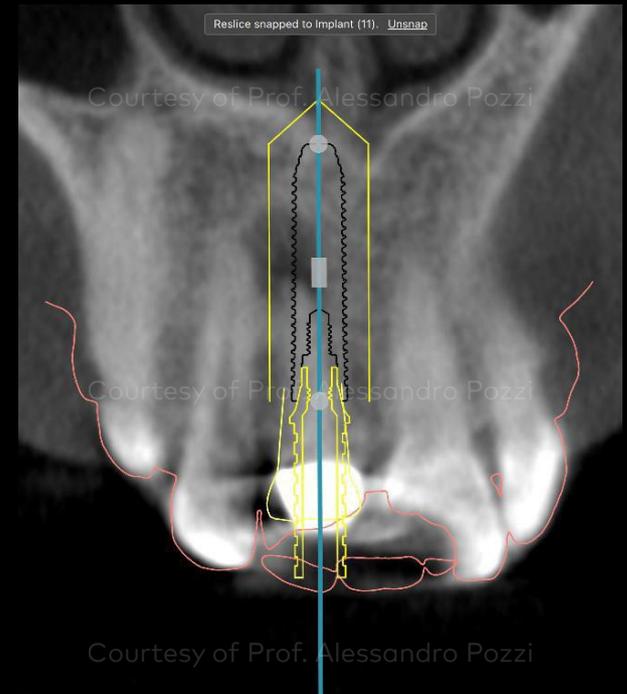
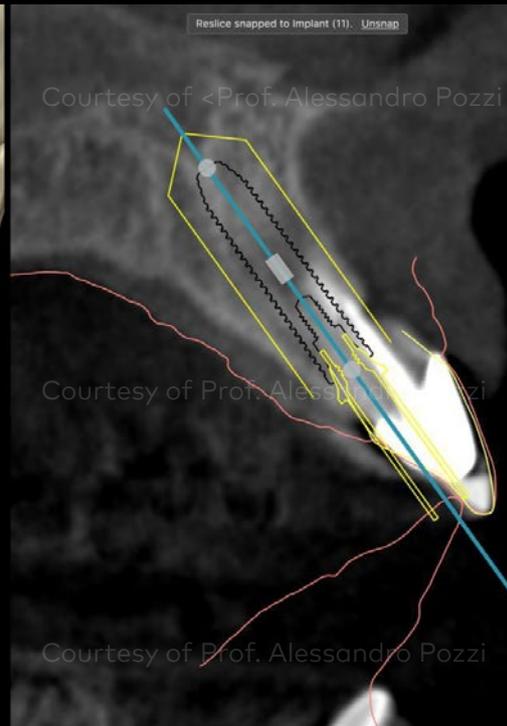
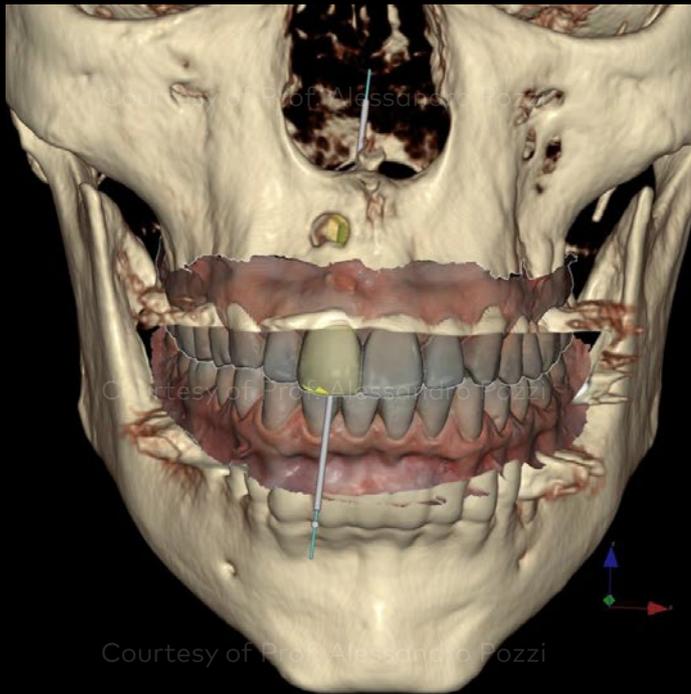
Treatment planning

Surgical procedure

Restorative procedure

Outcome

Dynamic navigation for immediate tooth replacement in a single visit: CBCT and IOS scanning, DTX Studio implant 3D planning, DTX X-Guide® streamlined execution



DTX Studio Implant 3D planning and rendering, and cross section snapped to the implant axis. The implant is positioned to bypass the radiolucency and engage the maximum quantity of native bone to guarantee sufficient primary stability. The angulation was designed to deliver a screw-retained immediate temporary crown.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome



X-Guide® Dynamic Virtual Guidance with 360° of control of implant drilling angulation and position.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome

Minimally invasive tooth extraction with a flapless approach, removal of the infected periapical tissues, and a careful debridement of the post-extractive socket, followed by X-Guide-mediated implant placement, autogenous cortical plate graft to seal the buccal plate perforation, and augmentation with xenogeneic soft tissue matrix to enhance gingival architecture healing and thickening



X-Guide-mediated implant positioning according to the prosthetically- and surgically-driven coordinates planned in the DTX™ Studio Implant software.



NobelParallel Conical Connection TiUltra NP 3.75 x 18 mm in the post-extraction socket placed to allow the housing of the xenogeneic soft tissue matrix.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome



Intraoperative occlusal view after grafting on the buccal side. The xenogeneic collagen matrix packed and secured on the buccal side and interproximally.



A screw-retained immediate temporary crown on the Temporary Snap Abutment delivered on the day of surgery.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome



Postoperative view after 2 weeks: the minimally invasive X-Guide® driven surgical positioning allowed fast healing and integration of the soft tissue matrix and bone tissue graft.



Complete maturation and healing after 4 months. Digital impression of the conical connection implant.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome

Natural-looking appearance with continuous improvement of soft tissue outcomes



Frontal view of the definitive screw-retained porcelain fused to NobelProcera ASC zirconia abutment. 1-year follow-up.



Frontal view of the definitive screw-retained porcelain fused to NobelProcera ASC zirconia abutment. 2-year follow-up.



1-year follow-up. Periapical x-ray. 2-year follow-up. Periapical x-ray.

Initial clinical situation

Treatment planning

Surgical procedure

Restorative procedure

Outcome

Retrievability of the screw-retained NobelProcera ASC porcelain fused to zirconia crown



Frontal view of the definitive screw-retained porcelain fused to NobelProcera ASC zirconia abutment. 1-year follow-up.

Case courtesy of Prof. Alessandro Pozzi



GMT 77269 GB 2111 © Nobel Biocare Services AG, 2021. All rights reserved.

Nobel Biocare, the Nobel Biocare logotype and all other trademarks are, if nothing else is stated or is evident from the context in a certain case, trademarks of Nobel Biocare. Please refer to nobelbiocare.com/trademarks for more information. Product images are not necessarily to scale. All product images are for illustration purposes only and may not be an exact representation of the product. Some products may not be regulatory cleared/released for sale in all markets. Please contact the local Nobel Biocare sales office for current product assortment and availability. Caution: Federal (United States) law or the law in your jurisdiction may restrict this device to sale by or on the order of a dentist or a physician. See Instructions For Use for full prescribing information, including indications, contraindications, warnings and precaution.