

Implant Prosthodontic Management of Anterior Partial Edentulism

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The patient, a 39-year-old unmarried woman came to the hospital for dental treatment. She was employed as a researcher in government organization. Her chief complaints were "My teeth look awful.", "My front teeth are loose."

She had a symmetrical face. The lips were incompetent at rest because of her protruding anterior teeth. She showed low lip line at smile. The patient had a profile with tendency to bimaxillary protrusion.

The patient had a very poor oral hygiene. The maxillary anterior teeth showed severe labial flaring. There were spacings between maxillary canines and first premolars.

Occlusal examination revealed that the patient was Angle class I. Overjet was greater than 8 mm, and overbite was 3.5 mm. Periodontal examination revealed much plaque and calculus deposits, probing depths of up to 9 mm. There was bleeding on probing on most of the teeth. There was severe gingival recession around anterior teeth. Class 3 mobility was observed on the maxillary anterior teeth, the maxillary left first premolar, the mandibular four incisors, and the left mandibular first molar.

Although removable partial denture was recommended, she wanted to wear fixed prosthesis.

After initial periodontal therapy and extraction of hopeless teeth, 6 implants were installed in the maxillary anterior region. Using UCLA abutments, esthetic and functional prosthesis was fabricated. Her profile was highly improved when the prosthesis were delivered to her. Since the patient was satisfied with the result, I report it.