

Bonded porcelain reconstruction on implants Implant impression with AFFINIS MonoBody

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A 70-year old patient with good periodontal health lost premolars 14 and 15. To ensure optimal reconstruction of the maxilla which would not interfere with the healthy teeth, the dentist and patient decided on implantation.

Following the treatment of two implants, the patient came for a follow up visit four months later to expose the submerged healed implants (fig. 1). Using a minimally invasive procedure, the cover screws were located and removed (fig. 2). At the same time, the peri-implant gingiva was thinned using a scalpel (fig. 3). The implants were exposed and an impression was taken during a single session, since the reconstruction was in the posterior region. Slight alterations in the gingival contour in this region did not represent a problem. Two sessions were necessary for procedures to be per-

formed in the anterior region. In order to ensure the desired contour of the marginal gingiva, the gingiva must first heal completely in such clinical situations before an impression can be taken.

The impression posts are placed and a diamond-coated tweezers is used to check whether they are in their correct final position (fig. 4). During this step, it is important to ensure that the implant parts are assembled correctly for taking the impressions and for precise transfer of the implant position.

Since there is a low risk of tray material flowing away distally in this gap situation (the last molar acts as a stopper) and AFFINIS MonoBody has an optimal thixotropic consistency, a stock impression tray was used. For crowns and bridges, it is not necessary to take an impression of the palate, which is more

comfortable for the patient. The repositioning aids are placed on the impression posts and the working area is prepared for an impression. In my experience, the addition-curing silicone elastomers have proven optimal. AFFINIS MonoBody has a medium viscosity which makes it ideally suitable as a tray and wash material for the single-phase impression technique. It is easy to fill the tray and impression syringe using the mixer with AFFINIS MonoBody system 360.

It is important that the wash material is syringed in a circular motion around the impression posts with the reposition caps in the correct position to ensure stable fixation and correct position of the reposition copings in the impression (fig. 5). The tasteless impression material is in the mouth for less than three minutes making it user and patient friendly. I value this material's high tear strength, which I



Fig. 1:



Fig. 2:



Fig. 3:



Fig. 4:



Fig. 5:



Fig. 6:

regard as one of the key requirements for a stable and precise impression material for implant impressions (fig. 6).

According to the manufacturer, model fabrication can take place after only 30 minutes when elastic recovery is complete.

In order to prevent an unpleasant odour in the screw aperture, it is advisable to coat the healing cap with an

antiseptic ointment (fig. 7 and 8). Its effect continues until the restoration is fitted after about two weeks. After choosing the shade (fig. 9), the centric occlusion is registered using JET BLUE BITE (fig. 10). Since the bite registration material has a mousse-like consistency, the patient can close their teeth without resistance. Due to the high final hardness of JET BLUE BITE, the material is easy to work with. For instance, it can be ground or cut. Thus, the models can later be articulated precisely

and securely by the dental technician. After taking an impression of the opposing dentition with alginate (fig. 11), the impressions are sent to the dental laboratory for fabrication of the restoration.

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Fig. 7:



Fig. 8:



Fig. 9:



Fig. 10:



Fig. 11: