Restorative-driven implant dentistry: the future is now

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The science of implantology has continued to evolve through the years and is one of the fastest-growing segments in our profession. The focus of implantology seems to have emerged from simply getting the implant in the bone to proper placement with bone grafts and, finally, to creating excellent long esthetics and function.

In other words, the days are gone when we try to place the implant and then make the esthetics and function work.

This article reviews a case in which a central incisor is extracted and an immediate implant is placed followed by an immediate temporary crown on the implant. The patient presented with a high smile line that displays the entire tooth when smiling, thereby creating the challenge.

Case prep

An iCAT scan was taken to evaluate the bone around the tooth prior to extraction and implant placement. From the diagnostic cast a stent was made to use for the provisional restoration.

Great care must be taken when extracting the tooth so that tissue architecture and interproximal papilla is preserved (Fig. 1).

An Astra Implant, 4.0 X 13 mm, was used in this case. After placement, a temporary abutment was placed and prepped outside of the mouth to the gingival margin. Luxa-temp provisional material was used to fabricate the temporary crown.

The temporary crown was taken out of occlusion and the interproximal contacts were slightly opened. The crown was carefully polished so that no tissue irritation would occur (Fig. 2). This photo was taken immediately after the surgery and temporary placement. After three months of integration, the temporary was removed and a fixture level impression taken, so an Atlantis Custom Anatomical Zirconium abutment could be fabricated. The

Fig. 1: Immediate implant placement. (Photos/Provided by Dr. Ronald Konig)