

Implant Temporization & the Benefits of Snap-On Smile

by Aria Irvani, DDS

One of the most challenging problems in implant-borne prosthesis is the temporization issue. If the patient is fully edentulous prior to implant therapy or is expected to lose all dentition as a part of the treatment, a full tissue supported interim denture is often utilized. In some cases “mini” or temporary implants can be used until the full integration of the actual load-bearing implants. Depending on the specifics of the case, in some instances the load-bearing implants can be immediately loaded.

As we all know, the vast majority of the cases that we face on a day to day basis do not involve full arch implant therapy. They involve single or multiple tooth replacements. In those cases, the clinician is always faced with the challenging task of provisionalizing the case until the implants have osseointegrated. In the past, the choices were relatively crude and simple. Using a stayplate or a Maryland bridge was the only option. The Maryland bridge is severely limited in its use depending on the location of the missing tooth. The interim stayplate is uncomfortable, unaesthetic and frequently interferes with mastication and speech. The reason for its popularity has been its ease of fabrication. The clinician generally took an impression along with an opposing impression and the lab-fabricated the appliance.

The use of temporary implants to support the provisional while the implants are integrating has addressed some of the temporization issues, but it is cost-prohibitive and requires subsequent removal of the implants, necessitating an additional surgical procedure.

Snap-On Smile is a very versatile appliance that has many benefits. The two greatest advantages of the innovative Snap-On Smile appliance are comfort and aesthetics. The patient no longer has to deal with unsightly clasps of a stayplate or endure embarrassment of altered speech. Furthermore, the clinical steps in fabrication of the appliance are extremely easy. In fact, they are no different than steps required to fabricate a stayplate.

This case illustrates the utility and the potential of this appliance in everyday practice. The patient was a 73-year-old female with no significant medical history. She had fixed prosthetics (bridges) on the upper and lower arch. She complained of pain in the upper left area. Patient had a seven unit upper anterior bridge spanning tooth #5 to tooth #11 (Fig. 1). Periapical X-rays revealed extensive decay in two of the four abutments supporting this bridge. These two abutments (#10 and 11) were deemed non-restorable and had to be extracted.

An initial panoramic X-ray also confirmed the finding (Fig. 2). Replacing the failing bridge with another longer span bridge was too costly and too unreliable for long-term service. We made a decision to section the bridge on the mesial of #6 (removing all the anterior pontics) and extract #10 and 11. We would replace the missing teeth

Fig. 1



Fig. 2



Fig. 3



by using four dental implants and an implant-supported anterior bridge.

The dilemma was how to temporize the case since the patient had less than ideal bone density with minimal width and it would have been impossible to immediately load the implants with an implant-supported provisional. Because of the number of missing teeth, an upper stayplate would have to cover the hard palate (so as to not put any forces on the healing implants) and have clasps for retention. The patient completely rejected having such a cumbersome appliance.

Our best option (and the only option) was using a Snap-On Smile appliance (Fig. 3). The advantage of using this appliance was that it would be supported by the patient's own teeth, there would be no palatal coverage affecting speech and mastication and there would be no unsightly clasps. Another benefit was the removability of the appliance so the patient could keep the surgical site clean.

We proceeded by making upper and lower polyvinyl siloxane impressions to ensure accuracy. A bite record was also taken so the lab could mount the casts. On the lab prescription, we requested that the teeth #7-11 be removed from the cast and an appliance be made to replace these teeth. In this manner we were able to deliver the appliance immediately post-extractions and the implant surgery, ensuring the patient would never be without teeth. The fit of the appliance was verified on the cast before the extraction of the teeth (Fig. 4).



Fig. 4

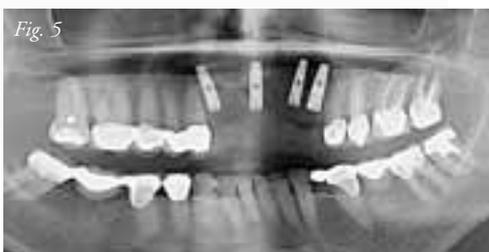


Fig. 5

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On the day of the surgery, the bridge was sectioned, the teeth were extracted and four implants were placed (Fig. 5).

The first photograph indicates how the patient would have looked had there been no suitable interim prosthesis (Fig. 1) or if she was provided with an uncomfortable appliance she could not wear.

Once the tissue was sutured, we delivered the appliance and the patient left the office looking exactly the same as when she walked in. The patient commented on how natural the appliance looked and how comfortable it felt (Fig. 6).

The patient returned in two weeks. The surgical site looked very clean and had healed well (Fig. 7) due to the fact the appliance exerted no pressure on the surgical site and is very hygienic.

The patient will have the Snap-On Smile appliance for six months until the implants can fully integrate. It is hard to imagine a patient wearing a stayplate for that long without being discouraged or uncomfortable.

This next case illustrates the utility and the potential of the Snap-It! appliance.

The patient presented with a broken cuspid due to extensive decay (Figs. 8 & 9). The tooth was non-restorable and the patient was anxious to get the treatment started.

The treatment consisted of extraction of tooth #11 followed by immediate placement of an implant. Patient agreed to the treatment on the consultation appointment.

We proceeded to take upper and lower PVS impressions in order to fabricate the Snap-It! appliance that the patient would be wearing throughout the healing period of approximately four months. Once the appliance was fabricated, the extraction and the implant placement were performed and the appliance was delivered on the same appointment (Figs 10 & 11).

The patient commented on how comfortable the appliance was. Because of the location of the tooth, a Maryland bridge was impossible to do because it would have required the alteration of the bicuspid crown and the lingual of #10. With the Snap-it! appliance the teeth were virtually untouched.

One of the most common roadblocks to implant treatment acceptance is the patient's perception that they have to wear an uncomfortable appliance for long periods of time or, worse yet, be without any teeth for the period of treatment. Snap-On Smile offers the clinician a reliable, comfortable and aesthetic alternative to stayplates or other means of provisionalization during implant therapy. ■

Author's Bio

Dr. Aria Irvani graduated from the University of Southern California (USC) School of Dentistry in 1991. Dr. Irvani is an active member of the American Dental Association, California Dental Association and the Orange County Dental Society and holds both a Fellowship (FAGD) and Mastership (MAGD) in the Academy of General Dentistry. He also served as a clinical instructor at the USC School of Dentistry. Dr. Irvani has enjoyed practicing dentistry at his Lake Forest dental office since 1992. He enjoys aviation and hiking. In addition, he keeps up with the latest trends in cosmetic and general dentistry, and attends numerous continuing education courses.

