

FIXED PROSTHESIS ON IMPLANTS WITH GINGIVAL PRESERVATION

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Category: (Oral presentation)

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The selection of prosthetic components depends on some factors, such as: type of implant connection, interocclusal free space, provisional or definitive prosthesis, cemented or screwed, quantity and quality of the mucosa and the need to correct angulation problems or parallelism.

FIXED PROSTHETICS WITH SUBGINGIVAL EMERGENCY PROFILE

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The most esthetic prosthetic rehabilitations are directly linked to the emergency profile of the crowns. Conventional stent-supported prostheses, normally, present problems in the gingival-pontic transition area, since the absence of a retentive element prostheses are made with vestibular over configuration, in order to simulate the existence of a gingival concave arch and, consequently, to optimize its emergency aspect.

In implant-supported prostheses this emergency is facilitated itself because the insertion of an artificial root, in the case of the implant, in the prosthetic space provides a foundation for the emergency of the

prosthetic crown. After conditioning the gingival tissue, it can be brought back to its original configuration with return of the papillae and a new regular concave arch.
The choice of a fixed prosthesis rather than isolated elements is guided by the number of implants installed which often does not coincide with the number of crowns to be replaced or by the size of the anchorages when short implants can work connected to each other or to other longer ones favoring the biomechanical aspect of reconstruction. In order to achieve partial or total fixed prostheses with a subgingival emergency profile it is necessary that the bone area where the implants will be installed do not have loss of alveolar height after exodontia or if it occurred that it was very small or even with an immediate placement of implants after exodontia. Clinical studies performed in the UNINCOR Implantodon specialization, based on the literature, reveal exceptional aesthetic probabilities for these cases.

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