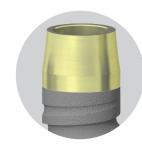


SINGLE REHABILITATION IN ESTHETIC AREA WITH **PRAMA RF**





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INTRODUCTION

Simple and complex rehabilitations always have high quality outcomes thanks to Prama implants, even when the patient is less collaborative and with poor oral hygiene.

Soft tissues quality and bone level preservation around Prama implants are evident already in the first weeks after surgery, with stable and predictable long-term results.

CLINICAL CASE

Female patient aged 36 arrives at the clinic due to a fracture of the element 12.

Despite the lack of hygiene and the carelessness of the patient, soft tissues are healthy and the other teeth present regular probing and a good periodontal attachment.

We decide to place a Prama RF implant 3.8 x 11.5 mm in the post-extraction socket with immediate loading.



Frontal view of teh element 12.

The root segment is evident, and the surrounding tissues look healthy.



Occlusal view of the root fragmet and detail of the vestibular soft tissues thickness.



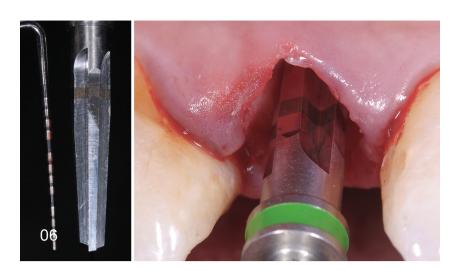
The distal bone peak and the vestibular wall can be observed.



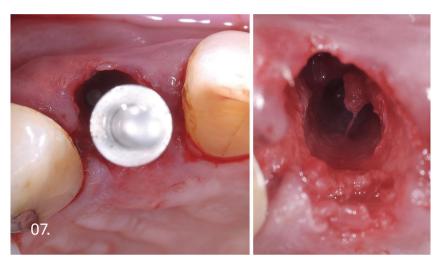
Pilot drill in the post-extraction socket. The preparation is 14 mm deep, in order to place the implant connection platform more of less at the level of mesial bone peaks and submerge the UTM neck of 2.8 mm.



The probing confirms the depth of the preparation at 14 mm from the distal bone neak



The 15 mm Prama RF drill prepares the alveolus for 14 mm.



The drill inserted in the socket makes it clear the implant axis with palatal emergence. The news implant socket prepared in a more palatal position can be observed in the detail.



A Prama RF implant is placed by using the Easy Insert driver.



As planned, the finalization of the implant insertion is performed with the dynamometric ratchet. The reached torque is 60 Ncm, and this allows us to proceed with the immediate prosthetic loading.



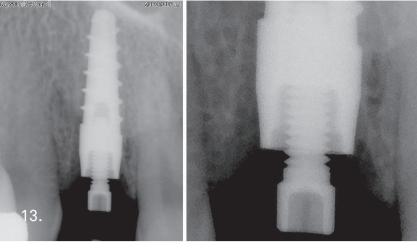
Test of the new crown. A straight temporary post in Reef resin is placed, and its height is reduced in order not to have occlusal contact. The crown is rebased on the screwed post.



The temporary crown is relined and polished, and its anatomical profiles are shaped in order to support and condition the gingival volumes in the most suitable way.



The relined temporary crown is placed without occlusal contact in order to avoid wrong loadings.



X-ray at time 0 at the moment of prosthetic loading.



3 months follow-up: vestibular view of the crown and soft tissues healing.



Bone remodeling after 3 months.



5 months follow-up: occlusal view of soft tissues healing. The UTM neck of Prama implants leaves space for new soft tissues, promoting their growing and thickening, and promoting angiogenesis as well.



5 months follow-up: lateral view of healed papilla. Note the soft tissues thickness and new vascularization.



Radiographic control after 13 months. The bone levels are perfectly preserved.



Final metal-ceramic crown cemented in position 12 and direct restoration of element 13 according to the principles of B.O.P.T. technique. Clinical image after 13 months.



Black and white detail of the final situation: the soft tissues healing is excellent.