

Figure 4. These radiographs were taken 7 months after the implants were placed. It suggests good implant integration

### Treatment sequence

1. Immediate placement protocol of Neodent CM implants (3.5x10mm) in the LR3, LL1 and LL3 positions.
2. A new lower denture was constructed using the replica denture technique.
3. Free gingival graft over the crest of the ridge from the LR4-LL4. This is to ensure an adequate amount of attached keratinised tissue around the implants.
4. On the day the denture was fitted, the female portion of the neodent equator abutment was connected to denture using cold cure acrylic.
5. Referral back to GDP for ongoing care and maintenance.
6. Peri-implant maintenance every 3 months. 2 visits at London Dental Specialists and 2 visits at the local practice.



Figure 5. These pictures were taken at one of her review appointments. Note the excellent amount of keratinised tissue around those equator abutments.

### OPE'S DISCUSSION POINTS

- This case took about 4 months to complete and the patient was particularly impressed by the speed of her treatment.
- She was so happy about the difference implants have made to her, she agreed to a video testimonial which can be found at the "London Dental Specialists" YouTube channel.
- Writing this case report in particular has made me reflect on the life changing impact implant dentistry can have on our patients. I cannot think of another surgical procedure (2 hours in total for the implant placement and soft tissue graft) that can have such a dramatic impact on the quality of life of our edentulous patients.
- The female portion of the neodent equator abutment is about 30% smaller than normal locator abutments. This ultimately results in thicker acrylic and a stronger denture.
- She is acutely aware that peri-implant maintenance is key to long-term success and she has committed to regular visits with a hygienist in addition to effective daily cleaning of her abutments.



LONDON DENTAL  
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## CASE OF THE MONTH

SEPTEMBER 2018



*No one should die with  
their teeth sitting in a  
glass of water*

*Prof Branemark*

*.....Great words from the original Governor!!!*

*Welcome to our regular case presentations to  
colleagues. We hope you find this useful and welcome  
all your questions*

In this edition we present the restoration of an edentulous mandible of an 82-year-old patient with complete denture retained by 3 implants. This is the first-line of treatment recommended by the world health organisation (amongst very many other organisations)

### We selected this case for the following reasons:

1. There are very few dental issues that are genuinely debilitating to significant aspects of our patients' lives like mandibular edentulism.
2. The improvements in quality of life and nutrition for our patients after such simple surgery is truly dramatic.
3. The surgical procedure is simple, quick and genuinely lifechanging.
4. A great man (PI Branemark) once said "no one should die with their teeth sitting in a glass of water (see figure 1) The patient was referred by her general dental practitioner because she wanted to improve the retention of her denture. The referring colleague was also felt that her remaining teeth afforded a hopeless prognosis.

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### The patient's dental wishes were:

1. To be able to eat and speak with confidence.
2. To stop worrying about the stability of her denture. These worries occupied her thoughts most of the time.
3. To be able to continue working as an actress and to ensure minimal impact on her speech.

### Diagnosis

The diagnoses (see figure 2) were:

1. Edentulous maxilla
2. Heavily restored and worn lower incisors
3. Severe wear of the maxillary and mandibular denture with minimal reduction in OVD.





Figure 2: severe wear on the teeth and the dentures with minimal reduction in OVD

### Definitive treatment options discussed were:

1. Extraction of the remaining incisors and provision of a new conventional maxillary complete denture and a new implant retained mandibular denture.
2. Extraction of the remaining incisors and provision of a new implant retained mandibular overdenture only i.e. keep the worn maxillary denture
3. Any attempts to restore the lower incisors ignores the well documented problems with Kennedy 1 partial dentures.

After discussion with the patient, we opted for option 2. This was because I did not want to take the risk of changing her speech.

Although the risk of altered speech would have been reduced if we adopted the copy technique (maxillary denture), we cannot guarantee that her diction will not be altered. Our patient accepted that her maxillary denture will break at some point and she is happy for us to take the risk then.

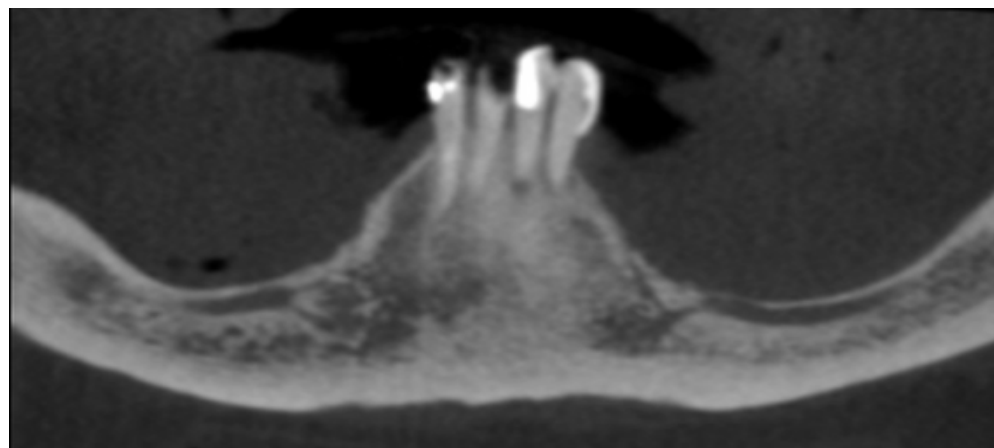
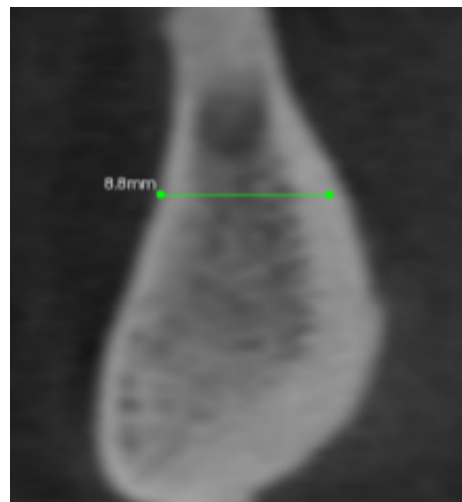


Figure 3: Pre-operative CBCT assessment showing adequate bone volume in the intra-foramina region for implant placement. The severe resorption of the mandible has led to the mental foramina sitting on the crest of the ridge. Great care must be taken to avoid neurosensory disturbance.

If you want to learn more about this type of treatment (especially the restorative and surgical aspects of implant dentistry), please look at our course and study club dates in event brite and follow us on social media: Instagram and facebook. We look forward to meeting you soon.



BY DR OPE SODEINDE

*Life changing implant dentistry!*  
*"I cannot think of another surgical procedure that can have such a dramatic impact on the quality of life of our edentulous patients."*

### Pertinent Pre-Treatment Assessment

1. Incisal edge positions and lip support were roughly correct.
2. Occlusal planes were distorted due to the wear but the original denture would have been correct.
3. The dentures were slightly underextended but restoring the dentures to their full extensions would not have addressed her concerns.
4. CBCT showed:
  - a. Adequate bone for implant placement. This is almost always the case in the anterior mandible.
  - b. Severe resorption of the mandible such that the mental foramen was on the crest of the ridge

### Treatment Plan

1. Extraction of the lower incisors and addition to the current denture
2. Placement of 3 dental implants anterior to the mental foramina.
3. Construction of new overdenture.
4. Hygienist visits every 3 months indefinitely. 2 visits at her local practice and 2 visits at London Dental Specialists

**Search: Eventbrite London Dental Specialists, for up coming courses and events**

### WE ENCOURAGE DISCUSSION

We actively encourage open discussion and dialogue with our colleagues.

We facilitate this by our Education WhatsApp Group

Contact Ope directly on 07966 271 686 and we will add you to our group.



Figure 3: noted the severe wear of the dentures



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