ic restoration, without endangering integrity and biomechanics of the lower jaw. Extraction of the remaining teeth roots was performed bilaterally in the mandible, and levelling of the alveolar ridge of the mandible. At the same time two implants each were implanted on place 34 (length 9.5 mm, diameter 3.5 mm), 36 (length 9.5 mm, diameter 4.5 mm), 44 (length 9.5 mm, diameter 4.5 mm) and 46 (length 9.5 mm, diameter 4.5 mm). After a period of osseointegration of 4 months a fixed prosthetic restoration was fabricated with which the patient's habitual intermaxillary relation was retained.

Implantoprotetička rehabilitacija distalne bezubosti imedijatnom ugradnjom zubnih usadaka - prikaz slučaja

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Imedijatna ugradnja usatka u svježu alveolu izvađenoga zuba ima niz prednosti naspram odgođene implantacije. U prvome redu skraćuje se razdoblje implantoprotetske rehabilitacije za oko 6-8 mjeseci koliko je potrebno da se alveola ispuni novostvorenom kosti, potrebno je manje kirurških zahvata, prevenira se koštana resorpcija i bolje se pozicionira usadak. Histomorfometrijske raščlambe na eksperimentalnome modelu pokazale su da je cijeljenje koštanoga defekta oko imedijatno ugrađenog usatka u postekstrakcijsku alveolu potpuno i da su mogućnosti za oseointegraciju bolje nego kod odgođene implantacije. Razlog tomu je veći potencijal cijeljenja svježe ekstrakcijske alveole. Schultesovo istraživanje pokazalo je da je postotak oseointegrirane površine 6 mjeseci nakon imedijatne ugradnje usatka 80%, naspram odgođene implantacije kod koje je taj postotak nešto manji, 75%.

Na primjeru pacijentice u dobi od 56 god. s distalnom parcijalnom bezubošću lijeve strane gornje čeljusti prikazat će se potpuna implantoprotetička rehabilitacija kombinacijom dvaju različitih tipova usadaka i tehnikom imedijatne implantacije koničnog, vijak implantata u svježu alveolu izvađenoga lijevog gornjeg očnjaka. Također će biti prikazan primjer imedijatne ugradnje s augmentacijom koštanoga defekta autolognim koštanim presatkom kod gubitka jednoga zuba frontalne regije i primjer imedijatne ugradnje na mjesta izvađenih donjih očnjaka za sidrište donje pokrovne proteze.

Implantoprosthetic Rehabilitation of Distal Edentulousness by Immediate Placement of Dental Implants - Case Presentation

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Immediate placement of an implant in the fresh alveoli of an extracted tooth has many advantages compared to delayed implantation. In the first place the shortened period of implant prosthetic rehabilitation of approximately 6-8 months, which is the time necessary for the alveoli to fill with the newly formed bone, the smaller number of surgical interventions, prevention of bone resorption and better positioning of the implant. Histomorphometrical analyses on an experimental model have demonstrated that healing of the bone defect around the immediately placed implant in post-extraction alveoli is complete and that the possibility of osseointegration better than in the case of delayed implantation. The reason is the greater potential for healing fresh extractive alveoli. Schultes's investigation showed that the percentage of osseointegrated surface 6 months after immediate placement of implants was 80%, compared with delayed implantation where this percentage was somewhat less, 75%.

An example is given of a female patient, aged 56 years, with distal partial edentulousness/edentia of the left side of the upper jaw. Complete implantoprosthetic rehabilitation was achieved by a combination of two different types of implants and the technique of immediate implantation of a conical, screw implant into the fresh alveoli of an extracted