

to ensure for the patient optimal retention and stabilisation of the prosthetic restoration. Such a restoration must functionally, aesthetically and phonetically satisfy the patient. Whether the condition of the lower edentulousness with implantoprosthetic rehabilitation is solved with a mobile prosthetic or fixed prosthetic superstructure depends on the possibilities of inserting a particular number of implants, the patient's wish and also financial possibilities.

The paper presents the case of a 58-year-old female patient who came to the surgery because of loose fixed prosthetic devices in the lateral region of periodontologically compromised frontal lower jaw. The patient had a total denture in the upper jaw with which she was satisfied. After radiographic treatment extraction of the remaining teeth was indicated and implantoprosthetic rehabilitation agreed. With the healing of the extractive wounds, a further orthopantomogram showed the possibility of inserting only four Ankylos implants in regions 46, 43, 33, 36. The patient expressed the desire to again have fixed prosthetic rehabilitation. As a compromise, at the end of osseointegration, the implants were loaded with a removable bridge on the telescope principle. The paper presents one of the methods of implantoprosthetic rehabilitation of the atrophic lower jaw.

Implantoprotetička rehabilitacija potpune bezubosti gornje čeljusti - prikaz slučaja

B. Perić, T. Čabov, Zagreb, Rijeka

Klinička bolnica Dubrava, Av. G. Šuška 6,
10 000 Zagreb, berislav.peric@kbd.hr

Implantoprotetička rehabilitacija gornje čeljusti može se učiniti na više načina.

Plan i mogućnosti terapije ovisni su o općem pacijentovu zdravlju, lokalnom kliničkom i rtg nalažu i o pacijentovim financijskim mogućnostima.

U našem radu pokazat ćemo izradbu reducirane vironit proteze na prethodno postavljena 4 usatka u gornjoj čeljusti.

Navedeni primjer pokazuje zadovoljavajuće rezultate što se tiče estetike i funkcije te se zato

može preporučiti kao jedno od rješenja implantoprotetičke terapije potpune bezubosti gornje čeljusti.

Implantoprosthetic Rehabilitation of Total Maxillary Edentulousness - Case Presentation

Perić B., Čabov T., Zagreb, Rijeka

University Hospital "Dubrava", Av. G. Šuška 6,
10000 Zagreb, berislav.peric@kbd.hr

Implantoprosthetic rehabilitation of the upper jaw can be done in several ways. The plan and possible therapy depend on the general health of the patient, local clinical radiographic finding and financial possibilities of the patient.

In this paper we show the construction of a reduced vironit prosthesis on 4 previously placed implants in the upper jaw.

This example shows satisfactory results with regard to aesthetics and function and can therefore be recommended as a solution for implantoprosthetic therapy of total edentulousness of the upper jaw.

Implantoprotetička opskrba potpune i djelomične bezubosti - prikaz slučaja

E. Hodžić, R. Čelić, S. Nedoklan, D. Komljenović, S. Senzel, Metković, Zagreb

Enes Hodžić, Stomatološka poliklinika,
V. Nazora 5, 20350 Metković

Oseointegrirani usadci i protetske suprastrukture već su danas oblik standardne skrbi za pacijente u kojih postoji gubitak jednog ili svih zuba u obje čeljusti. Polako, ali sigurno, protetski radovi nošeni oseointegriranim usadcima preuzimaju prednost pred konvencionalnim protetskim tehnikama liječenja potpune ili djelomične bezubosti. Indikacije za protetske radove koje podupiru oseointegrirani usadci jesu: a) bezubi pacijenti; b) pacijenti nositelji proteza koji ne mogu ili odbijaju nositi mobilne proteze; c) pacijenti s jednostranom bezubošću