The restoration of dentition with implants has become an established procedure throughout the world. Owing to ongoing research and development in this field, this treatment modality has become increasingly popular. Furthermore, the number of companies that manufacture dental implants and the corresponding prosthetic components has risen commensurate to the speed at which the advancements have been made.

However, the large number of commercially available systems has not helped much to improve aesthetics and function. Clinicians find themselves overwhelmed by the confusing variety of products and have trouble selecting the components that suit the treatment modality best.

Implant-supported crowns are not all the same; each patient has individual needs that have to be taken into consideration. Generally, abutments are divided into two categories: ready-made or customised (titanium, zirconium oxide, etc.). Ready-made abutments are machined components with standardised shapes and dimensions, while custom-made abutments are specially created for each patient.

Customised abutments are considered to be an efficient solution for placing a restoration on an implant. Moreover, this type of abutment offers more control over the aesthetic and functional aspects of the restoration than ready-made abutments do. The benefits of customised abutments include the improvement of aesthetics, excellent accuracy of fit, as well as the thorough and precise removal of excess cement in the luting of crowns.

In combination with a titanium base, lithium disilicate abutments (IPS e.max Press; Ivoclar Vivadent) offer an optimum solution for fabricating functional implant-supported restorations (strength of 400 MPa), as well as satisfying discerning aesthetic demands. In this way, implant-supported restorations can be tailored to the needs of the individual patient. The durable bond between the two components, that is, the titanium base and lithium disilicate, is created with the self-curing luting composite Multilink Implant (Ivoclar Vivadent) – which can also be light cured if desired. The following case report demonstrates the effective combination of an anterior dental implant with an individually created abutment (press technique) and an aesthetic crown produced in the same way.

Case report

A 42-year-old patient consulted the practice owing to a root fracture, which had caused discoloration of tooth 11 (Figs. 1 & 2). After a thorough diagnosis revealed that the tooth could not be preserved, a new restoration was planned. The tooth was extracted (Fig. 3) and a conical NanoTite Certain Implant (diameter 4.1 mm; BIOMET 3i) was inserted. During the healing period of about 90 days, the laboratory-fabricated provisional restoration was seated (Fig. 4). The provisional en-

Figs. 1 & 2: Initial situation with root fracture in tooth 11 and subsequent severe discoloration. – Fig. 3: Healed tissue after the extraction of tooth 11. The implant was inserted at this stage. – Fig. 4: The provisional during the healing phase of the implant. – Figs. 5a–c: Impression taking of the implant and the laboratory-fabricated master cast. – Fig. 6: The IPS e.max Press abutment on the titanium base (coated with titanium nitride) after divestment. – Fig. 7: The two components are prepared for cementation with Multilink Implant. – Fig. 8: The customised abutment after cementation. – Figs. 9a–d: Fabrication of the crown framework (coping) with lithium disilicate and subsequent layering of the permanent crown with IPS e.max Ceram.
was divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After coating glass-ceramic) in the appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). After the coping had been divested and its fit checked, the restoration had been pressed, appropriate tooth colour (LT A1). 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