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PROSTHETICS A COMPLETE REMOVABLE PROSTHESIS BASED ON IMPLANTS

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ABOUT ARTICLE

Key words: Teeth, the KOS system is combined with the BCS system - BCS is an implant with screw fixation, installed in both crowns.

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Abstract: Undoubtedly, prosthetics based on implants are very popular among orthopedic doctors and among patients who have lost one or more teeth (including on completely toothless jaws). Single implant placement and immediate prosthetics are becoming increasingly recognized, the obvious advantages of which compared to the two-pronged method are a reduction in the number of visits and treatment time. Indications are clinical parameters and the general condition of the patient. In addition, in some cases, the reinforcement stage may be skipped if aesthetic correction of the jaw area of the prosthesis is not required, for example, with a "toothy smile". The combination of the All-Fit KOS implantation system and BCS implants allows not only to perform surgery and prosthetics in one visit, but also to directly use the wells of the removed teeth. This tactic becomes possible due to the design features of the proposed implants. Thus, the KOS implant is an integrated device made of high-quality titanium and equipped with a compression thread. A properly performed surgical intervention involves the use of an immediate load protocol - prosthetics for three days.KOS implants

are used for bridges. If it is necessary to remove teeth, the KOS system is combined with the BCS system - BCS is an implant with screw fixation, installed in both crowns. They can be used directly after extraction with immediate loading; at least three units must be splinted per installation; BCS implants have a polished surface, the head is identical to the head of KOS implants; BCS implants have a self-tapping thread and an intraosseous anti-cranking function. A specific clinical example of an immediate loading protocol using a combination of KOS and BCS implants will be presented.

INTRODUCTION

Patient S (65 years old) was treated with aesthetic defects of the lower jaw, periodic pain in the preserved teeth, mobility of the III degree (44, 43, 33, 34 teeth). The examination revealed defects of the dentition due to loss 48, 47, 46, 45, 42, 41, 31, 32, 35, 36, 37, 38 teeth and complete absence of secondary bite in the upper jaw; removal of 44, 43, 33, 34 teeth was performed, followed by the installation of implants in 43, 34 places and 31, 41 teeth in the missing areas. Immediate prosthetics was performed. The first stage is the preparation of the oral cavity, which includes professional hygiene and implantology training. For personal hygiene, soft brushes, non-abrasive toothpaste, brush sets, massagers, dental floss for processing interdental spaces and cleaning the area of the prosthesis with a cleaning device are recommended. The operation was performed under local anesthesia: bilateral infiltration anesthesia with 2% articaine. To reduce the risk of infection of the wound in the area of the movable tooth, gentle excision of soft tissues from the gingival margin to the bottom of the pathological pocket was performed. During tooth extraction, the detached infected epithelium was seized with forceps and the tooth was removed along with the root. At the same time, the rule of minimal damage to the alveolar bone was observed. After removal of movable teeth, hemostasis was applied and BCS implants were installed in the area of 43 and 34 teeth. Previously, the position of the implant tip was marked using a thin spiral drill (Fig. 4). Preparation of the implant site was not carried out, since the implants themselves simulated bicortical fixation and provided high quality fixation. Two screw implants with a diameter of 3.5 mm and a length of 20 mm were used, which were installed in the hole using a manual implant guide. Strengthening of the planned structure was carried out by installing additional KOS implants (diameter 3 mm, length 15 mm) in the area of missing teeth 31 and 41. First, an incision was made along the alveolar ridge, the mucoperiosteal flap was minimally separated from the lip and lingual surface. The edge of the alveolar ridge was cleaned to form a horizontal plane, the implant bed was formed using successive BCDI drills (pilot drilling), the channel was formed using a

DOS drill, and the site before the implant was corticalized with a screw for bone expansion KDS 3.015. After thorough hemostasis, the wound edges were brought together and sutured. Immediately after surgery, the patient was transferred to the orthopedic stage of treatment. Prosthetics of the patient was carried out in two stages: 1. 1. fixed prosthesis; 2. removable prosthesis; 3. removable prosthesis. Stage 1. Two hours after the surgical intervention, impressions were taken with polyester material for the manufacture of a non-removable solid-cast tire with a spherical attachment; made within three days and fixed with permanent cementation; then the tire was removed and fixed in place. Immediately after cementing, casts were taken for the manufacture of individual spoons, after which complete removable plate prostheses on the upper and lower jaw were made within two weeks. The matrix (stainless steel base and plastic replaceable cap) was intraorally equipped with an excess of autogenous hard plastic and then attached to the lower jaw prosthesis. After removing the excess autogenic plastic, the fit of the prosthesis to the alveolar base was checked (with the help of an orthodontic mass) and recommendations on the use and care of the prosthesis were given.

CONCLUSION

Modern orthopedic dentistry on implants has a wide range of technical means (tools, devices and materials) that can significantly expand the indications for their use. One example is the manufacture of complete removable prostheses with an immediate load protocol. Surgical placement of implants can be carried out directly into the hole of the removed tooth in one visit, without the need for repeated surgical intervention in the alveolar process or gum. The joint work of highly qualified specialists - surgeons, plastic surgeons and dental technicians - ensures high efficiency of complex treatment of the patient.

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