Prosthetic resolution of malpositioned dental implants with 5-year follow-up

Resolución protésica en implantes dentarios mal posicionados con 5 años de acompañamiento

Abstract
The poor positioning of dental implants directly influences the functional and esthetic result of the implant-supported prosthesis. And as an alternative to correcting the positioning, prosthetic components such as prefabricated and customized abutments may be used. The current study aims to present an alternative resolution for malpositioned dental implants, with the hopes of minimizing damage to osseointegration and gingival tissues. A 53-year-old female patient had two implants in regions 11 and 21 with a height discrepancy of approximately 7 mm between them. The following treatment plan was proposed: the manufacture of two metal-free crowns and the use of a customized abutment to correct the height of the implant. A metal UCLA (Universal Long Castable Abutment) was used as a healer. The case includes 5 years of follow-up. It can be concluded that the use of a customized abutment as a prosthetic solution for an implant installed far below the cervical region of the tooth presented satisfactory esthetic and functional results with peri-implant bone maintenance and long-term gingival health.

Descriptors: Dental Implantation; Dental Prosthesis; Esthetics; Dental.

INTRODUCTION

The high survival rate of dental implants, together with the satisfactory esthetics and function of implants, has made them an increasingly used option in dentistry. The planning of each case should always include the expectations of the patient based on the therapeutic possibilities available, taking into consideration that, currently, reverse planning, the use of surgical guide and computerized tomography, are considered fundamental for the diagnosis, planning and execution of cases.

When rehabilitation with dental implants is in an esthetic area, especially in the maxillary arch, there are a number of challenges. Among them, the position of the implant mimicking the position of the tooth is fundamental to ensure an adequate emergence profile for the final restoration. If the implants are poorly positioned, the esthetic result is often compromised. Dental implants are poorly positioned for various reasons, such as anatomical limitations, bone resorption, inexperience of the professional, non-use of a surgical guide and reverse planning. Some clinical situations with poor positioning can be solved with the use of prosthetic components such as UCLA (Universal Long Castable Abutment) and angled intermediate abutments, marginal fit of porcelain crowns, artificial gingiva or secondary grafts. Regardless of the component used, the final result must meet esthetic requirements and allow for oral hygiene. In extreme cases of malposition, surgical removal of the implant is necessary, usually causing bone and soft tissue defects and increasing the complexity of case resolution.

In this context, the present study aims to show an alternative resolution for implants that are poorly positioned and deeply installed, in order to minimize damage to osseointegration and gingival tissues.

CLINICAL CASE

A 53-year-old female patient attended the dental office after having undergone installation of
two implants in regions 11 and 21. With the aid of a radiographic examination, it was verified that there were two Revolution External Hex implants (S.I.N. Implant System, Brazil), which presented a diameter of 5.0mm and length of 11mm in element 11 and 4.0mm by 11mm long in element 21 and a height discrepancy of approximately 7mm (Figure 1a). The proposed initial treatment plan was to perform esthetic-functional rehabilitation, since the patient had several dental absences in the buccal cavity, but due to previous trauma the patient chose only to resolve the installed implants, rather than removing them. Thus, two metal-free crowns with zirconia structure were proposed. The greatest difficulty in the case was the selection of the prosthetic component, considering that the implant was installed far below the cervical region of the teeth. Thus, during the reopening procedure a metallic UCLA was used as a healer of 21 (Figure 1b), due to the absence of scar tissue with sufficient height to perform its function (Figure 1c). For the preparation of the prosthesis, a customized abutment was used with its end in the correct region for preservation of periodontal health (Figure 1d and 1e).

After installation of the protheses, the patient was satisfied with the esthetic-functional result, leading to the end of the case in an atraumatic way, that is, without the need to remove the implant (Figure 2a, 2b and 2c). After 5 years, the patient returned to the clinic presenting peri-implant bone tissue and gingival tissue health, with the esthetic-functional result maintained, thus, evidencing that the alternative chosen for this case was successful (Figure 2d and 2e).

DISCUSSION

In all dental planning, in order to reach the goal of the final treatment, it is important to approach the patients’ expectations. In implantology, osseointegration has always been one of the parameters evaluated to determine success of the treatment; however, currently, due to the demands of the patient and the clinician, in parallel to the great variety of techniques and materials available, the esthetic harmony between the white and red has become one of the evaluated parameters of success. The position of the marginal gingival tissue, the emergence profile and the preparation of the prosthesis over the ceramic implant mimicking the natural tooth, result in a final treatment with the desirable characteristic of natural appearance. In this context, the present case aimed to preserve osseointegrated implants installed in an unfavorable position and to provide function and esthetics through prosthesis over an implant with customized abutments.

For the cases of implants with unfavorable positioning there are some prosthetic components that aid in rehabilitation, such as the personalized abutments that positively favor esthetics and preservation of bone and gingival tissue; and prefabricated and preparable abutments which, despite having certain limitations, have low costs, require a simple technique and can be used satisfactorily in a wide variety of cases. However, these components are usually used for correcting implant angulation and there are no components available for correcting implants installed far below the cervical region of the teeth.

Maintenance of peri-implant bone tissue and gingival tissue health are indicative of the success of implant protheses, and in cases of poorly positioned implants the occurrence of mucositis or peri-implantitis are common. Due to this, selection of
the prosthetic component, definition of end height and the anatomy of the crown should allow for correct oral hygiene by the patient, thus guaranteeing the long-term health of the peri-implant tissues. During preservation, the plaque index, clinical depth of probing around the implants, and the radiographic and tomographic aspects should be evaluated.

CONCLUSION

The use of a customized abutment as a solution for prosthetic implant located far below the cervical region of the tooth presented satisfactory esthetic and functional results with peri-implant bone maintenance and long-term gingival health.

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CONFLICTS OF INTERESTS

The authors declare no conflicts of interests.

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Received 07/08/2019
Accepted 20/04/2020