

Factori de risc, erori, accidente, si complicatii in reconstituirile protetice pe implante

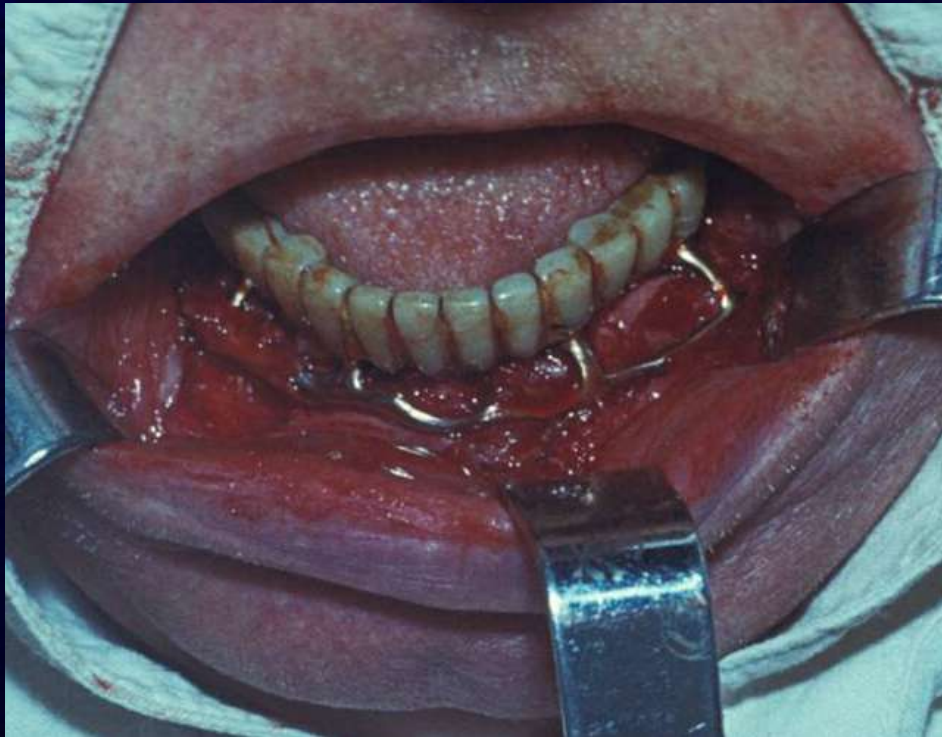
Disciplina Implantologie Orala si Restaurari Protetice pe Implante



Perioada 1950 -1960 a fost dominată de
implantele subperiostale folosite atât în

edentația totală

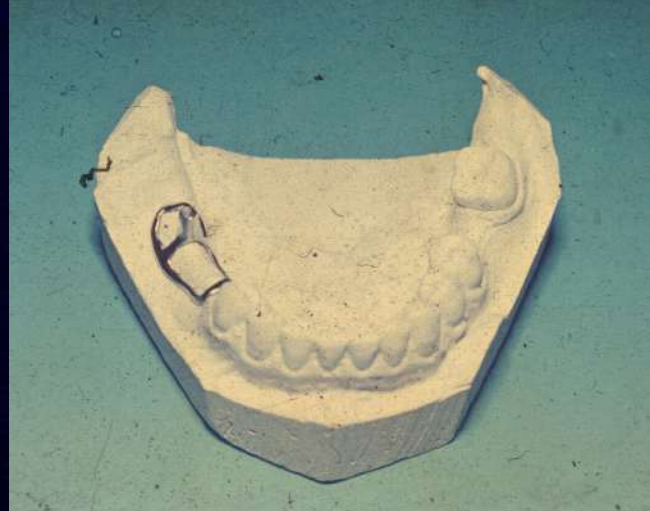
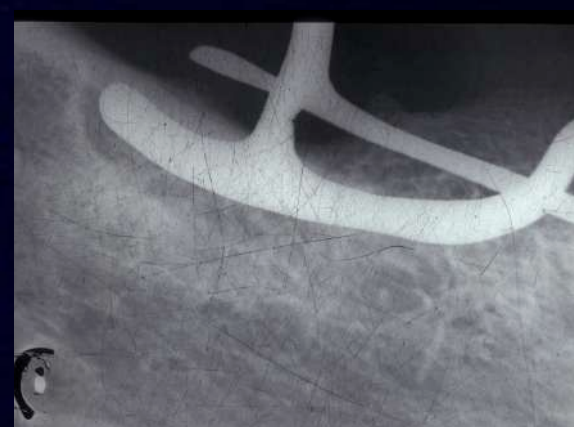
edentații parțiale

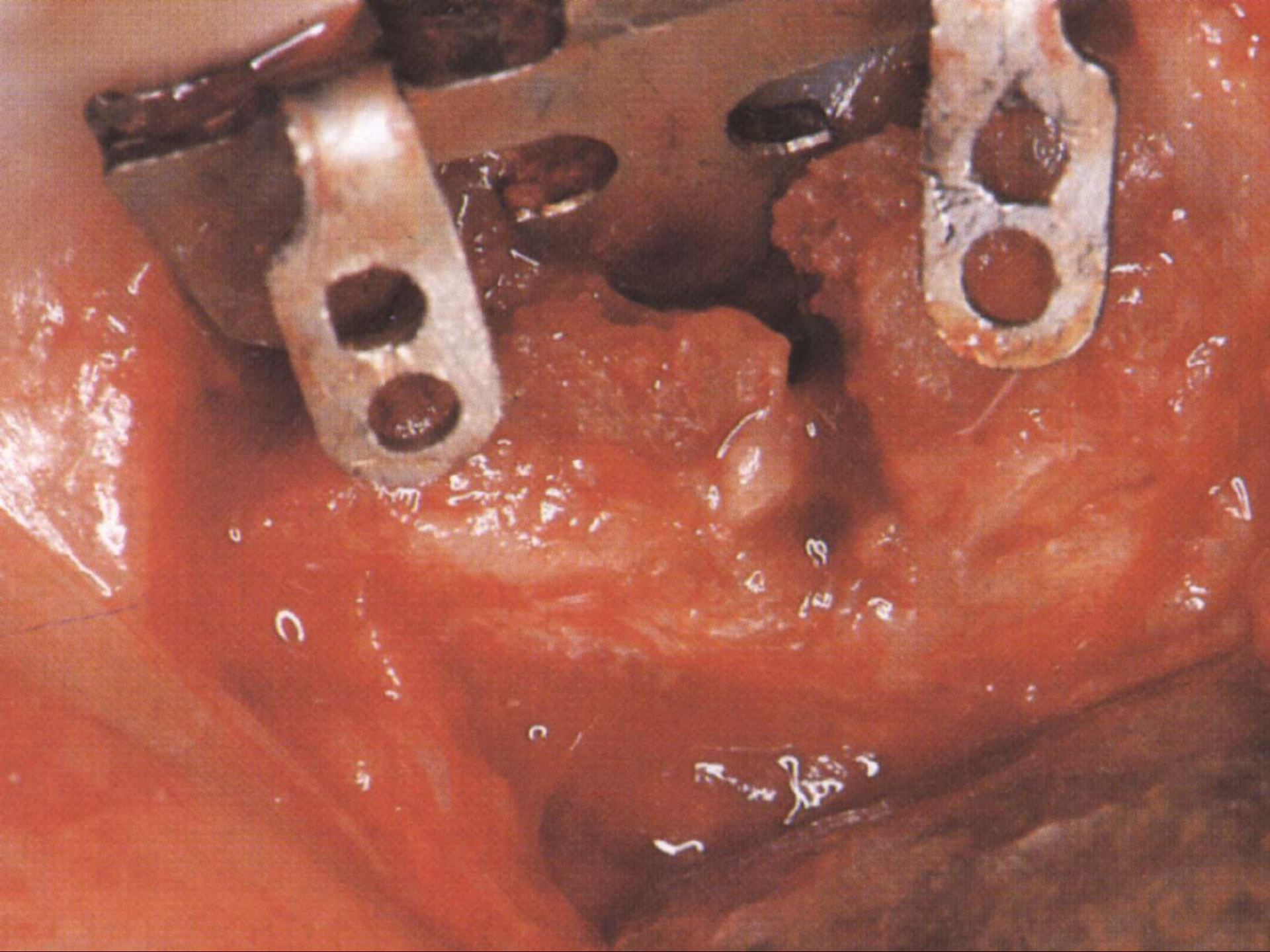


1950 -1960 perioada „empirică” a implantologiei subperiostale

- implante din Co-Cr
- linguri de amprentă
- turnarea implantelor în aceeași zi (fire de poziție, sutură de poziție) pacientul aștepta astfel 10-12 ore
- turnarea, inserarea se făcea într-un timp secundar la două - trei săptămâni
- dezavantajele (iatrogenia) implantelor subperiostale







Riscurile și iatrogeniile protezelor dentare sprijinite pe implante actuale



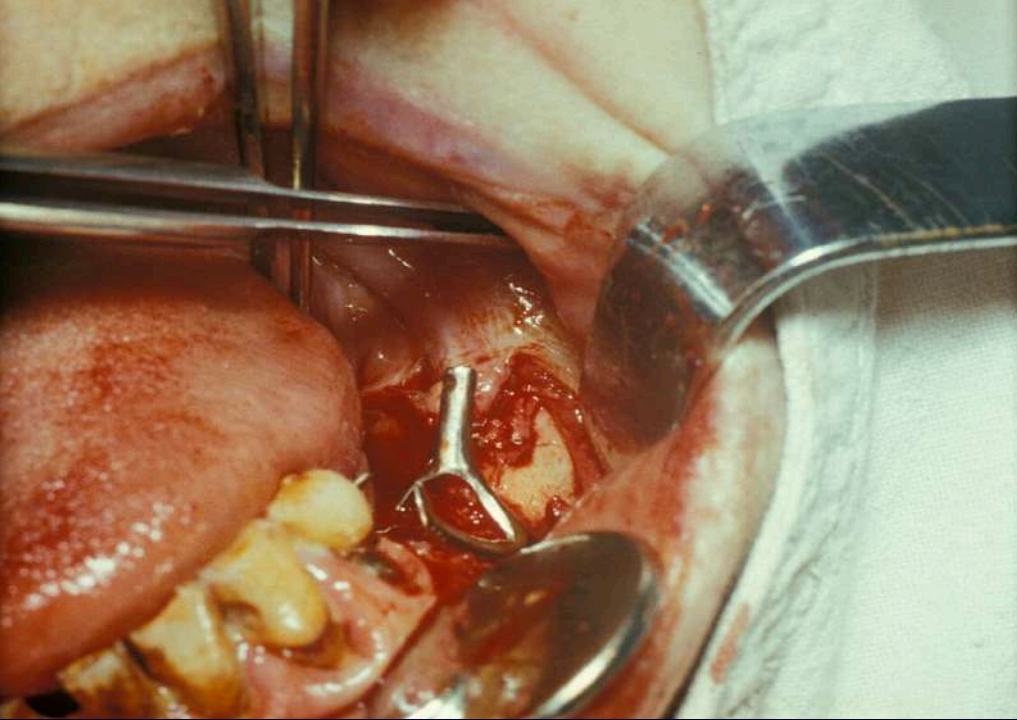
iatrogenia timpului chirurgical

riscul estetic

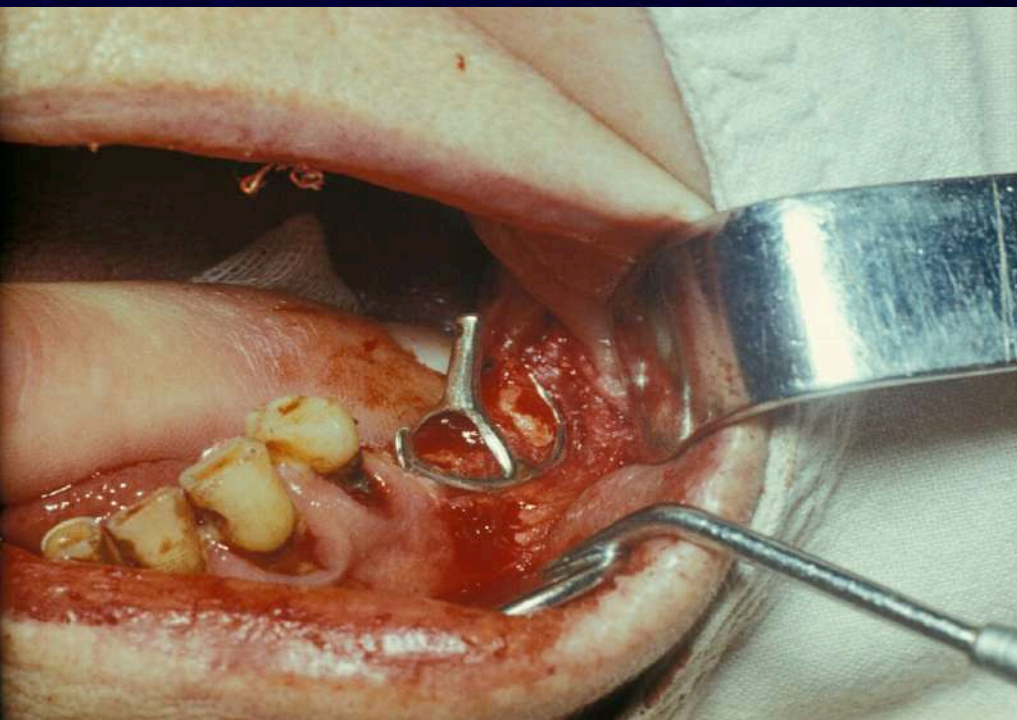
diagnostic și evaluare greșită

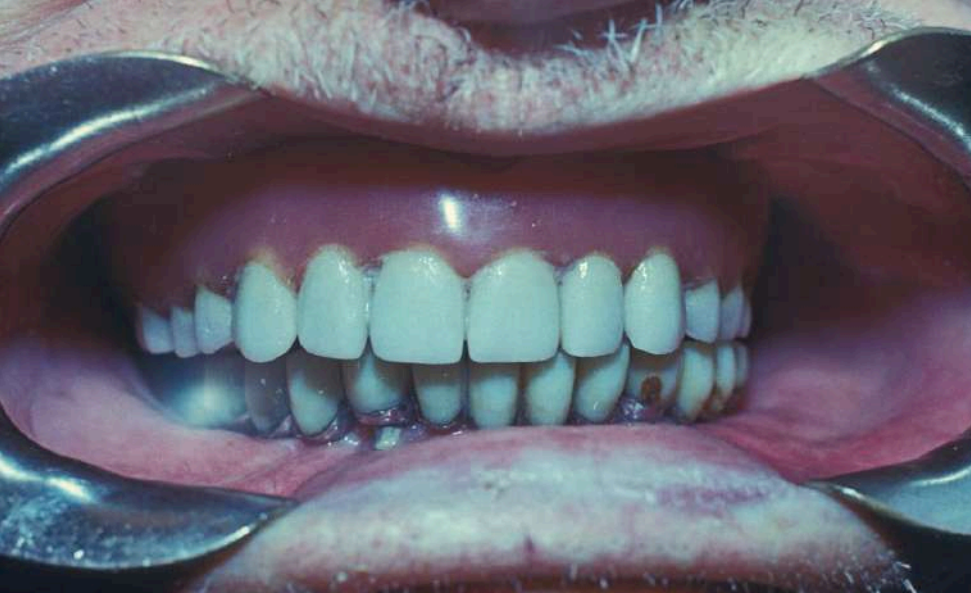
riscul biomecanic

riscul tehnologic

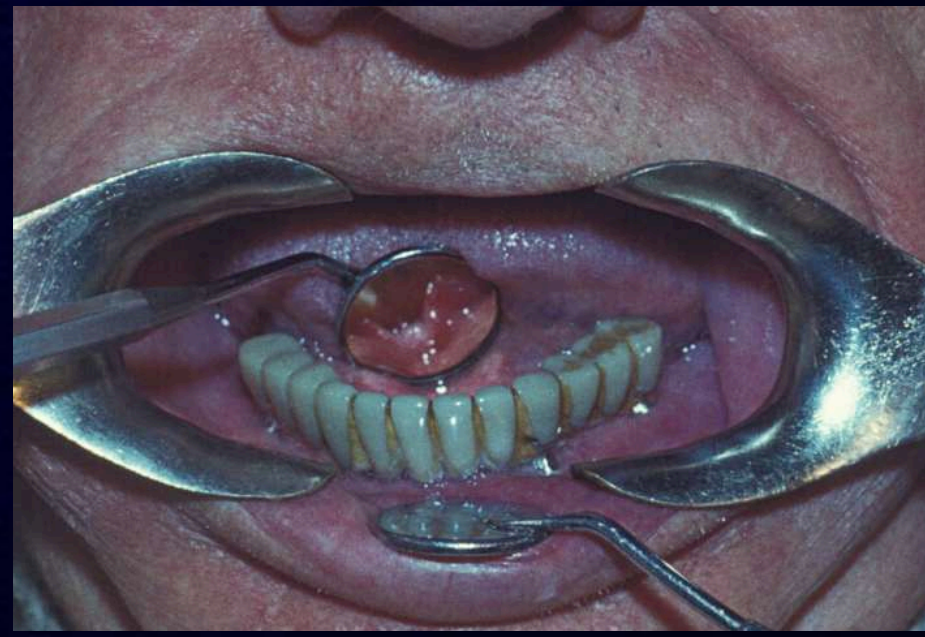
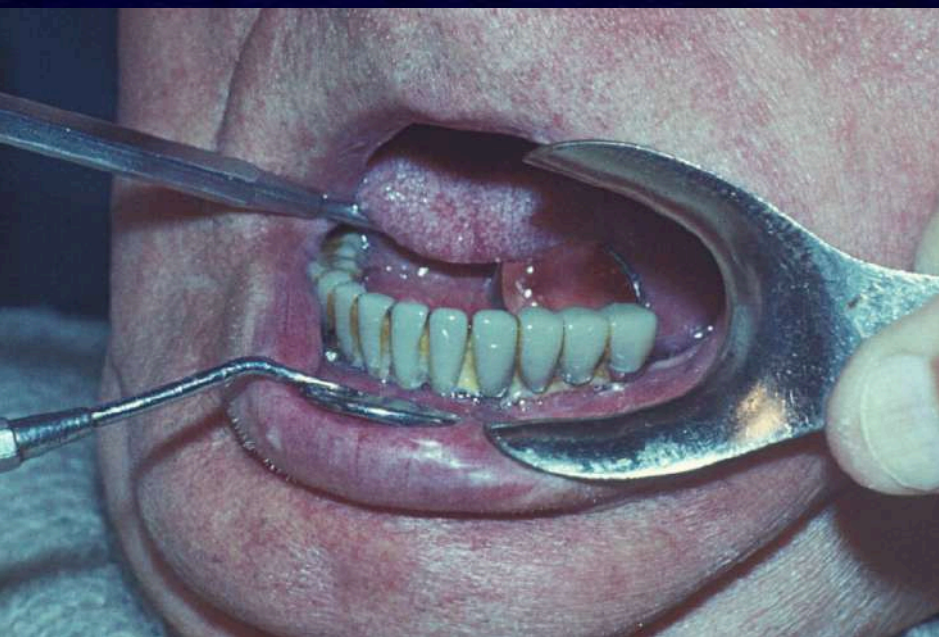


Periimplantită, la trei ani de la
inserare îndepărtarea implantului
se face cu sacrificii datorită
înfundării segmentului posterior

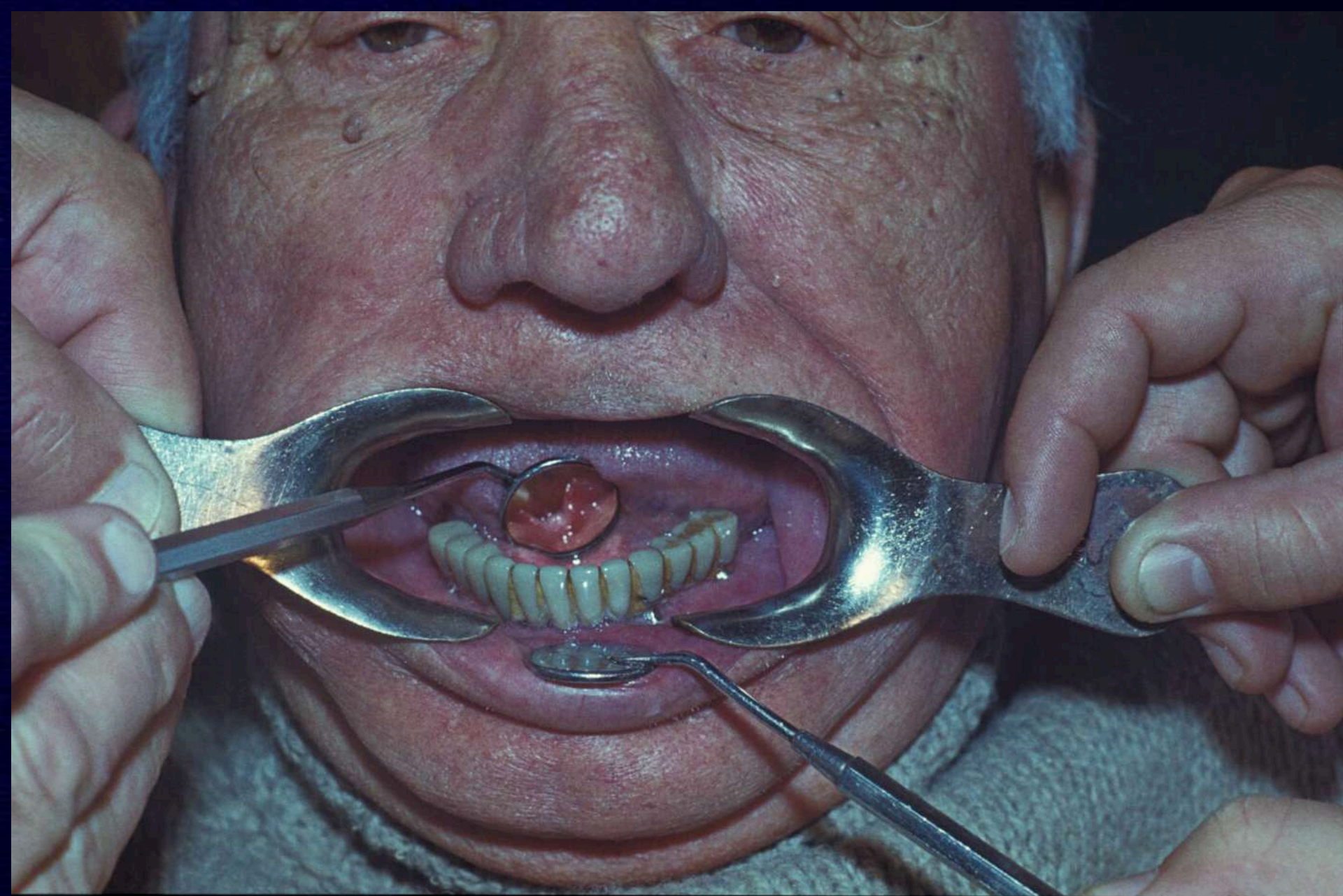




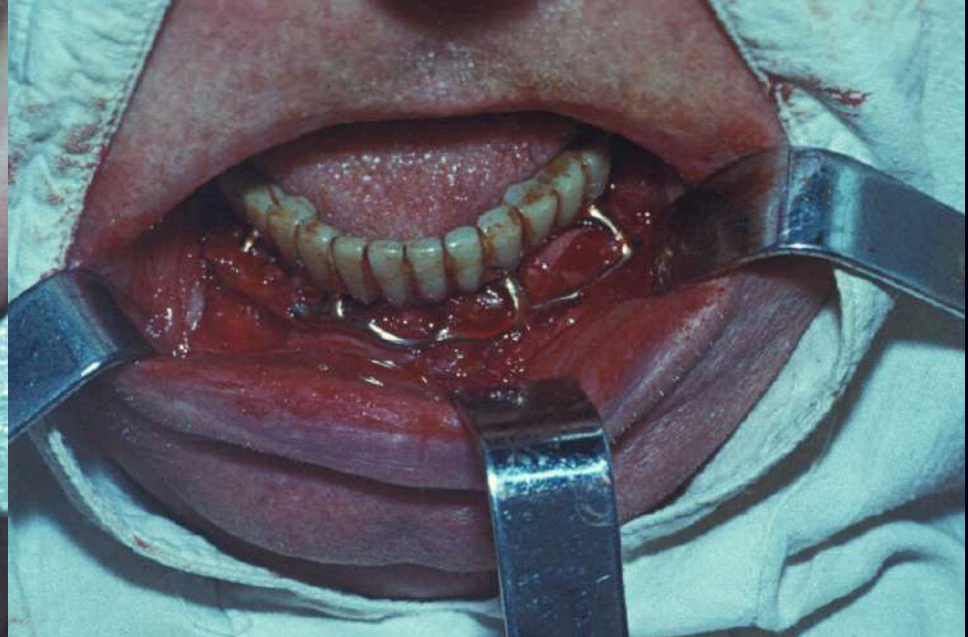
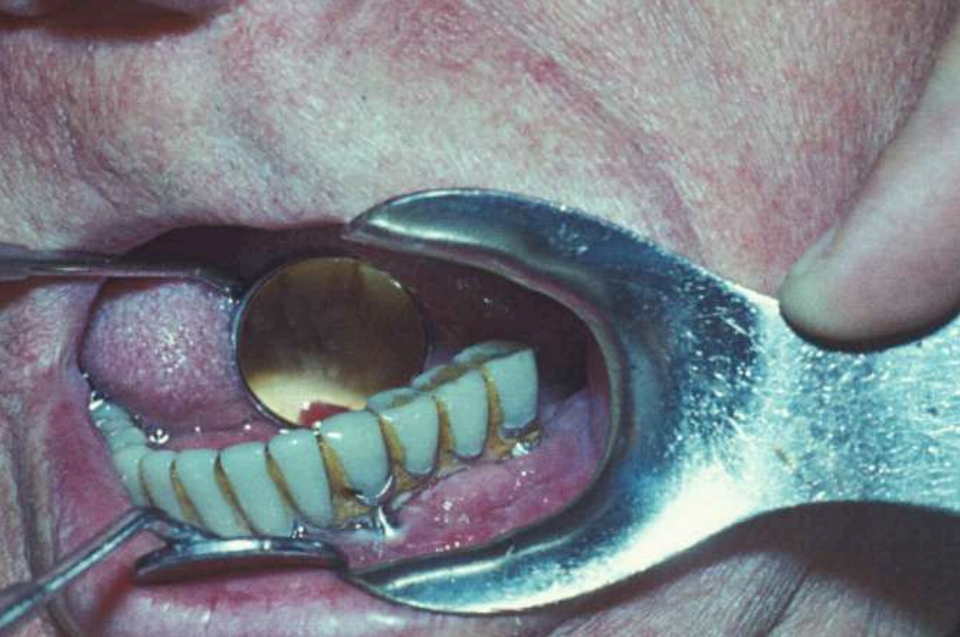
1965 la 5 ani de la inserarea implantului subperiostal la mandibula



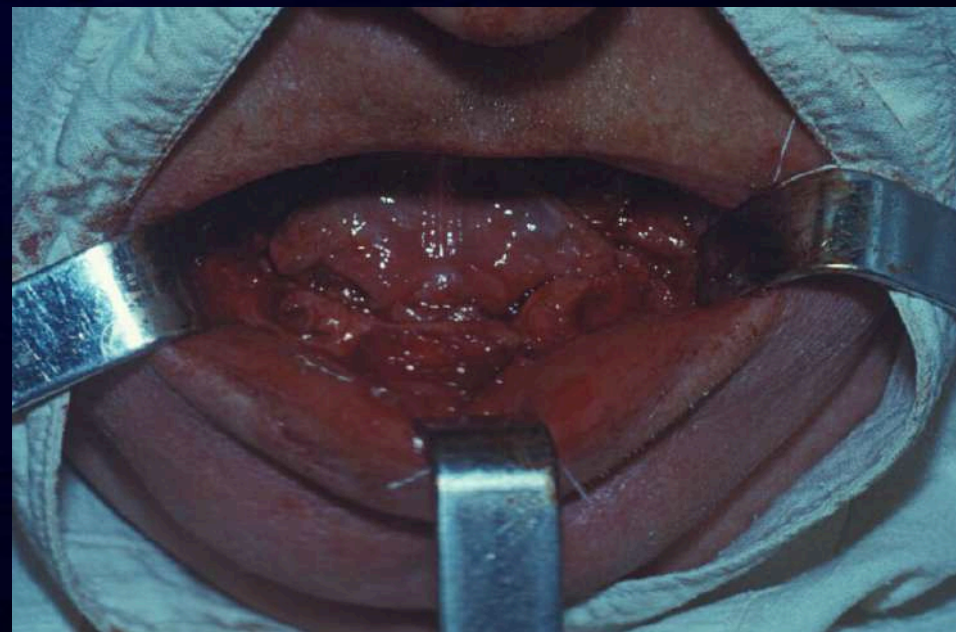
1980 - la 20 ani de la implantare; inserare de implant Prof.Dr. Em. Popa



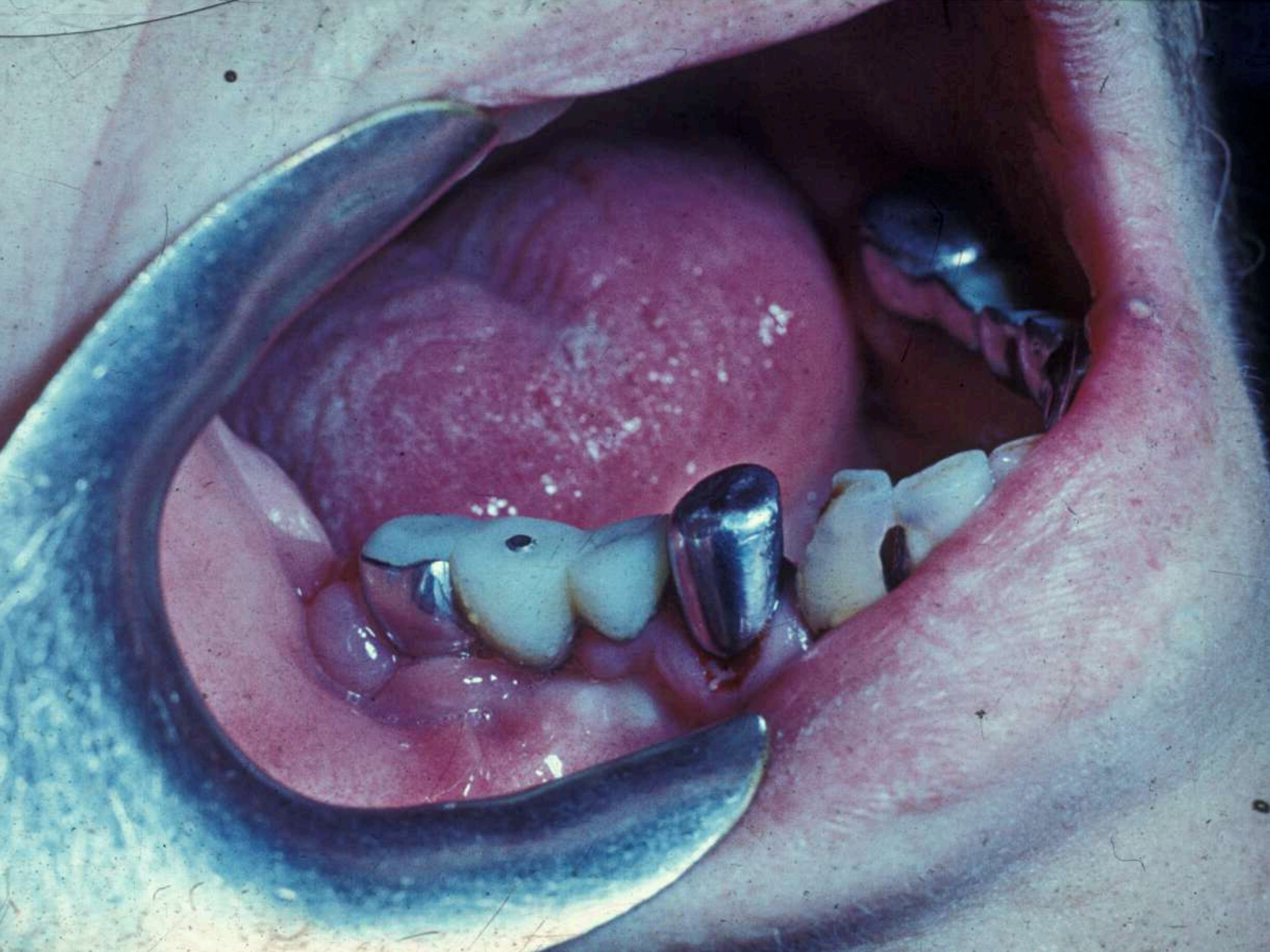
1980 - la 20 ani de la implantare; inserare de implant Prof.Dr. Em. Popa

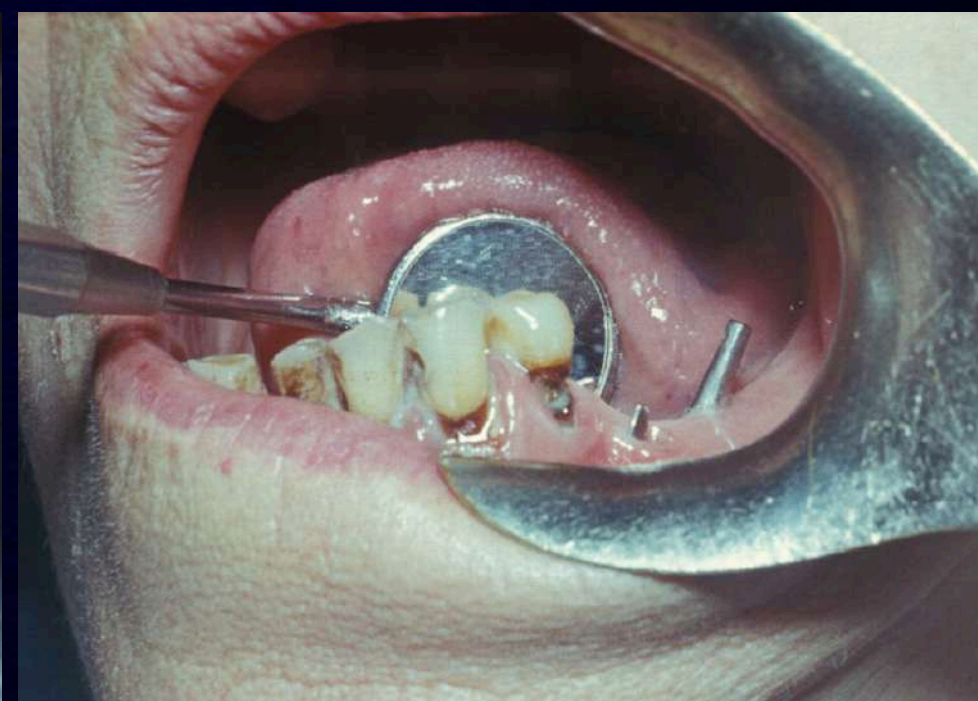
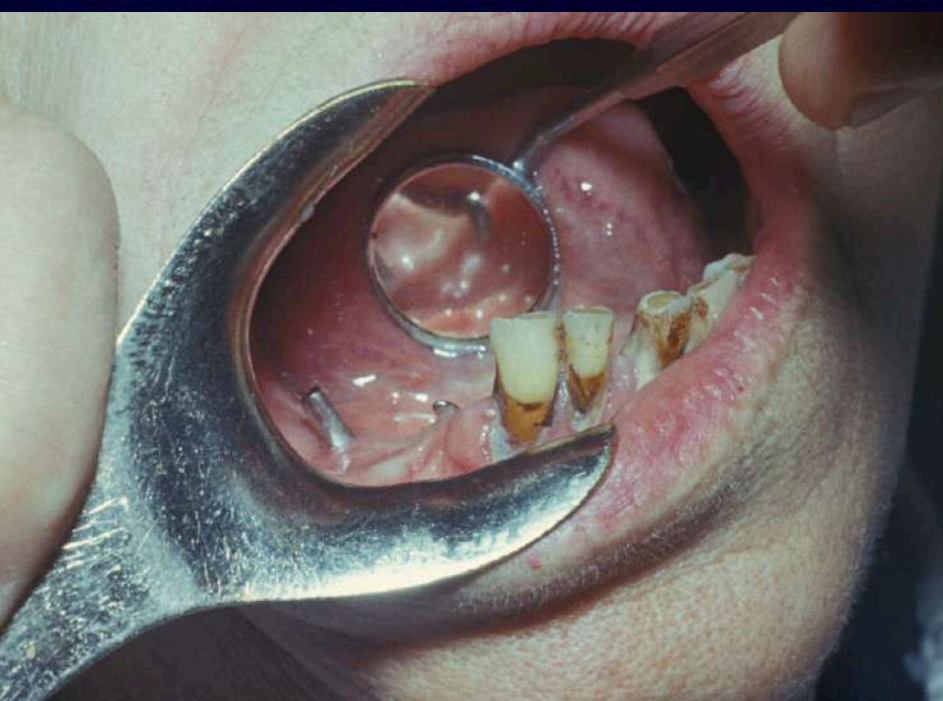
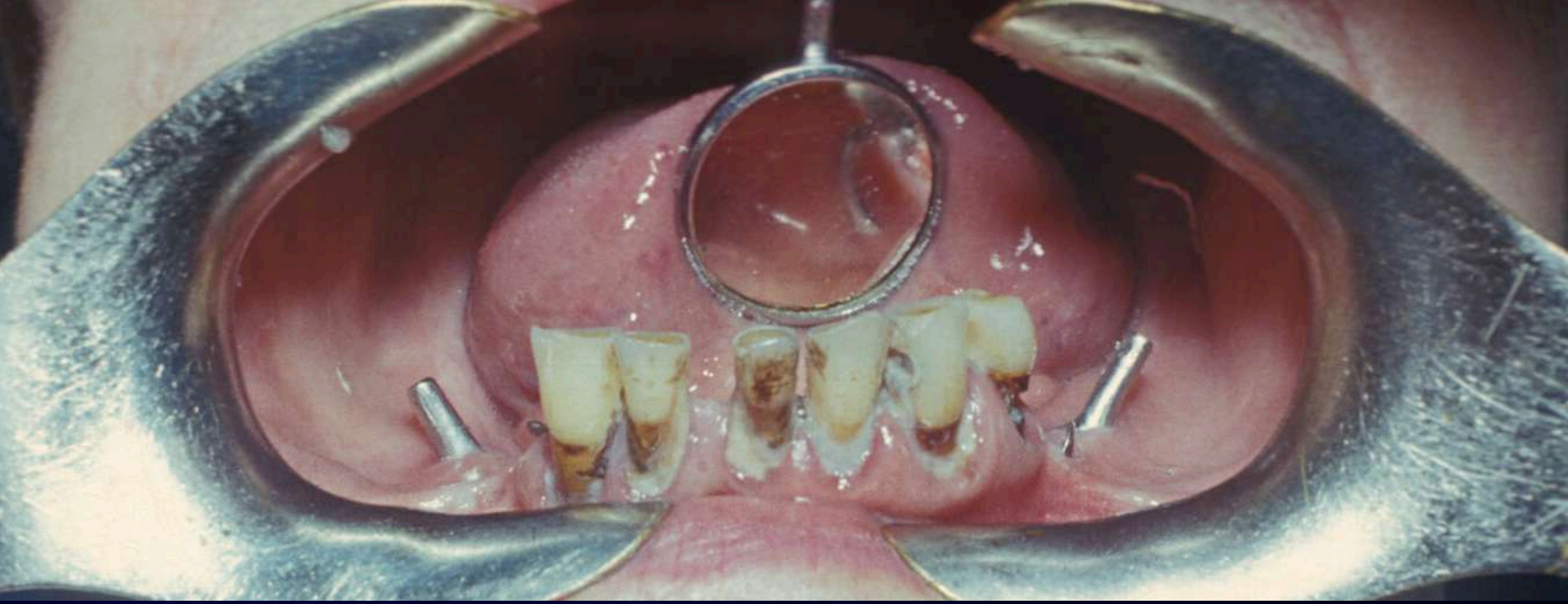


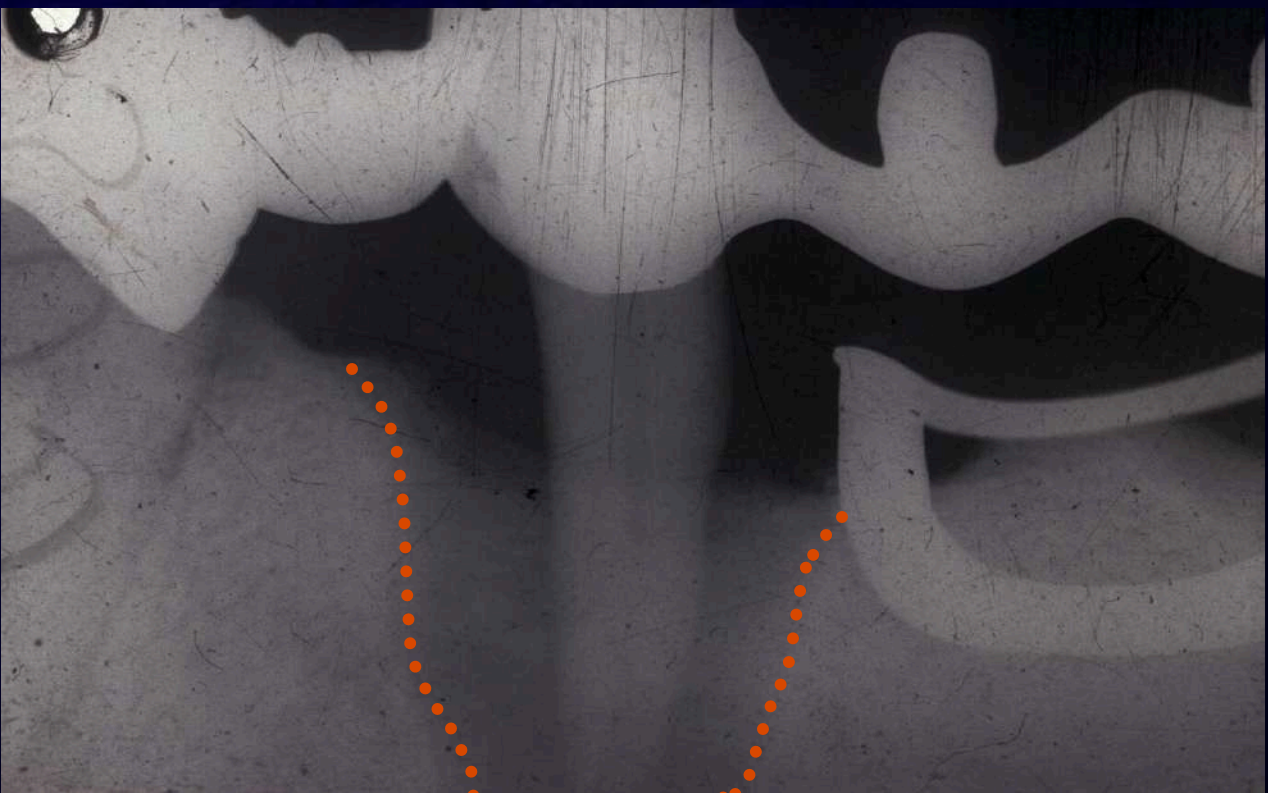
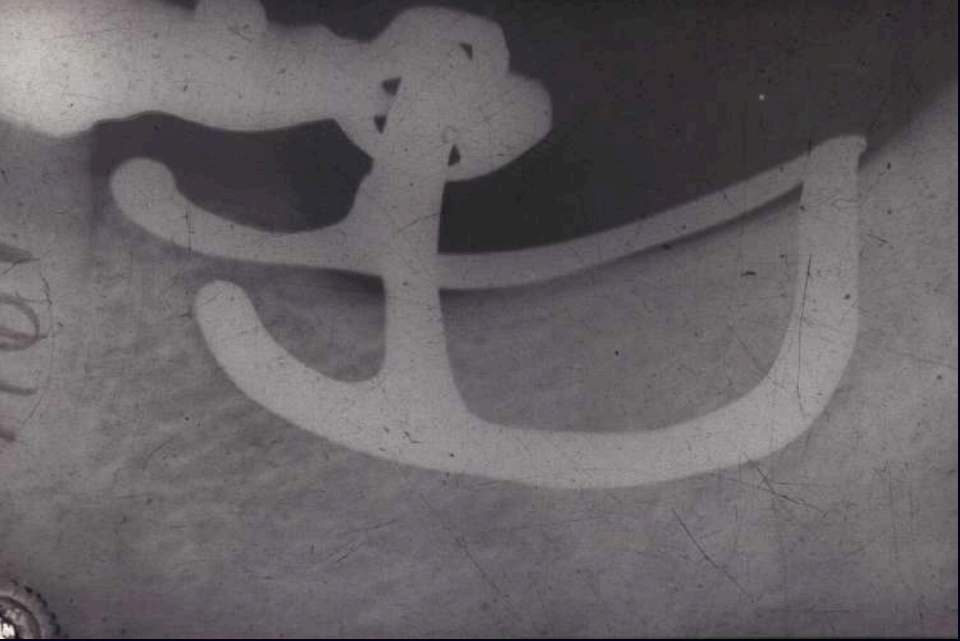
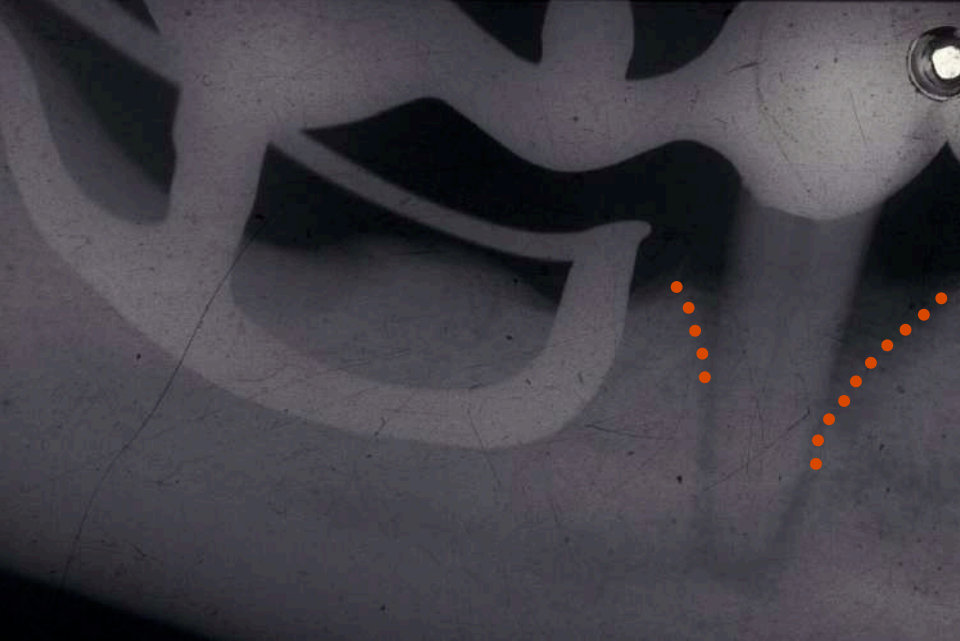
25 de ani de la inserare 1985, 85 de ani

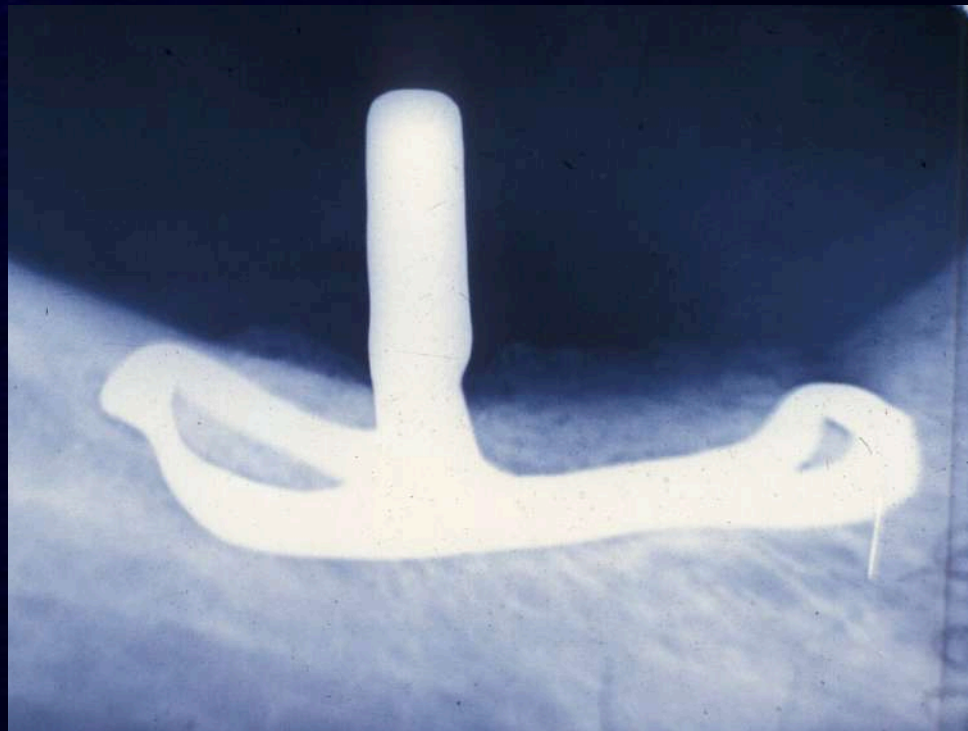
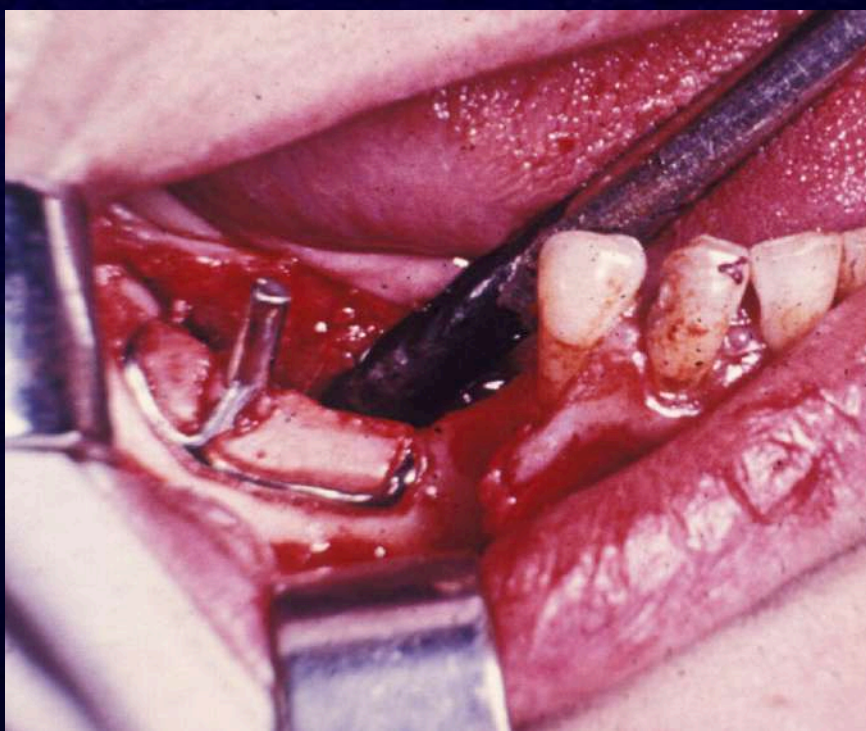
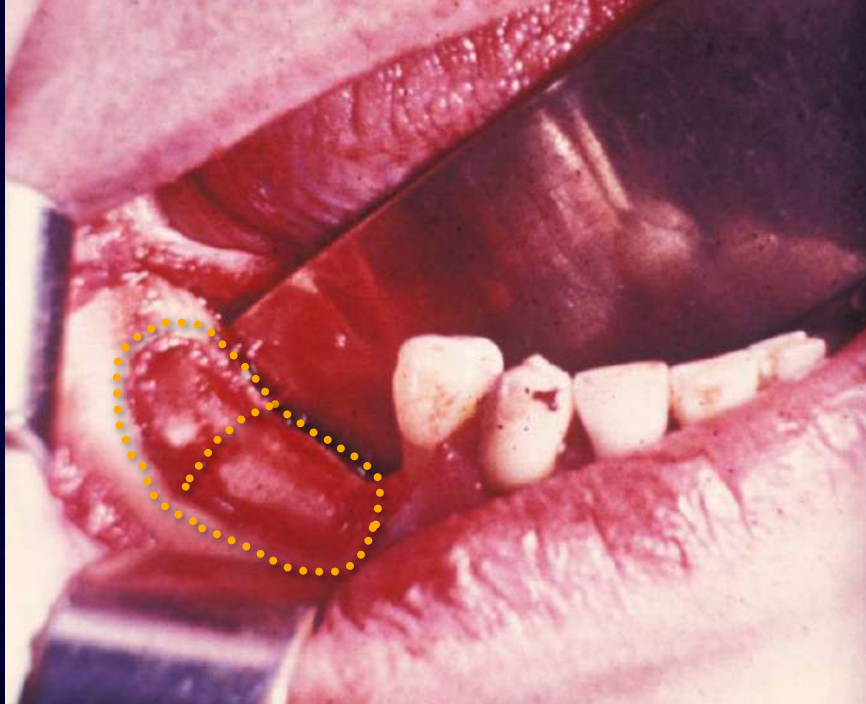




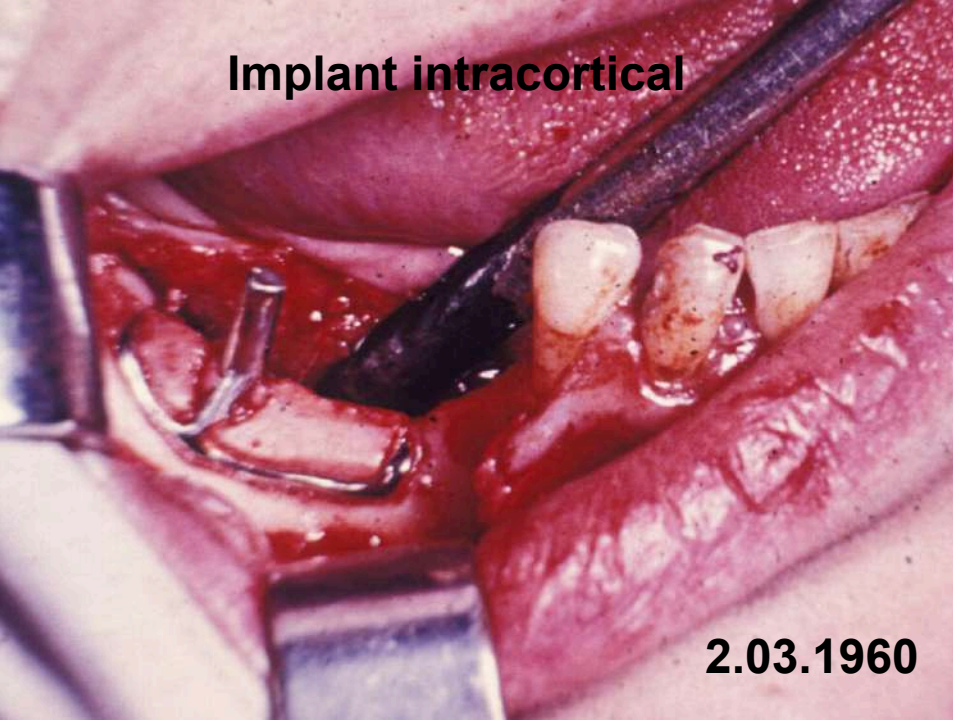






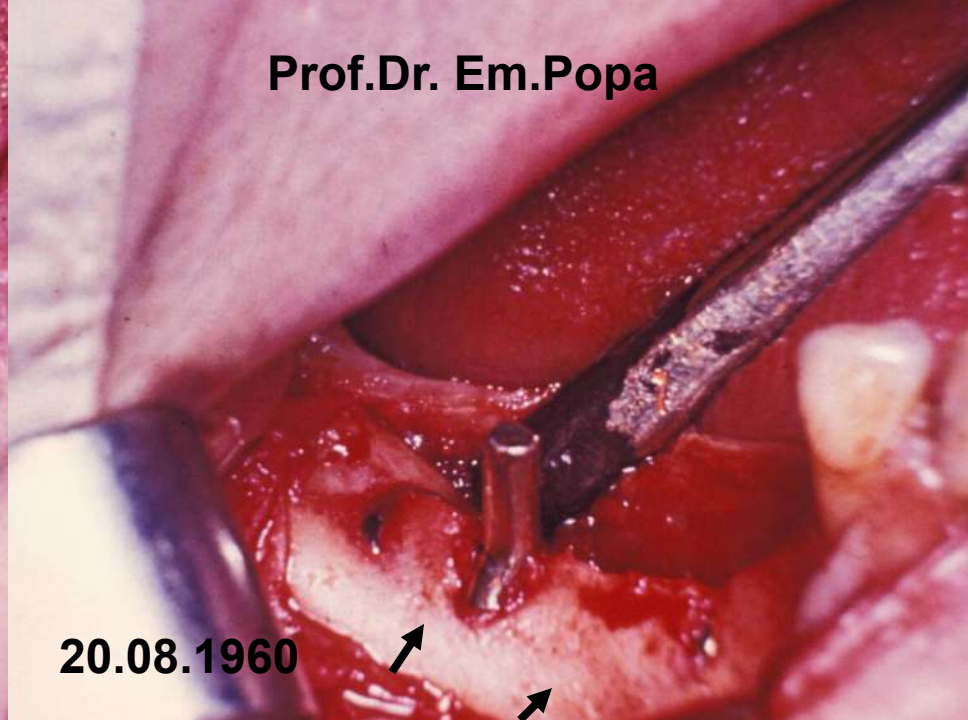


Implant intracortical



2.03.1960

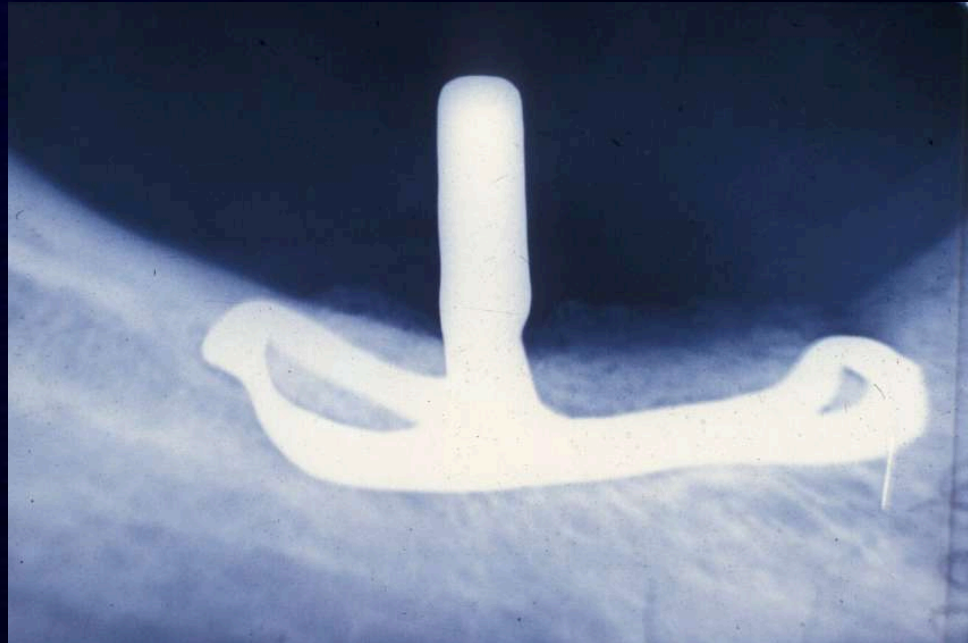
Prof.Dr. Em.Popa



20.08.1960

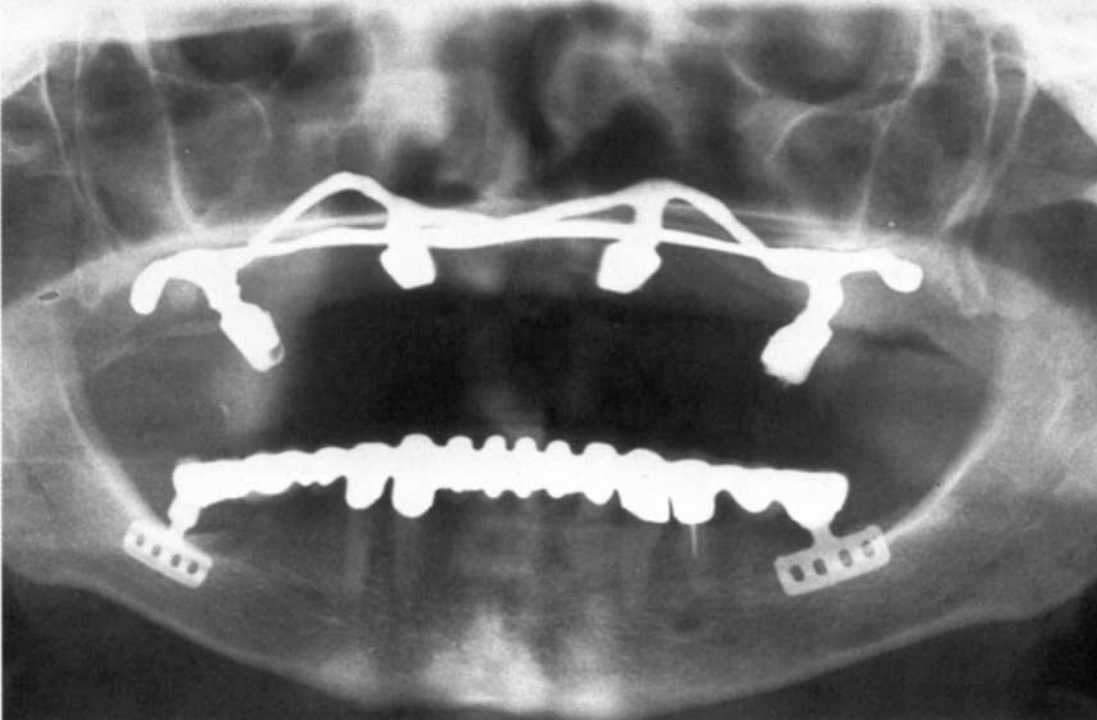
1960

Osteointegrare?
Osteoacceptare?
Osteoconducție?
Osteoinducție?

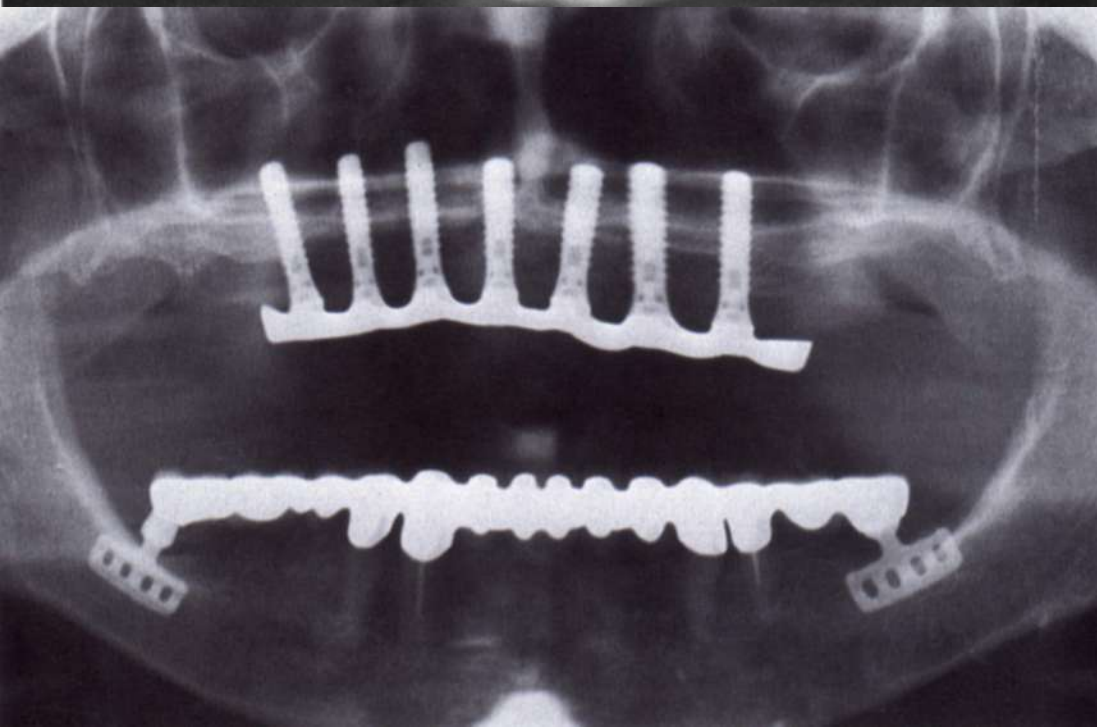


Iatrogenia implantelor subperiostale tradiționale (1950 - 1970) în restaurarea edentațiilor parțiale cu agregare mixtă (dento-implantară)





Începe perioada de
abandonare a
implantelor
subperiostale și de
înlocuire a acestora cu
implantele endosoase



a) inițial perioada
lamelor

b) ulterior a
implantelor
rădăcină

Factorii de risc functional

risc redus	<ul style="list-style-type: none">- ocluzie echilibrata- absenta unei patologii a ATM- mobilitatea mandibulei in limite normale
mediu	<ul style="list-style-type: none">- prezenta unor fatete de uzura reduse- posibilitatea de a dezvolta forte ocluzale foarte mari- ocluzie nefavorabila in sa fara parafunctionalitati (de ex. clasa 2 Angle subdiviziunea 2)- spatiu vertical redus
mare	<ul style="list-style-type: none">- bruxism- parafunctionalitati- dizarmonie ocluzala in zona laterala (ex. egresii, extruzii majore)- prezenta de fatete de uzura foarte mari- dinti sau radacini fracturate in antecedente- restaurari protetice fracturate in antecedente



Factorii de risc estetici

Clasa	Factorul	Favorabil	Atentie
gingivali	linia surasului gingie grosimea gingiei cheratinizate papila dindilor adiacenti	dentar groasa si fibroasa ≥ 5 mm putin evidente	gingival fina < 2 mm foarte reduse
dentari	forma dintilor naturali contacte interdentare pozitia contactelor proximale	patrat suprafata < 5 mm peste creasta os.	triunghiular punctiform > 5 mm peste creasta os.
ososi	concavitati vestibulare implante adiacente resorbtie osoasa verticala ciocuri osoase	absente nu nu da	prezente da da nu
pacient	cerinte estetice igiena si disponibilitatea pac. caracterul provizoriu	bun stabil	crescuta redusa instabila



Functional vs. estetic

Nu in toate cazurile esteticul este completat de functional.
IDEAL = coexistenta functional & estetic



Estetic



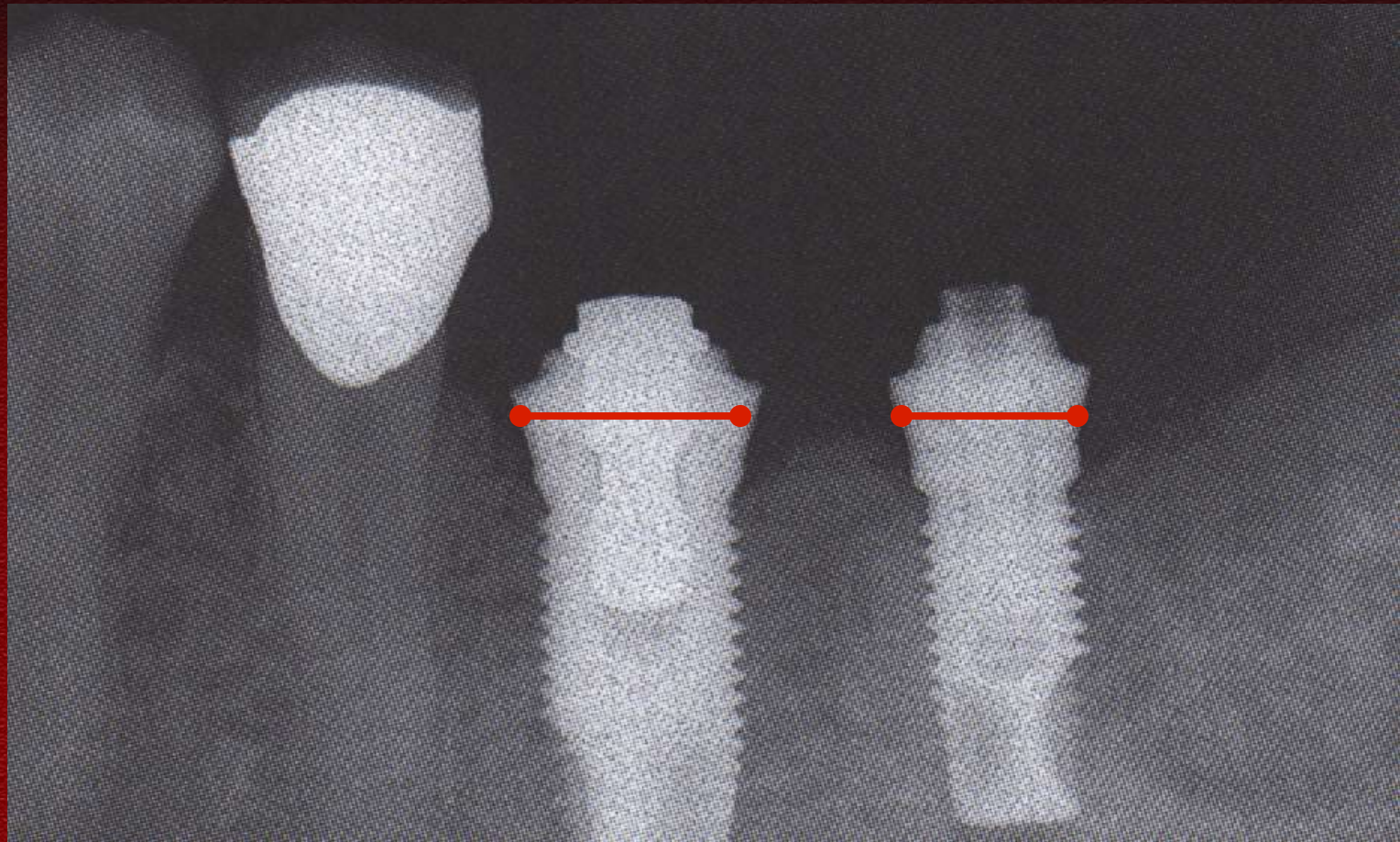
Functional



Functional
& estetic



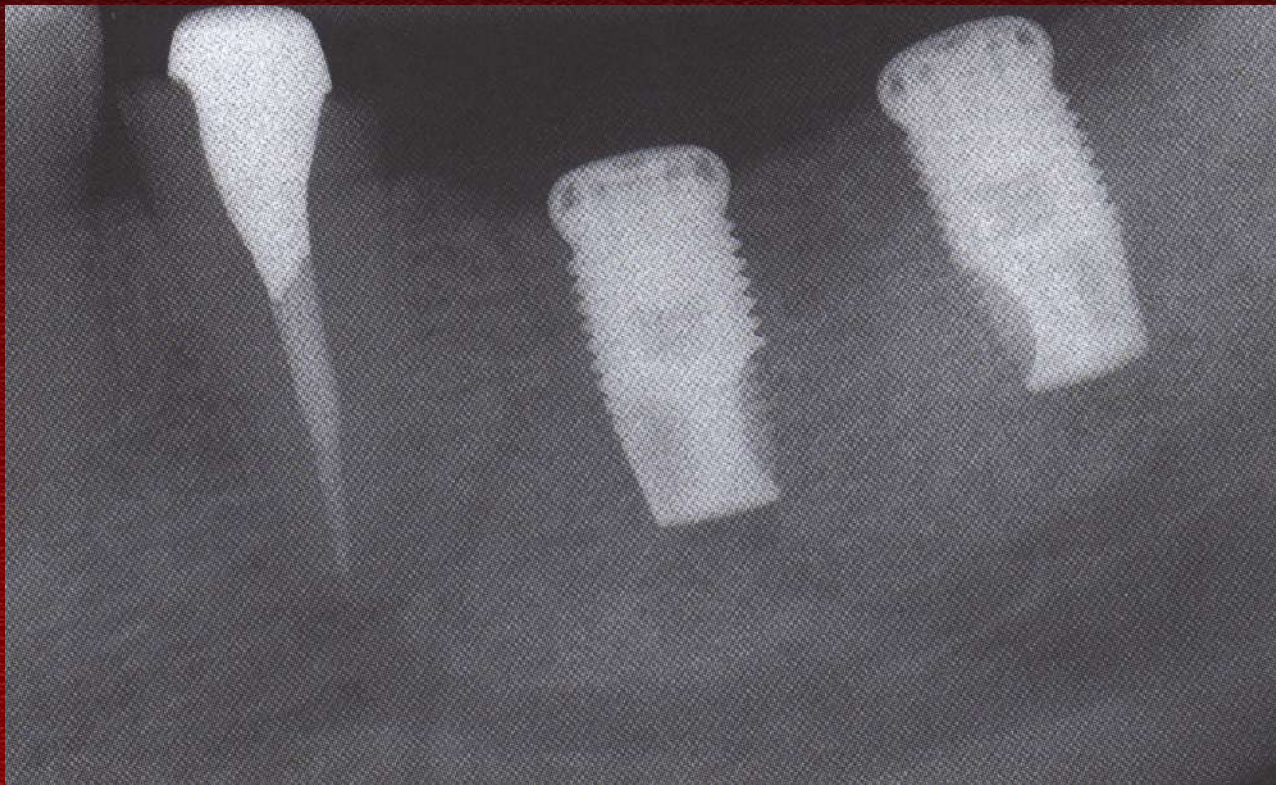
Diametrul implantelor



Diametrul implantar

Utilizarea implantelor cu diametru mare

= riscul aparitiei resorbtiei osoase pe perioada de vindecare



Tipurile de edentatii analizate

Edentatie unidentara

- zona frontala
- zona laterala

Edentatie pluridentara

- edentatie terminala (clasa I sau II Kennedy)
- edentatie intercalata
 - zona frontala
 - zona laterala

Edentatie totala

- supraprotezare
- RPF



Edentatie unidentara

Atentie !! – majoritatea neglijeaza functionalul in detrimentul esteticii. Pe termen lung = INSUCCES

- In cele mai multe cazuri:*
 - limitari de spatiu*
 - MD, VO*
 - interarcadic*
 - probleme de angulatie*
 - volum osos, conformatia gingiei*

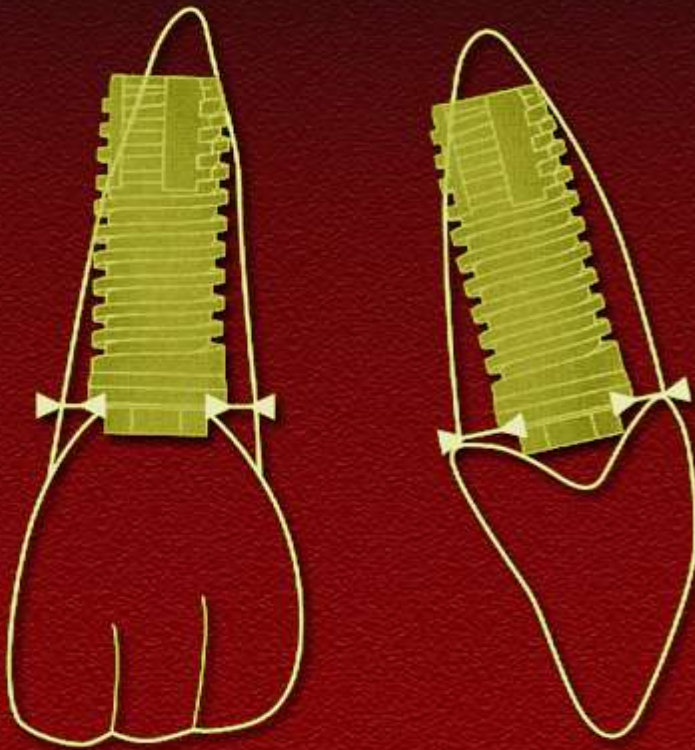


Edentatie unidentara

*Estetica este urmarita in
special zona frontala*



Edentatie unidentara



*Discrepanta dintre
marimile standard ale
implantelor si cea a
dintelui ce trebuie inlocuit*

*In majoritatea cazurilor
implantul este mai redus
in diametru*

*Restaurarea finala sufera
din punct de vedere
estetic*



Edentatie unidentara



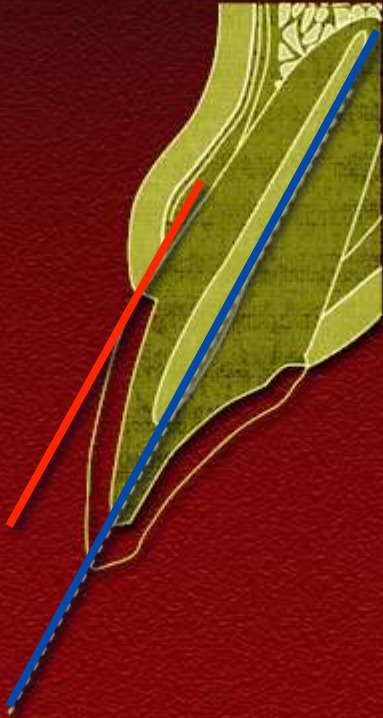
*Un minus de mucoasa vestibular necesita conformarea corespunzatoare a RPF –
estetic !*

*Pe termen lung insa este afectata starea de sanatate a gingiei perimplantare (nu exista acces spre santul vestibular) –
functional ?*

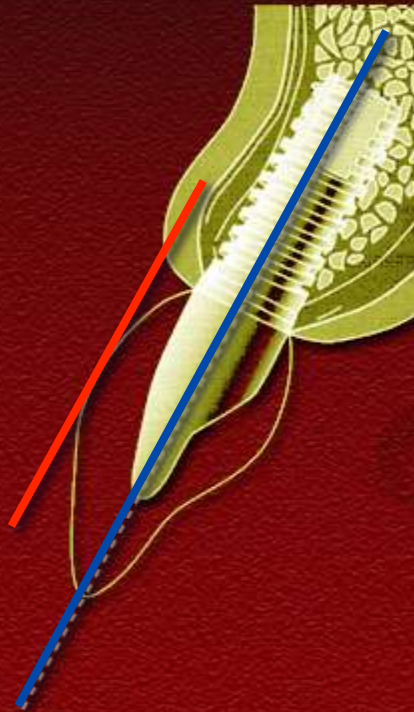


Edentatie unidentara

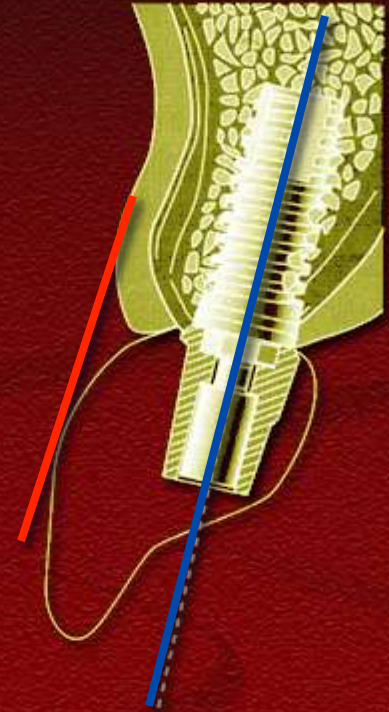
dinte natural



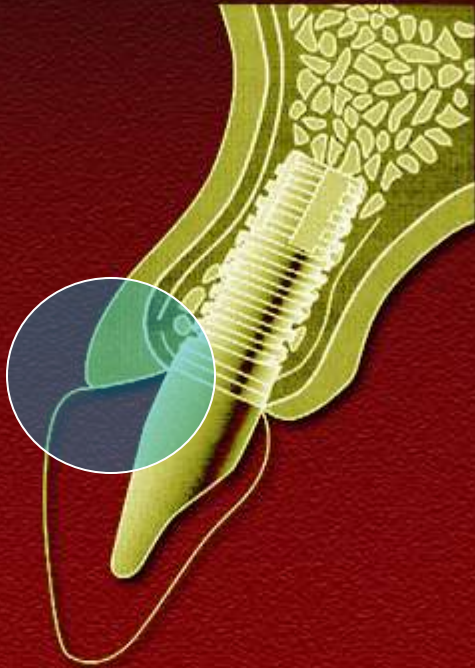
cimentare



insurubare



Edentatie unidentara



*Un exces de mucoasa vestibular
aparent avantajeaza din punct
de vedere **estetic**.*

*Pe termen lung insa este
afectata starea de sanatate a
gingiei perimplantare (nu exista
acces spre santul vestibular) –
nu e functional.*



Edentatie unidentara

Contraindicatii locale

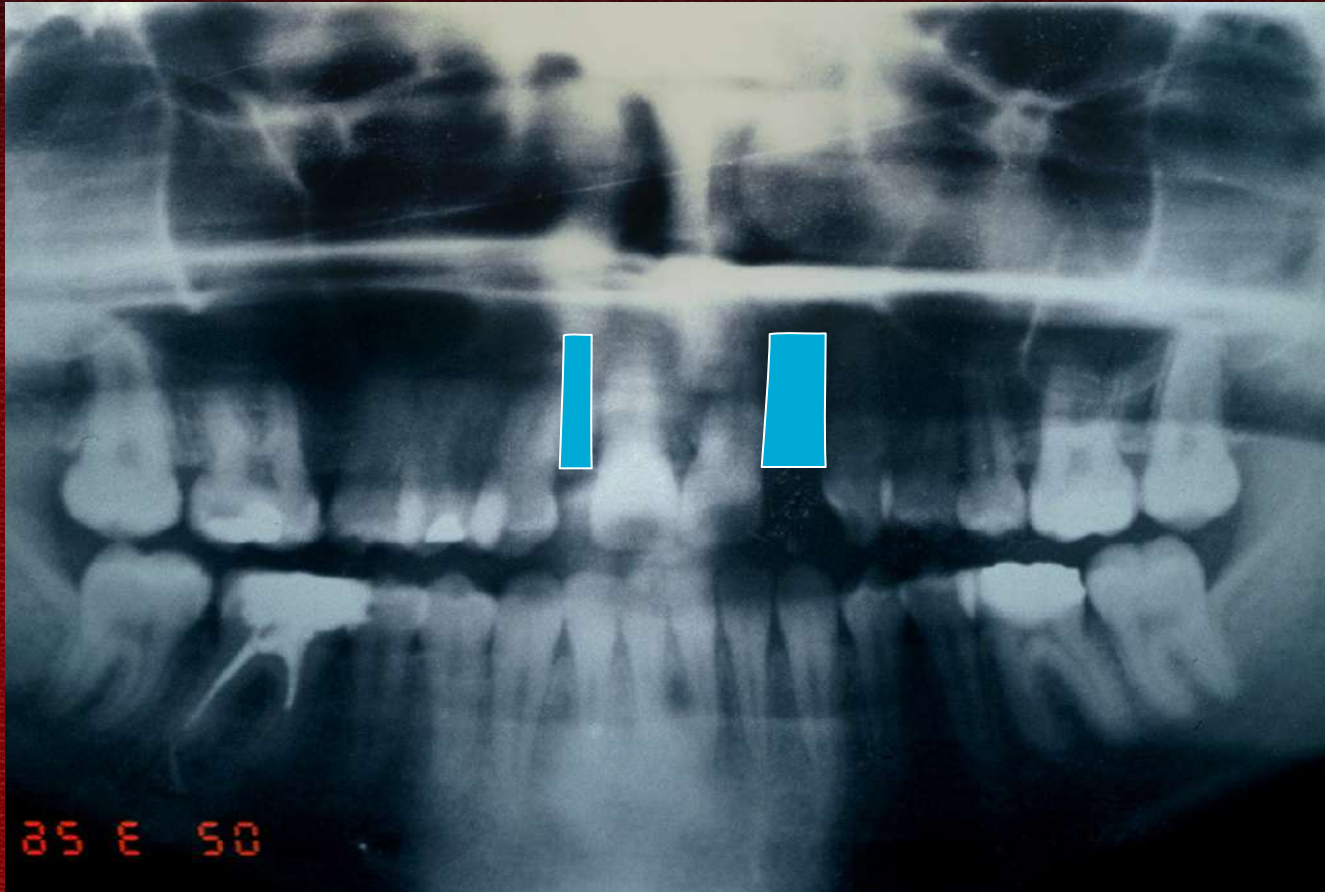
– majoritatea date de limitarea spatiului

- ***Volum osos inadecvat***
 - *VO mai mic de 5 mm*
 - *MD mai mic de 6 mm (necesita 1-2 mm minimum fata de dintii limitrofi – depinde de dintele inlocuit)*
- ***Spatiu interarcadic insuficient***
- ***Dinti limitrofi mobili***



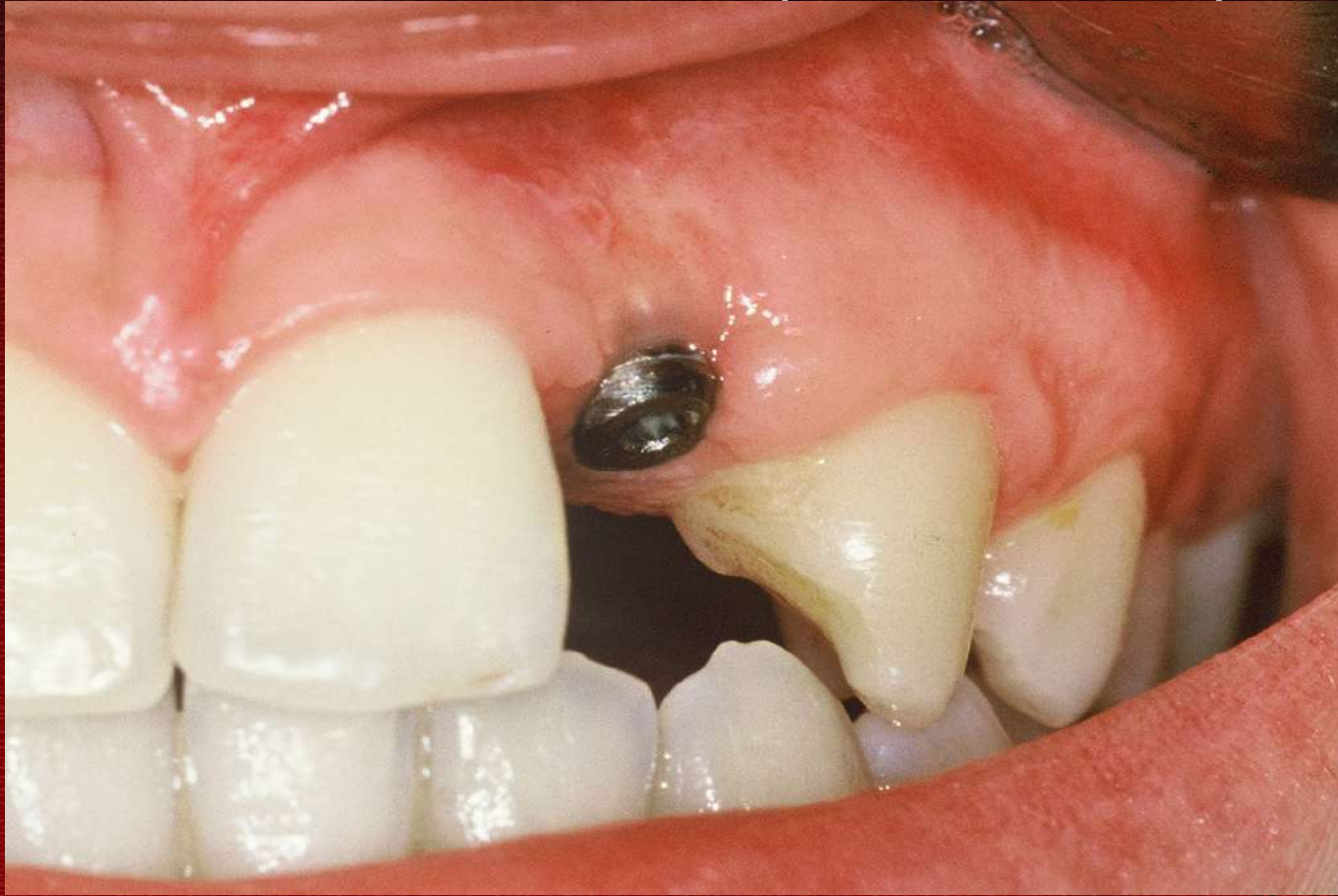
Edentatie unidentara

Rx panoramic



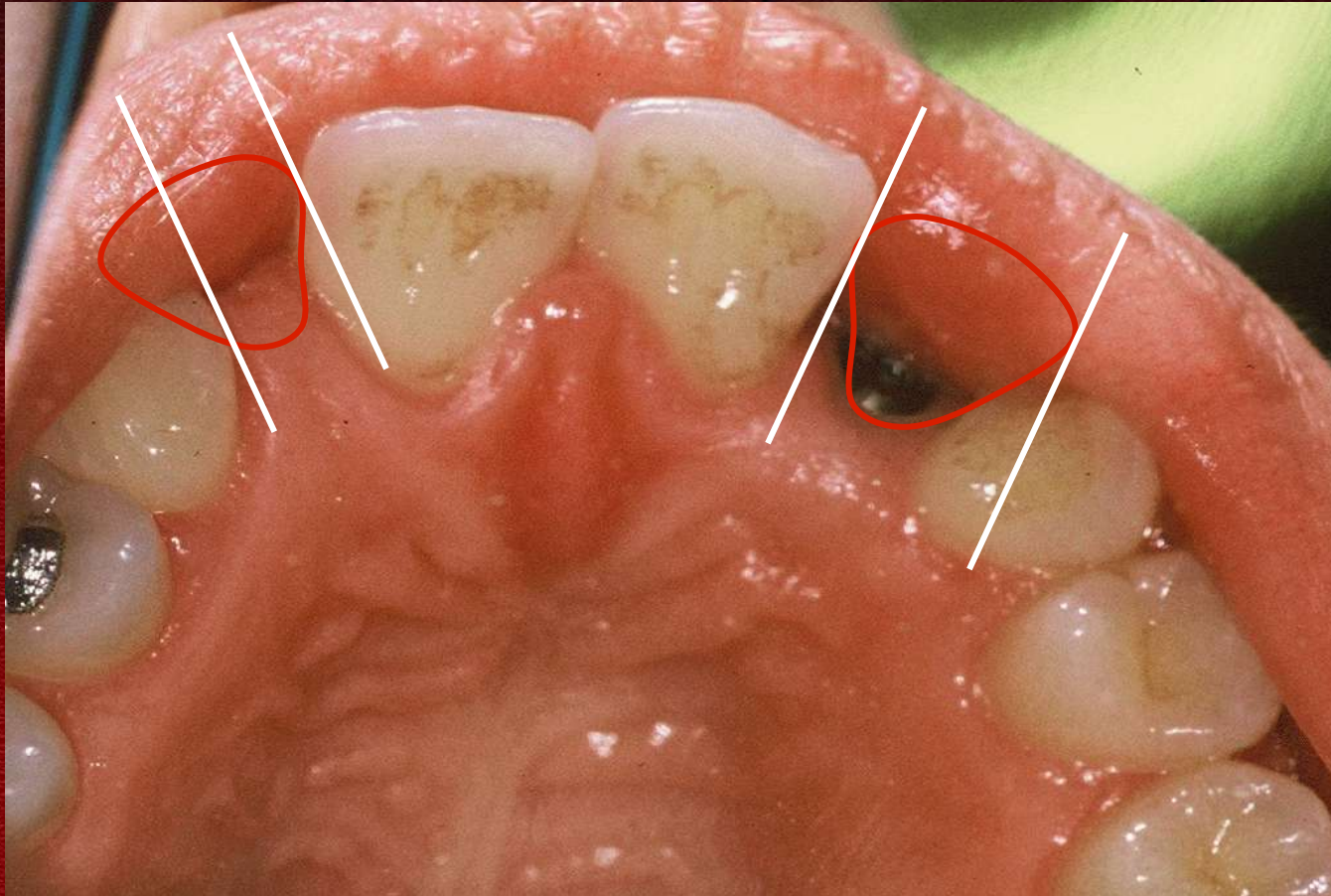
Edentatie unidentara

Situatia clinica dupa inserarea implantului



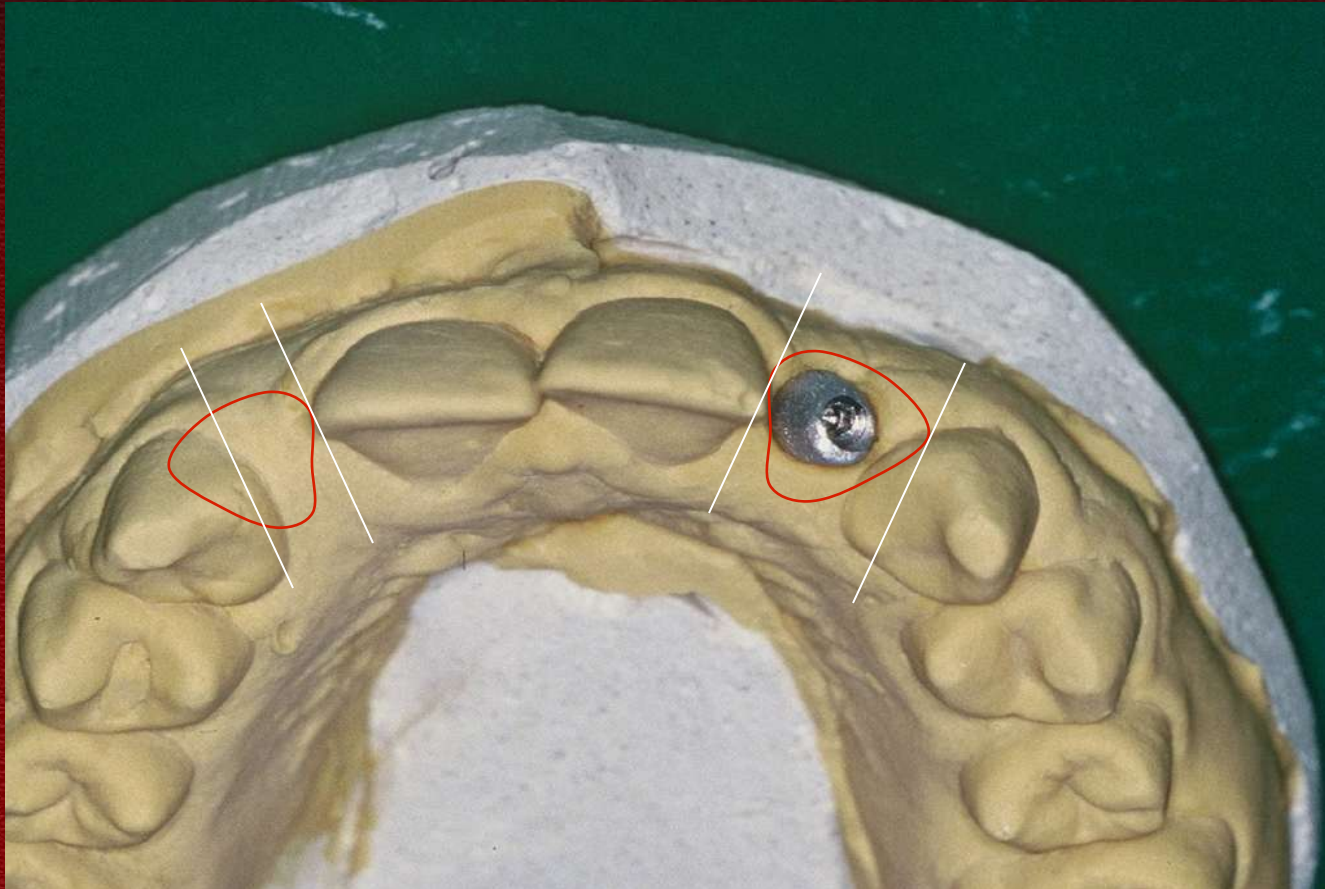
Edentatie unidentara

Aspectul clinic dupa inserarea implantului



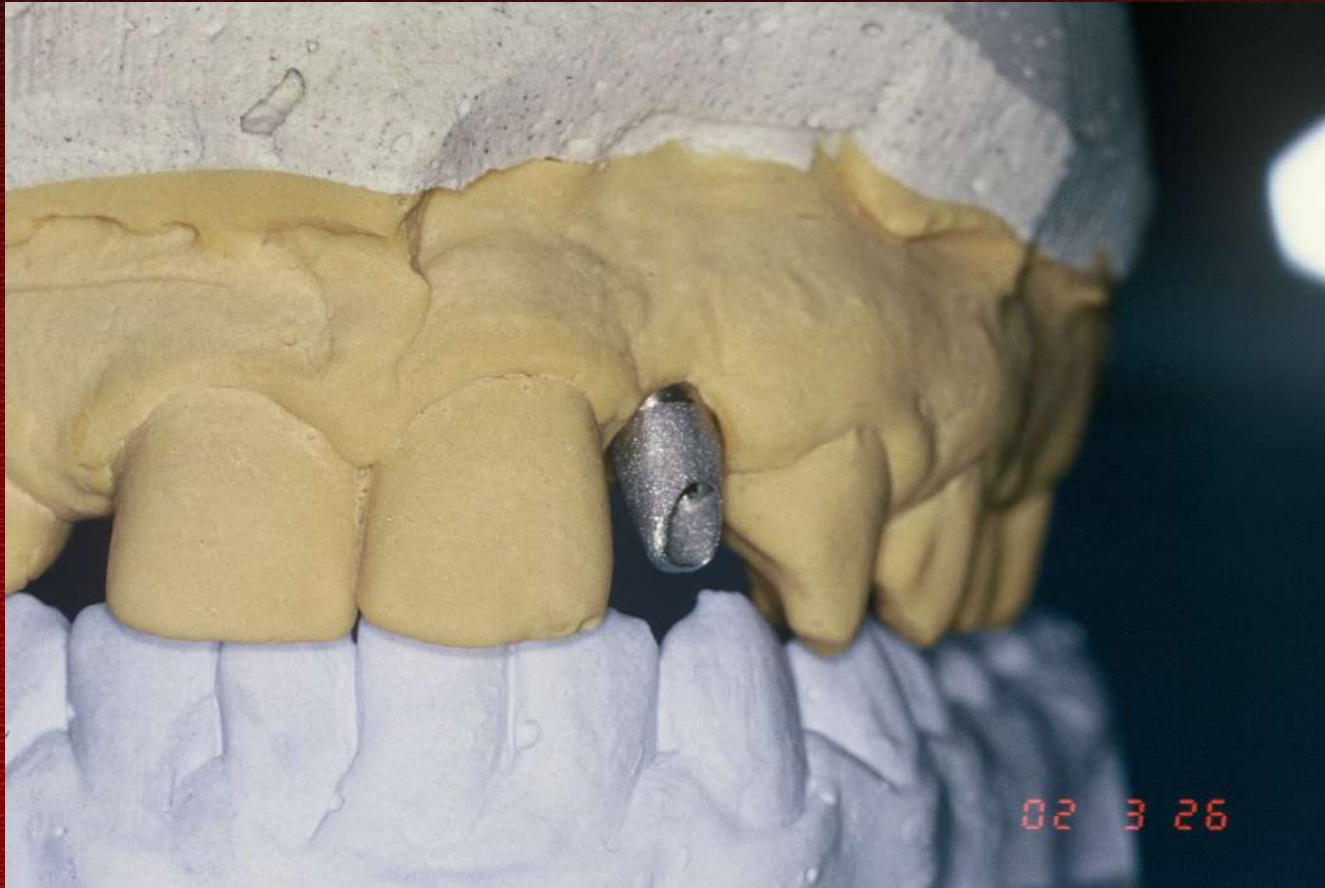
Edentatie unidentara

infrastructura metalica pe model



Edentatie unidentara

infrastructura metalica pe model



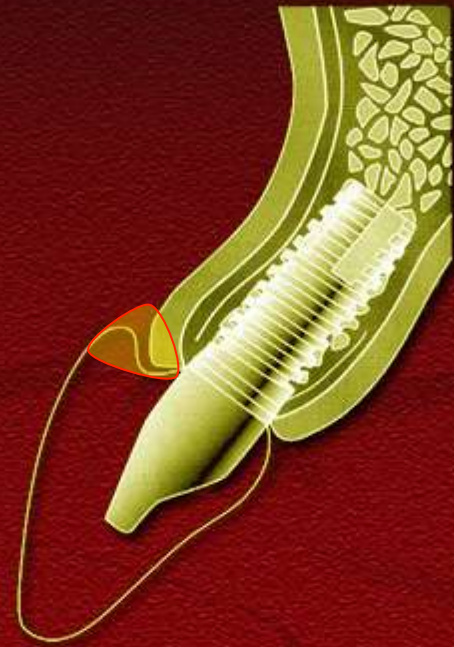
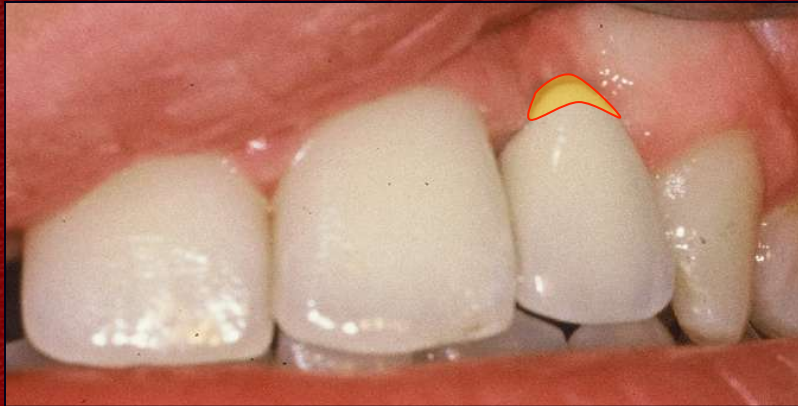
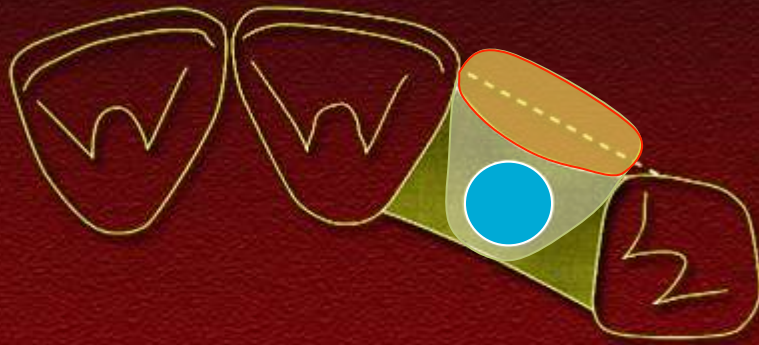
Edentatie unidentara

aspect clinic final



Edentatie unidentara

Situatia clinica a impus realizarea unei supraconturari vestibulare pentru a compensa defectul osos



Edentatie unidentara

aspect clinic final



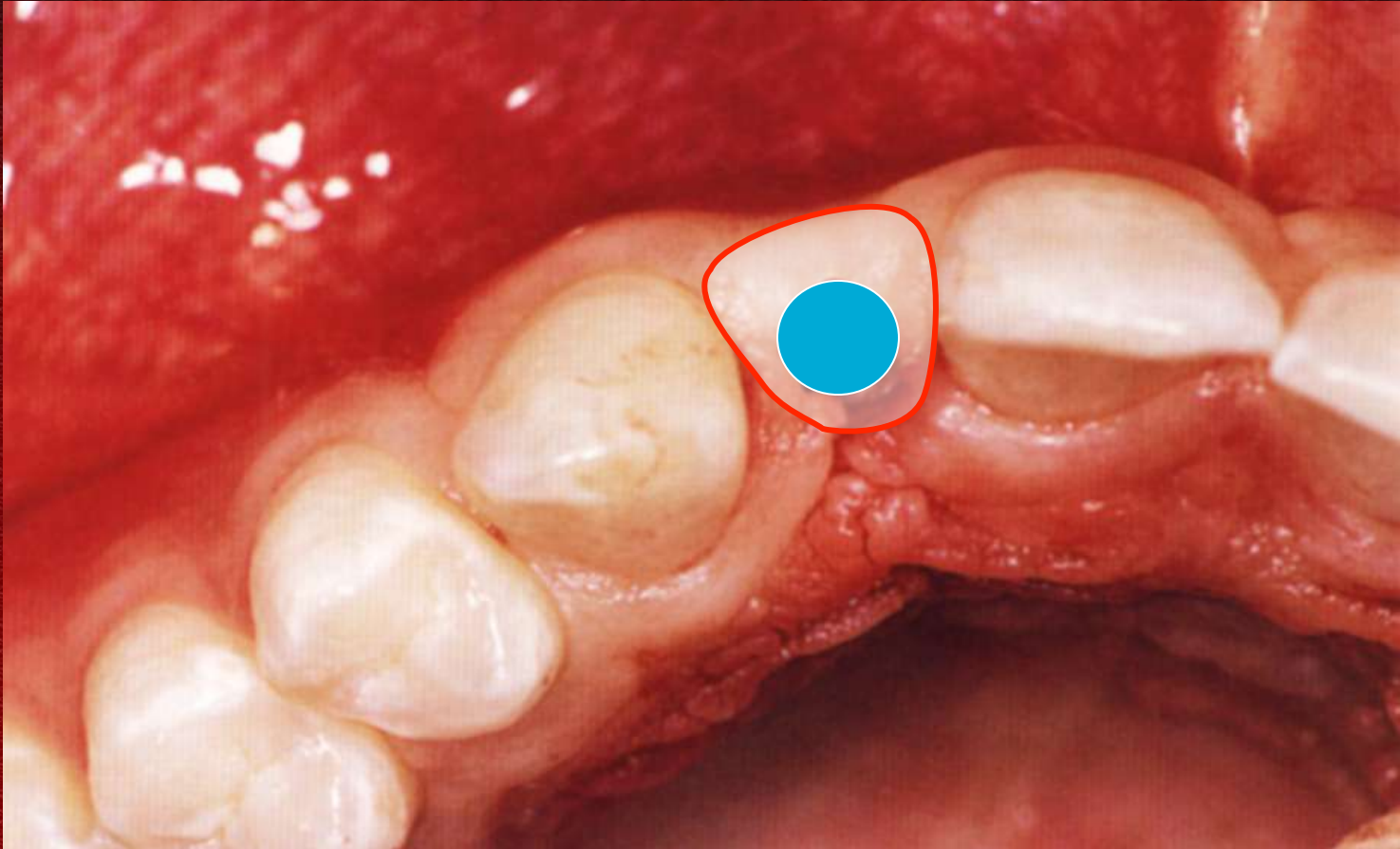
Edentatie unidentara

aspect clinic dupa inserare / final



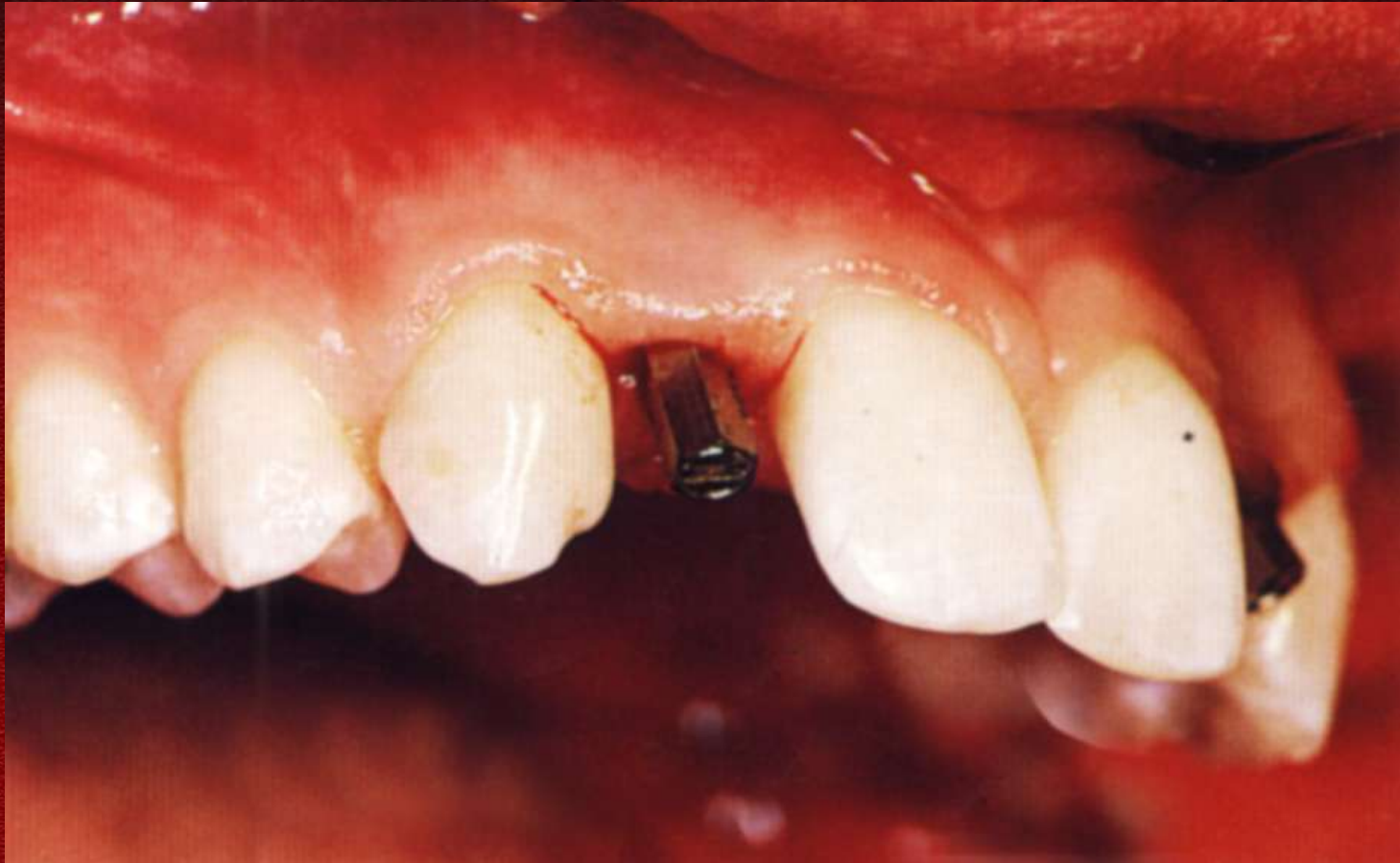
Edentatie unidentara

aspect clinic la evidentiarea implantului



Edentatie unidentara

aspect clinic din timpul amprentarii



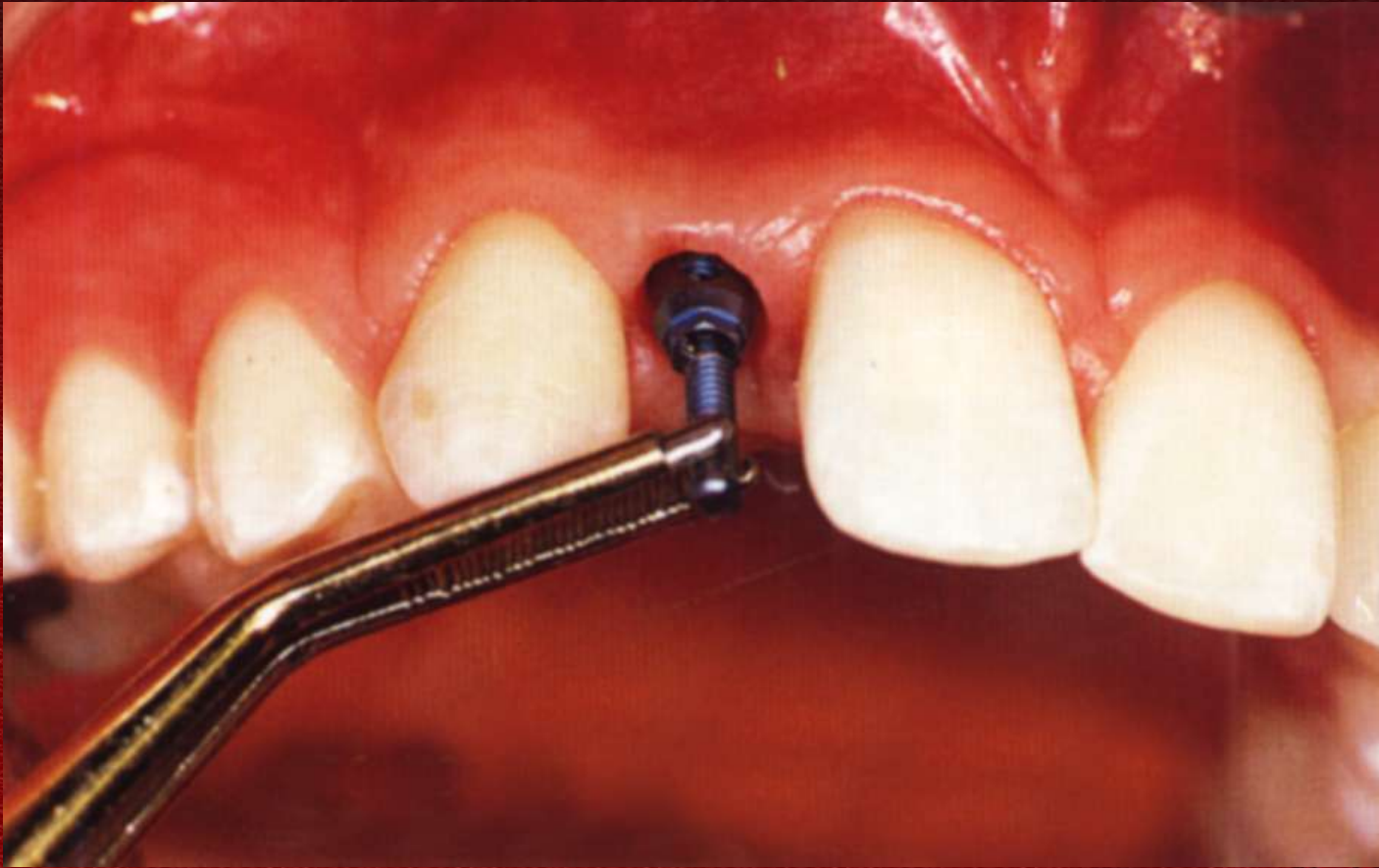
Edentatie unidentara

aspect clinic cu surubul de vindecare



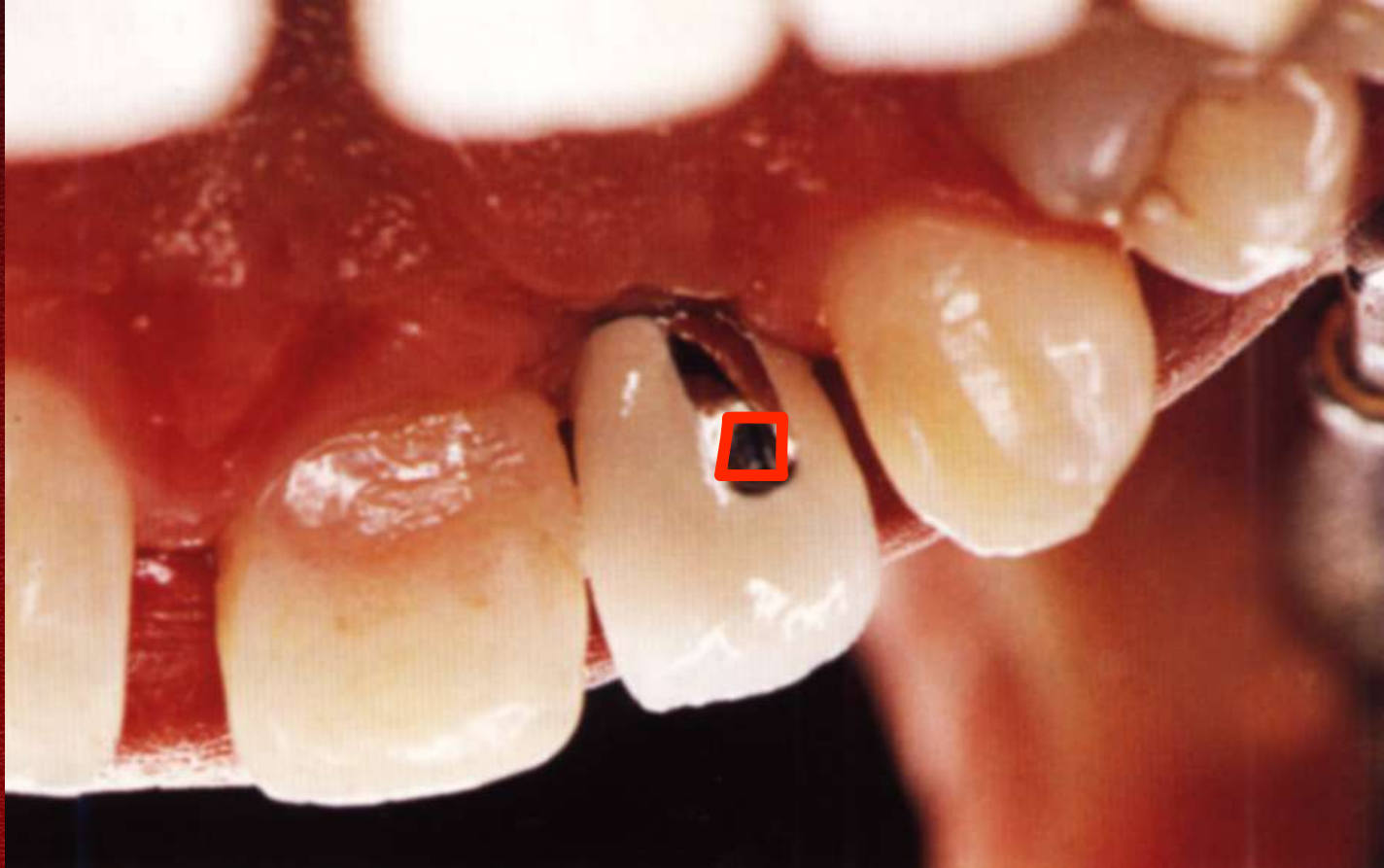
Edentatie unidentara

aspect clinic la montarea stalpului protetic



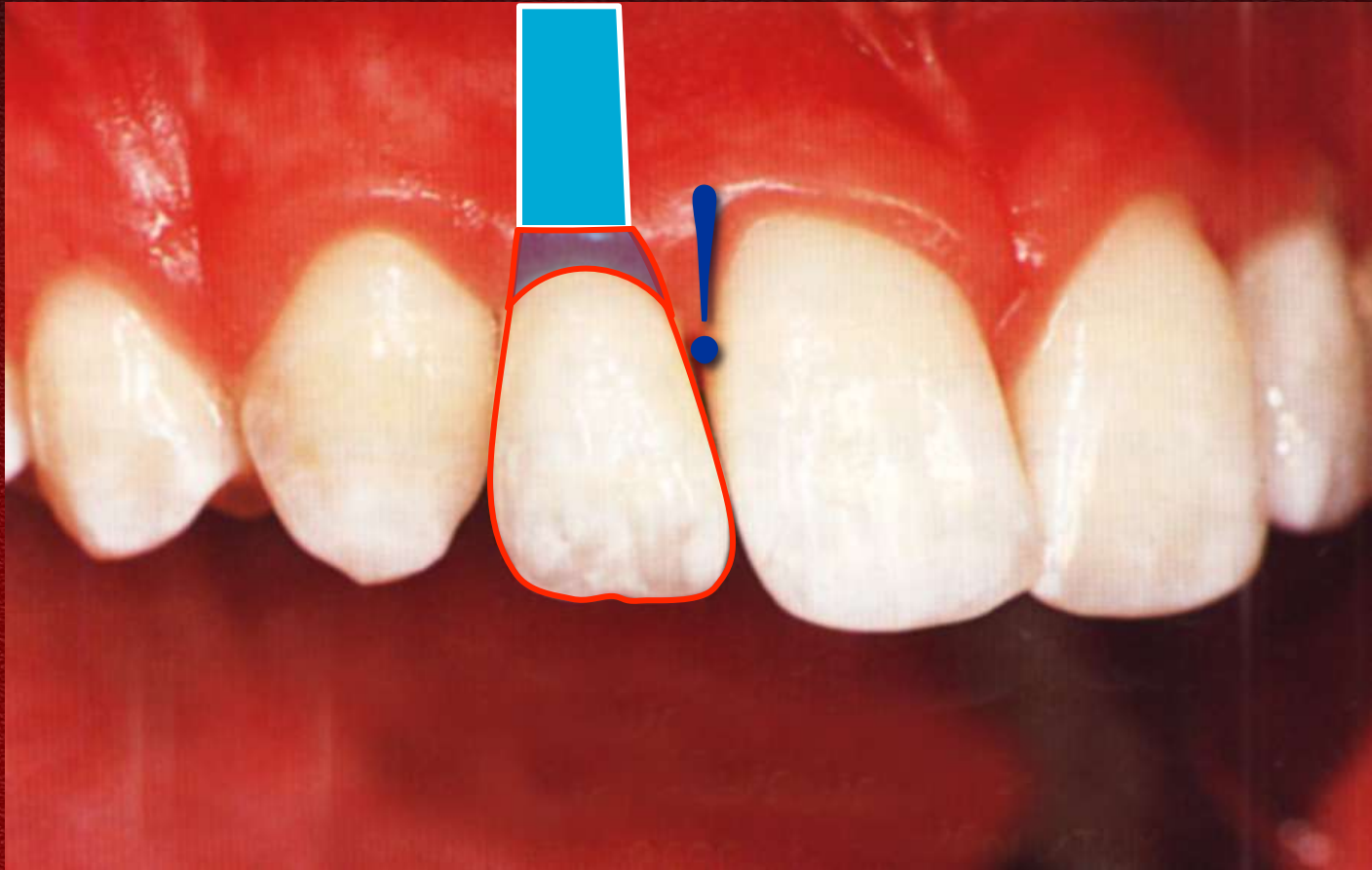
Edentatie unidentara

aspect clinic final



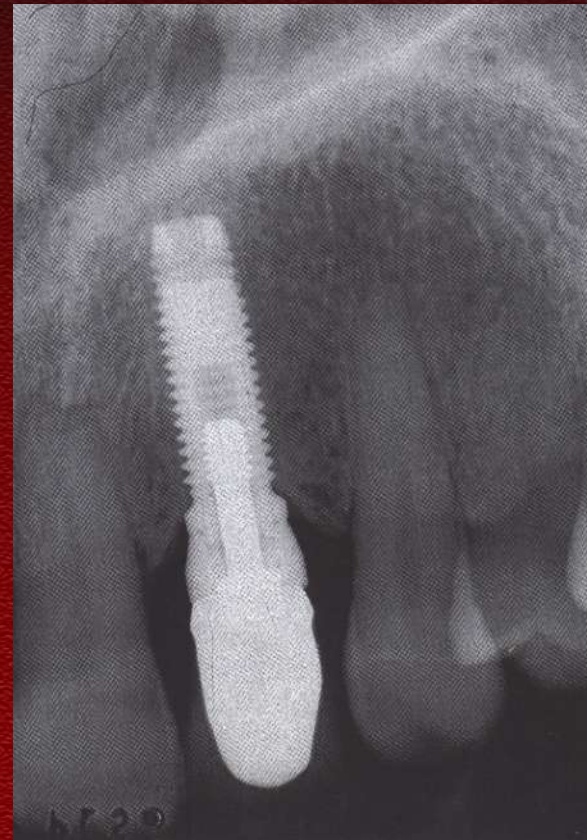
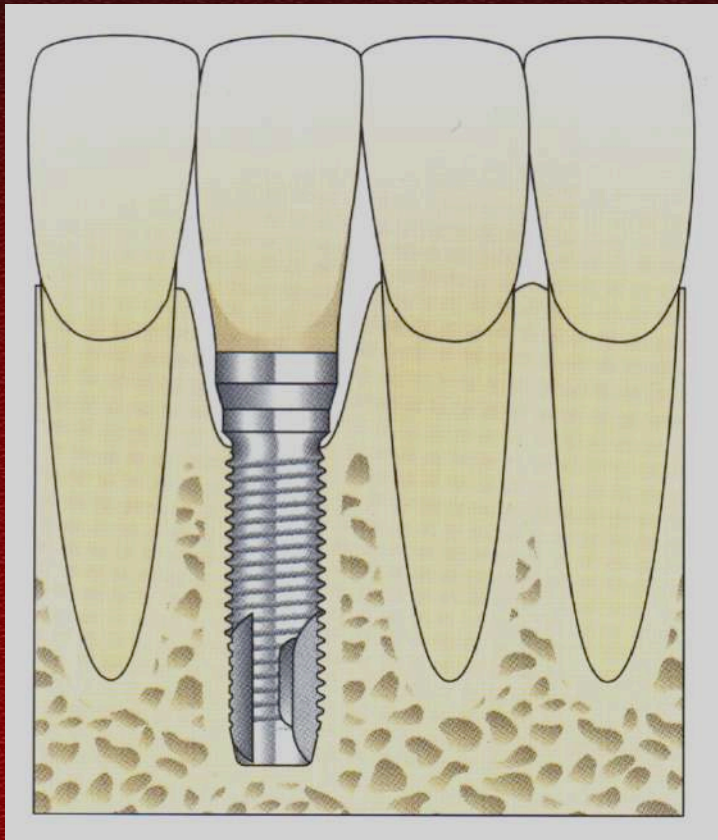
Edentatie unidentara

aspect clinic final

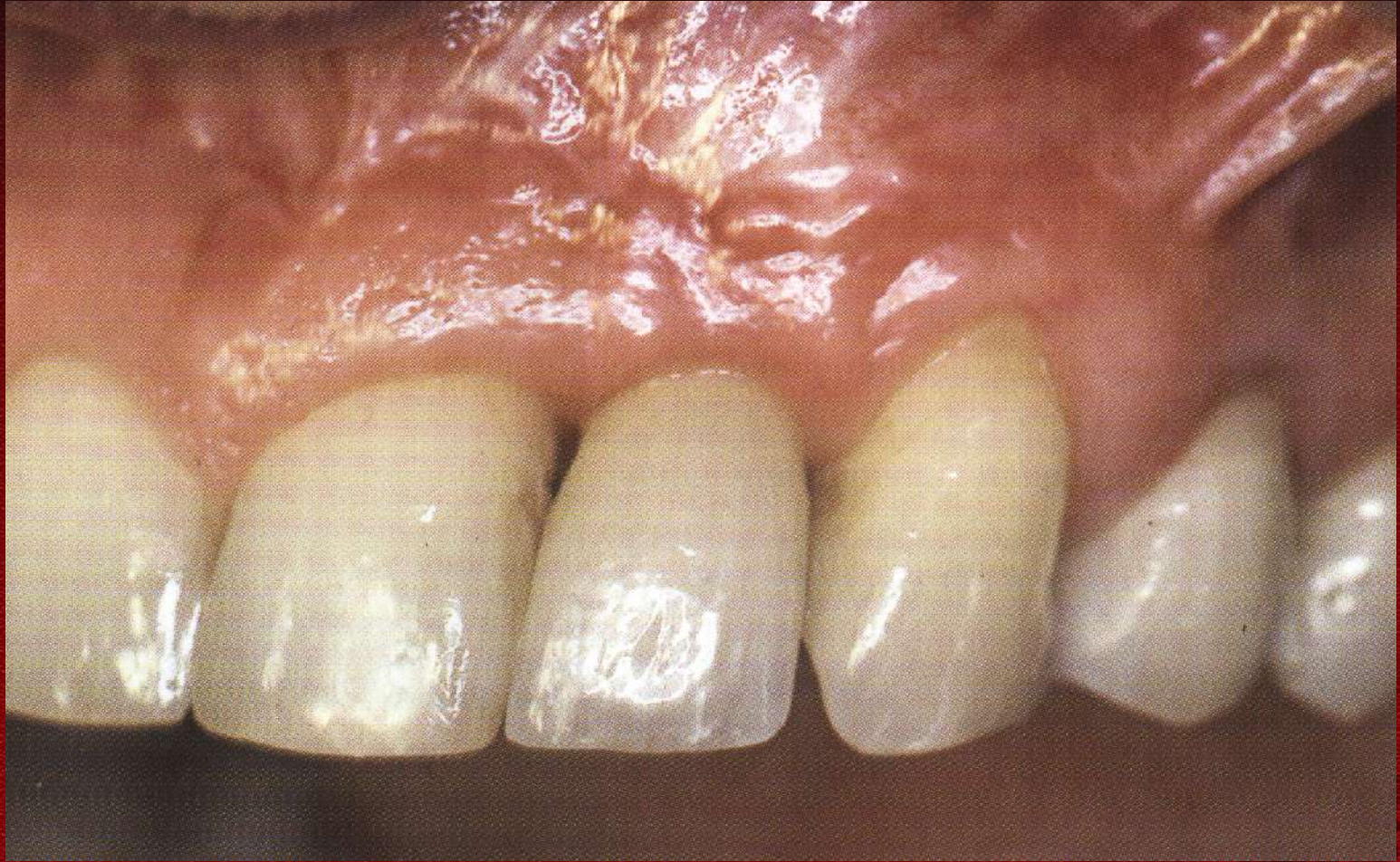


Edentatie unidentara

Implant pozitionat la un nivel foarte scăzut = probleme de estetică

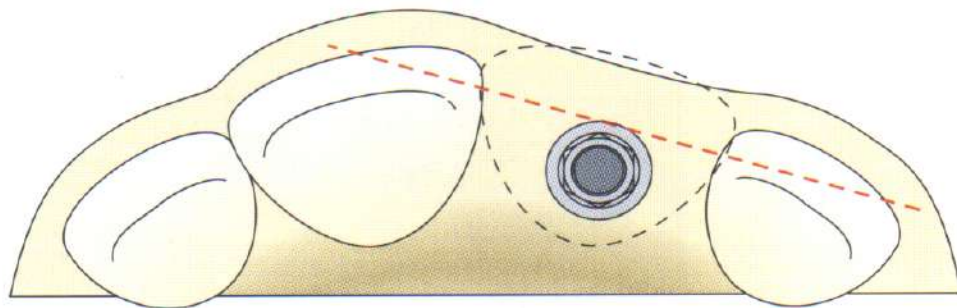
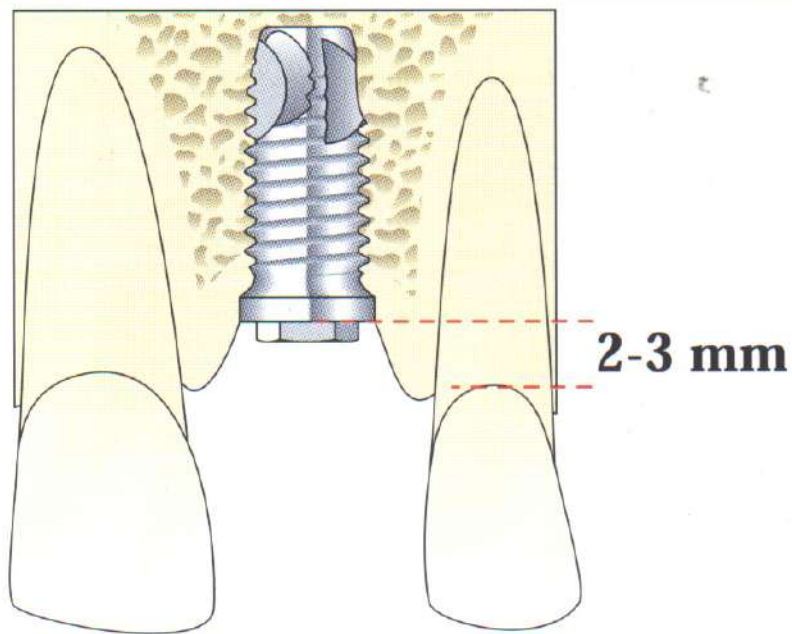


Edentatie unidentara



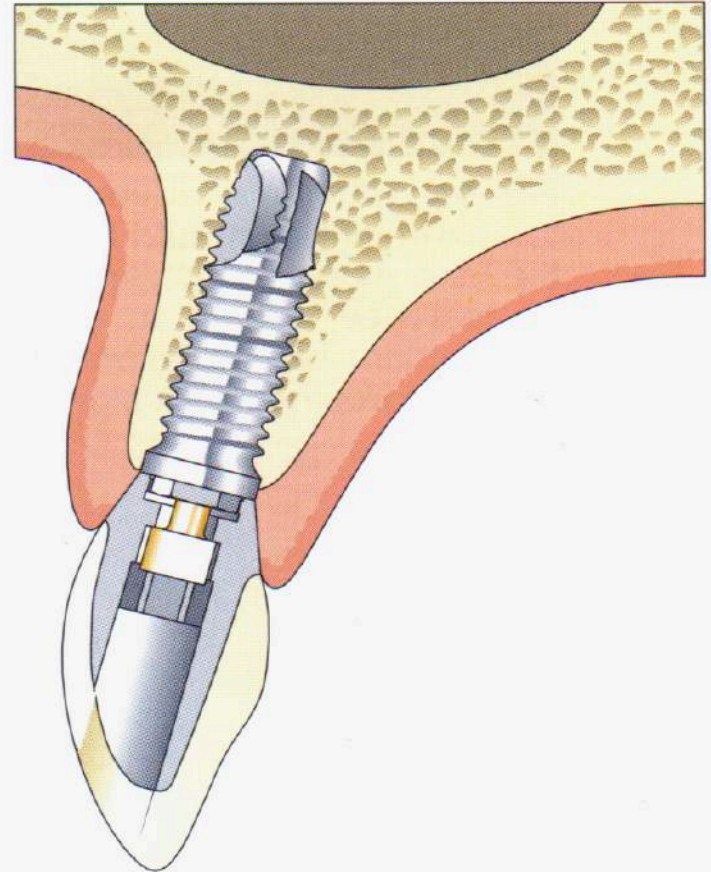
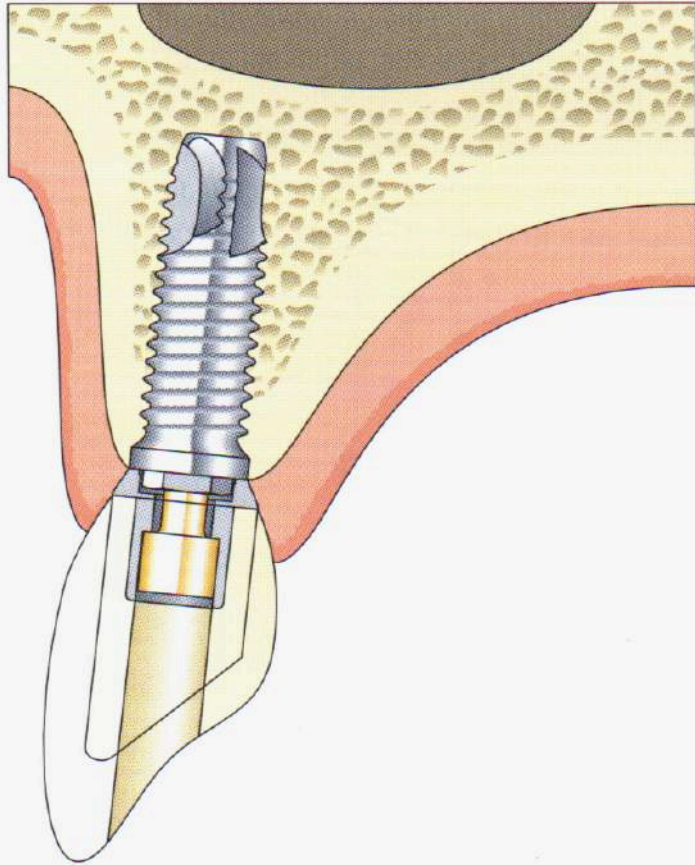
Edentatie unidentara

Inserarea implantului - timpul chirurgical !!!

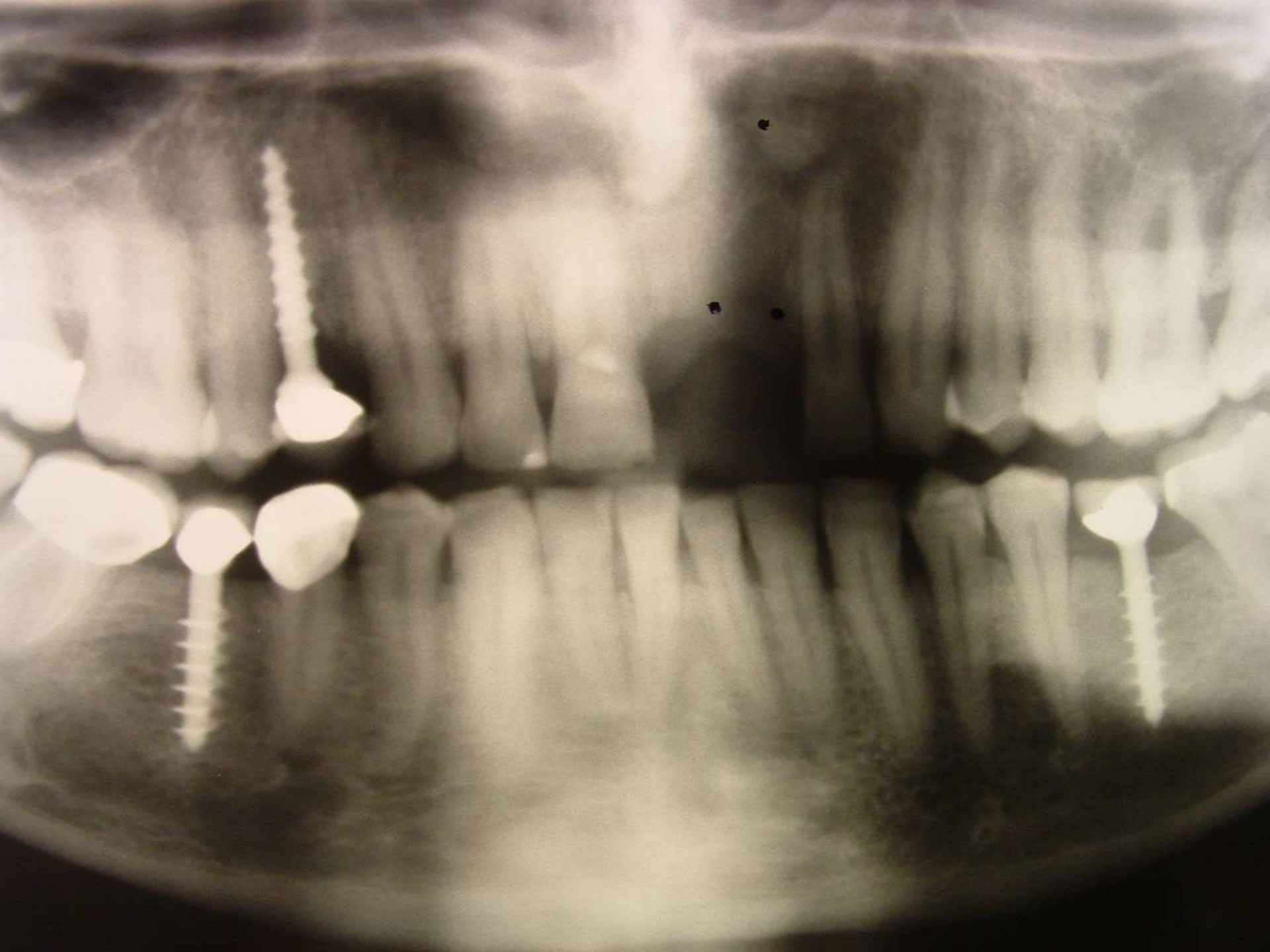


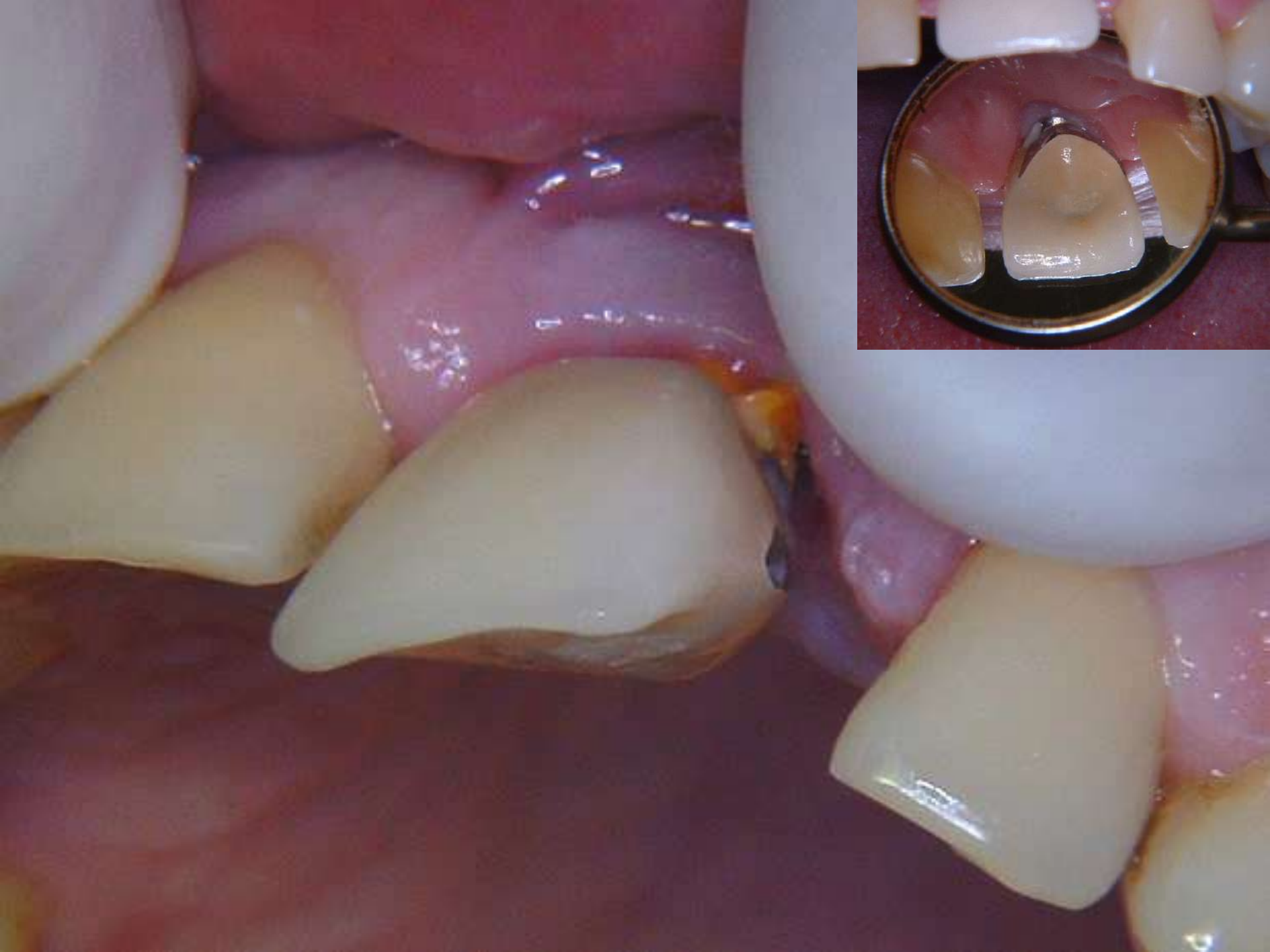
Edentatie unidentara

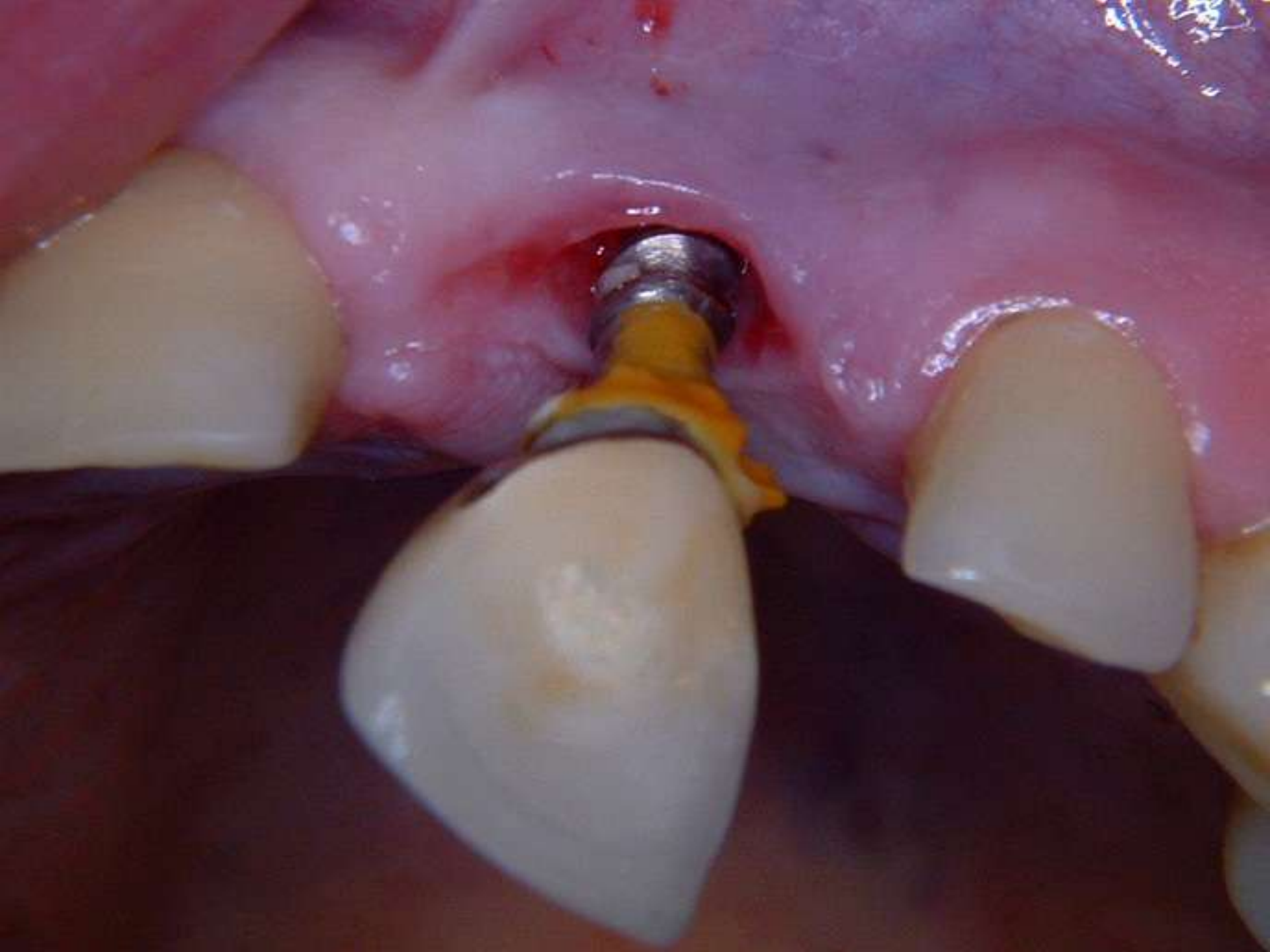
Inserarea implantului - folosirea unui sablon de ghidare





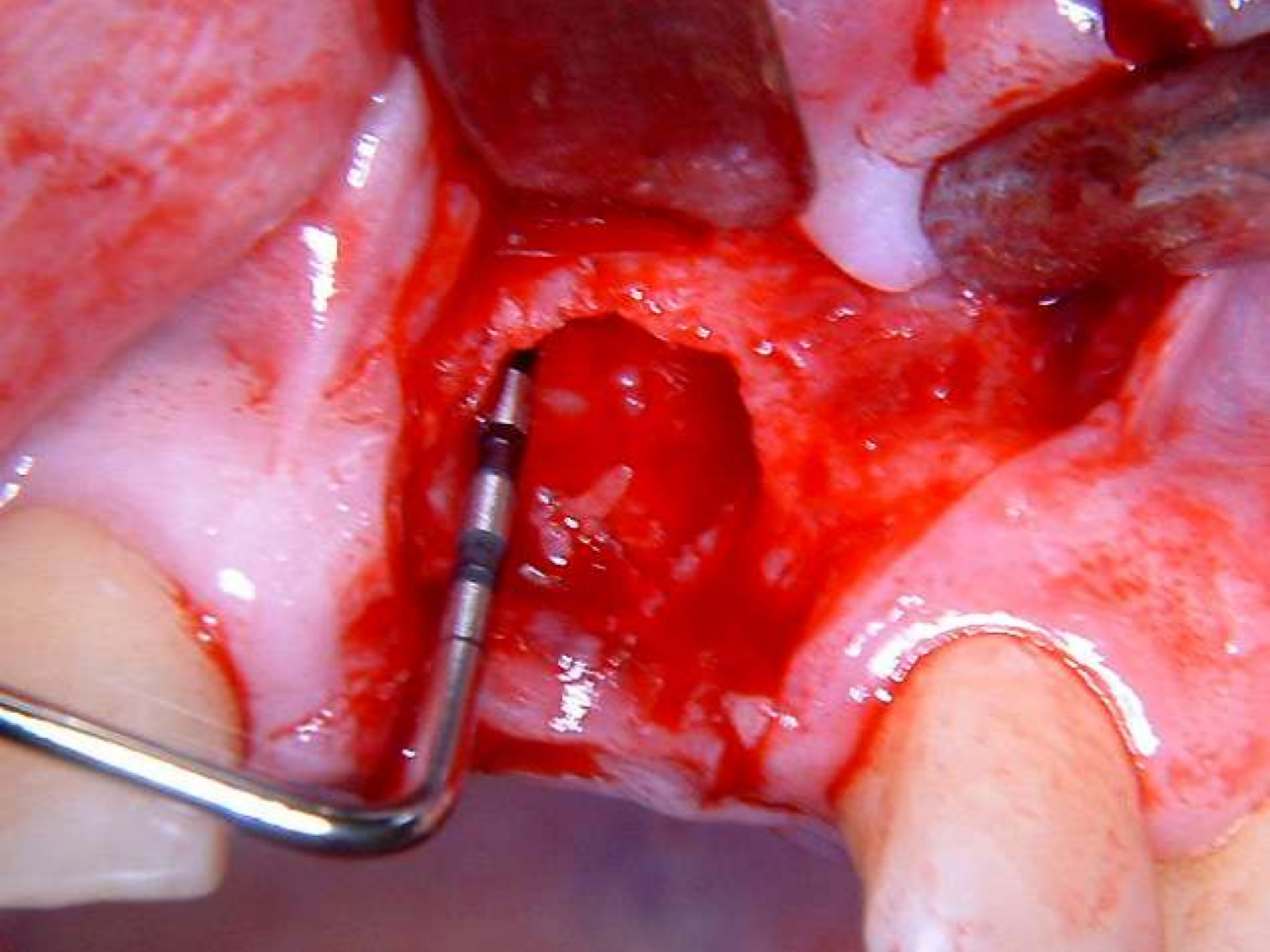


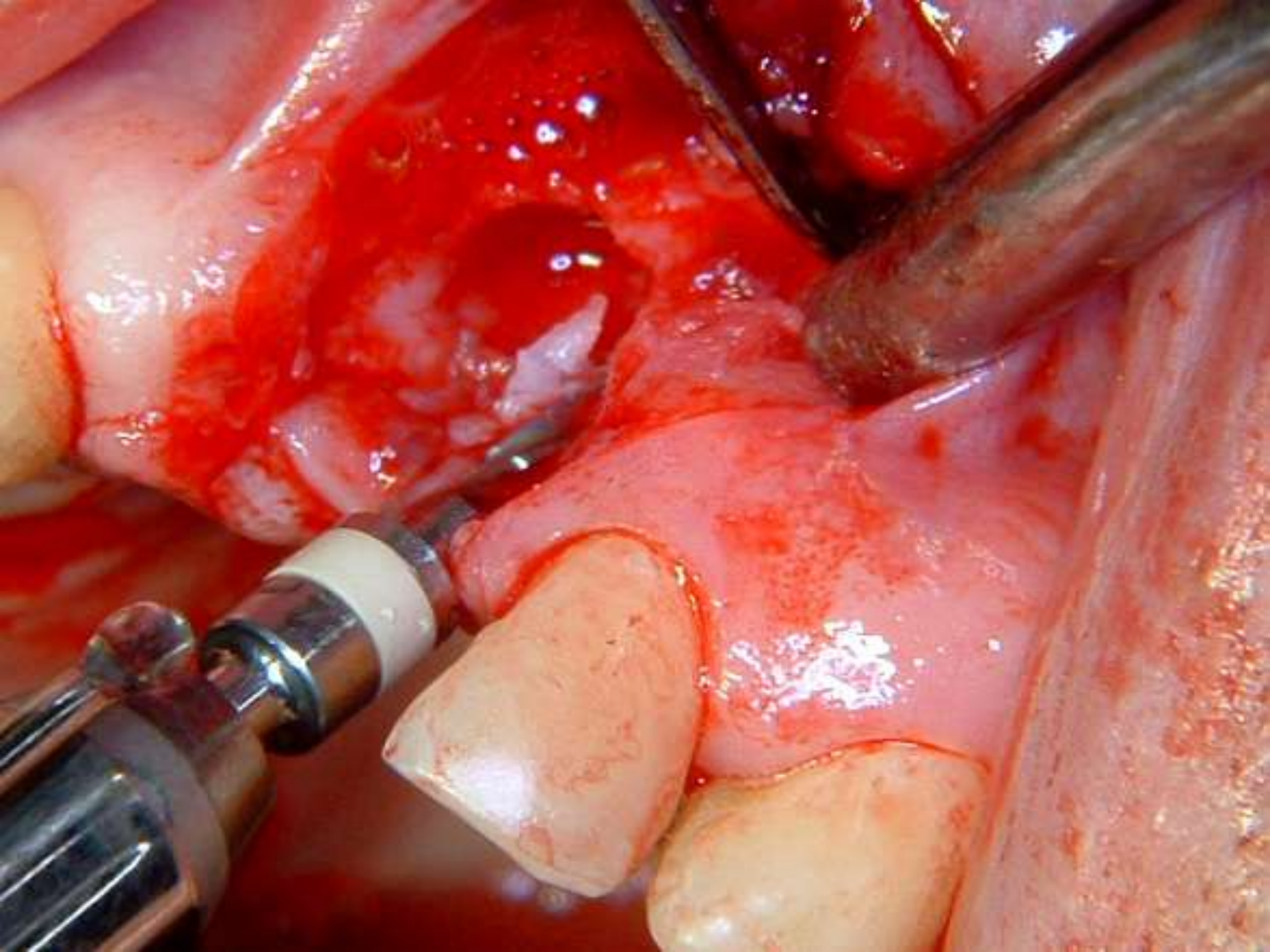


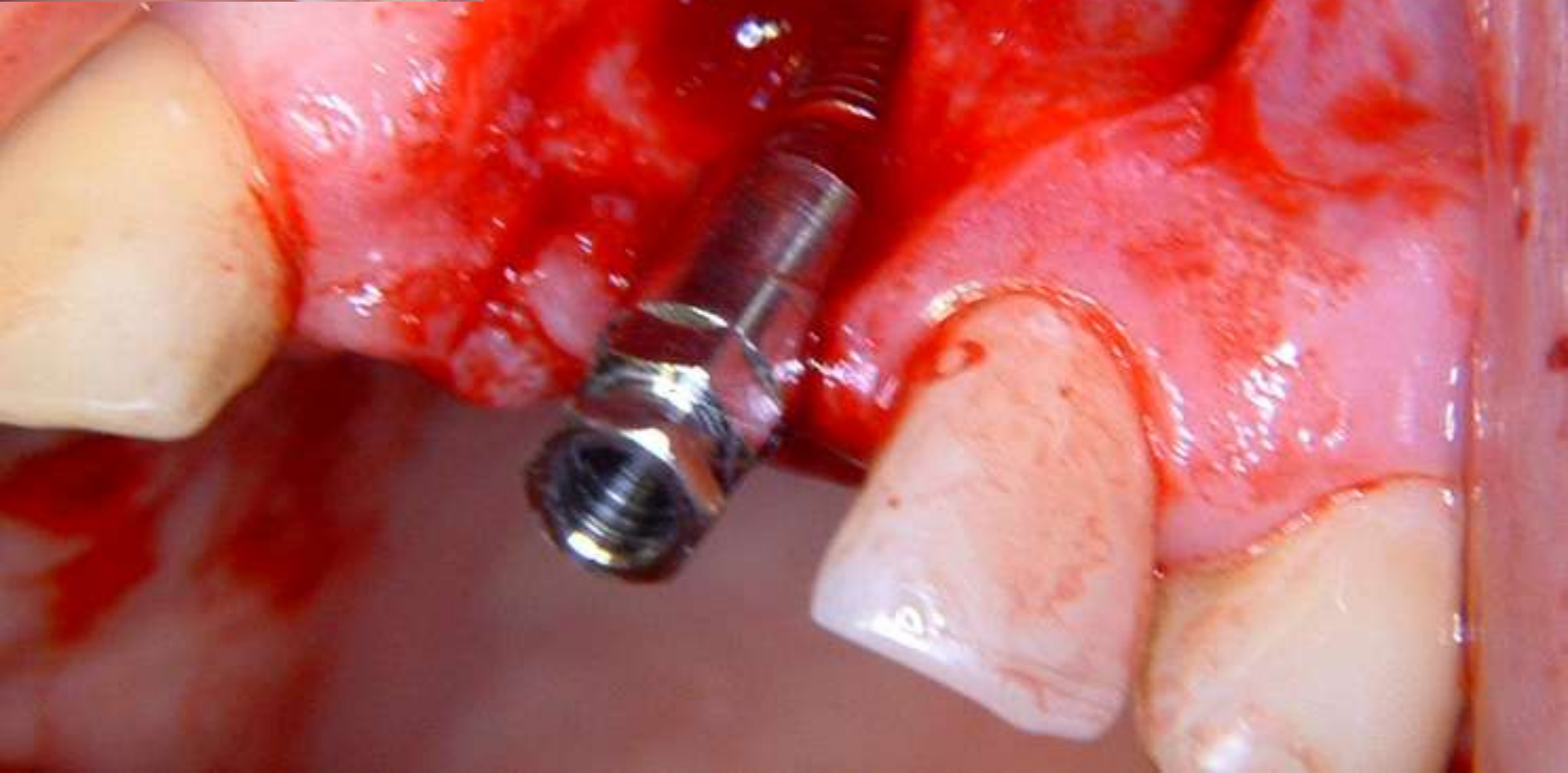
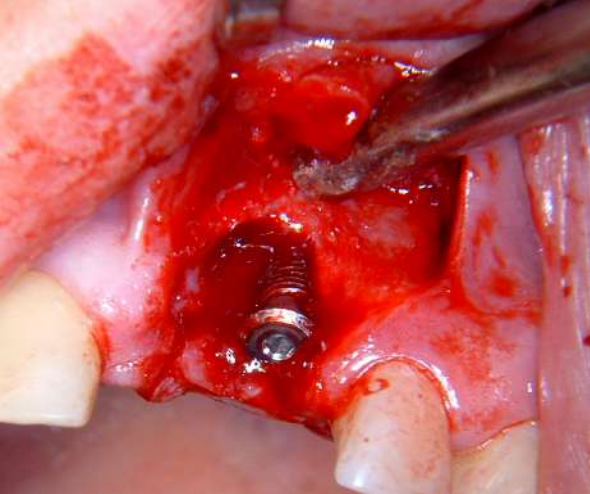




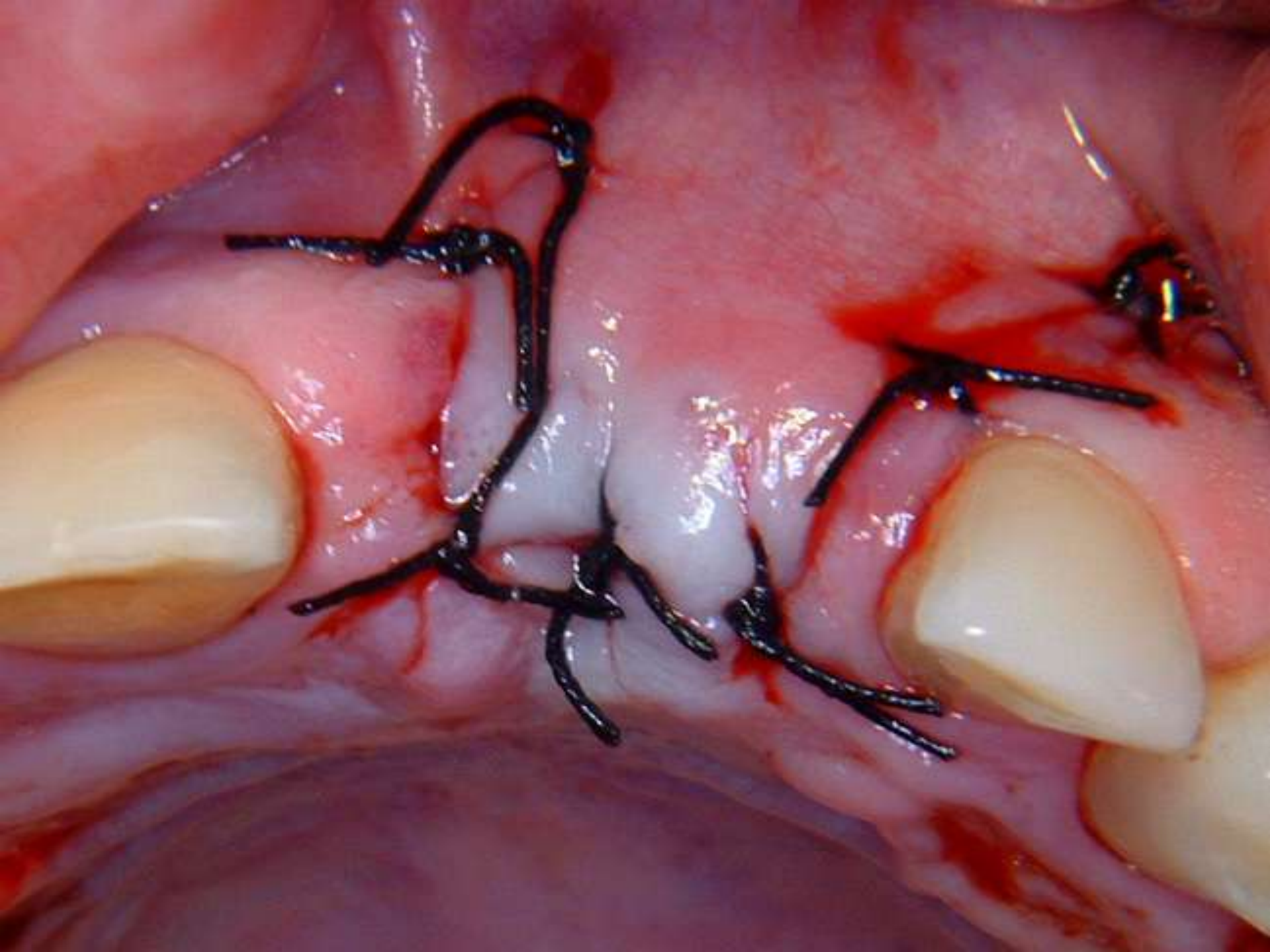


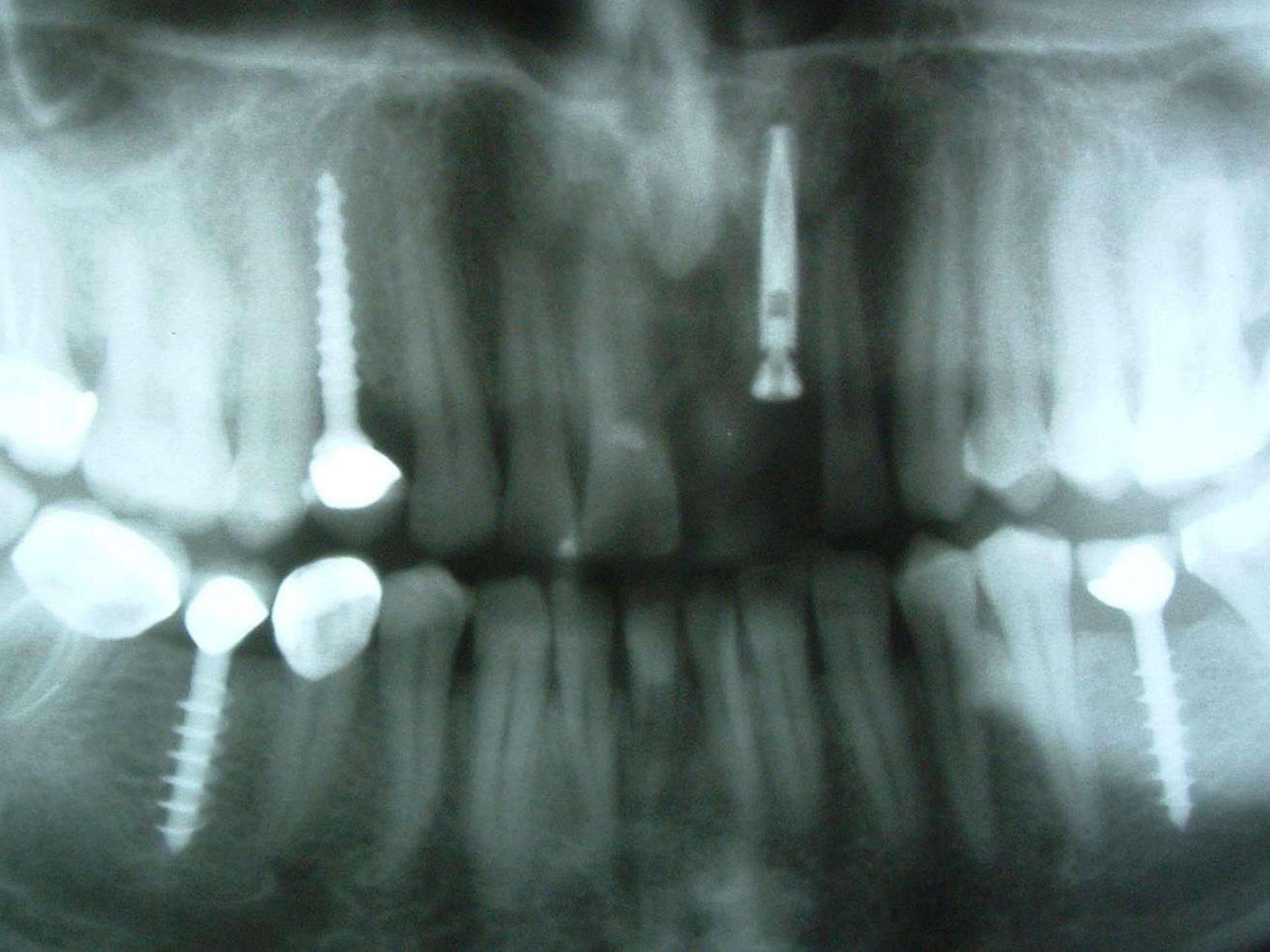








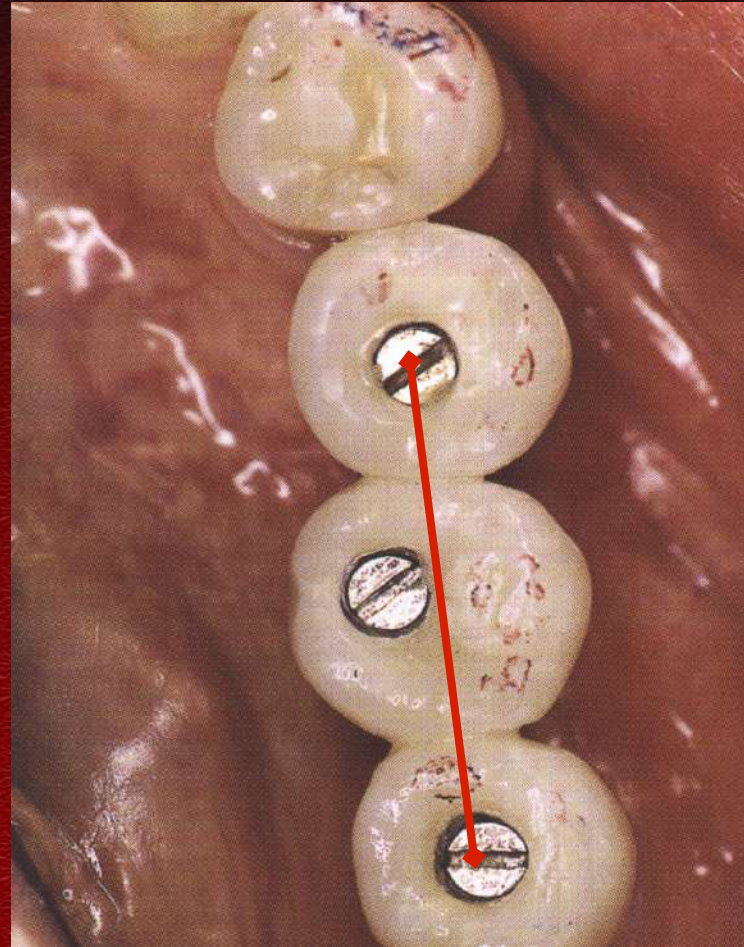
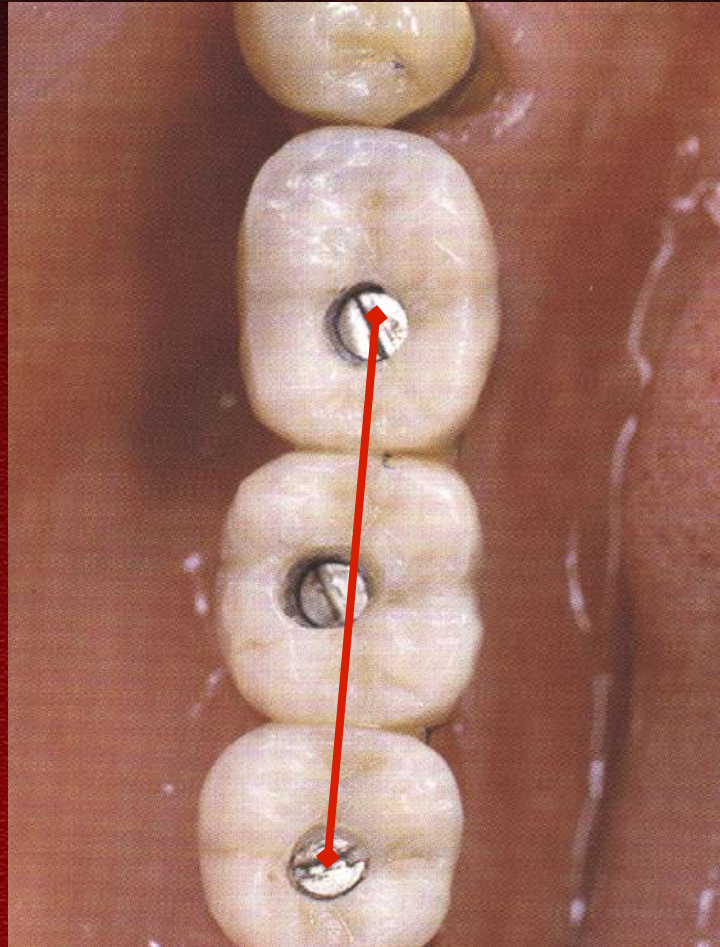






Edentatie - zona laterală

Rezistenta si transmiterea fortelor



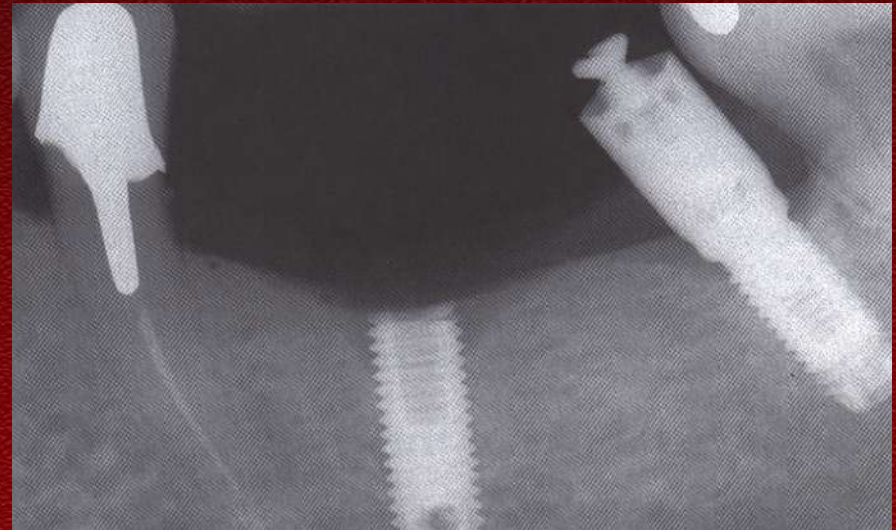
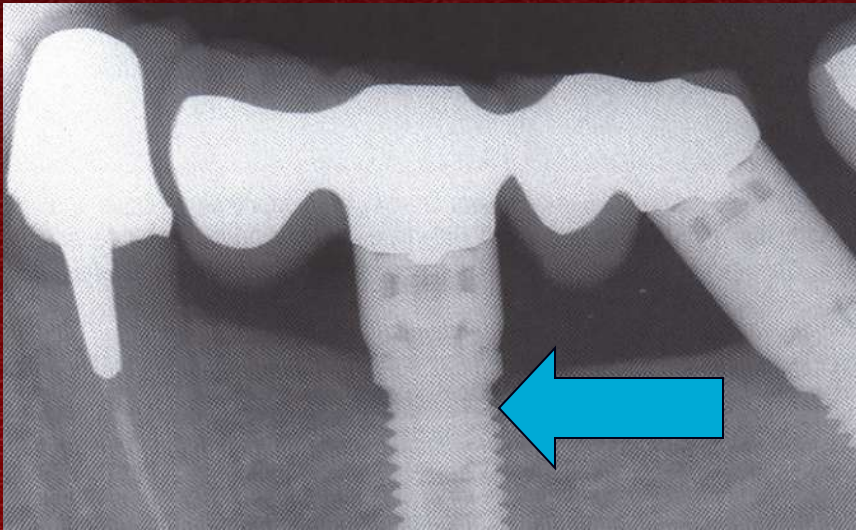
Edentatie - zona laterală

Rezistentă și transmiterea forțelor



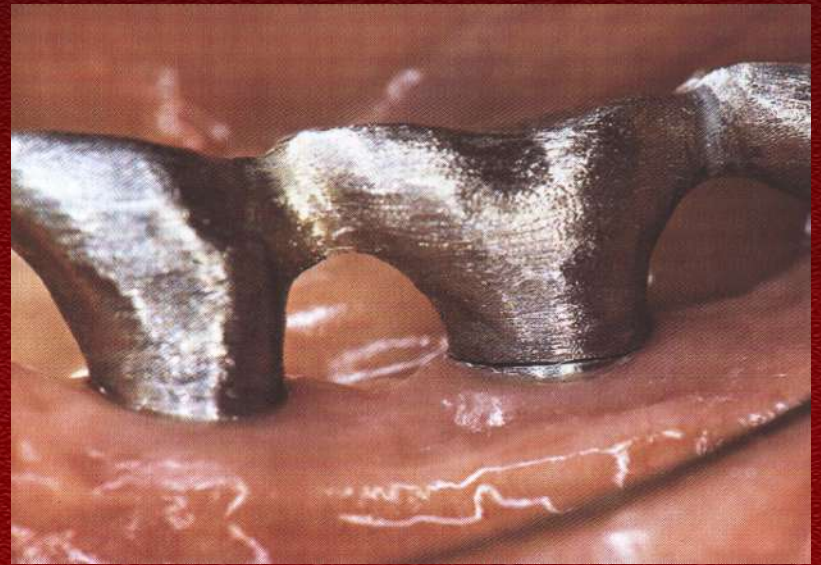
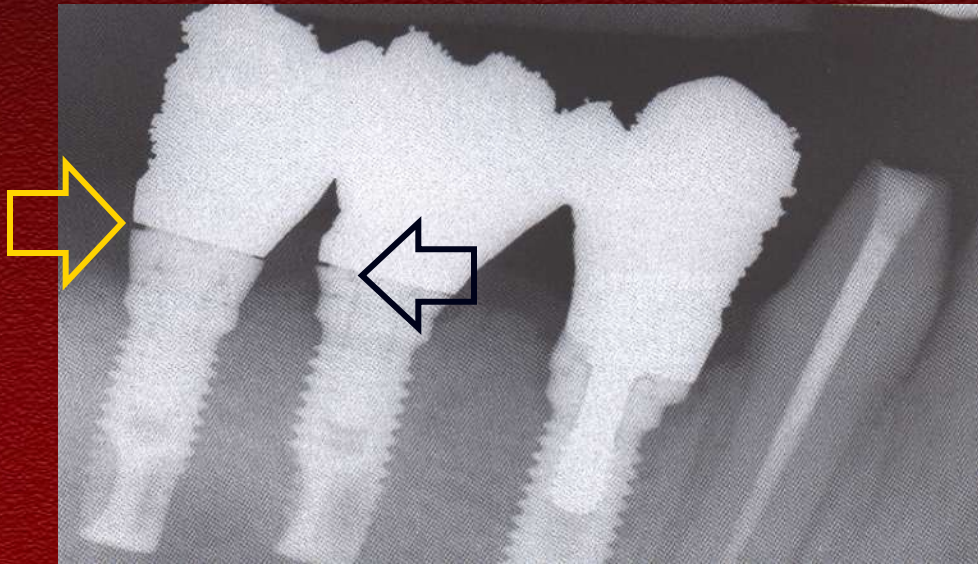
Edentatie - zona laterală

Prezenta unei extensii poate duce la fractura implantului



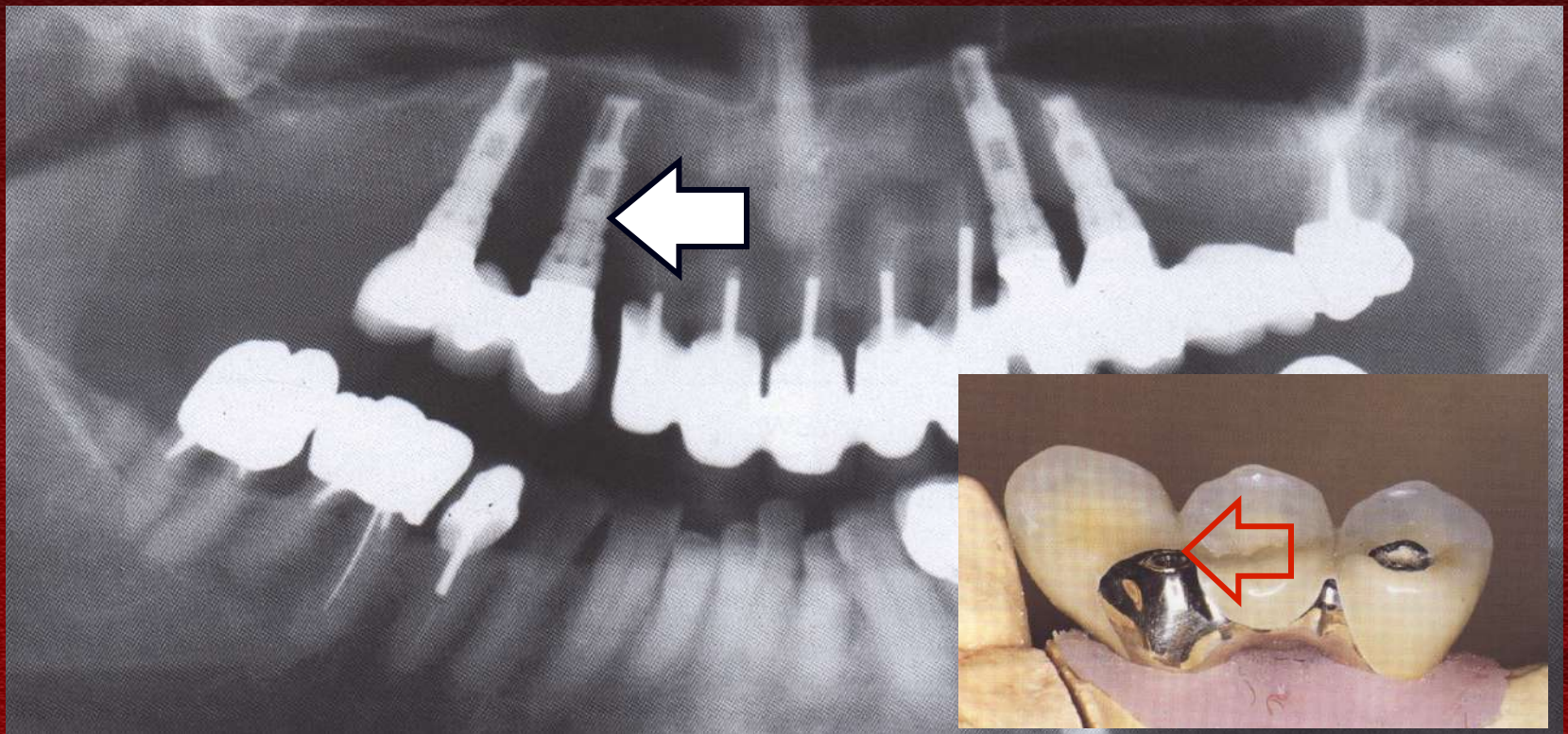
Edentatie - zona laterală

Inadaptarea structurii la implante = imposibilitatea fixării corecte (strângerea suruburilor)



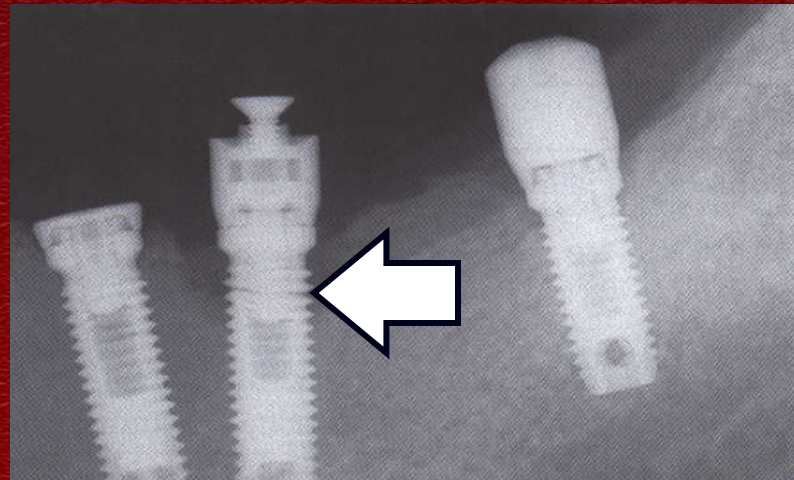
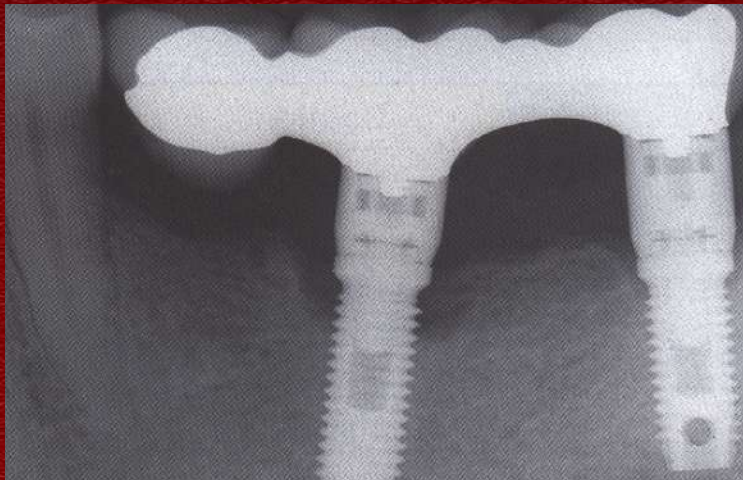
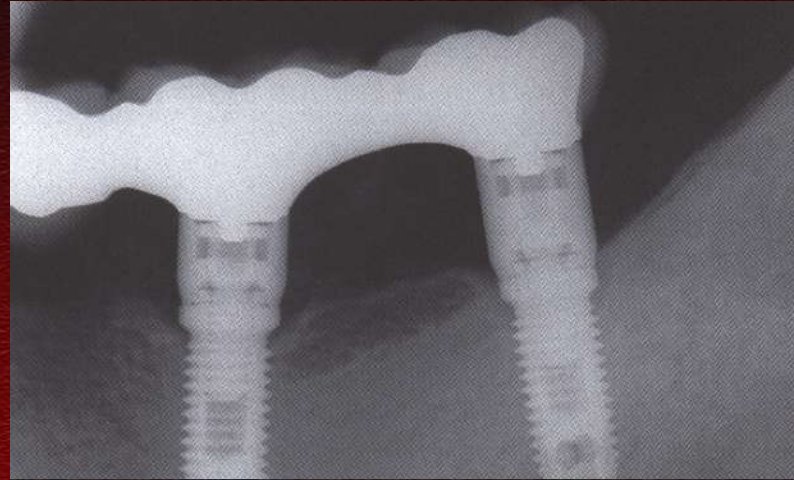
Edentatie - zona laterală

Transmiterea deficitara a forțelor = fractura surubului de fixare a stalpului



Edentatie - zona laterală

Transmiterea deficitara a forțelor = fractura implantului

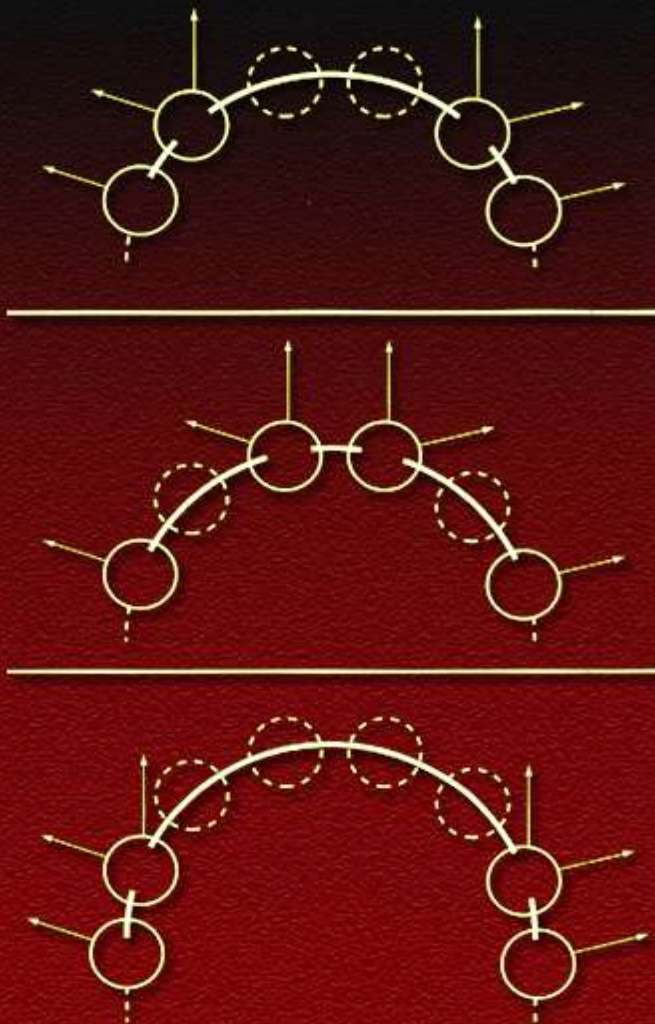


Edentatie intercalata

Zona frontala – laterala

Abordare diferita





Edentatiile intercalate din zona frontala

*Distribuirea fortelor in
dinamica in functie de tipul
de edentatie – **functional !!***

*- In majoritatea cazurilor centralii si
caninii sunt solicitati atat in protruzie
cat si in lateralitate*



Edentatie intercalata

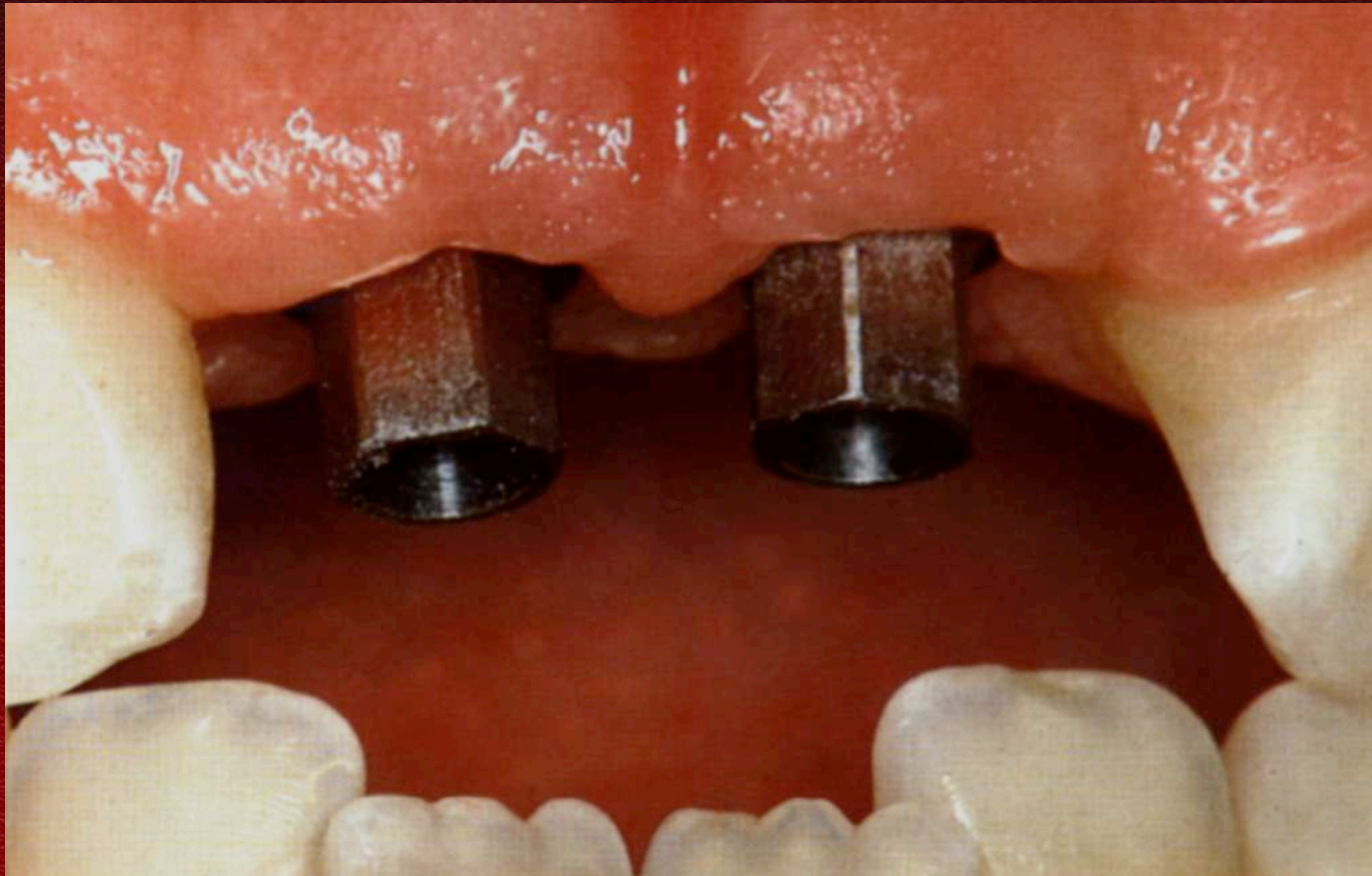
Zona frontala – laterala

Abordare diferita



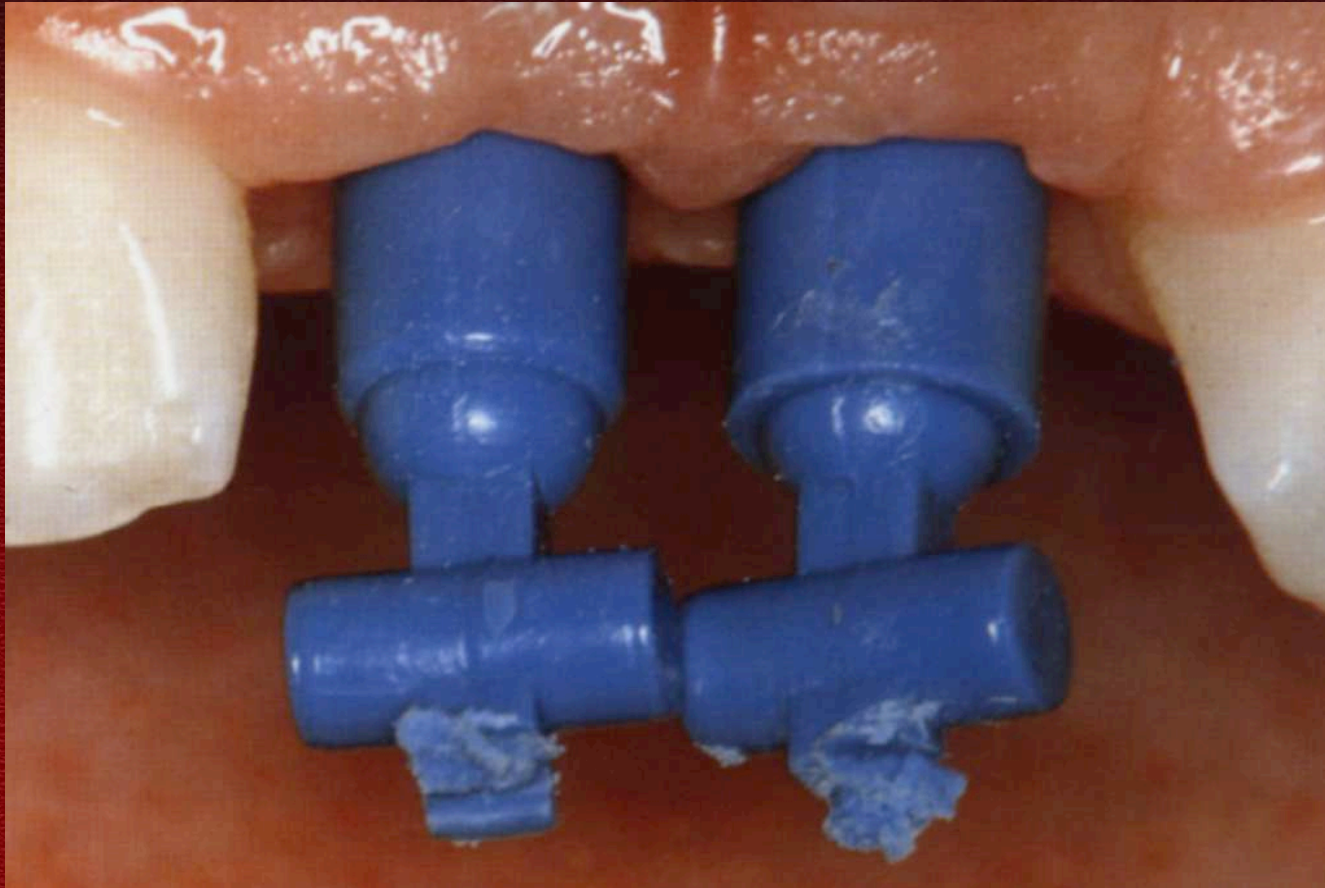
Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



inestetic



ideal ?

*Absenta papilelor interdentare, sau papile sterse =
ambrazuri libere = aspect inestetic*

*La cererea pacientului aceste „spatii negre” au fost
inchise = reducerea posibilitatii de igienizare*



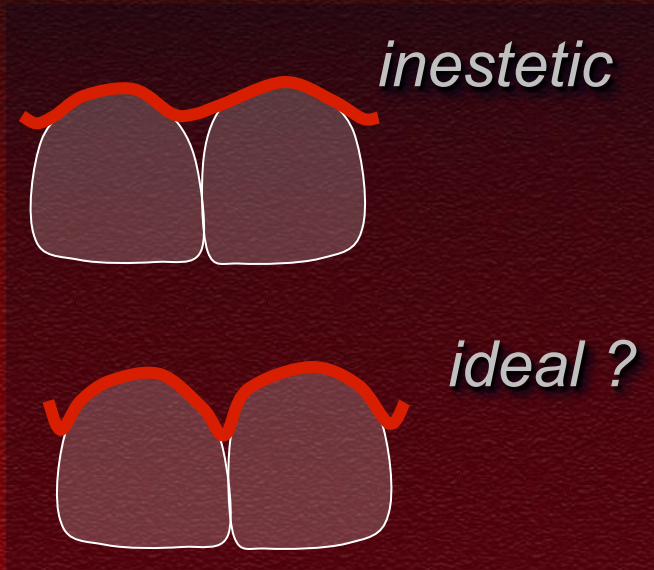
Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Absenta papilelor interdentare, sau papile sterse = ambrazuri libere = aspect inestetic

Posibilitatea realizarii unei masti gingivale



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Edentatie intercalata

Zona frontala



Inesthetic functional

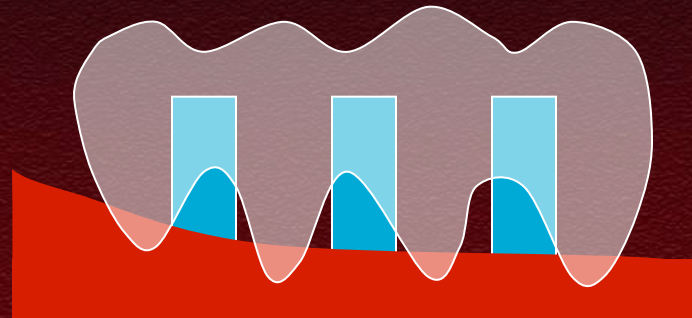


Estetic nefunctional



Edentatie intercalata

Zona laterala



*din perspectiva vestibulara se
poate observa decalajul realizat
pentru a se permite o igienizare
usoara = **functional & estetic***



Edentatie intercalata

Zona laterala



vedere frontala



vedere vestibulara



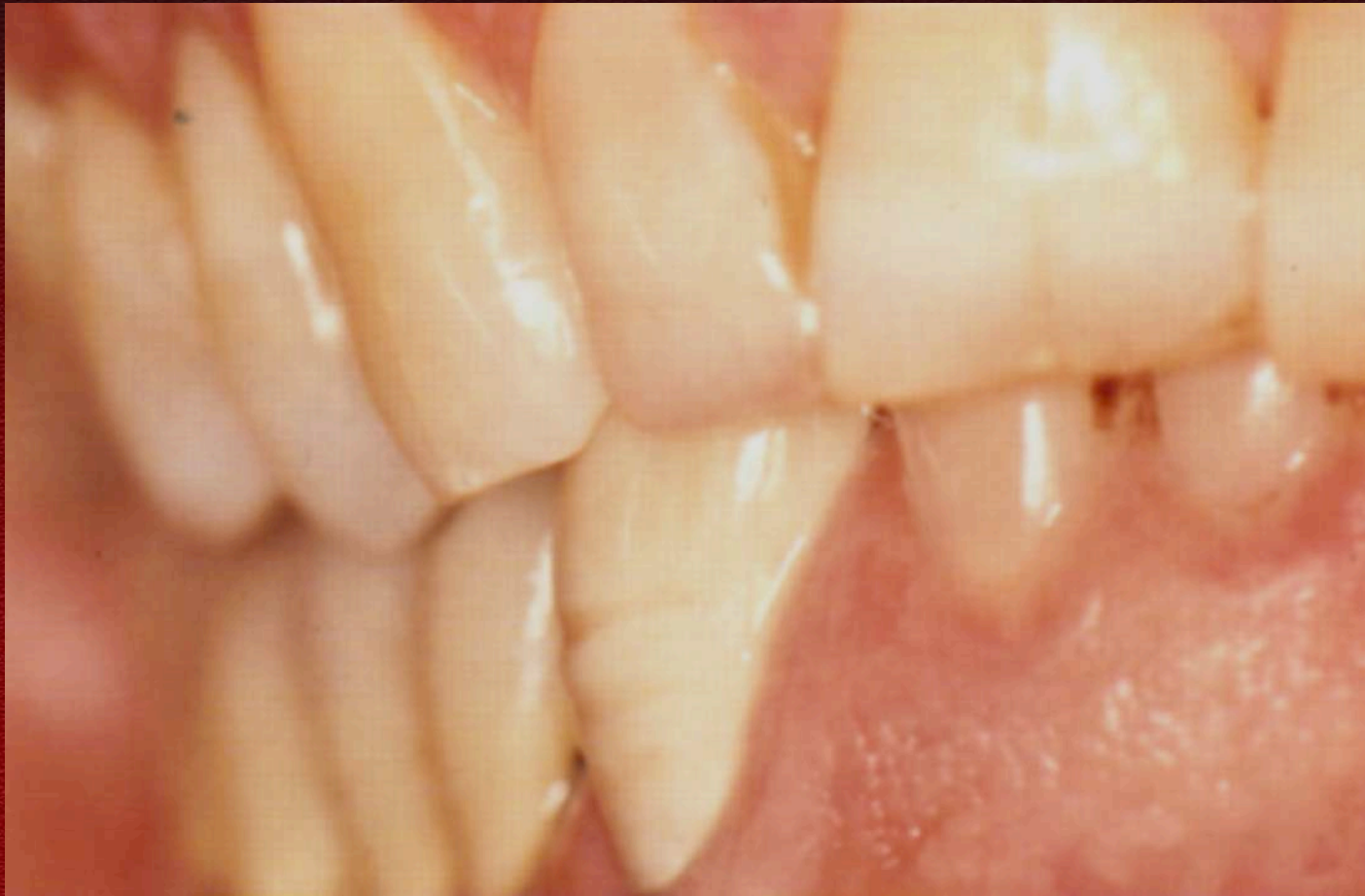
Edentatie intercalata

Zona laterala



Edentatie intercalata

Zona laterala



Edentatie totala

Supraprotezare
sau RPF



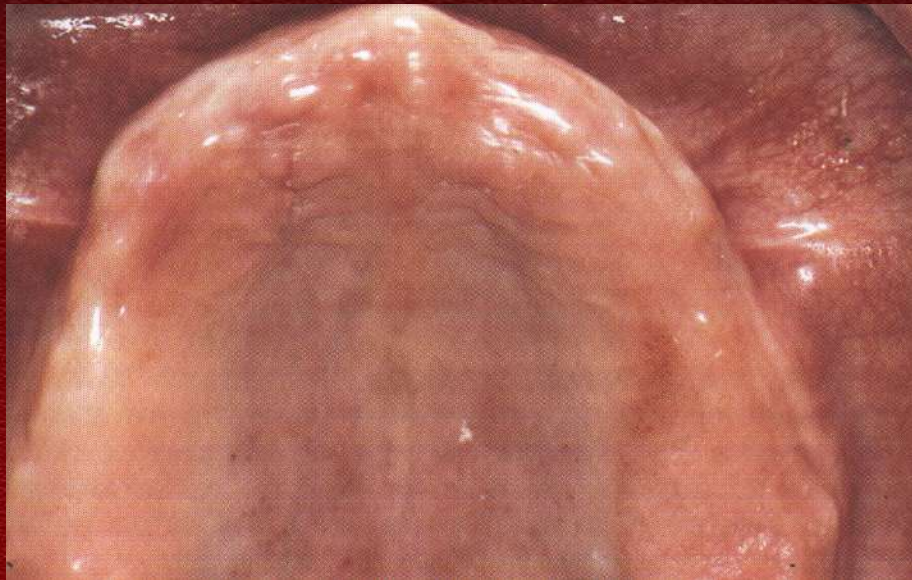
Edentatie totala

posibilitati de realizare a supraprotezarii

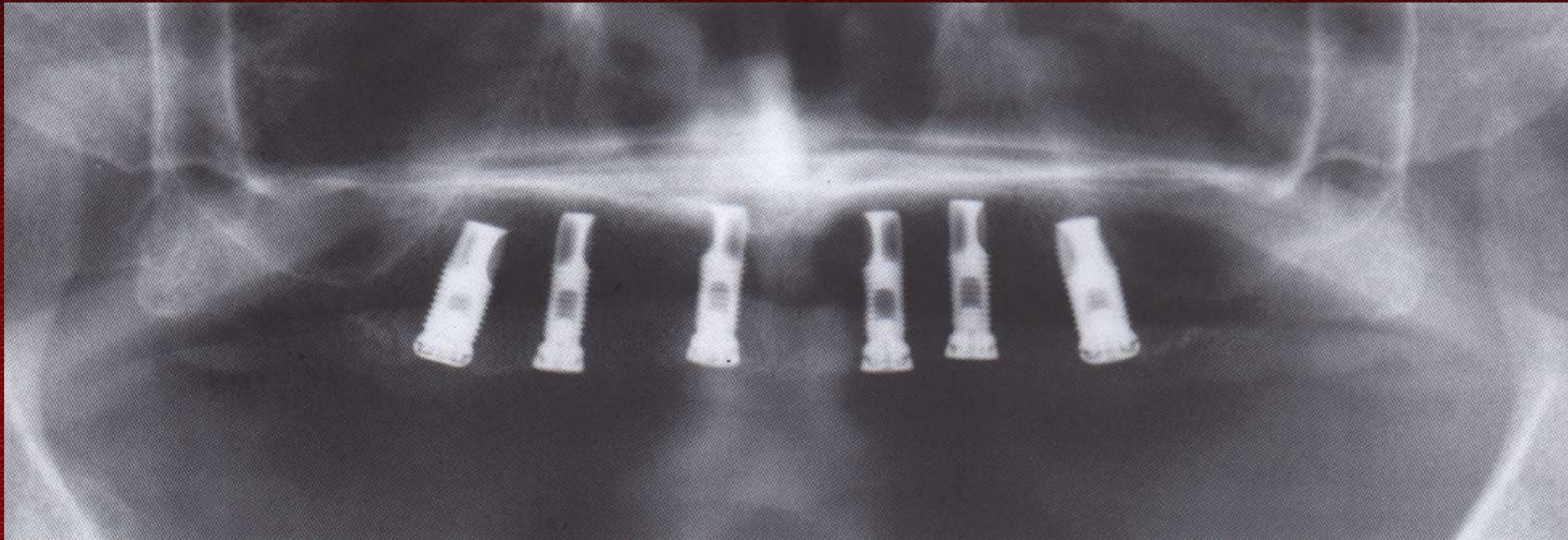


Edentatie totala

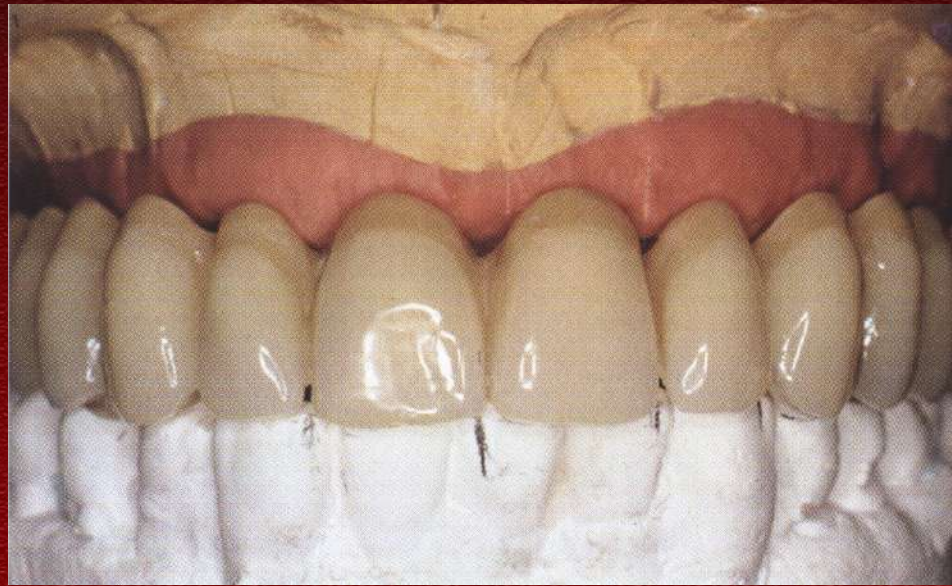
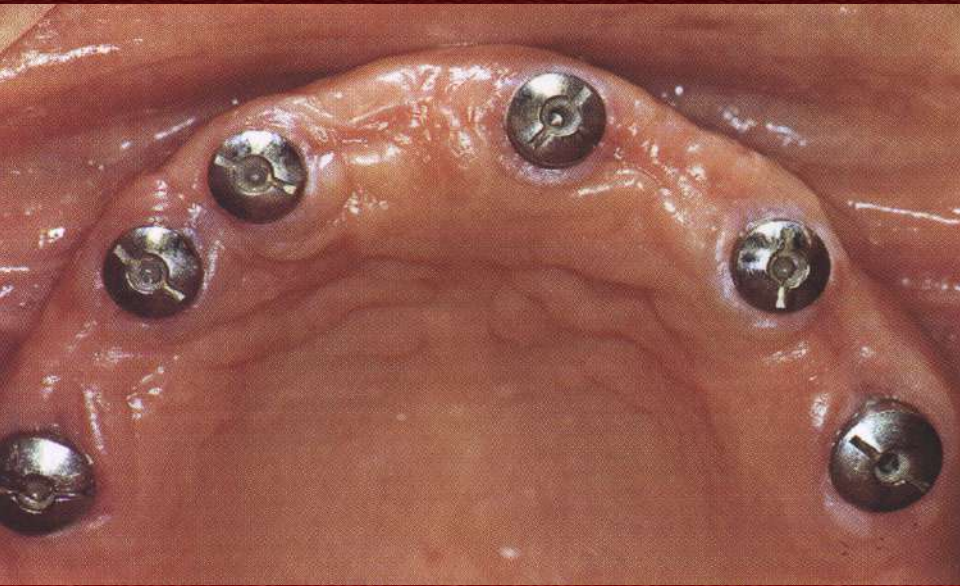
situatie clinica initiala



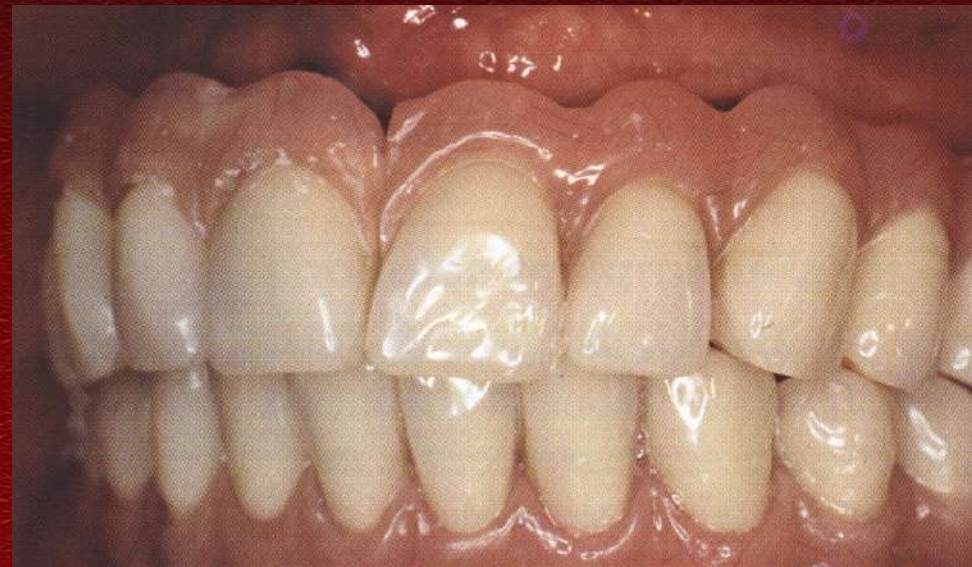
Edentatie totala



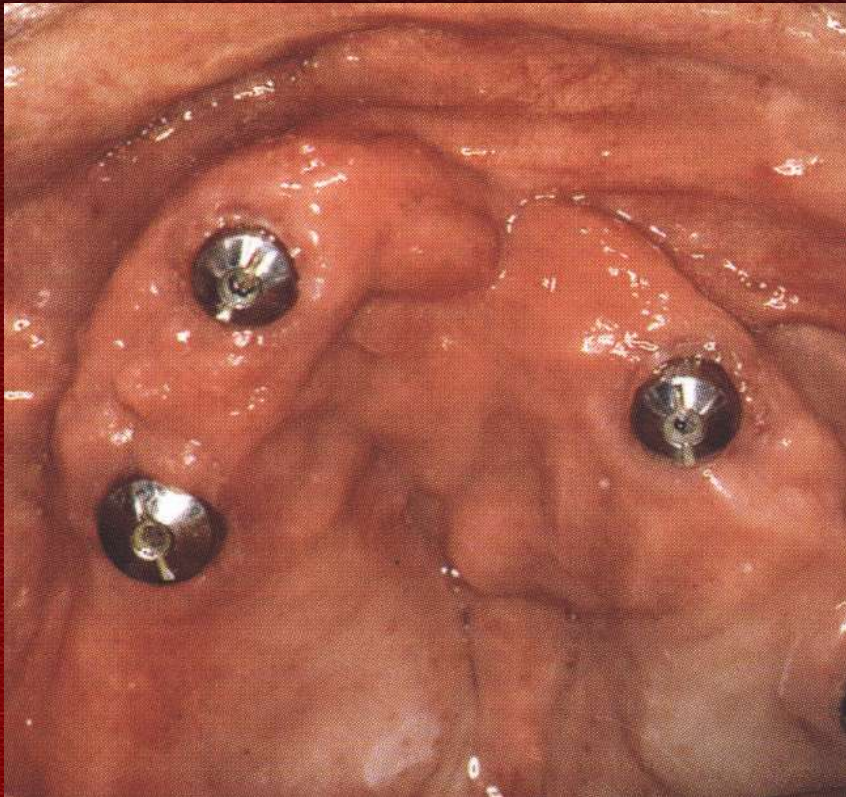
Edentatie totala



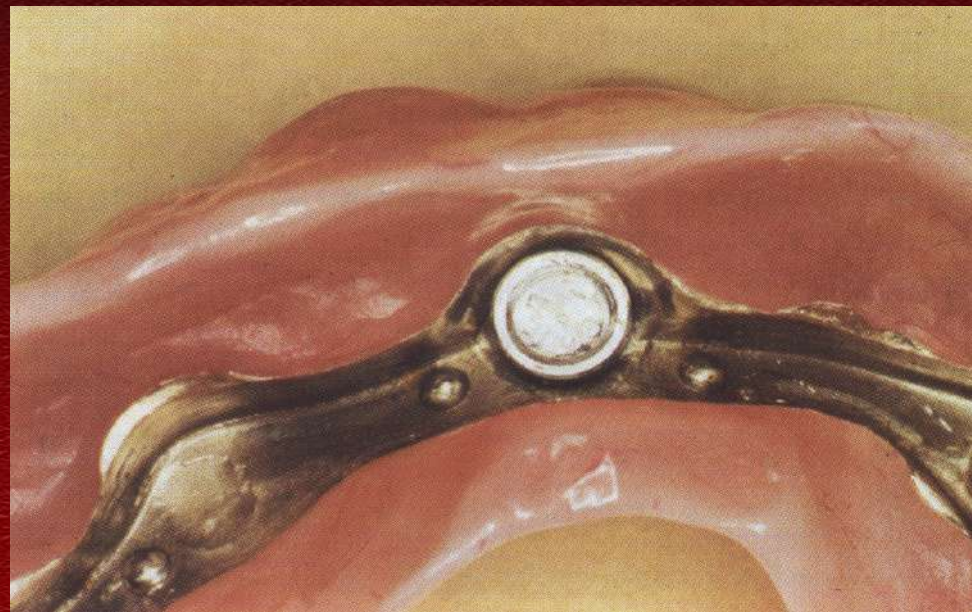
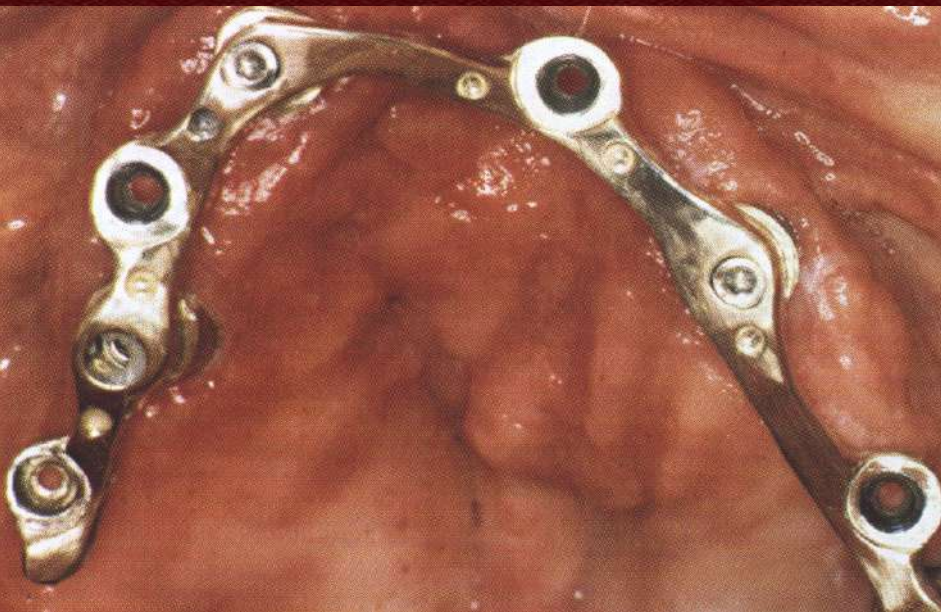
Edentatie totala



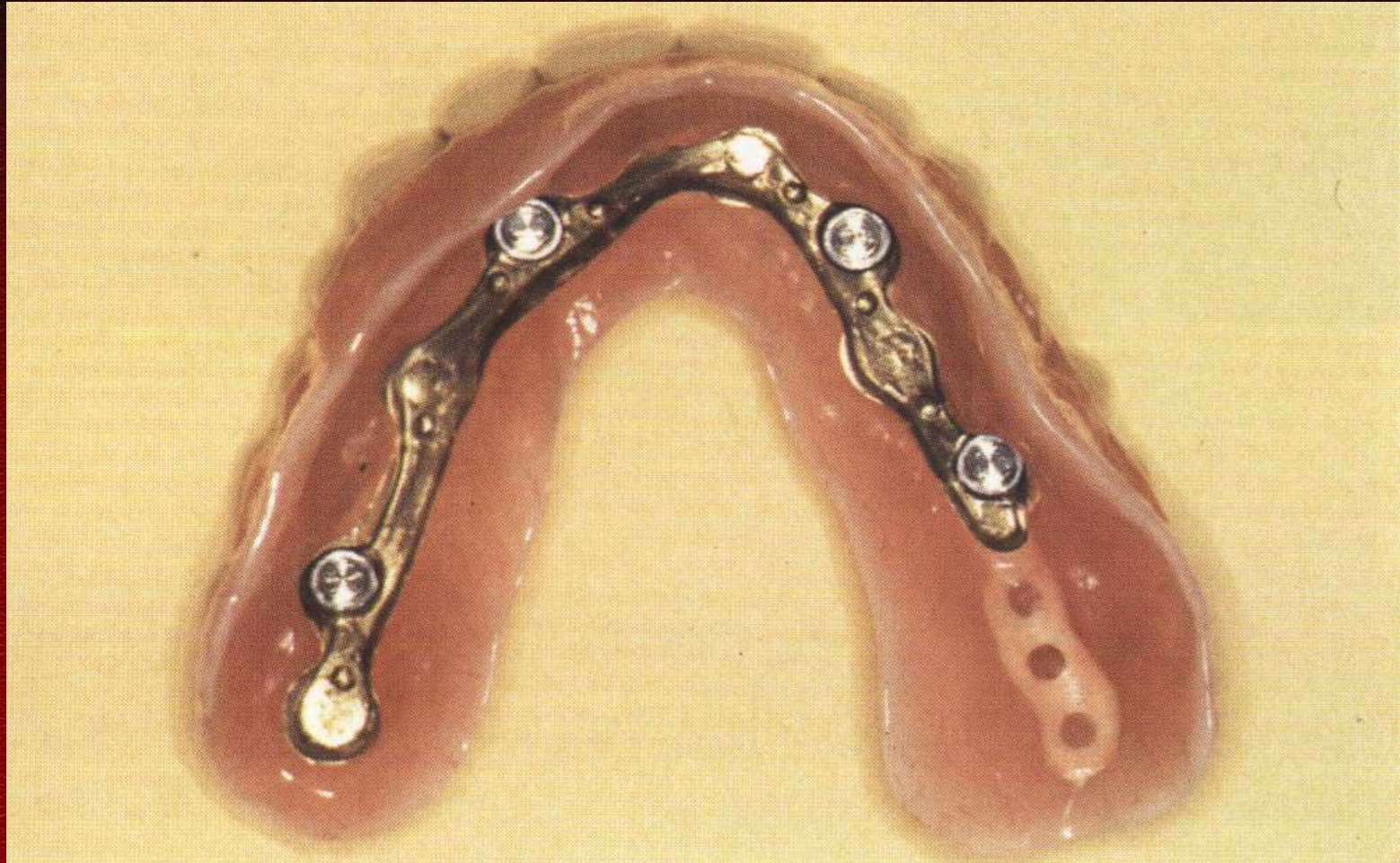
Edentatie totala



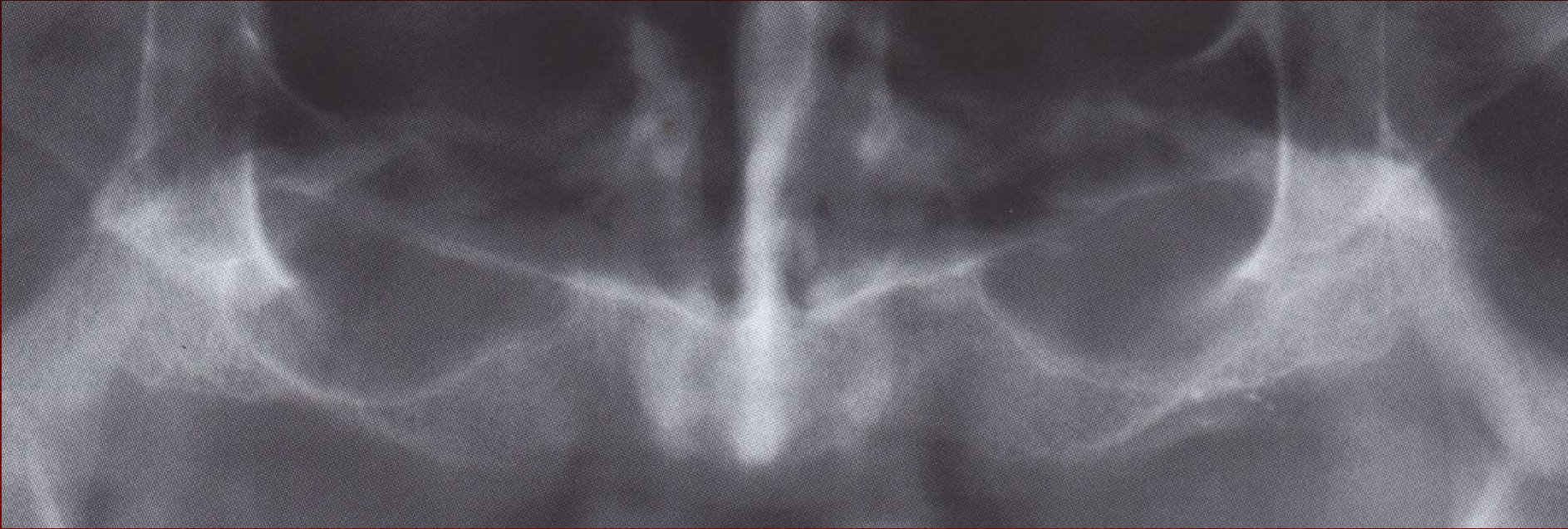
Edentatie totala



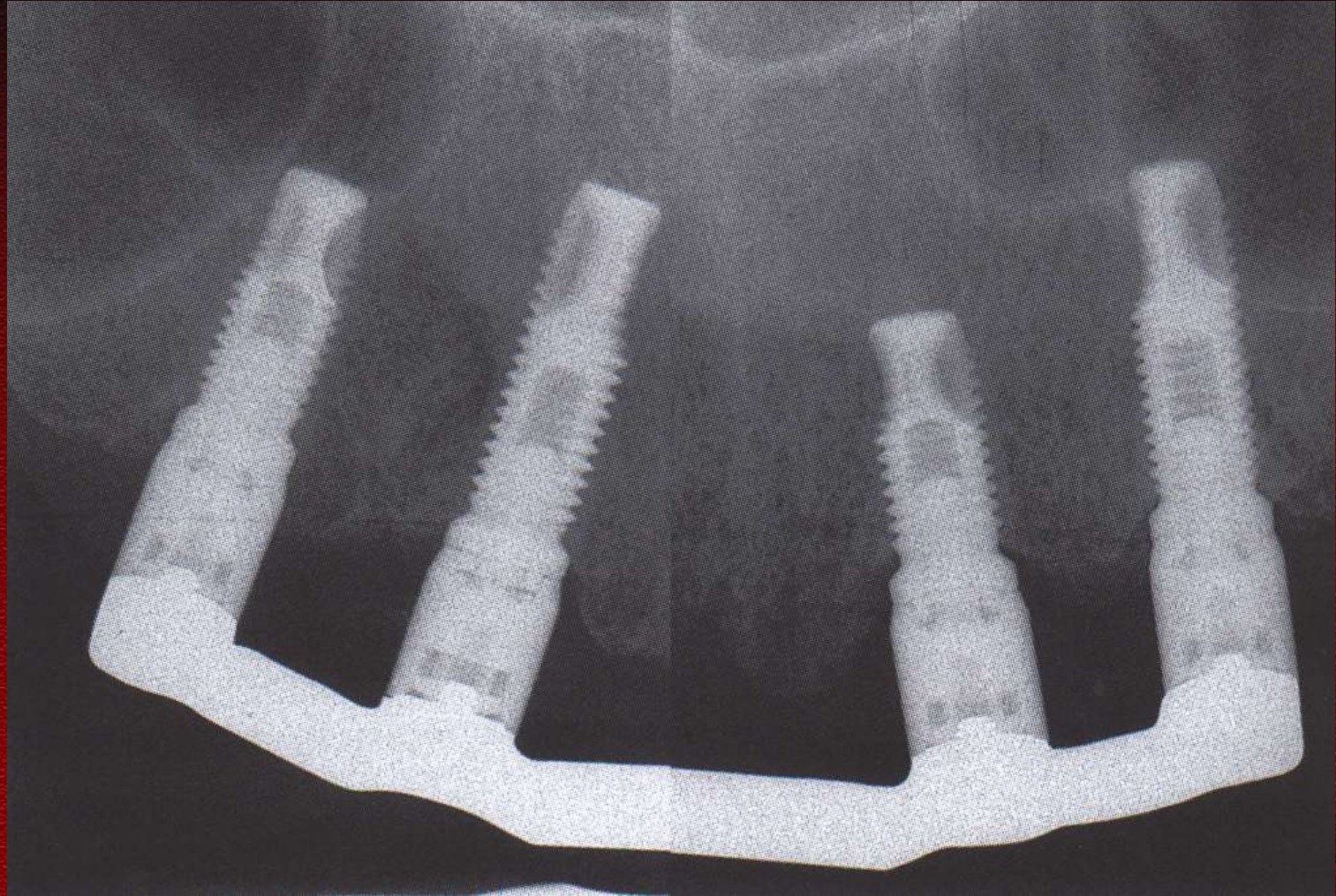
Edentatie totala



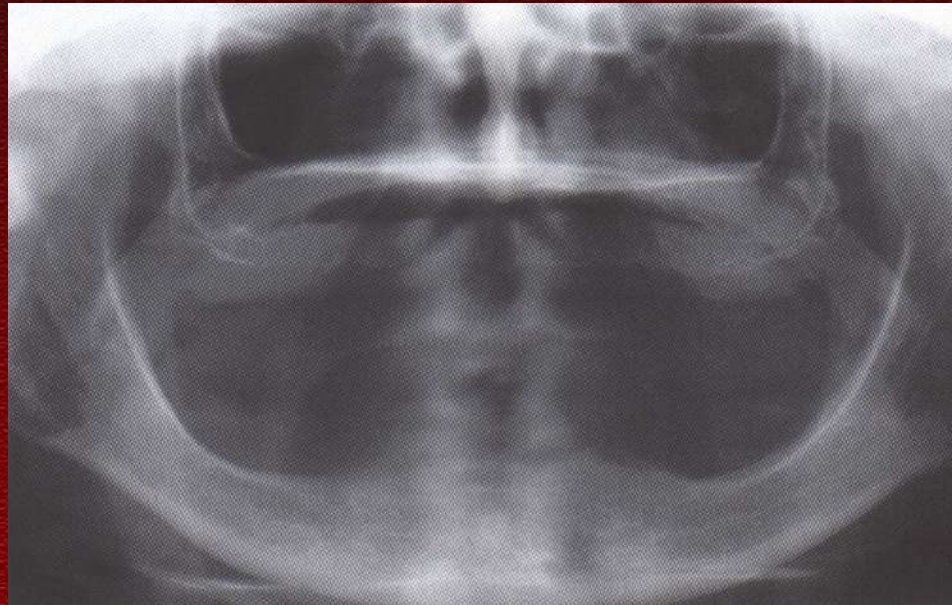
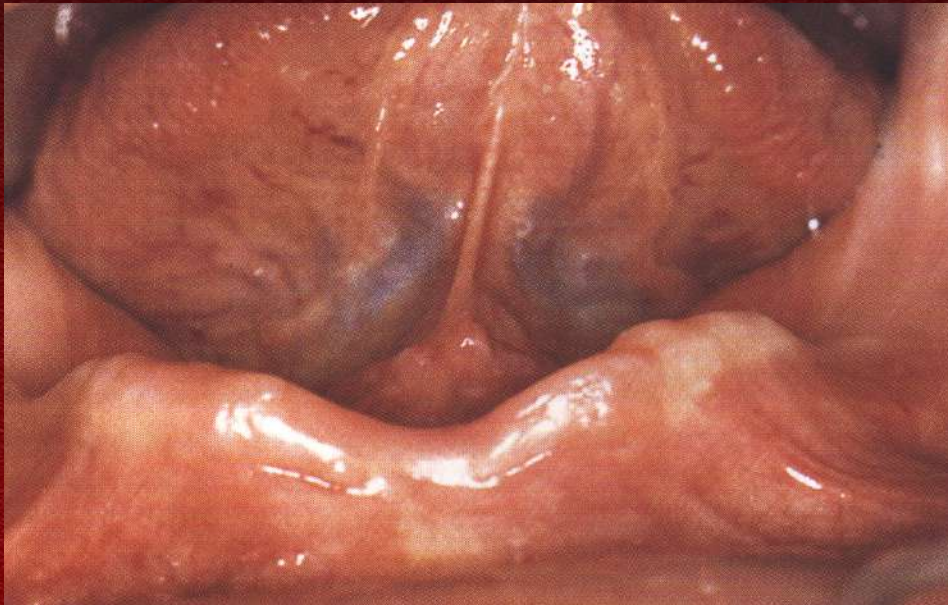
Edentatie totala



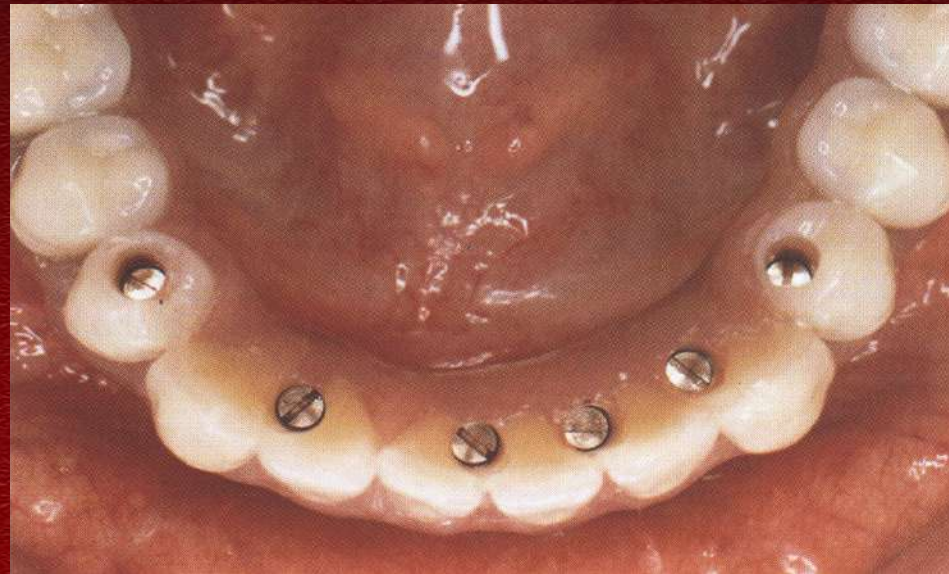
Edentatie totala



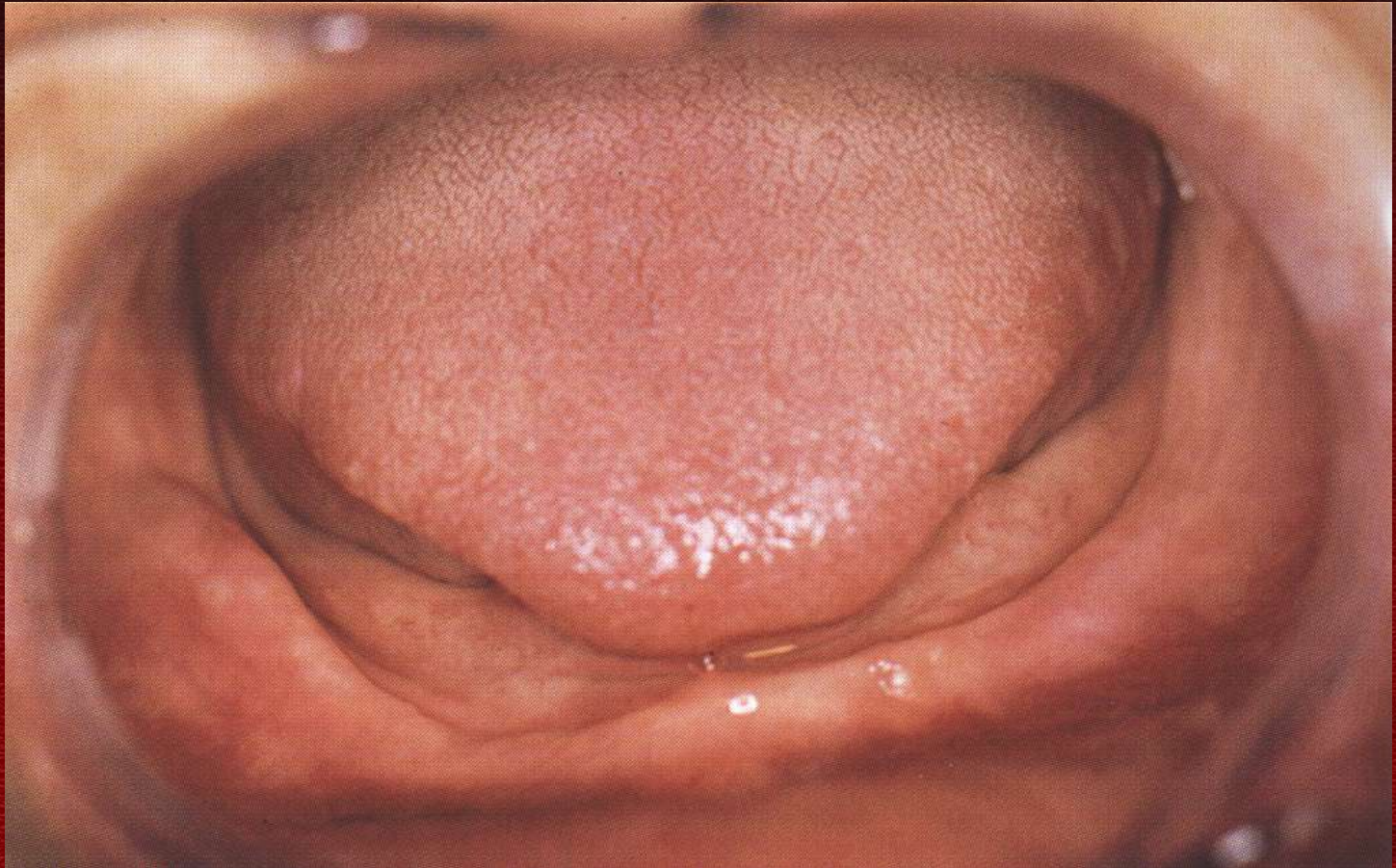
Edentatie totala



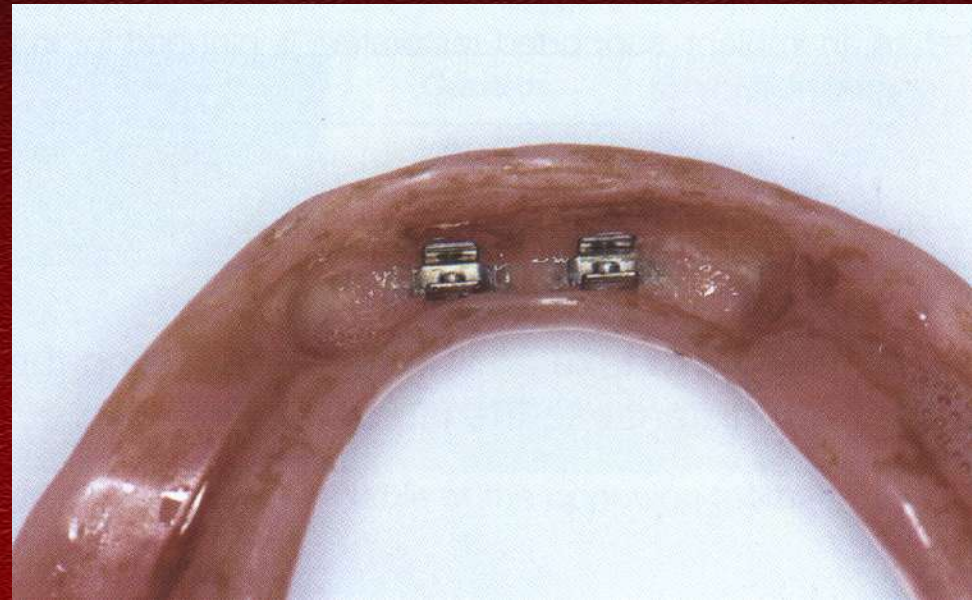
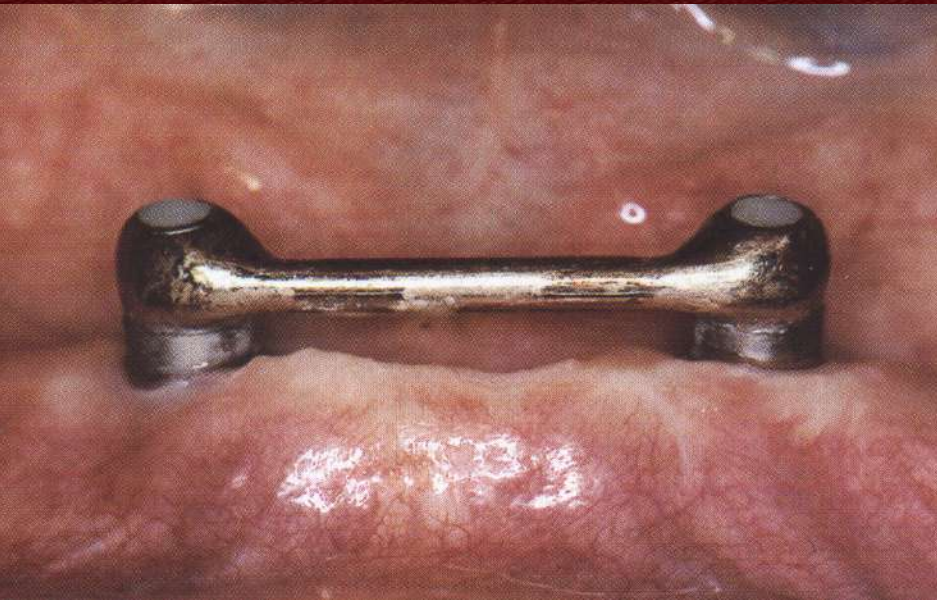
Edentatie totala



Edentatie totala



Edentatie totala



Edentatie totala

Supraprotezare

Supraprotezare =
igienizare corecta si facila





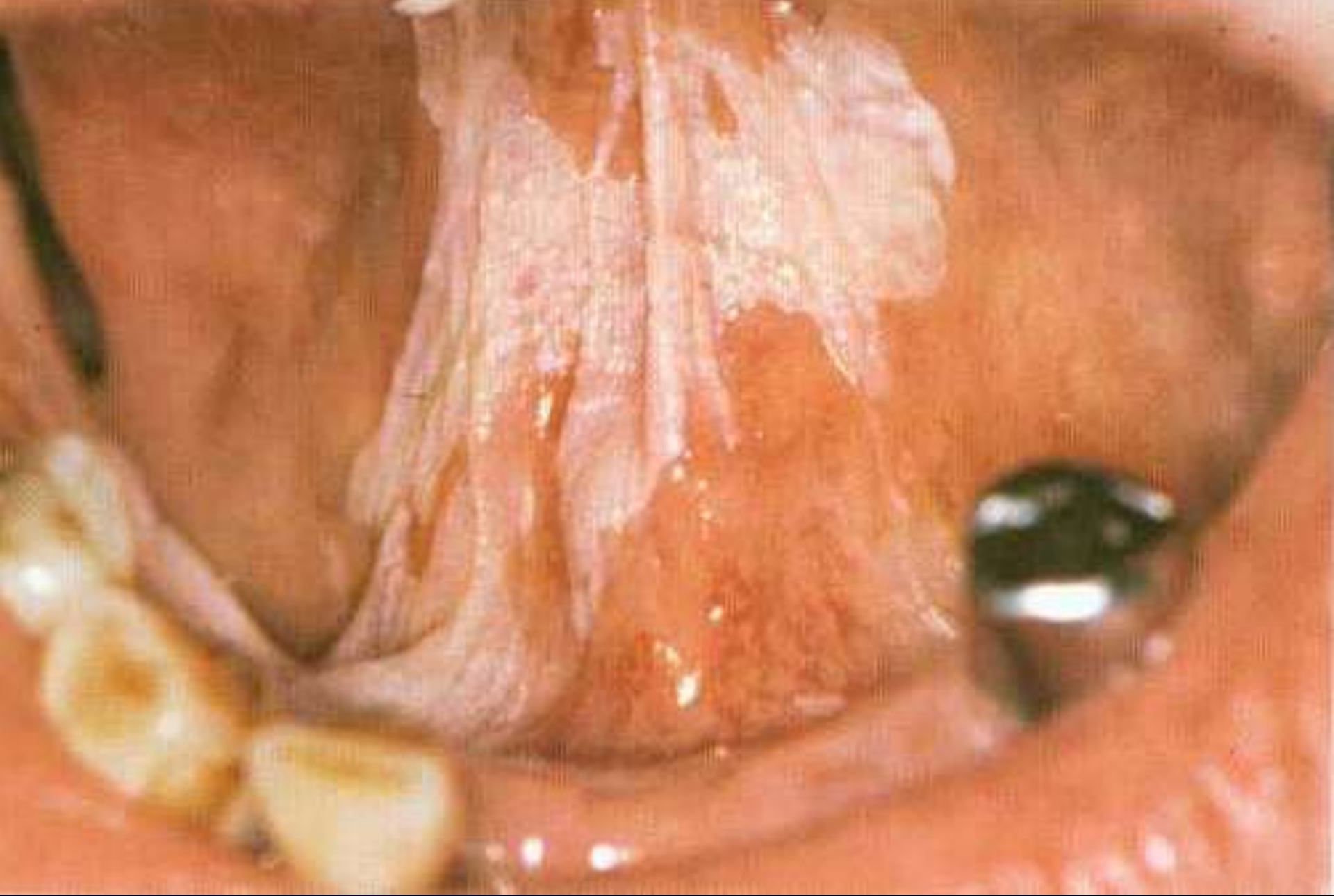
Aprecierea deschiderii gurii trebuie realizata inainte de a
incepe examinarea intraorala



Igiena precara poate compromite planul de tratament. Acesti pacienti trebuie motivati sa isi mentina igiena



Prezenta proceselor acute determina intirzierea tratamentului cu cel putin doua luni, dar este indicata amanarea inserarii cu cel putin 6-8 luni



Leucoplazie: este contraindicata inserarea implantelor



Daca agregarea este mixta,

- Este necesara:
- Devitalizarea stalpilor naturali
- Transfixarea stalpilor naturali
- Solidarizarea stalpilor naturali



In refacerile protetice pe implante
funcționează conceptul

OCLUZIEI CU PORTECTIE MUTUALA

1. Contacte multiple, stabile, uniforme, simultane in zonele laterale in PIM
2. Inocluzie frontala de 30 μ m la punți totale sau refaceri in zona frontala
3. Dezocluzie posterioara in propulsie.
Dezocluzie nelucratoare in lateropulsie
4. De dorit ghidaj de grup in propulsie si lateropulsie

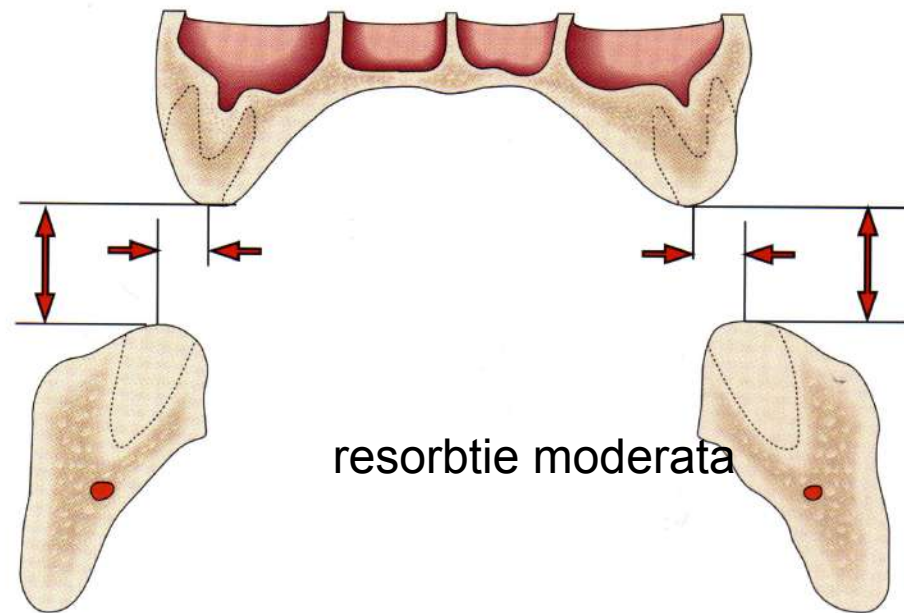
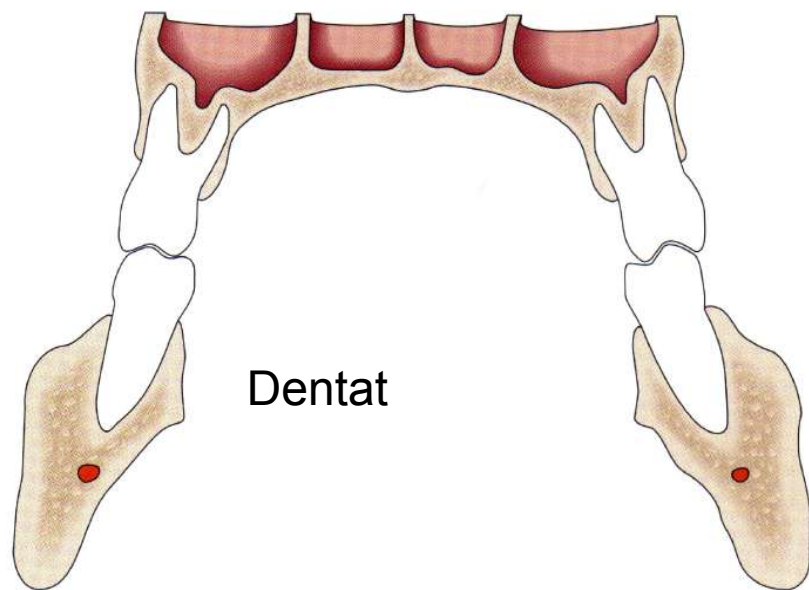


Particularitatile ocluzale ale restaurarilor protetice pe implante

- Restaurare protetica conjuncta traditionala – atat ghidaj canin cat si ghidaj de grup
- RESTAURARE PROTERICA EXCLUSIV PE IMPLANTE – NU GHIDAJ CANIN (elimina implantul de pe pozitia caninului)
- Punte totala pe implante – ocluzie cu protectie mutuala cu traectorie de ghidaj anteriormai aplatizata decat la dintii naturali
- Edentatie totala maxilara sau mandibulara protezata cu overdenture pe implante – ocluzie lingualizata (gysi – un cuspid palatinal ascutit→fosa mandibulara aplatizata, fara pante cuspidiene la vuspizii vestibulari)

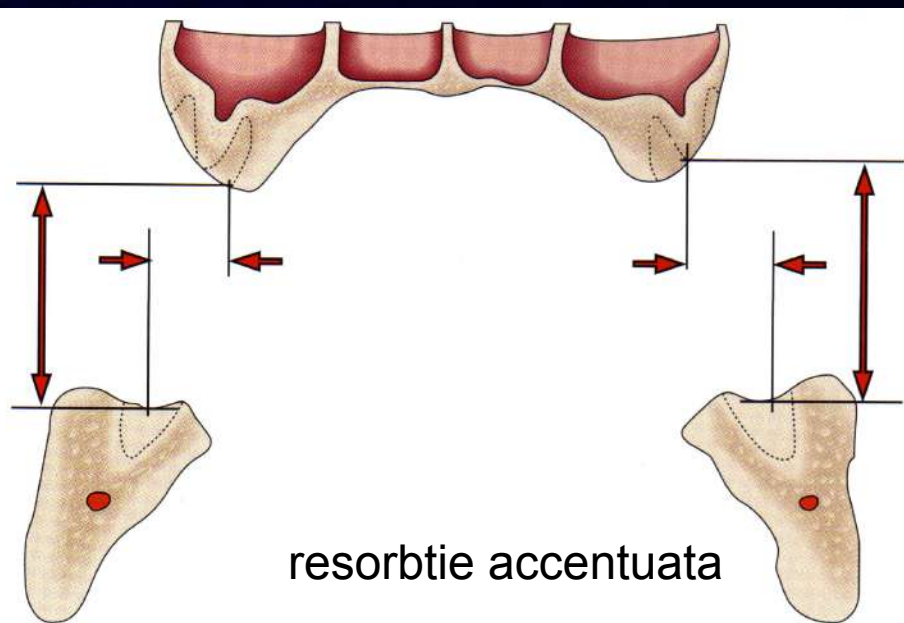
Diagnostic și evaluare protetică prechirurgicală



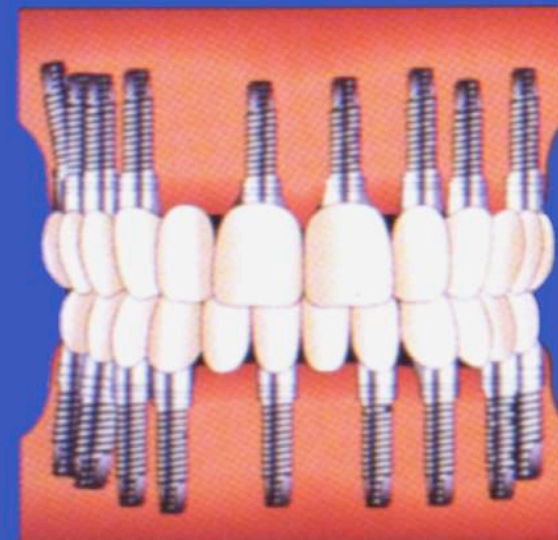
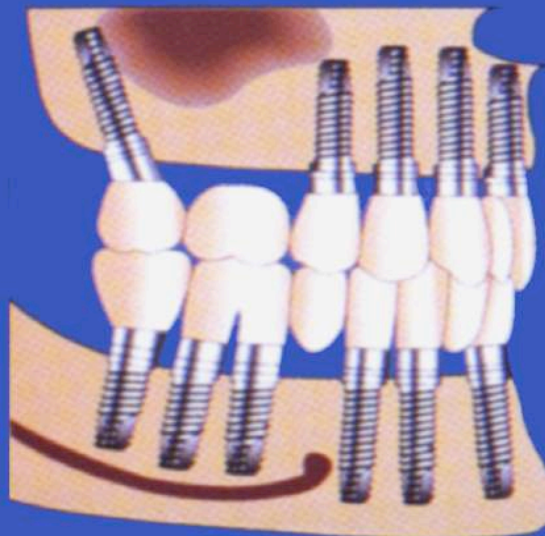


rezultatul estetic final poate
fi altul decât cel așteptat de
pacient datorită resorbției
crestelor

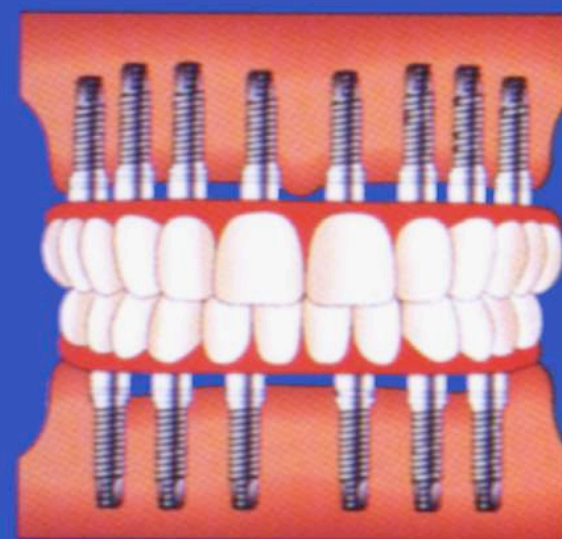
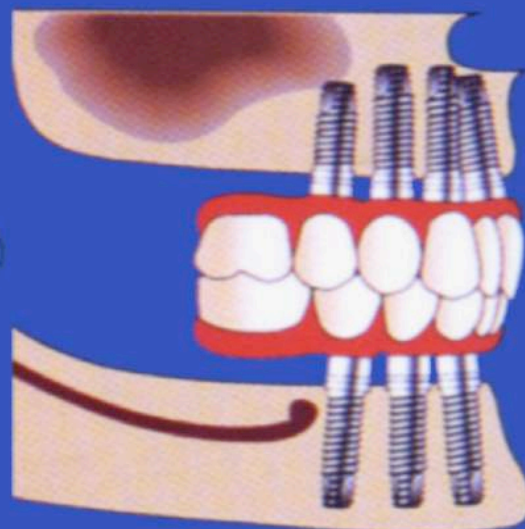
de aceea vor avea succese
în protetica implantologică
doar cei care fac simulări ale
rezultatului final



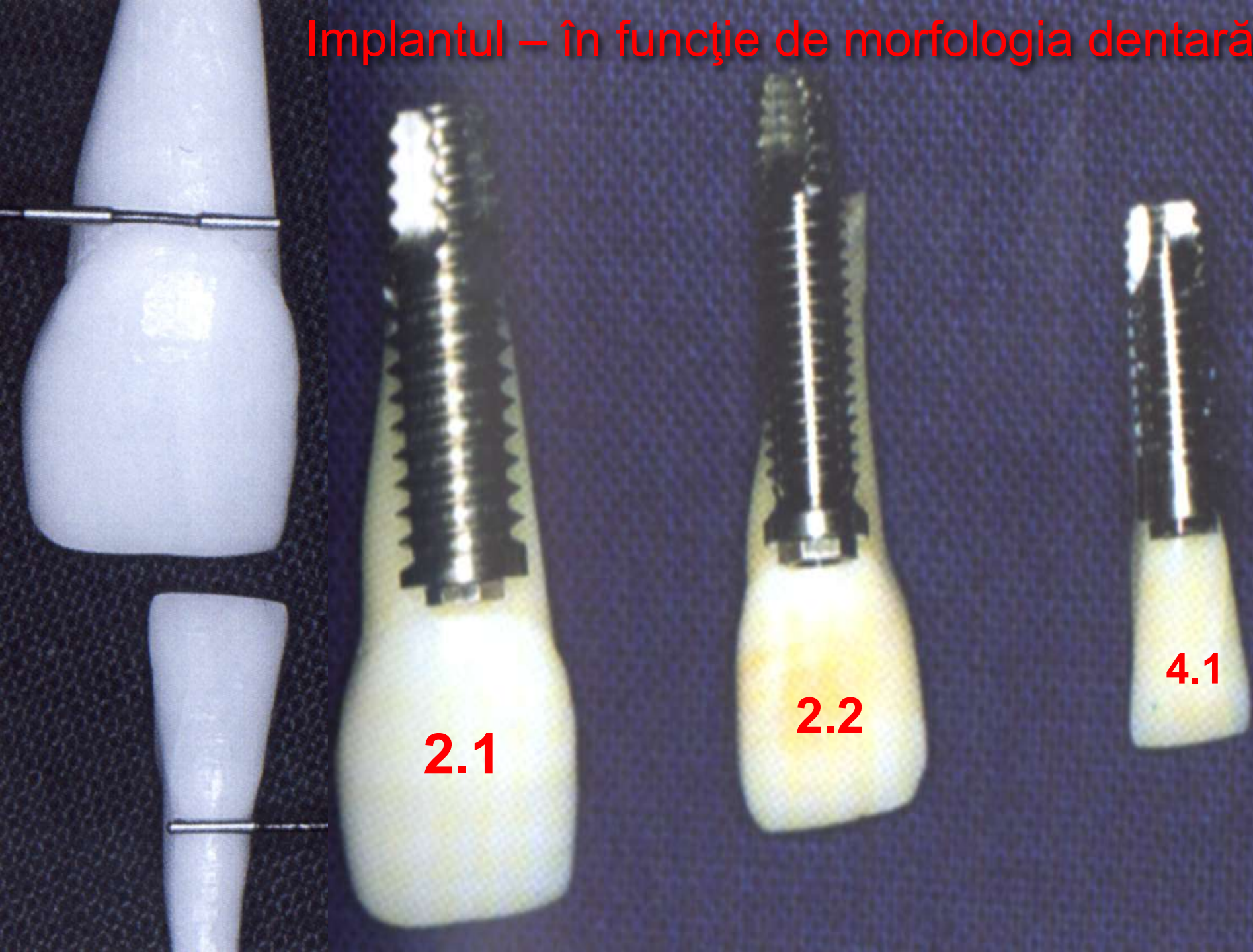
Atrofie ușoară



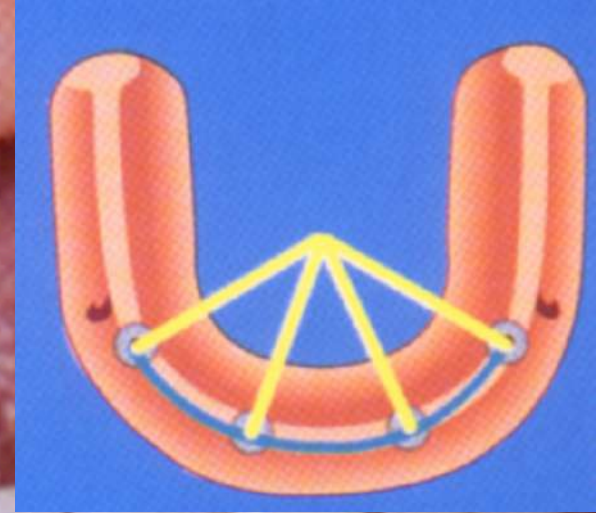
Atrofie moderată



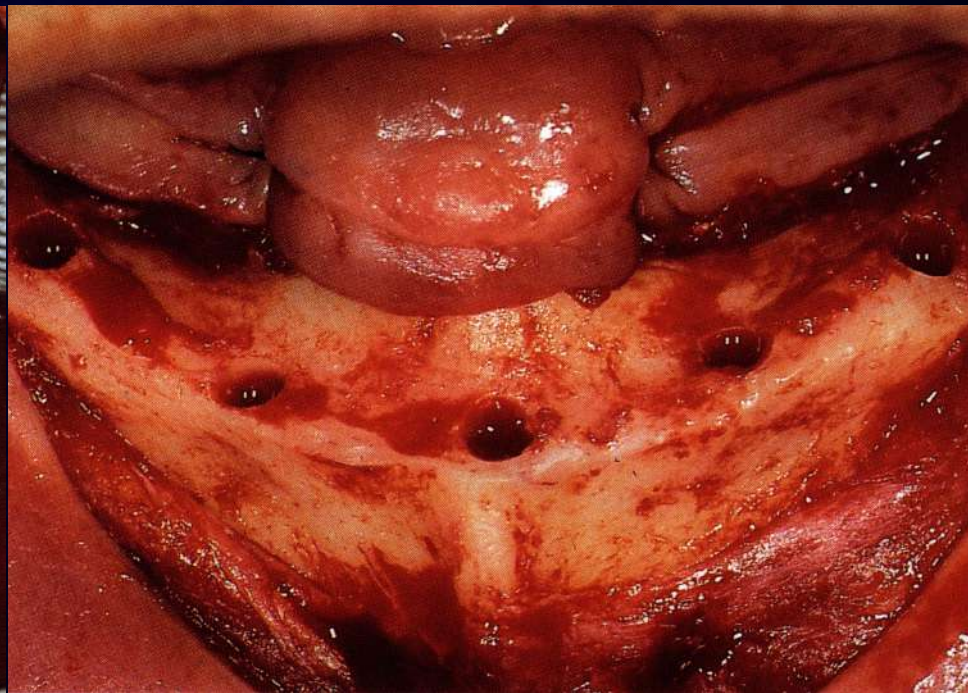
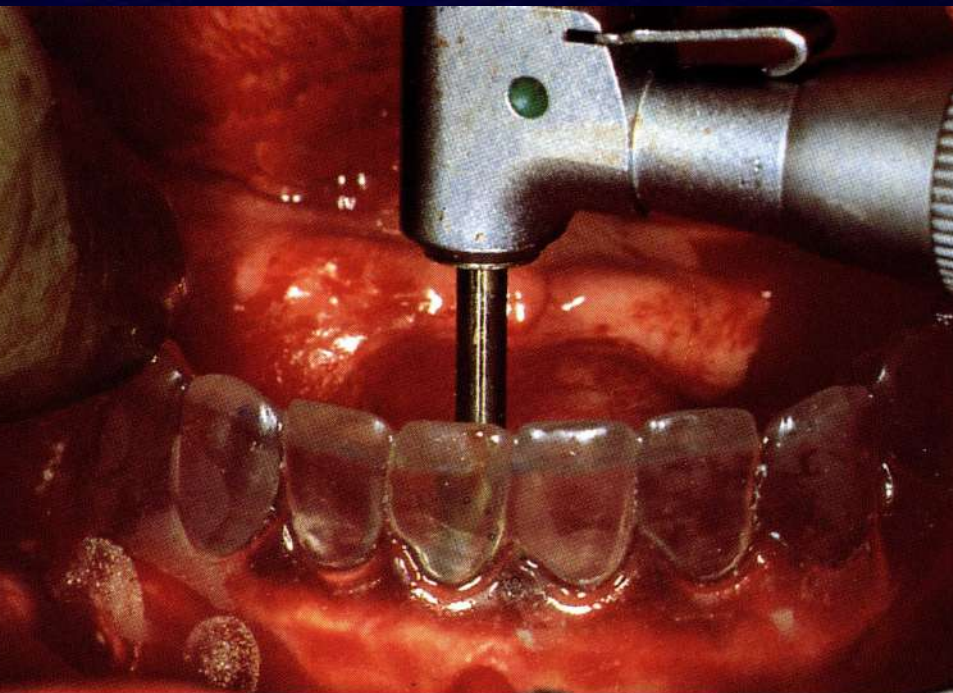
Implantul – în funcție de morfologia dentară



Numărul de implante depinde de
distanța interforaminală



Diagnostic și evaluare protetică prechirurgicală

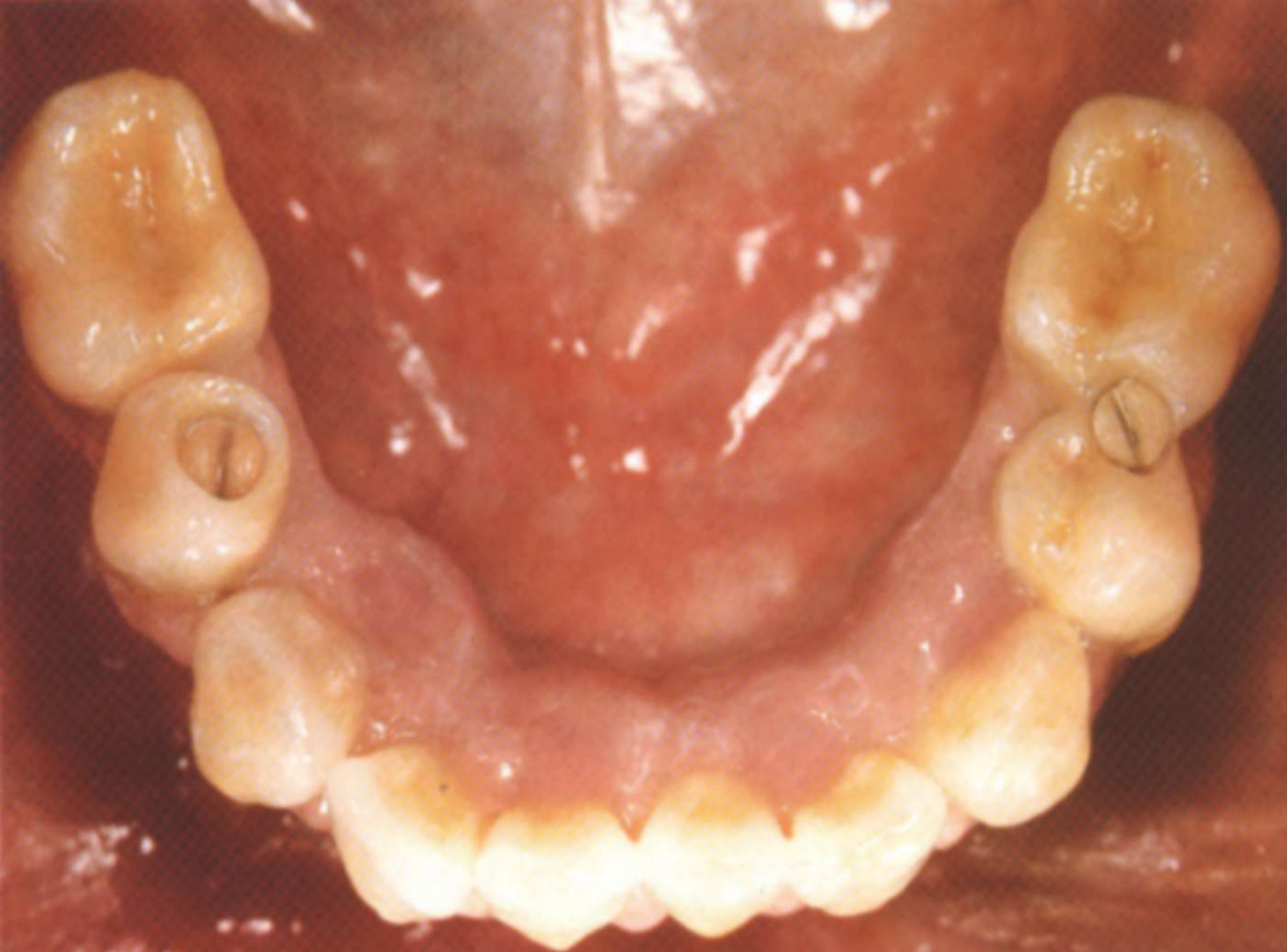


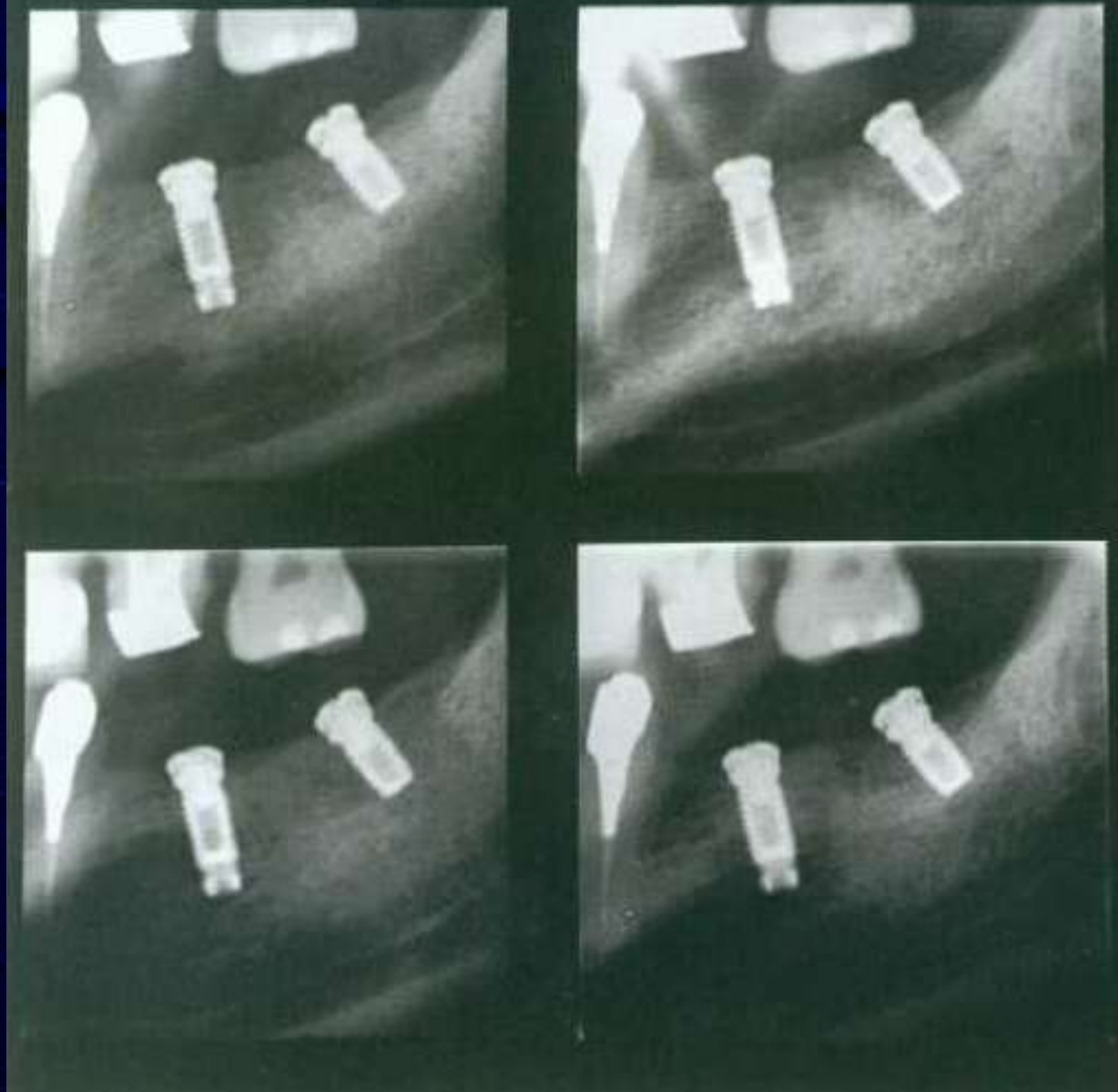
iatrogenia timpului chirurgical

poziția transmucozală a stâlpilor

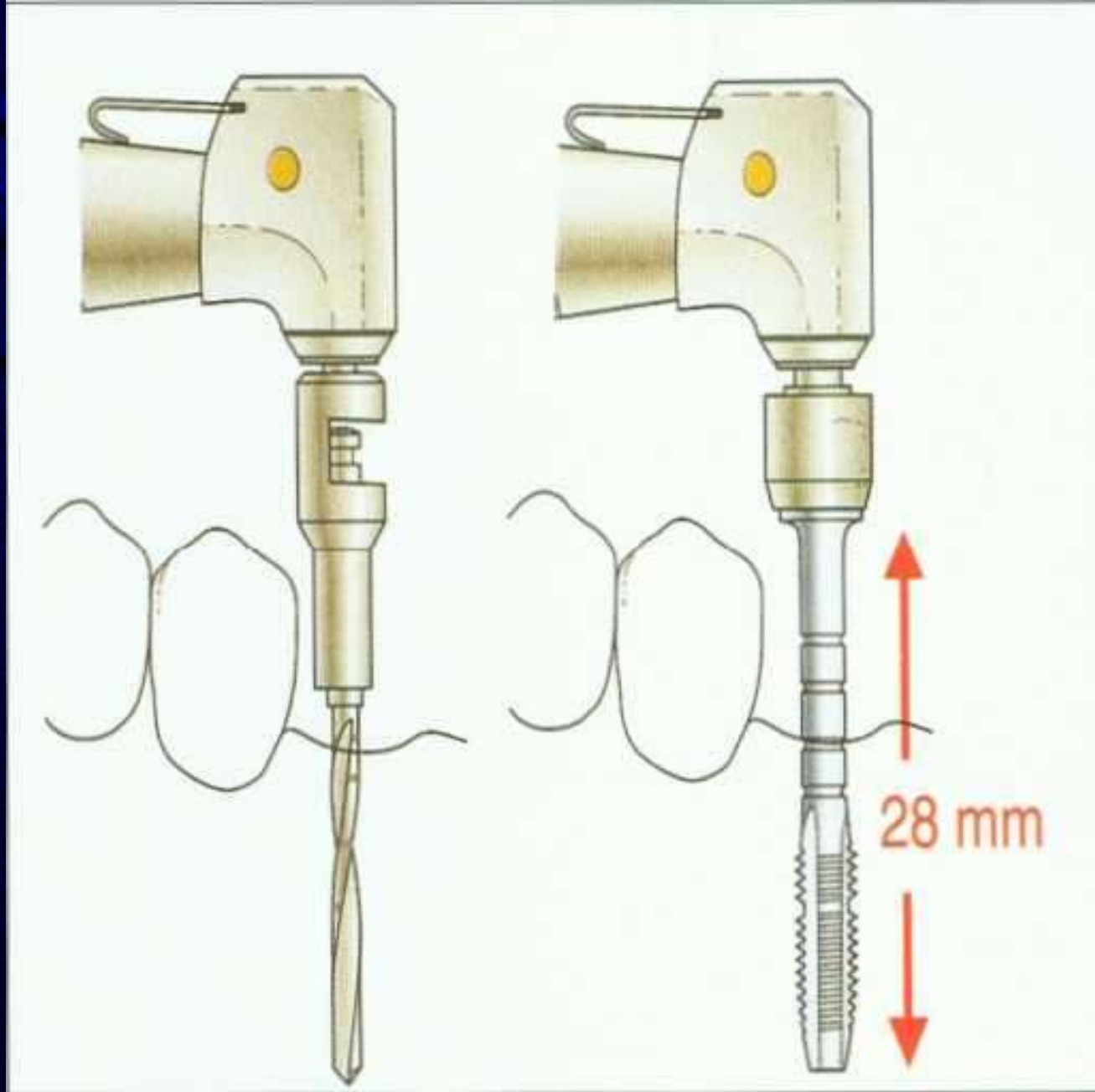




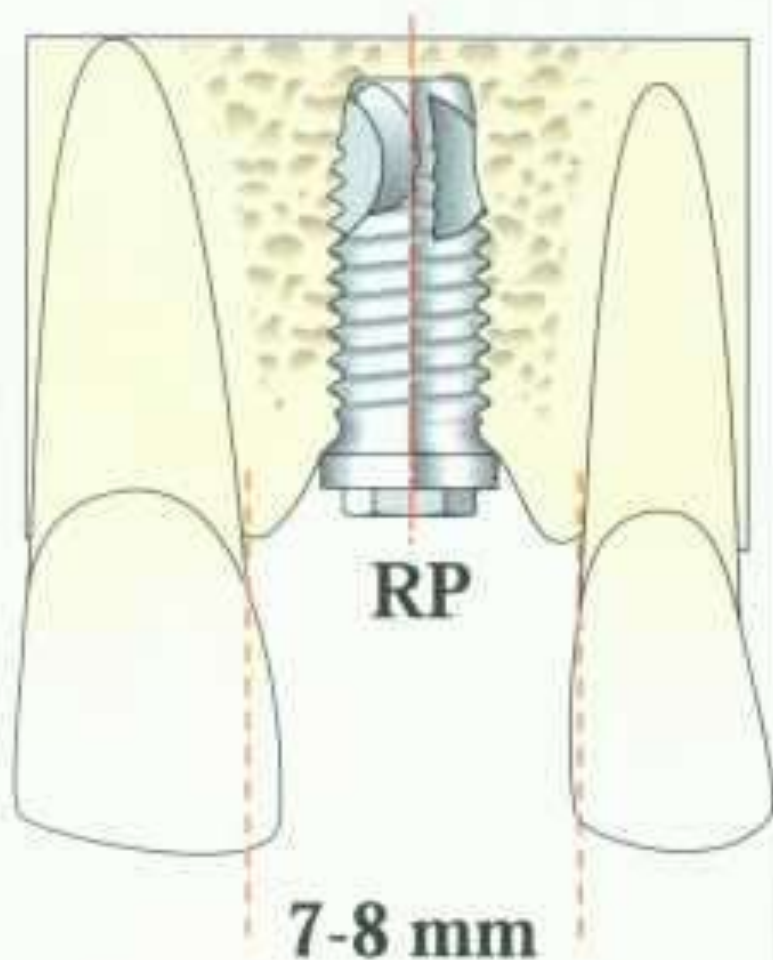




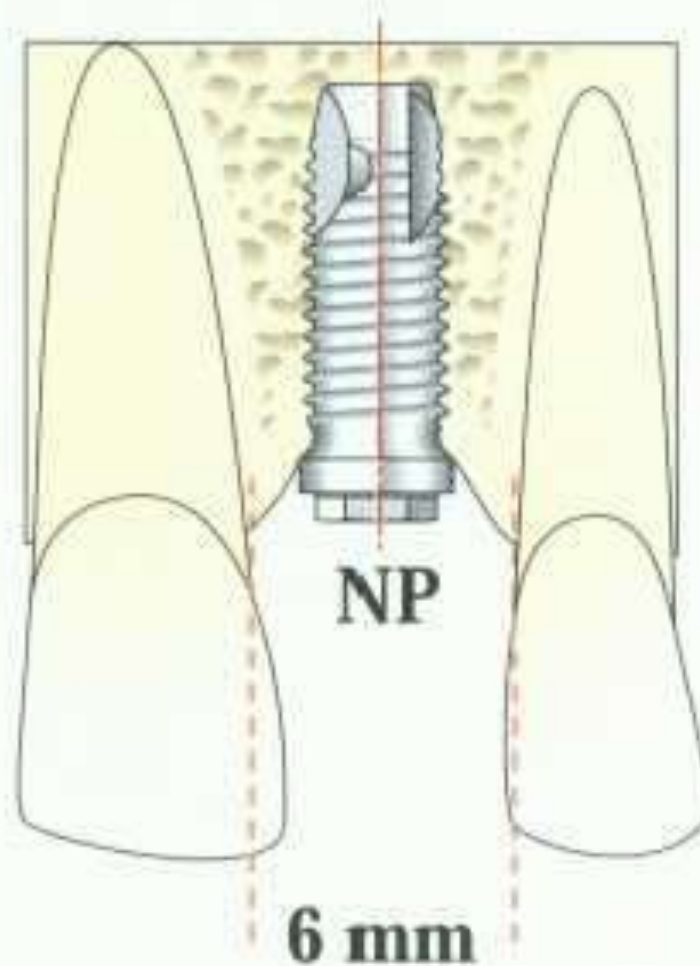
Deși există o cantitate de țesut osos suficientă, implantul distal masoară doar 7 mm și este angulat distal datorită egresiunii dintelui antagonist, ceea ce nu a permis manipularea instrumentelor chirurgicale în timpul intervenției



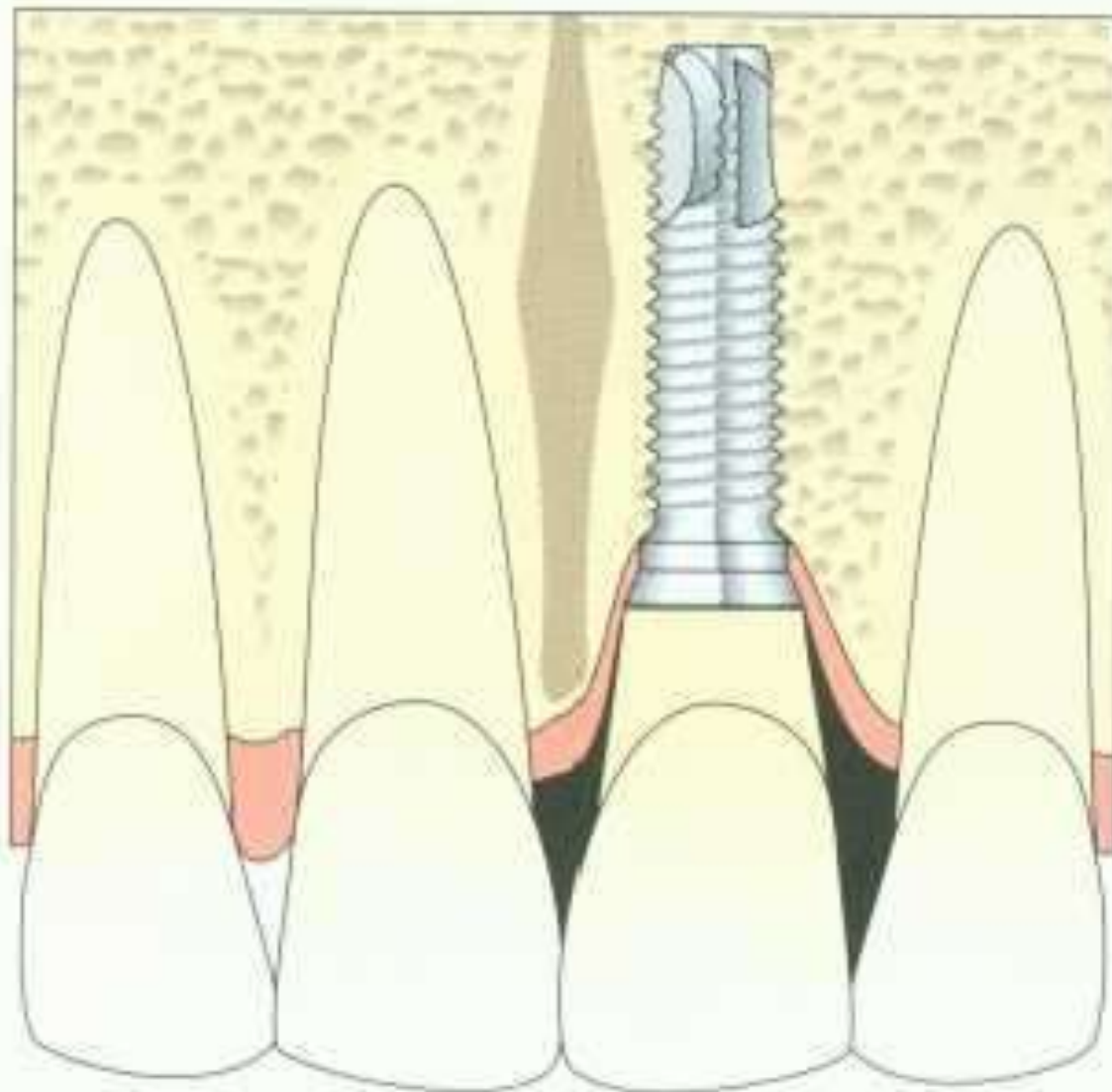
Obstructiile apar in special cind se folosesc prelungitoarele de freza



Spatiul minim necesar pentru realizarea unei restaurari in cazul unui implant cu platforma normala



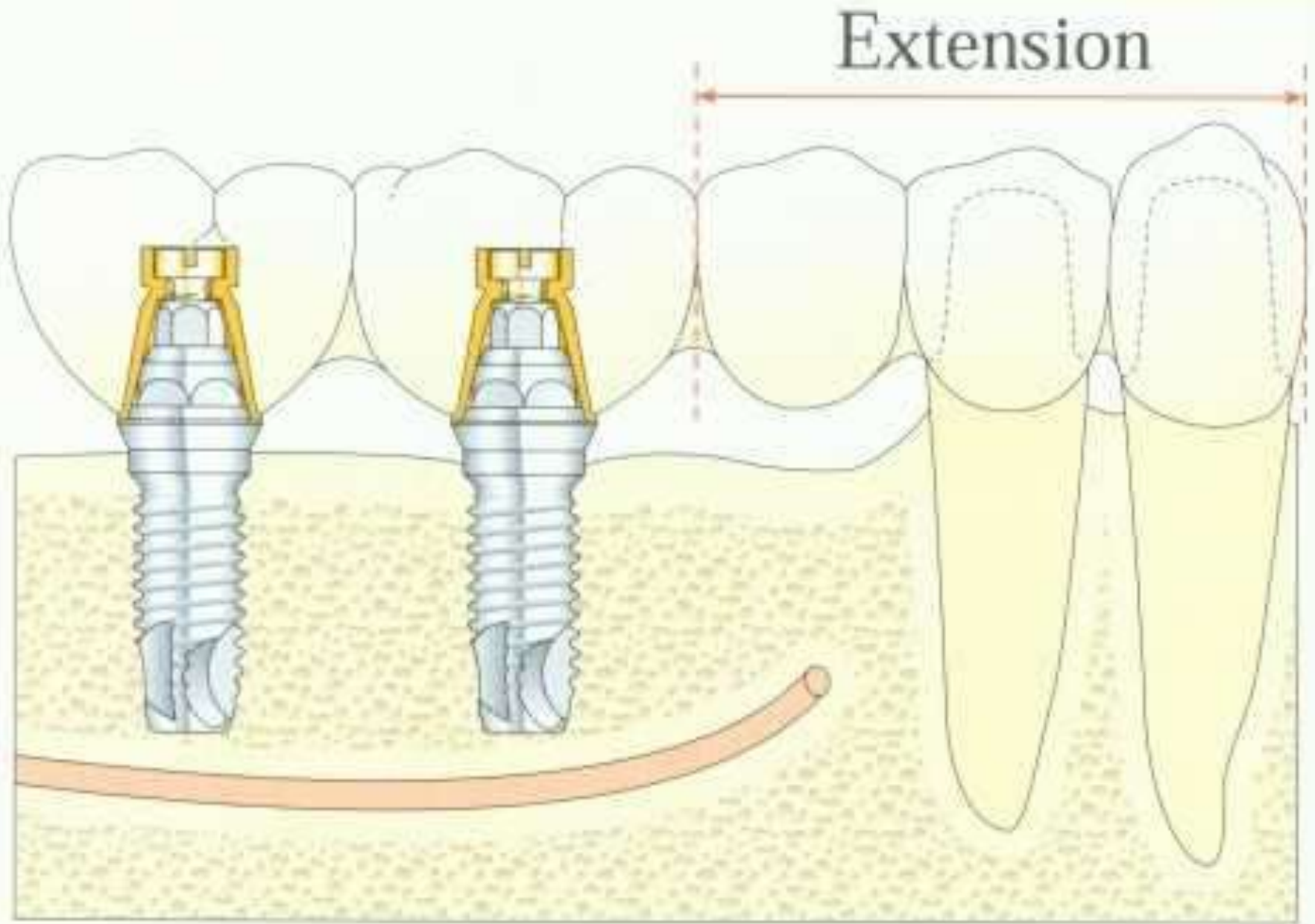
Spatiul minim necesar pentru realizarea unei restaurari in cazul unui implant cu platforma ingusta



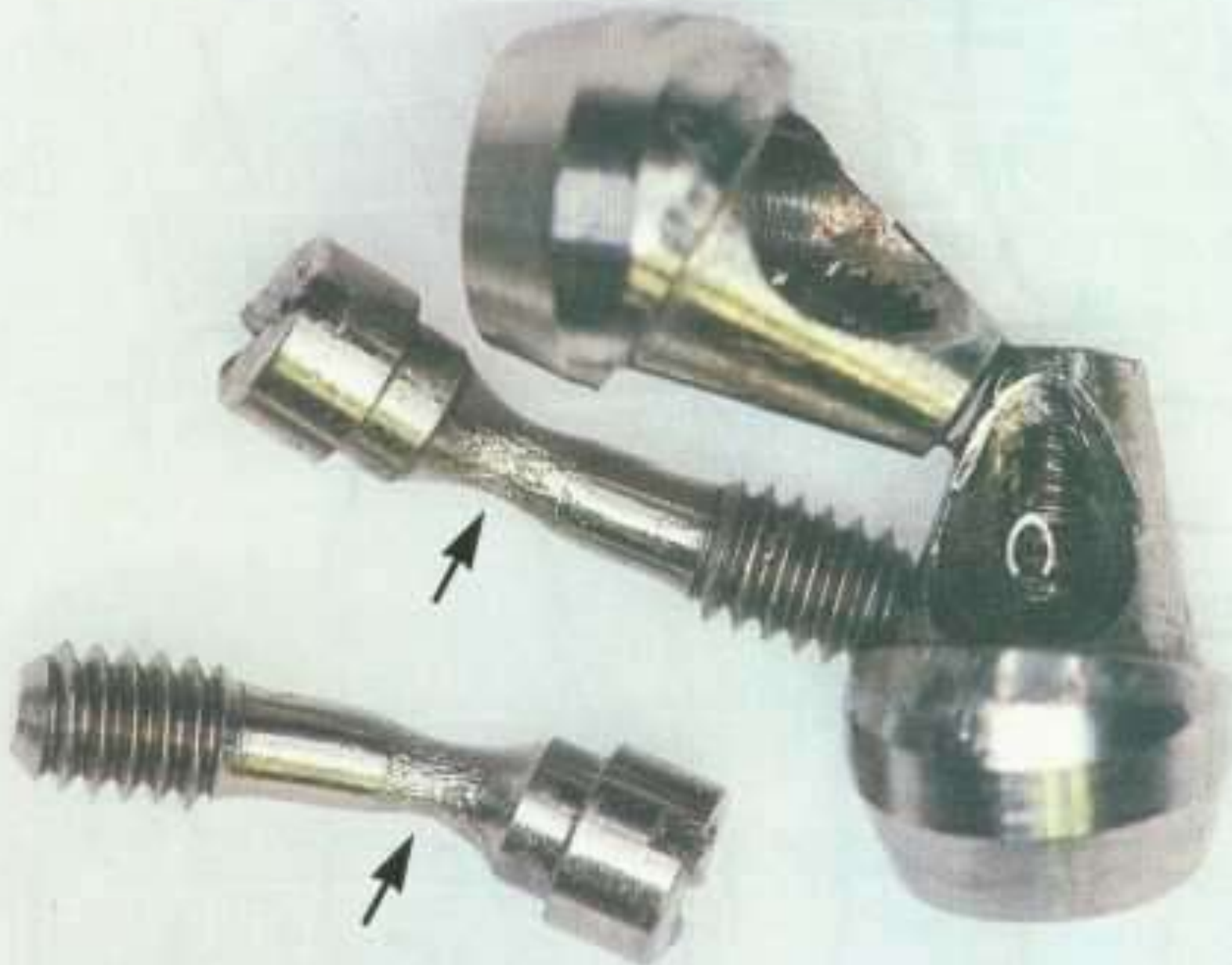
Inserarea prea apicala determina aparitia dehiscentelor



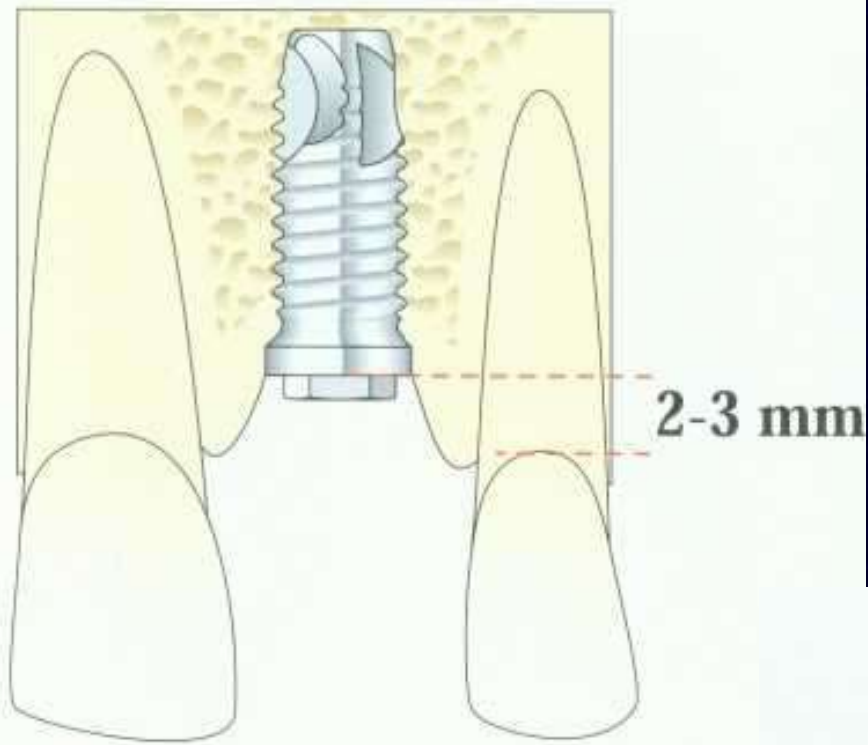
“Extensia” vestibulara reprezinta un factor de risc



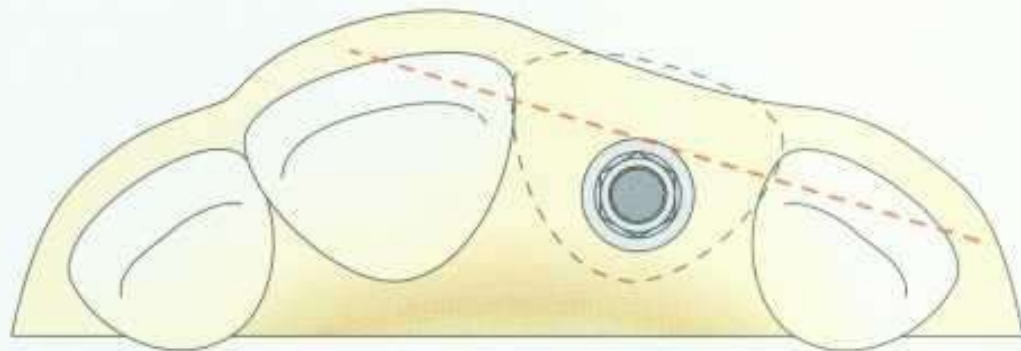
In acest caz, stalp coroanele dentare actioneaza ca o extensie. De aceea este indicata scoaterea lor din ocluzia dinamica

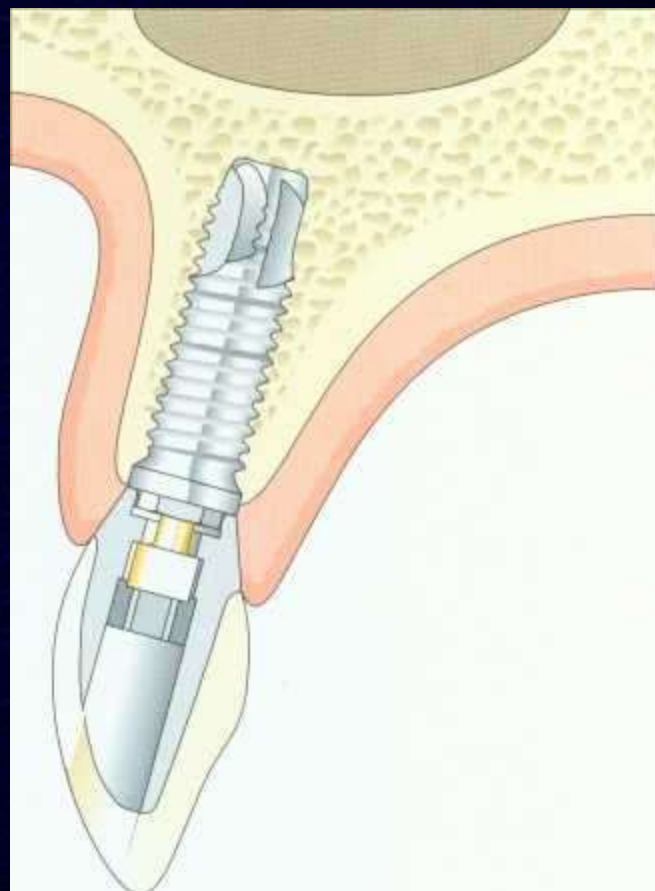
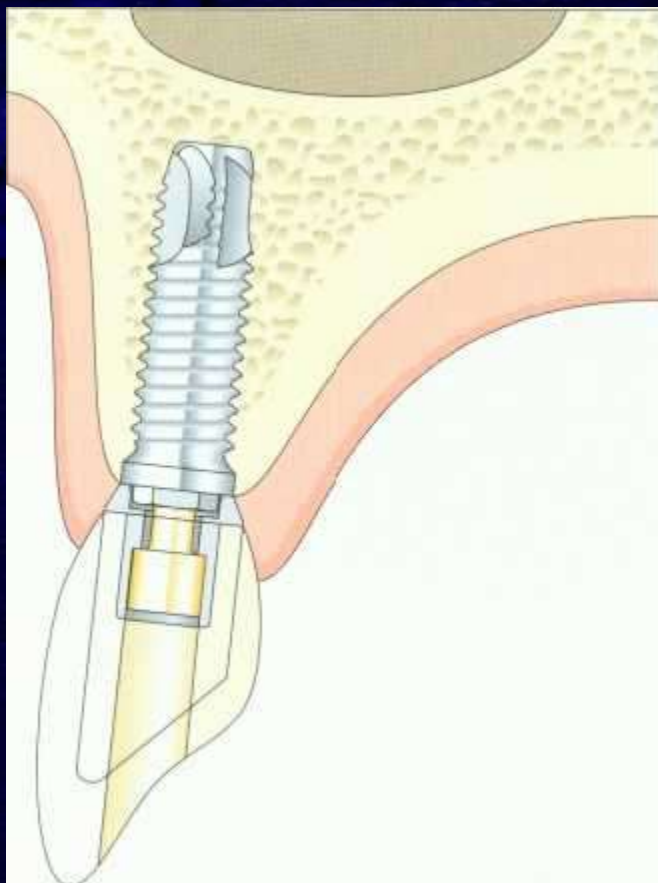


Indoirea suruburilor de fixare

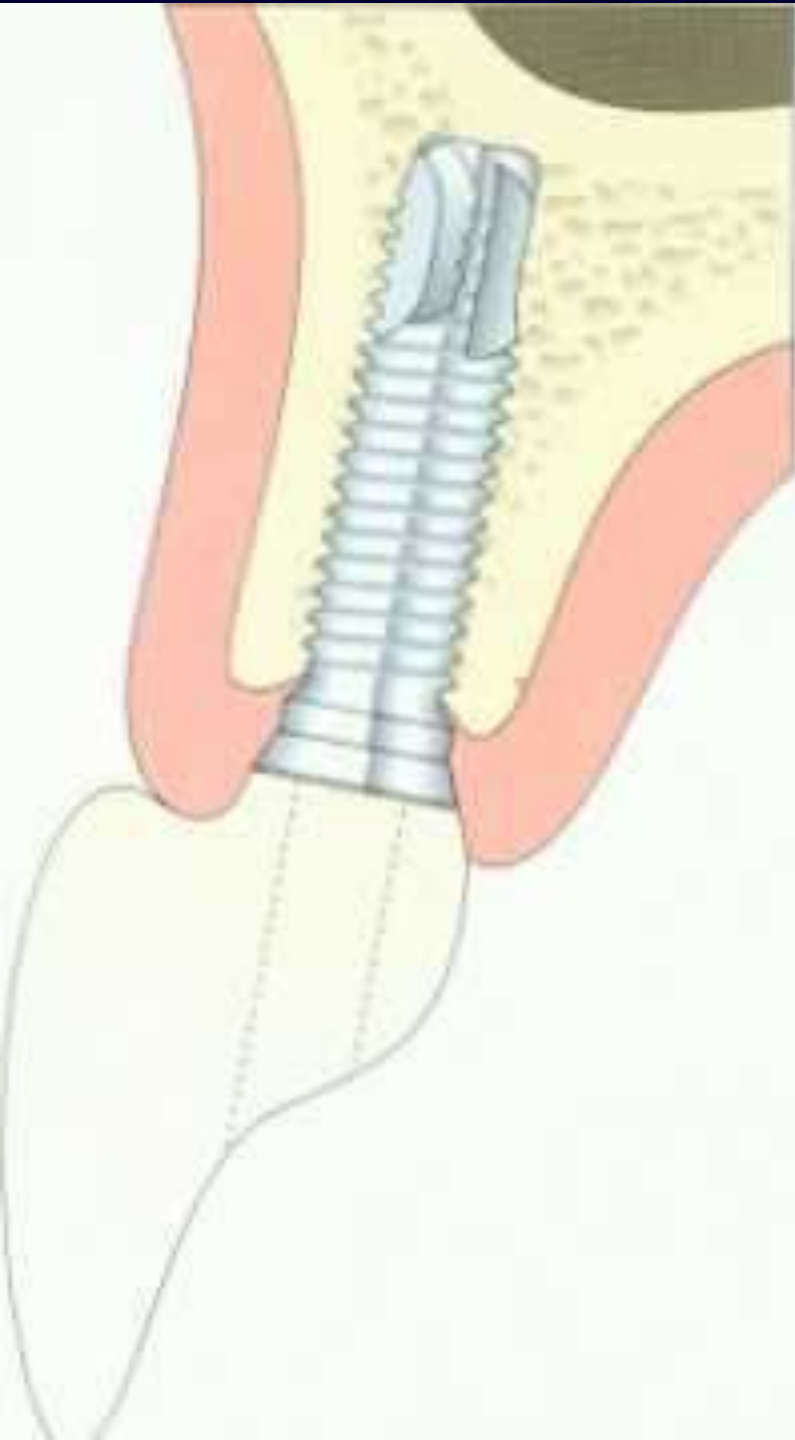


Implantul trebuie inserat
in pozitia ideala in toate
cele trei planuri





Implantul trebuie inserat in pozitia ideala in toate cele
trei planuri



Inserarea prea palatinala
determina atat riscul de
descimentare / desurubare
cit si imposibilitatea
mentinerii unei igiene
corecte



COMPLICATII

- INTRAOPERATORII
- POSTOPERATORII
- POSTPROTETICE

(in faza de functionare)



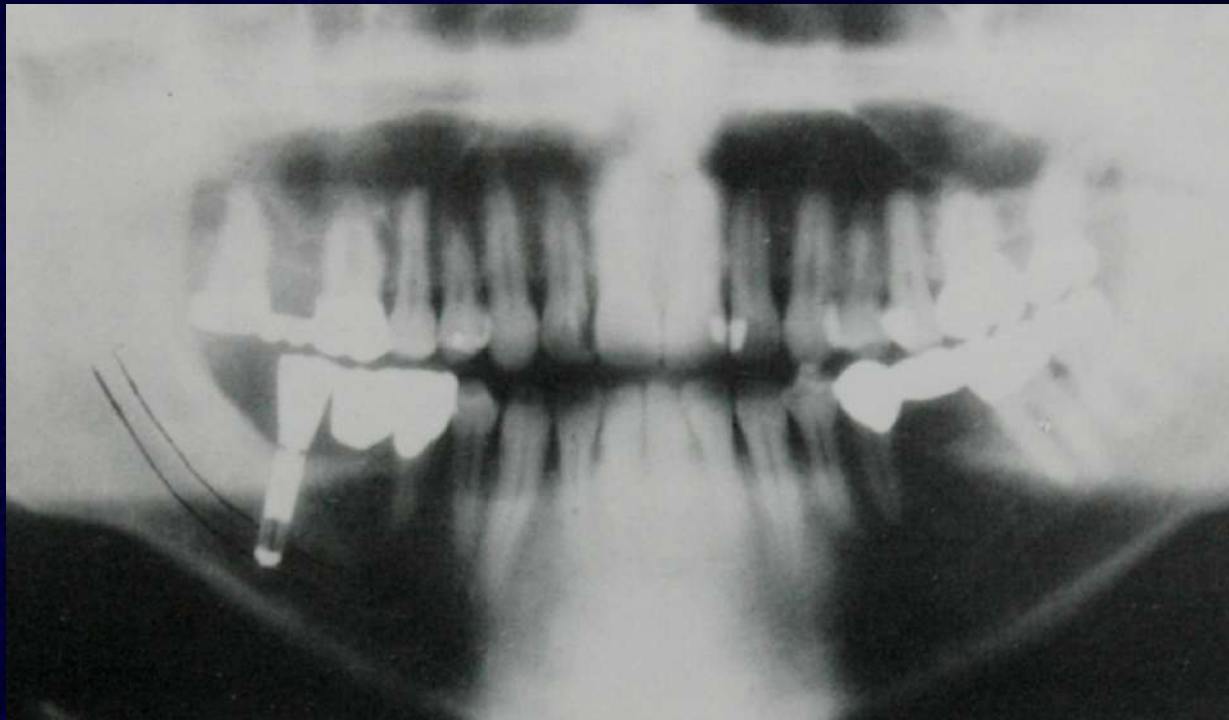
COMPLICATII INTRAOPERATORII

PERFORAREA

- Planseului foselor nazale
- Planseului sinusal
- Corticalei bazilare

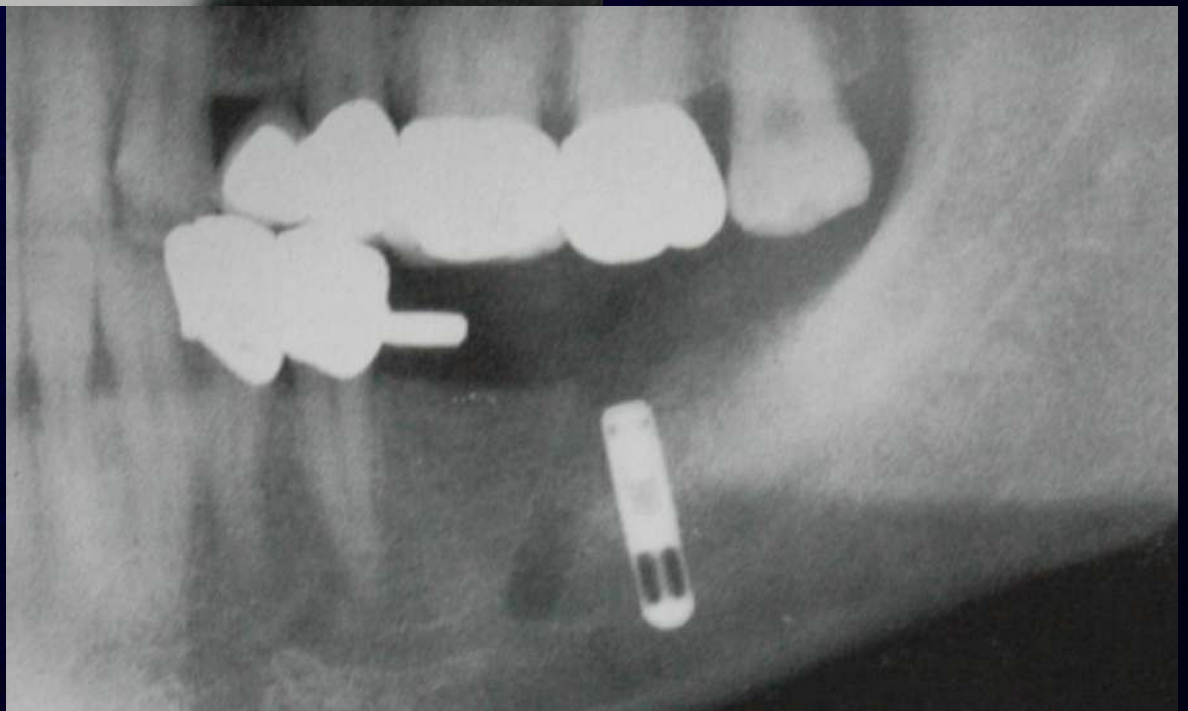
FRACTURI

- Fracturarea implantelor
- Fracturarea frezelor
- Fracturarea oaselor maxilare



Implant IMZ

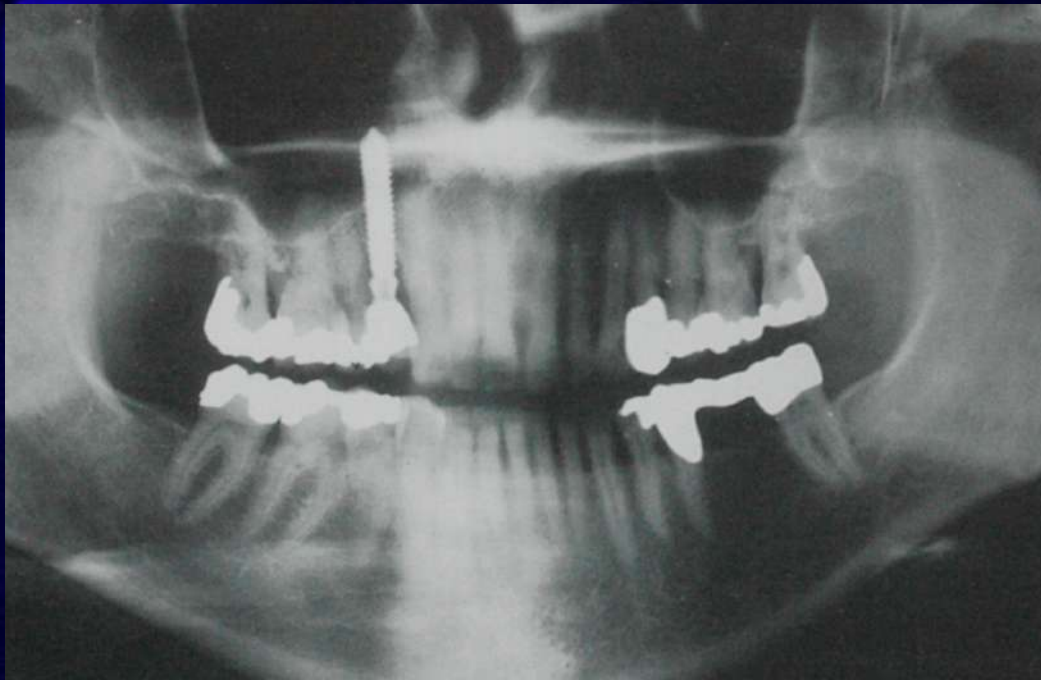
se observa corectia
directiei implantului

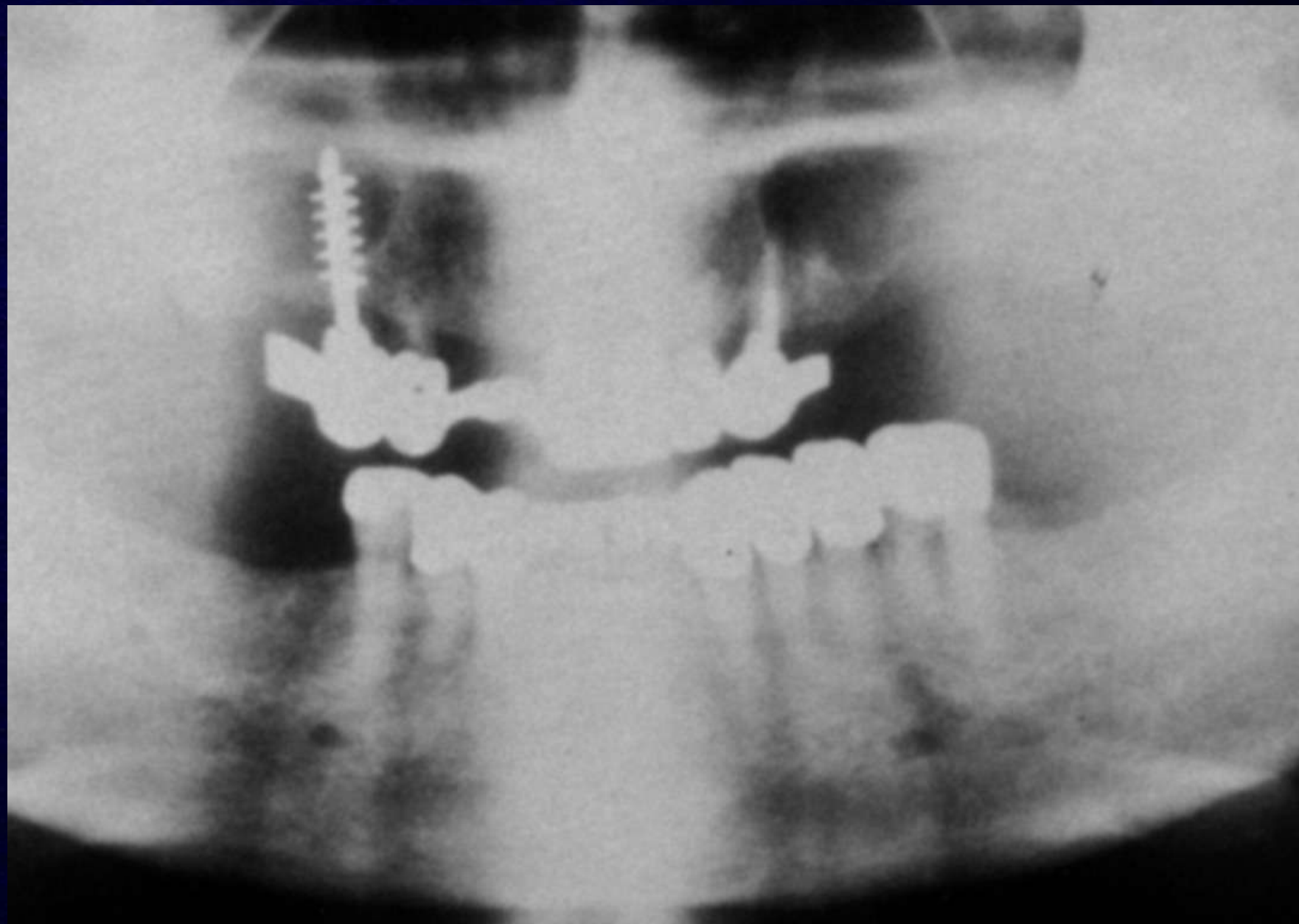


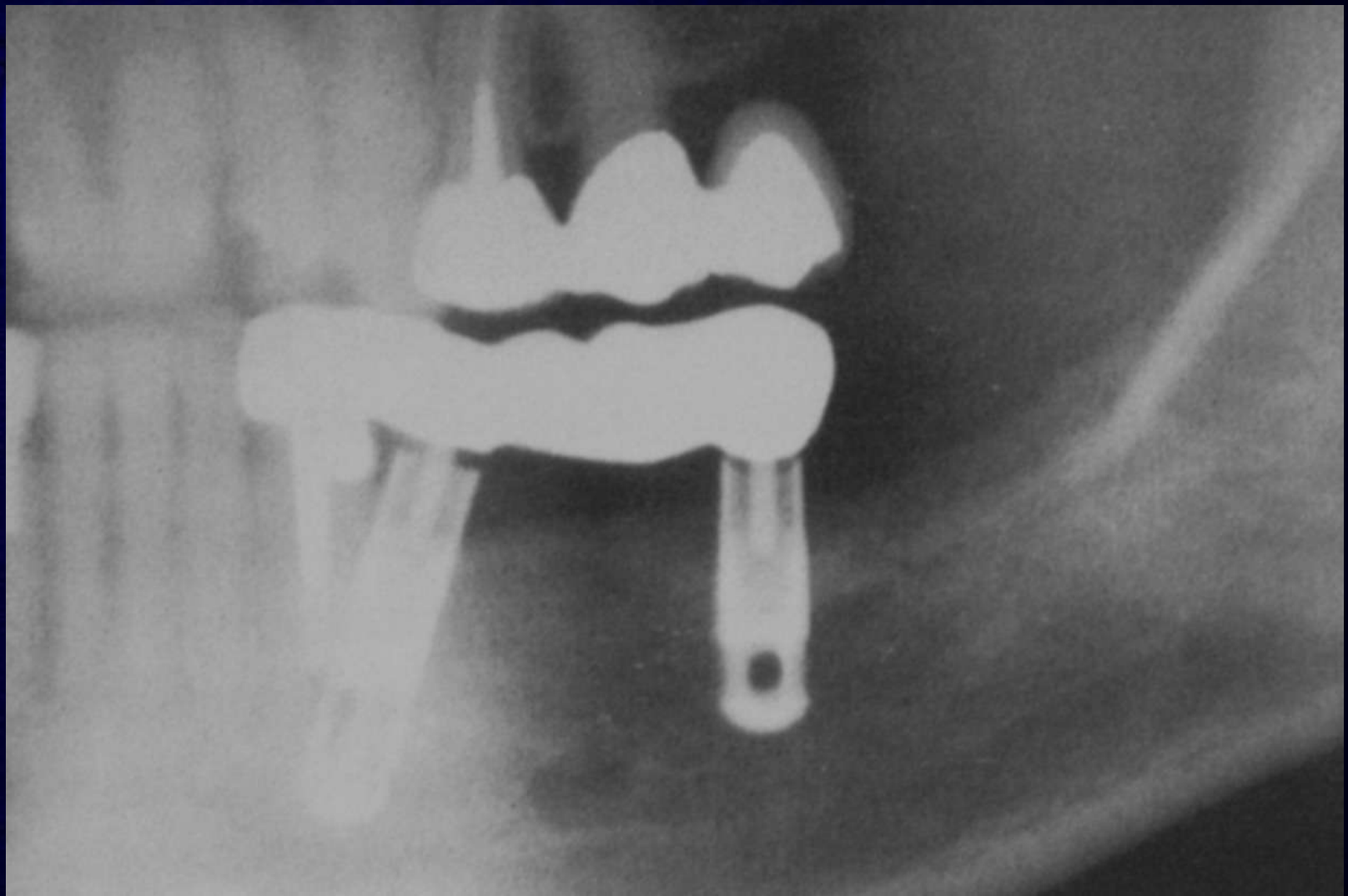
Prolapsul bulei lui Bichat

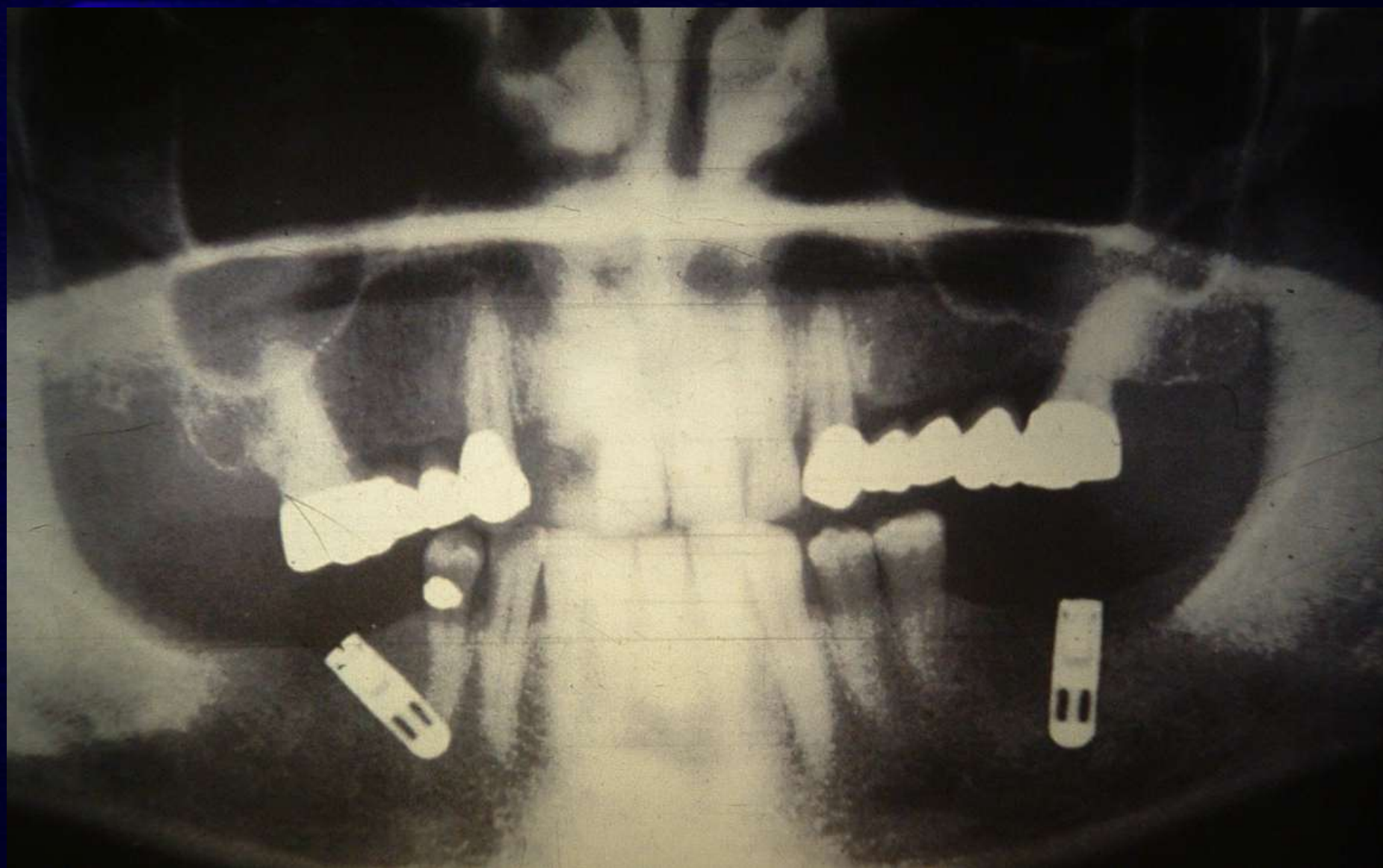


1x

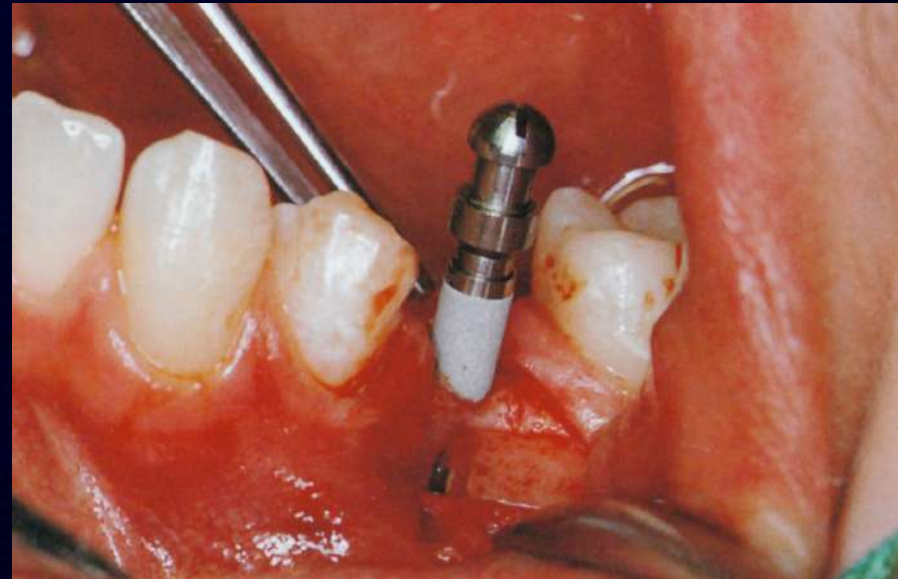
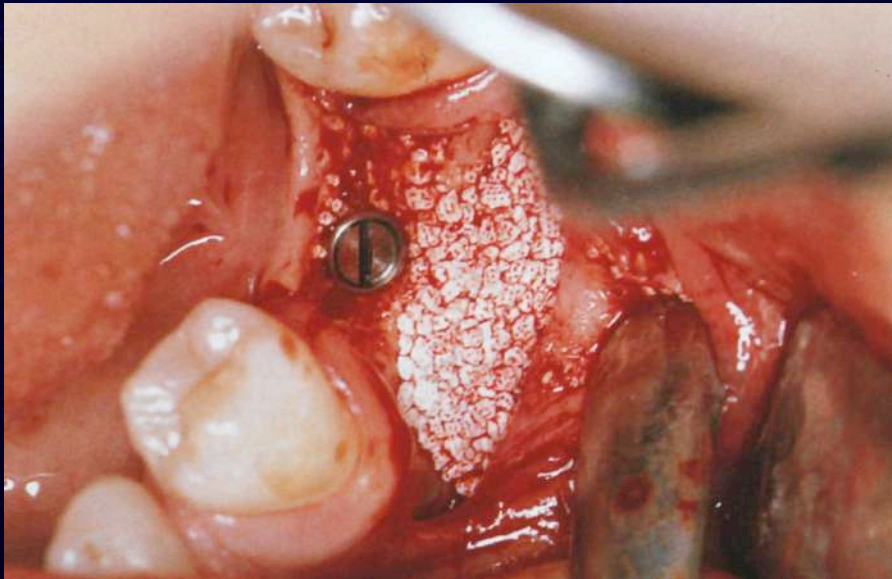
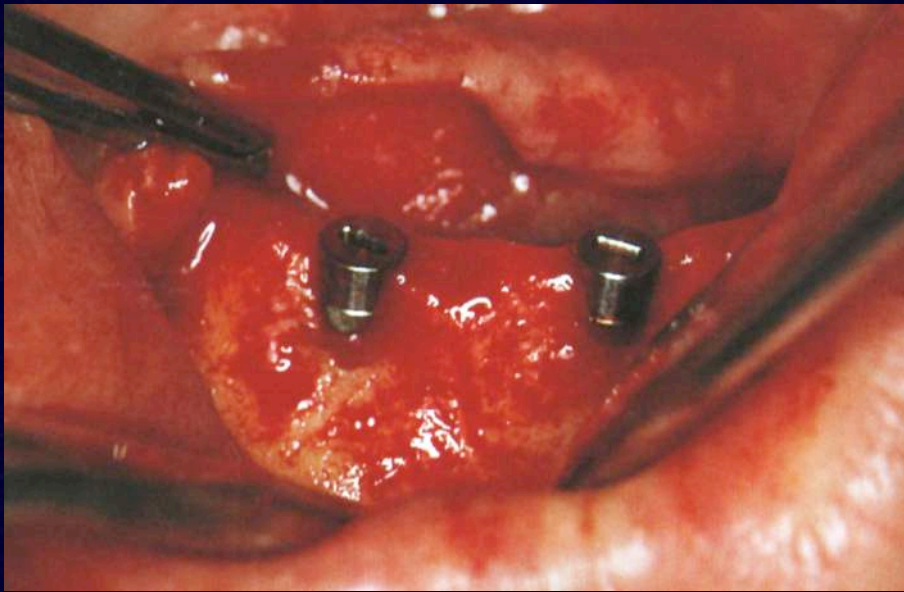








Deficit de os ca urmare a
unei pozitionari prea
vestibularizate a implantelor

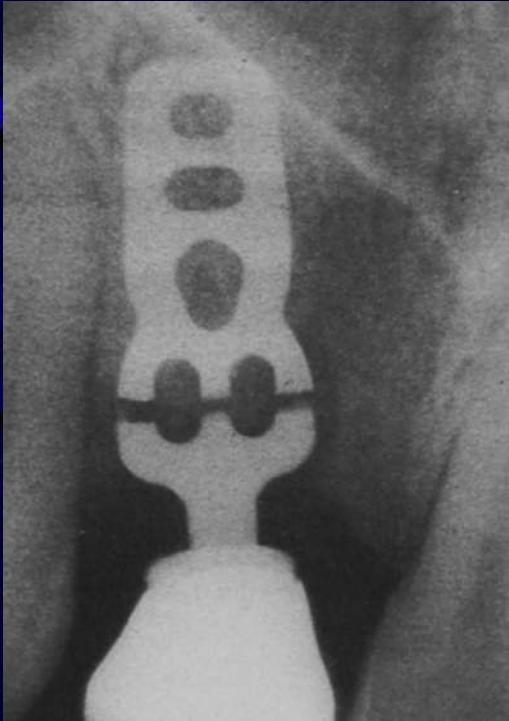


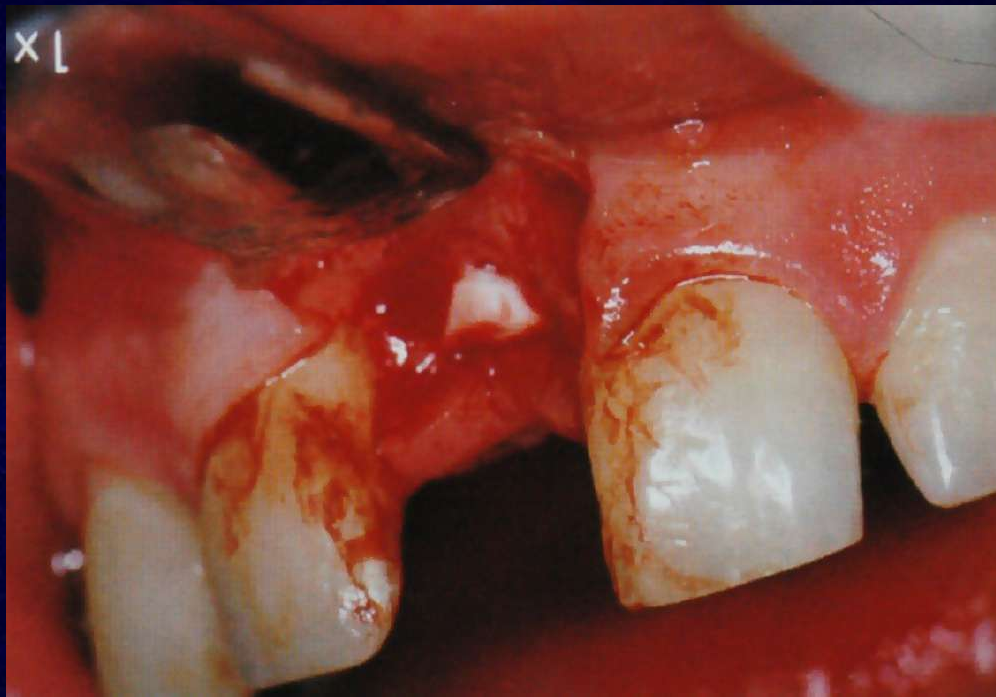


Ruperea unui
instrument metalic in
timpul inserarii implant



Ruperea frezei
intraoperator





Fractura unui implant de stadiul I din ceramica

Indoirea intraoperatorie a implantului IMZ





COMPLICATII POSTOPERATORI

- Precoce
- Tardive

Complicatii precoce

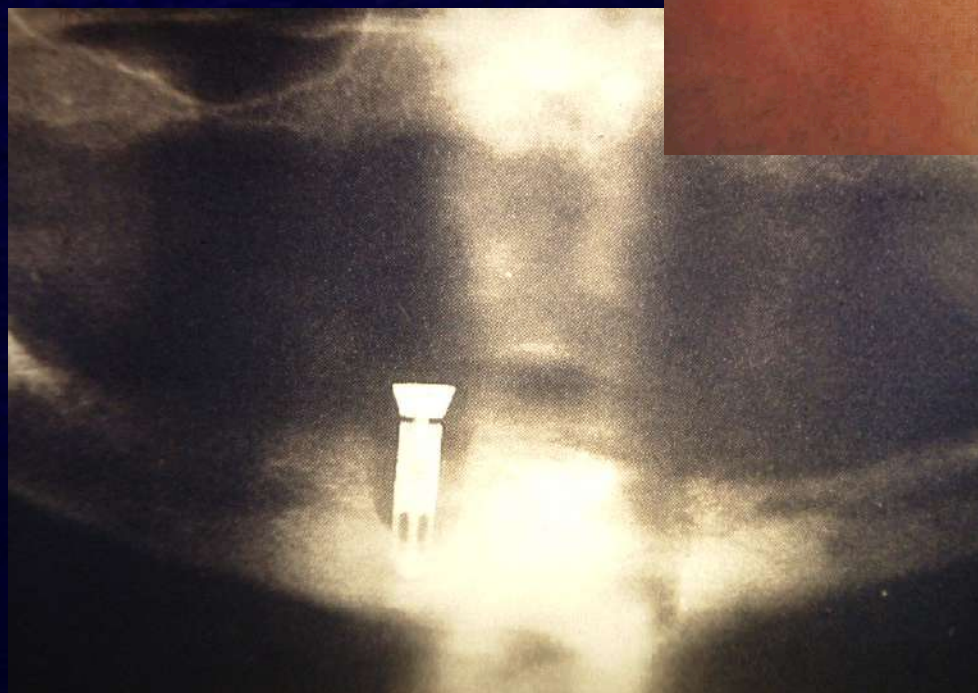
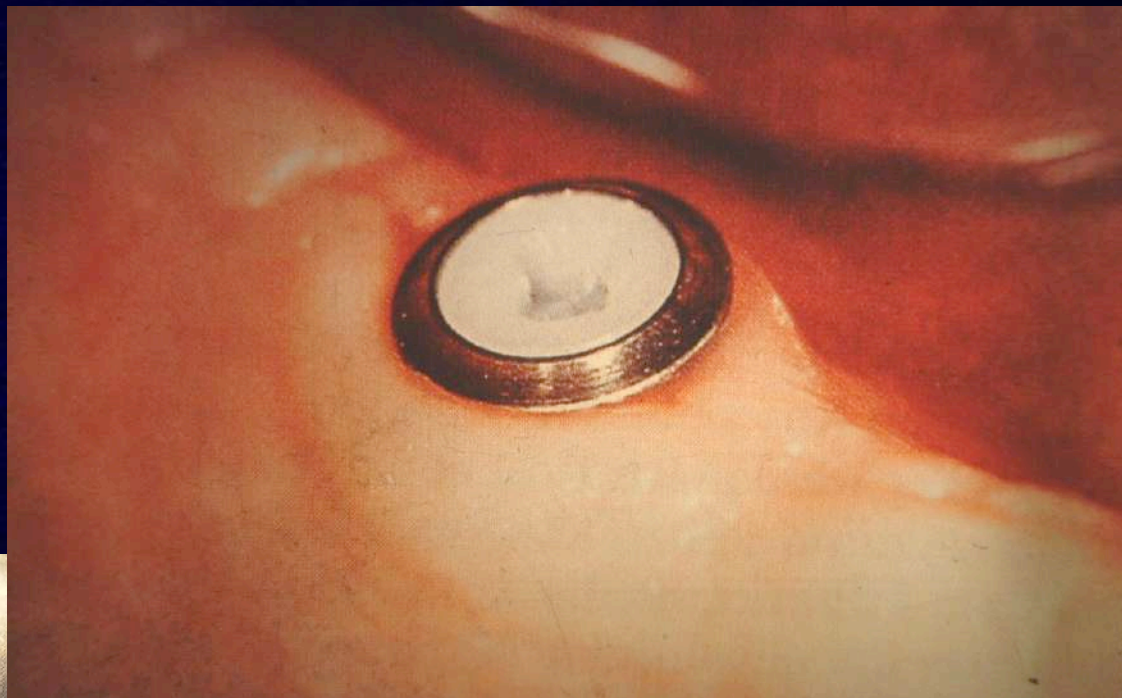
- HEMORAGII
- HEMATOAME
- EDEME
- INFECTII PRECOCE
- DEHISCENTE
- EMFIZEM
- INSTABILITATE PRIMARA
- PERFORATII ALE MUCOASEI BUCALE

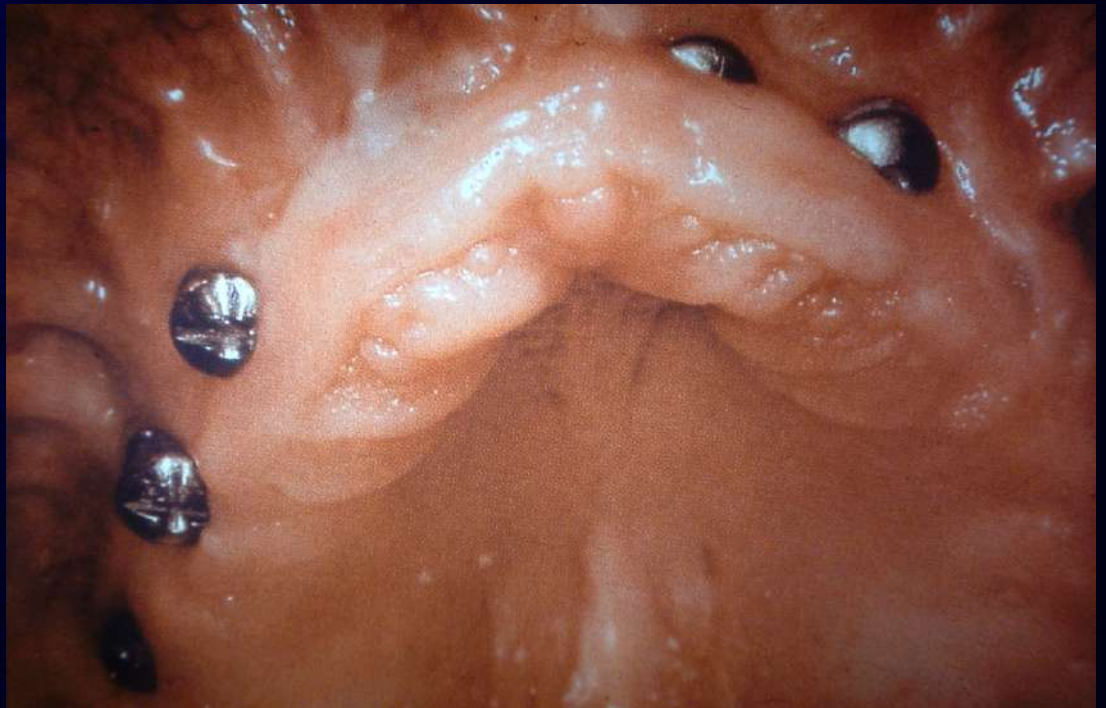
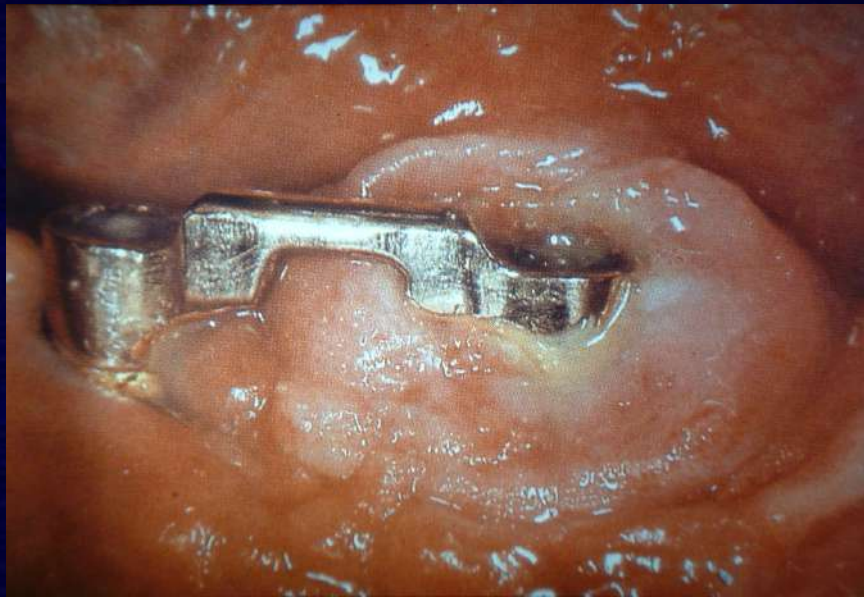


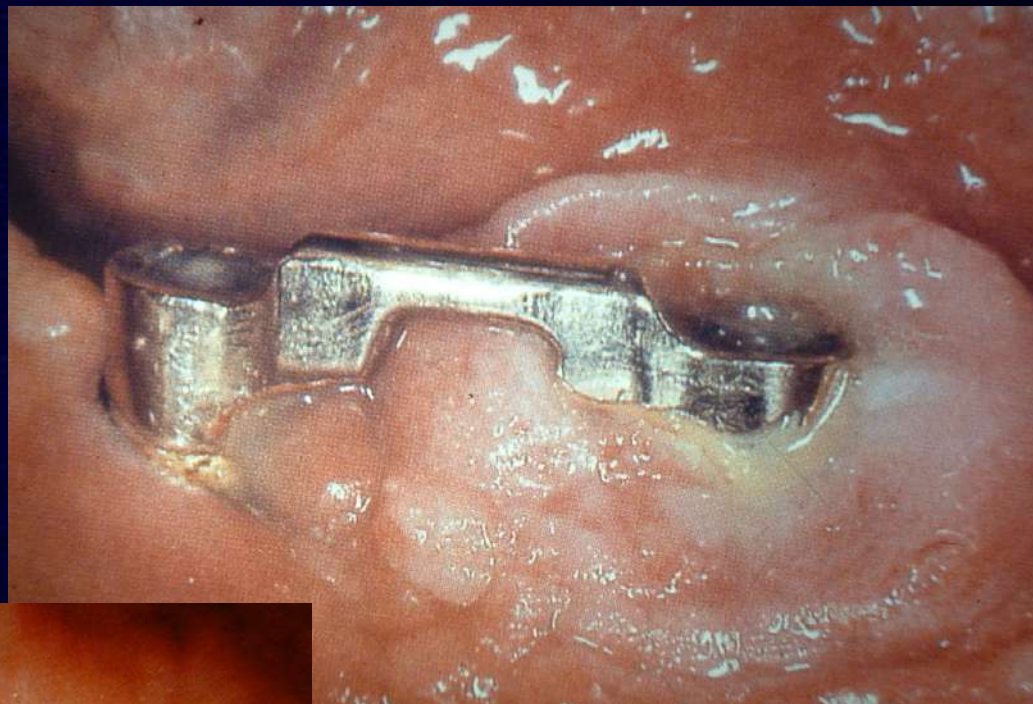


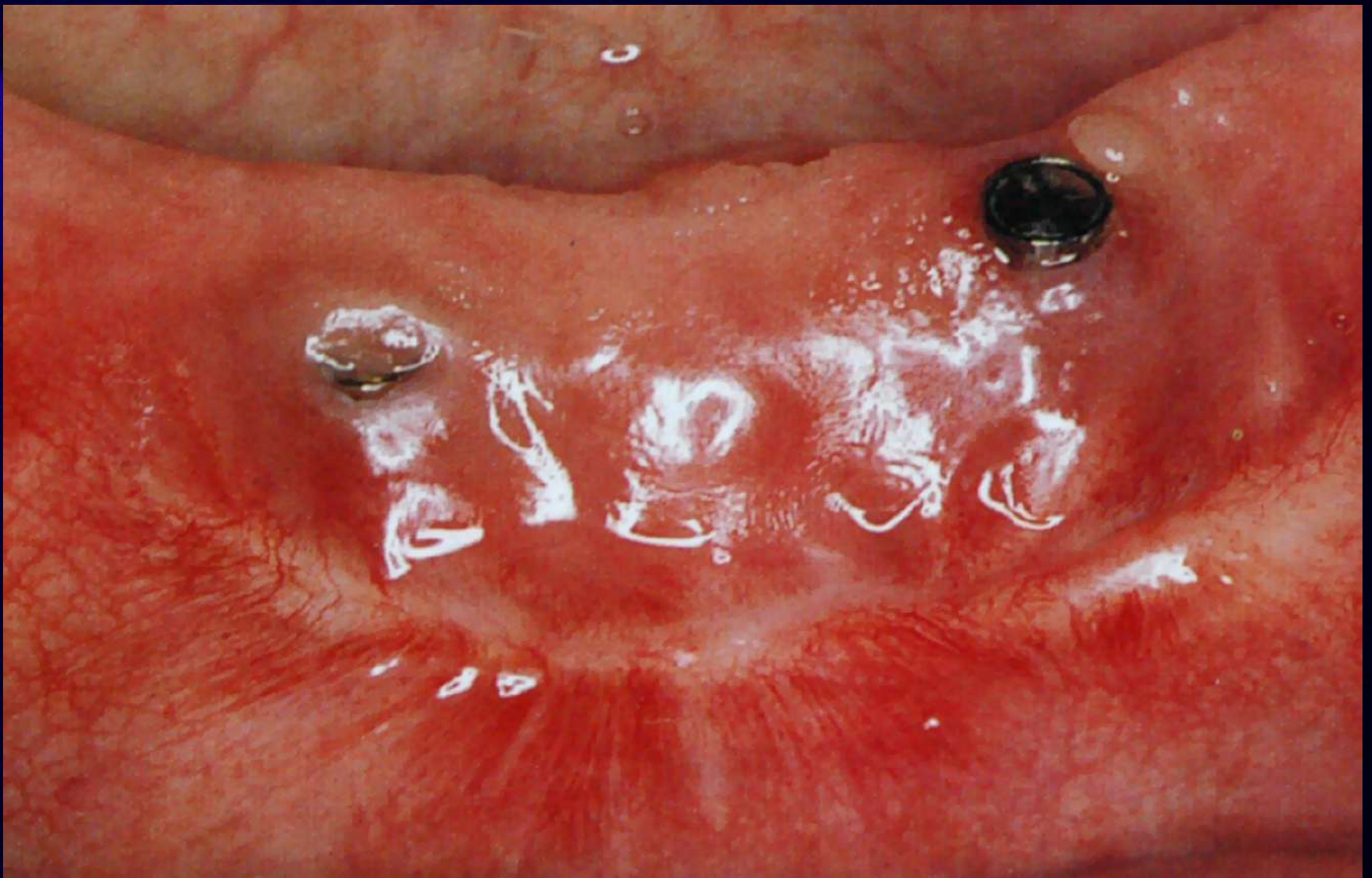
COMPLICATII POSTOPERATORII TARDIVE

- MUCOZITA PERIIMPLANTARA
- PERIIMPLANTITA
- FRACTURI DE IMPLANTE
- DURERI CRONICE
- LEZIUNI MUCOASE SECUNDARE (tardive)







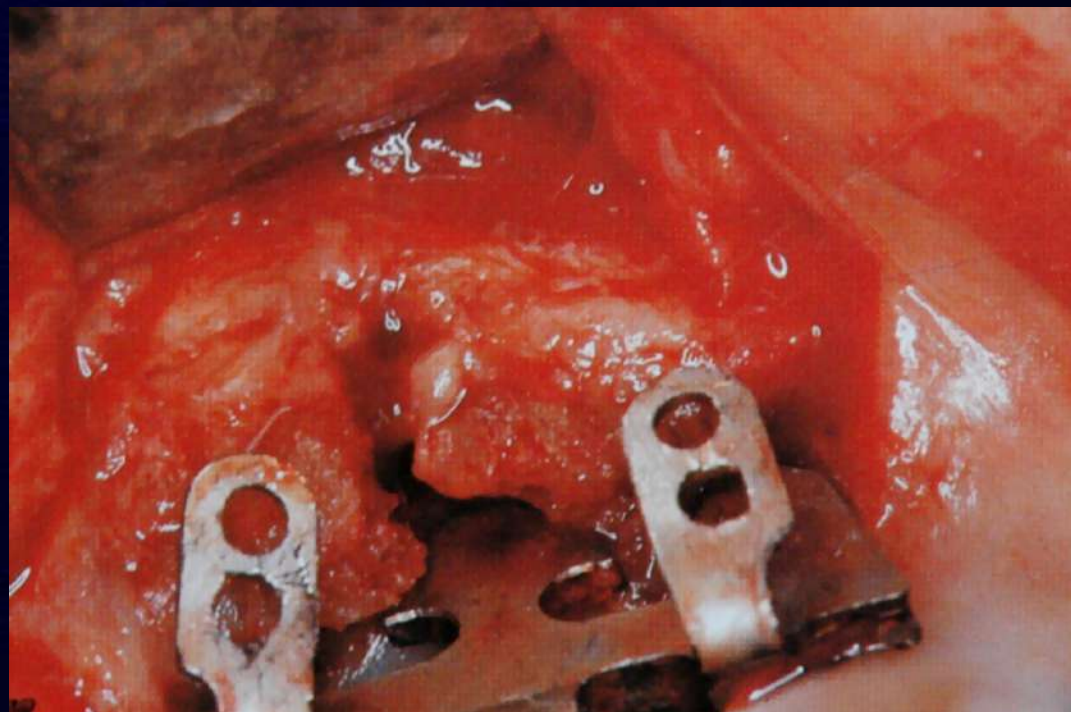


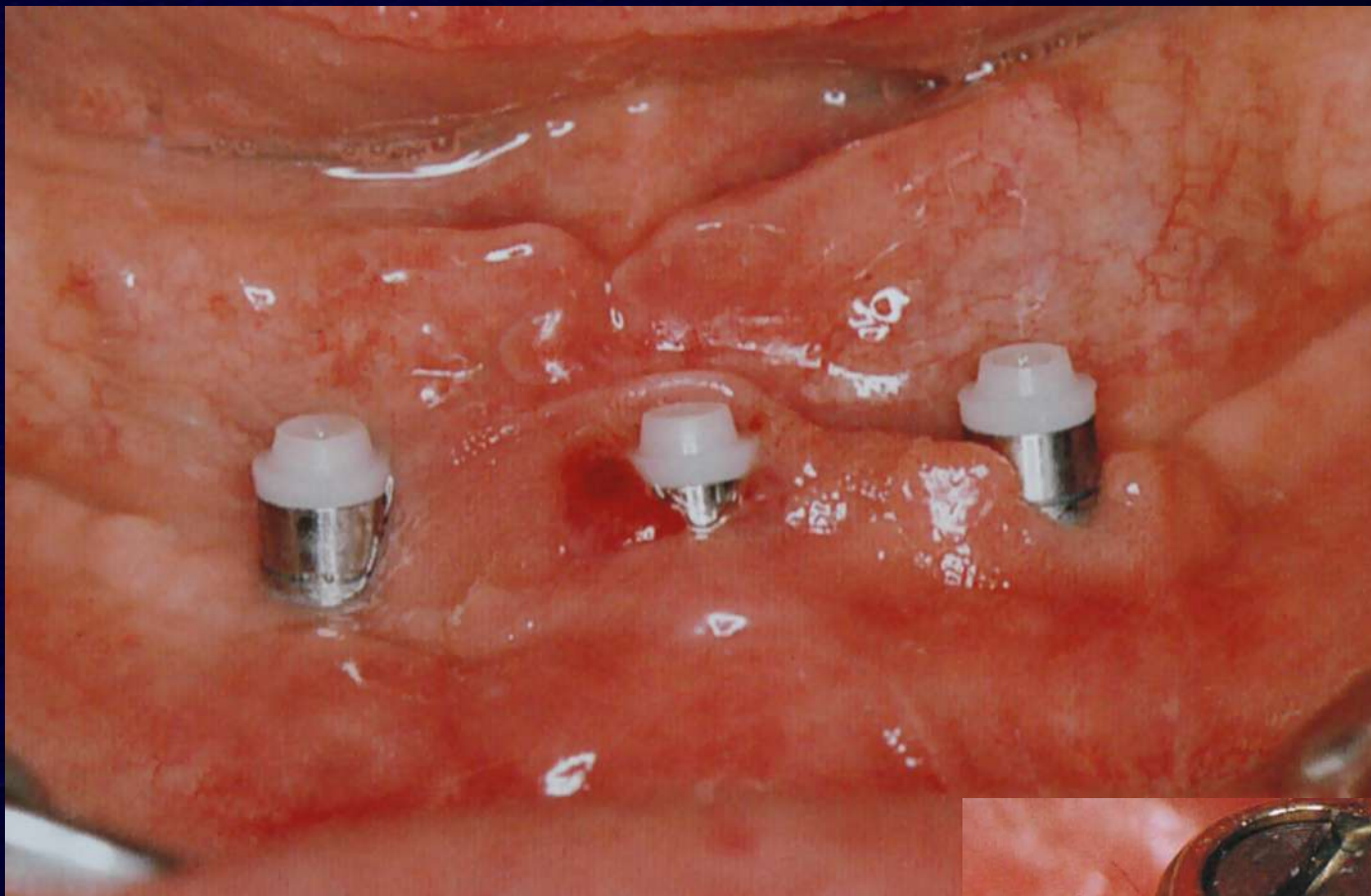
Perforatie spontana a mucoasei
asociata cu periimplantita



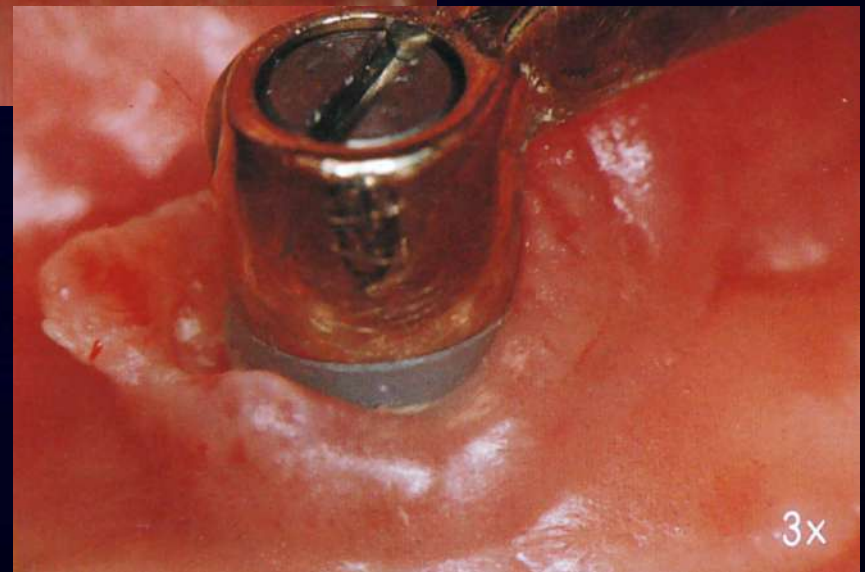
Expunerea implantului
cu dezvoltarea unei
periimplantite

Aspect intraoperator
la indepartarea
implantului





Mucozita periimplantara

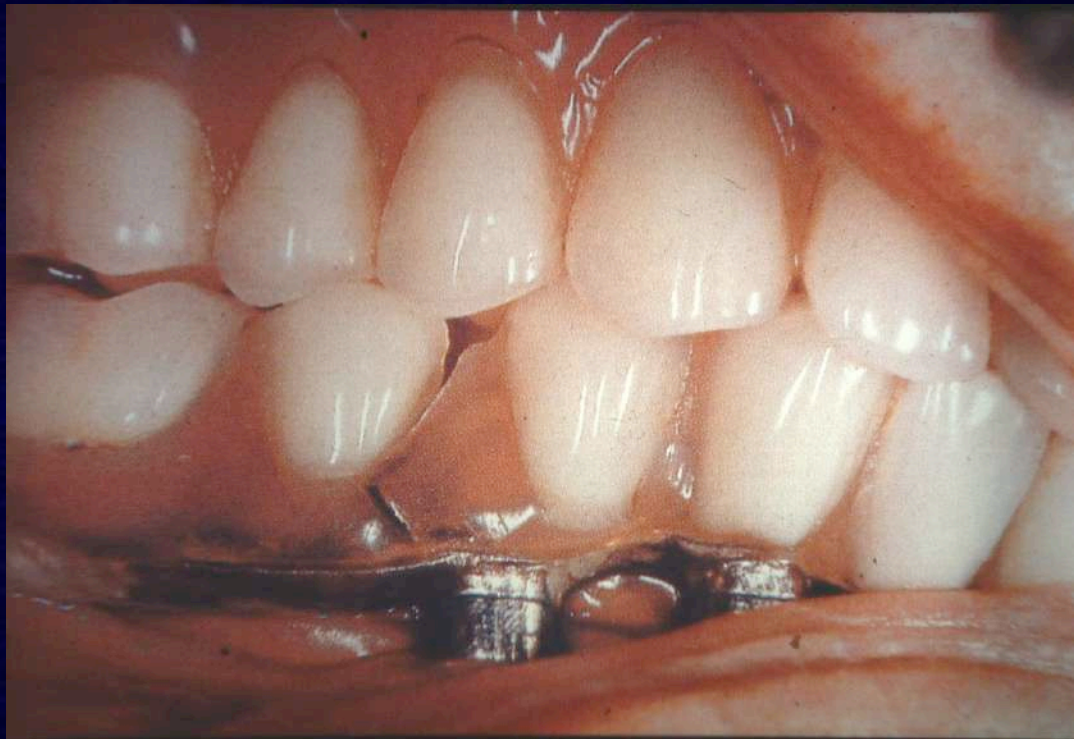


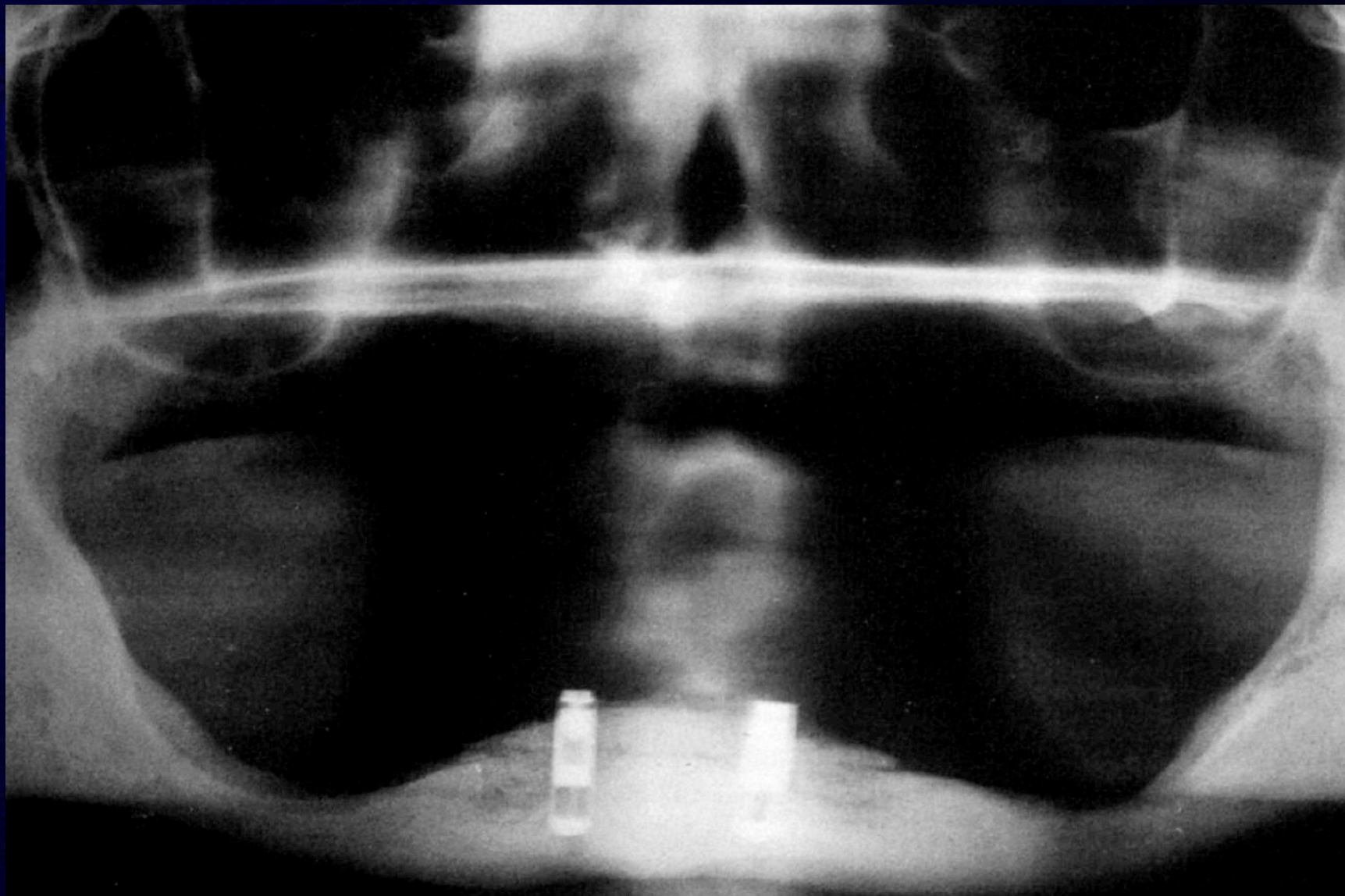




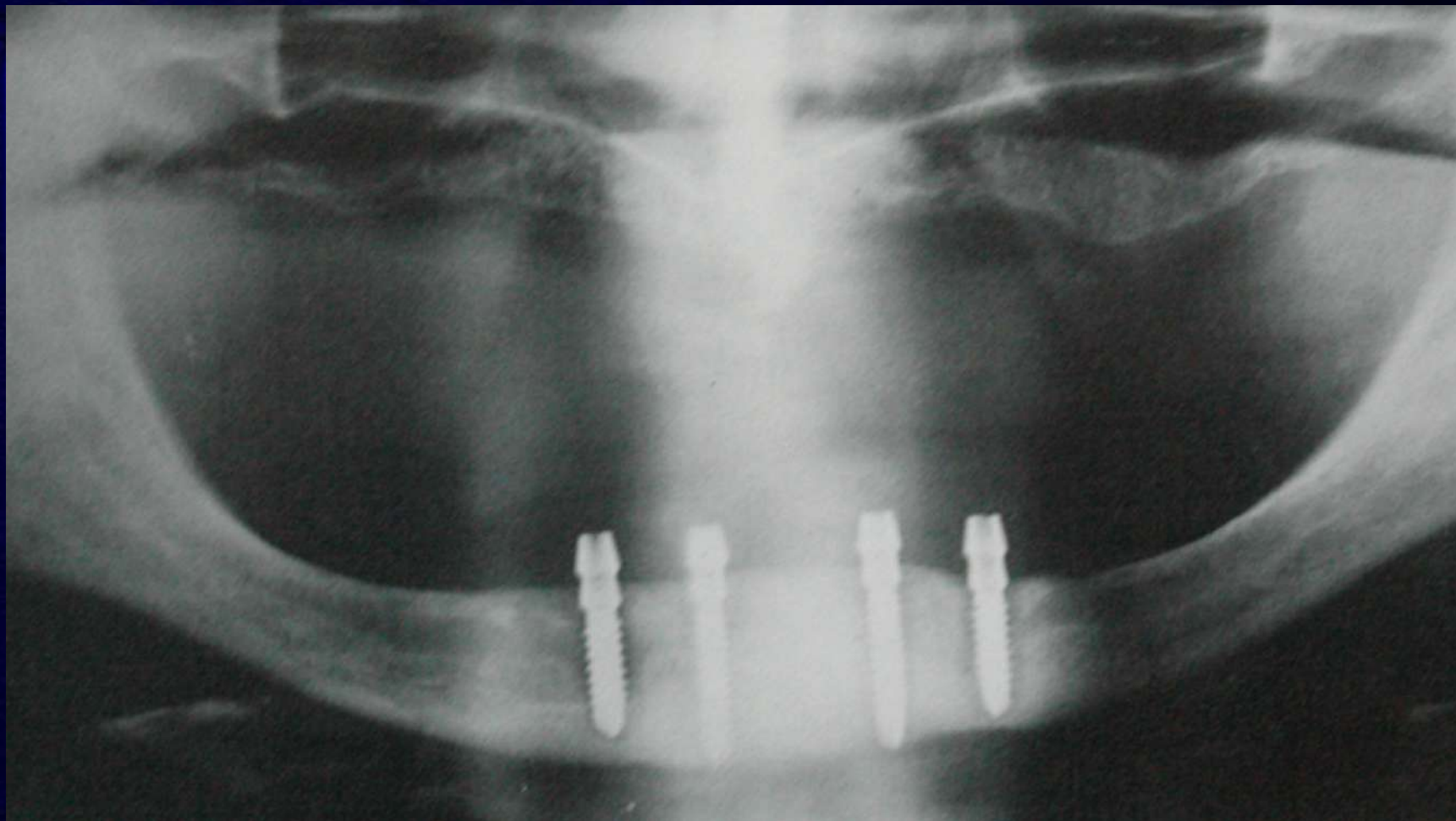
- DEFECTE ALE SUPRASTRUCTURII
- FRACTURA SURUBURILOR
OCLUZALE
- DESCIMENTARI (agregari mixte)
- MOBILIZARE IMPLANTELOR (datorita
suprastructurii si erorilor gnatologice)

- SUPRASTRUCTURA PROST
CONCEPUTA
- TRAUMA OCLUZALA
- INFECTII MICROBIENE
- TULBURARI ALE SISTEMULUI
IMUNITAR
- PLACA DENTARA SI IGIENA
DEFECTUOASA
- BOLI CE APAR DUPA INSERARE





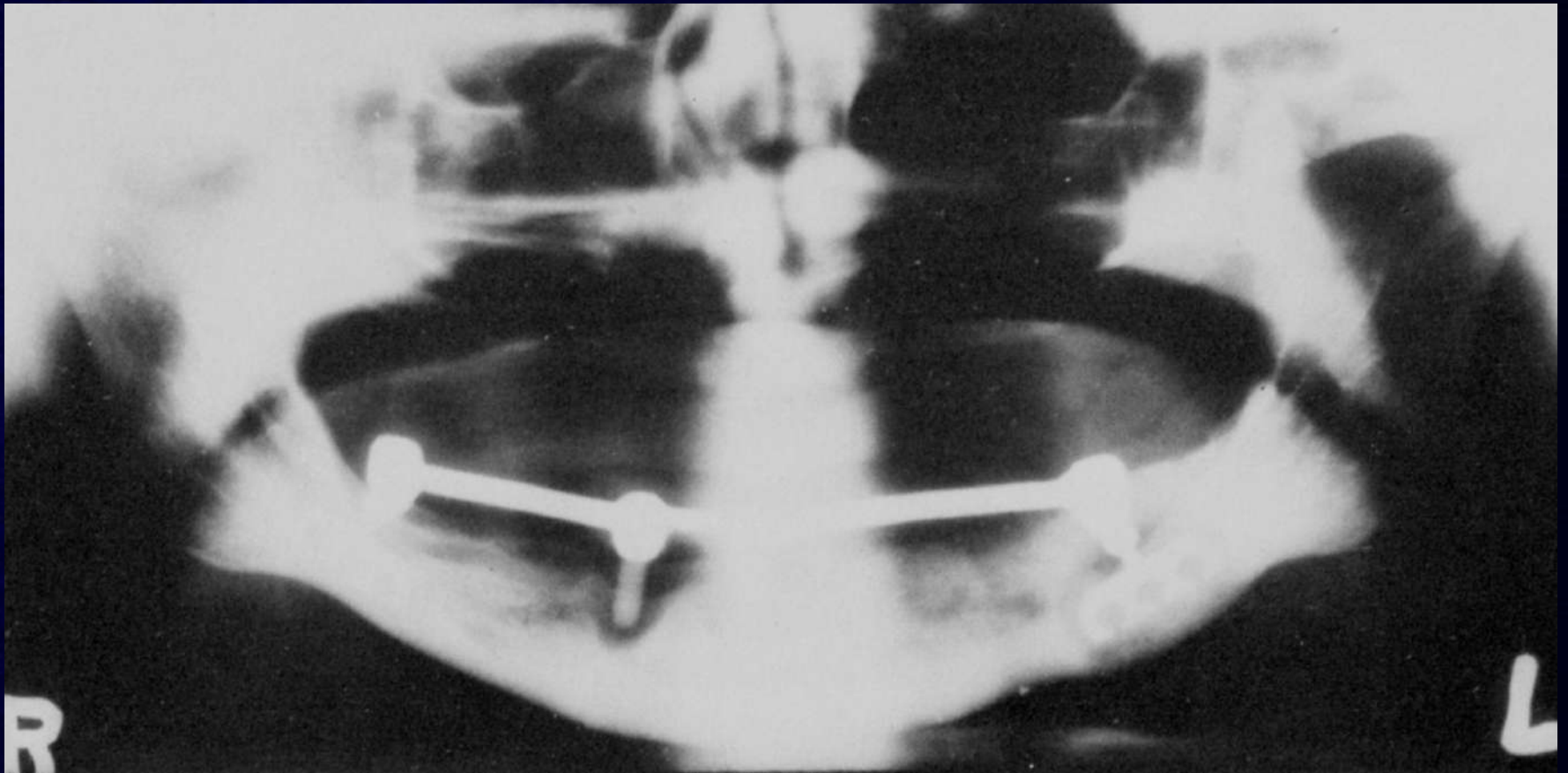
Desfiletarea surubului de cicatrizare



Desurubarea stalpilor
asociata cu osteoliza



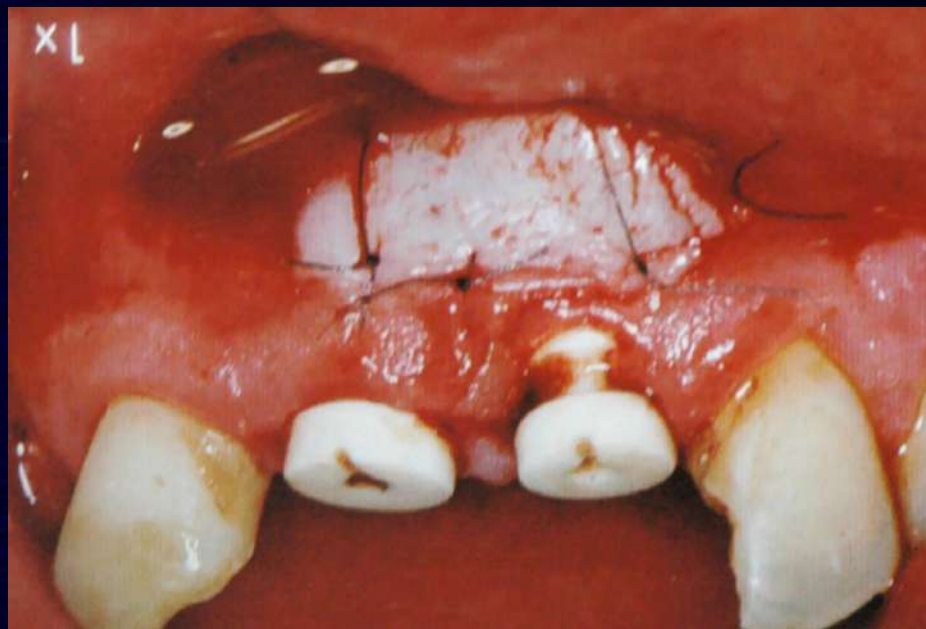
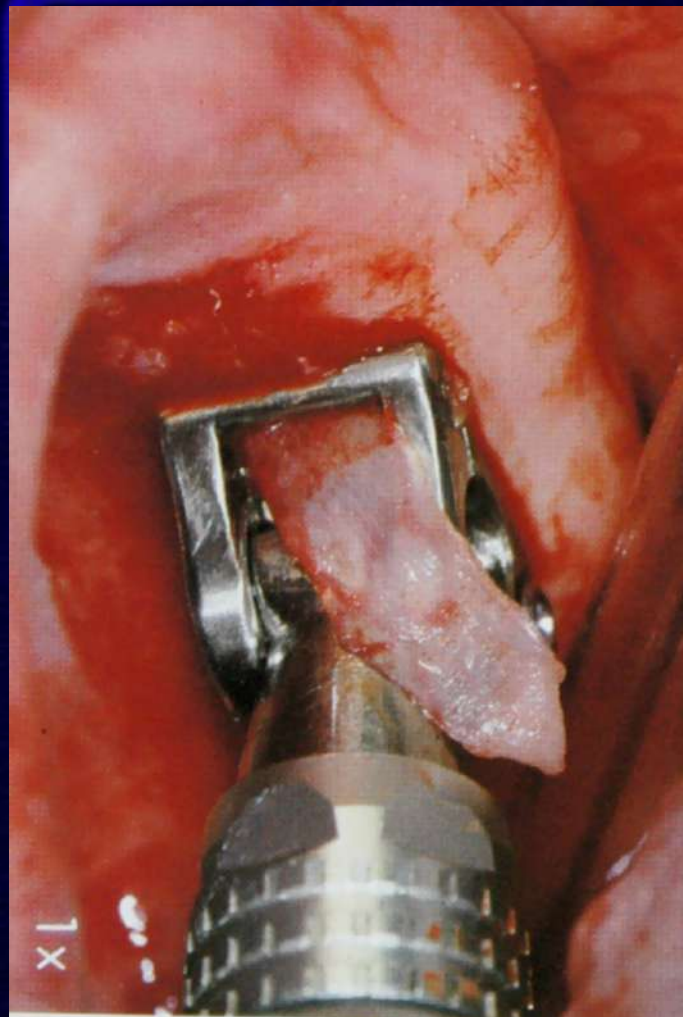
Osteoliza ca urmare a
descimentarii stâlpului la
un implant Frialit Tübingen

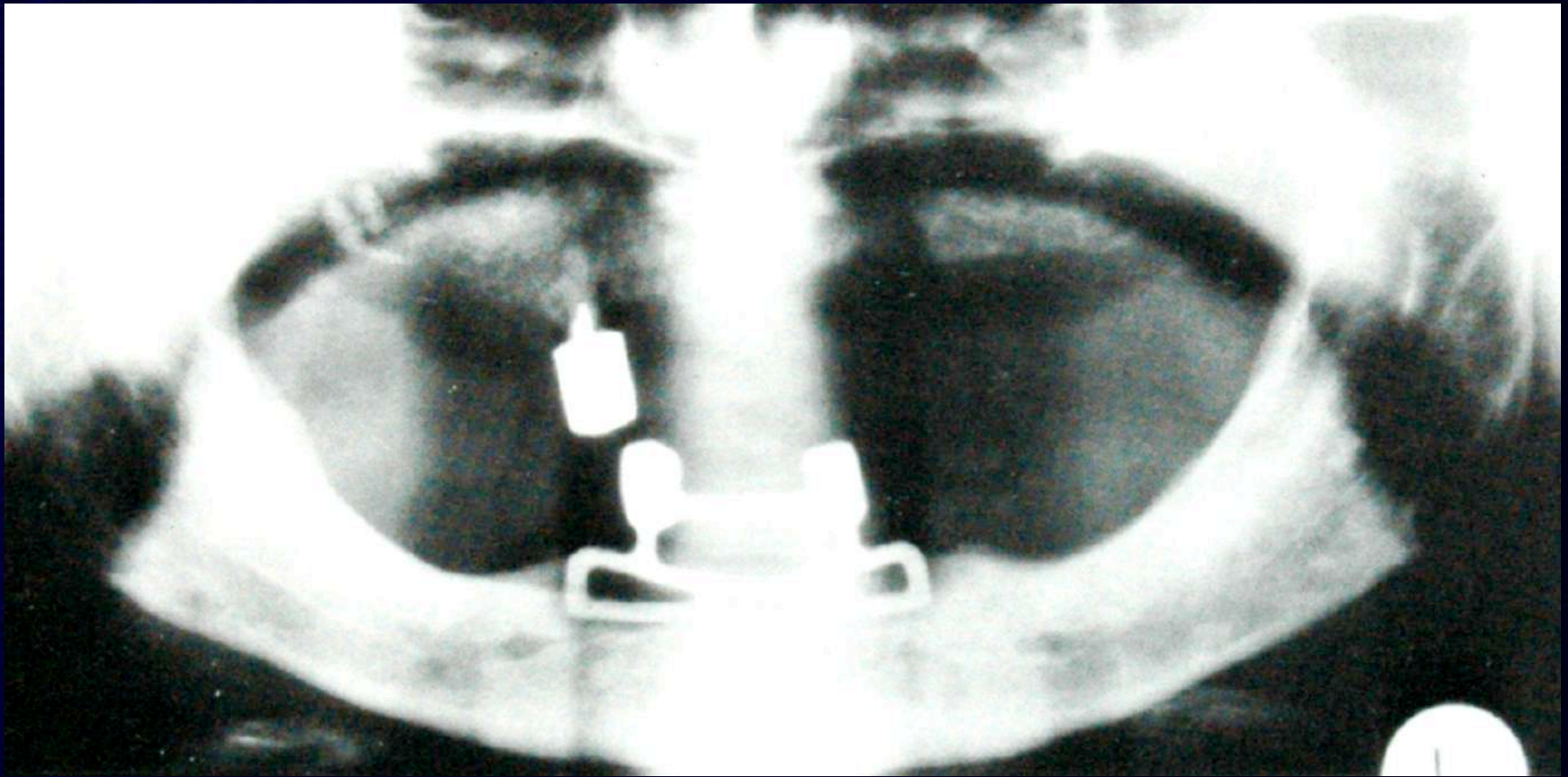


Abces perimandibular asociat cu
osteomielita la implantul lama

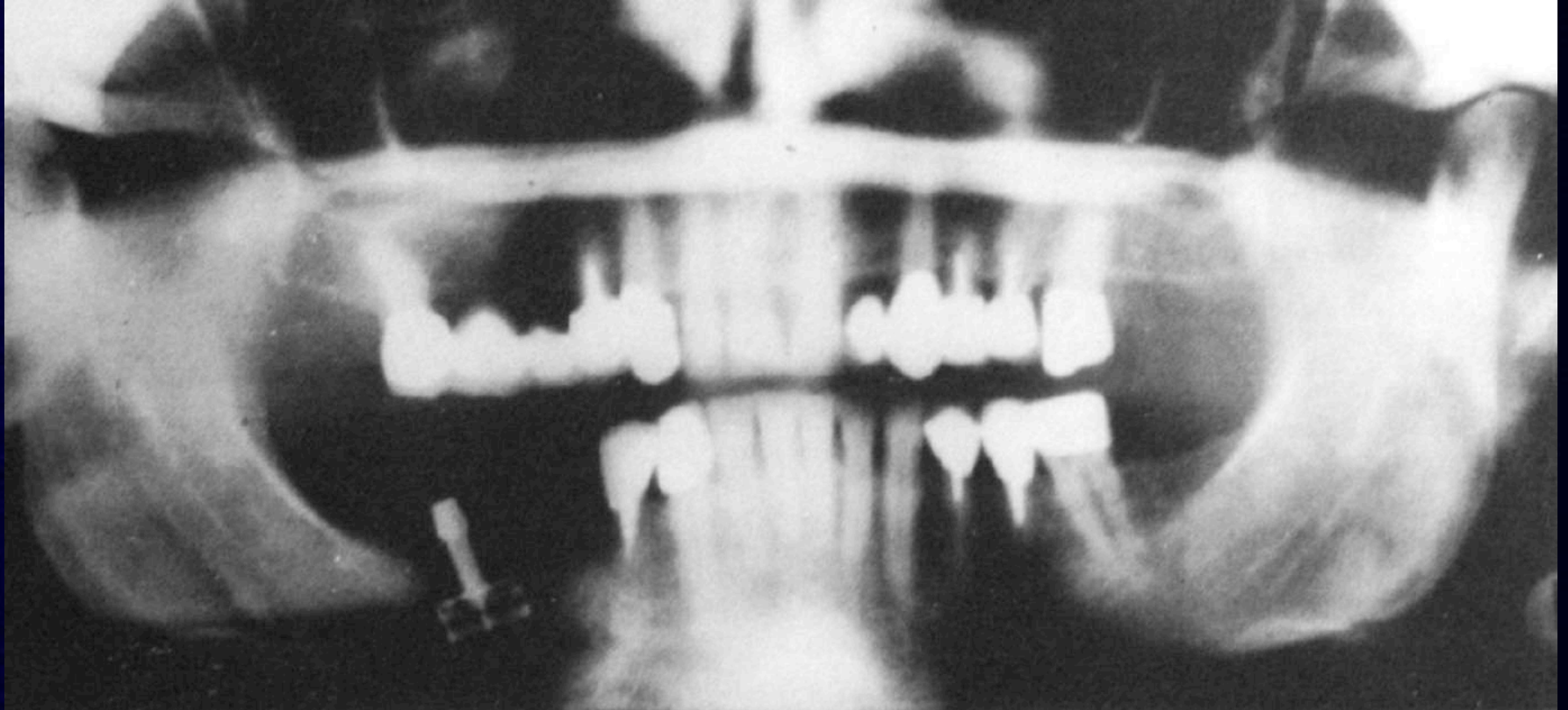


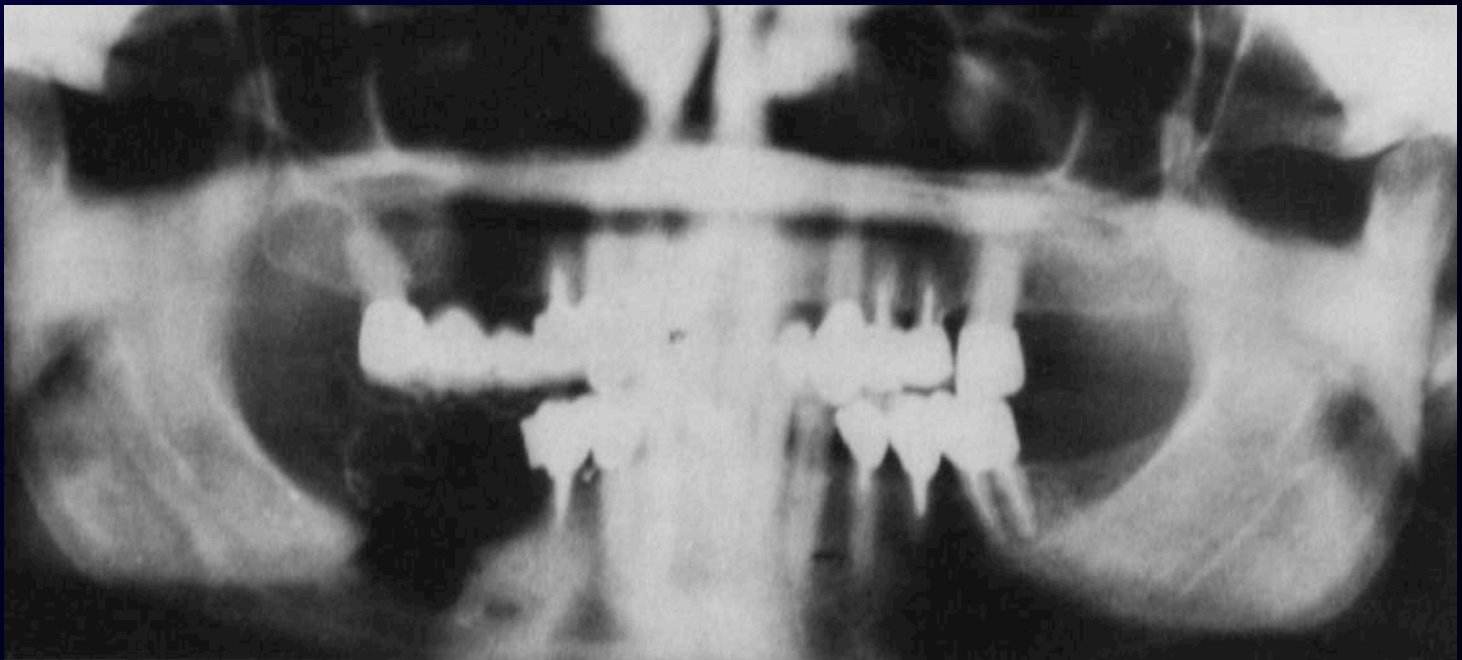
Retractie gingivala
implant Frialit Tübingen

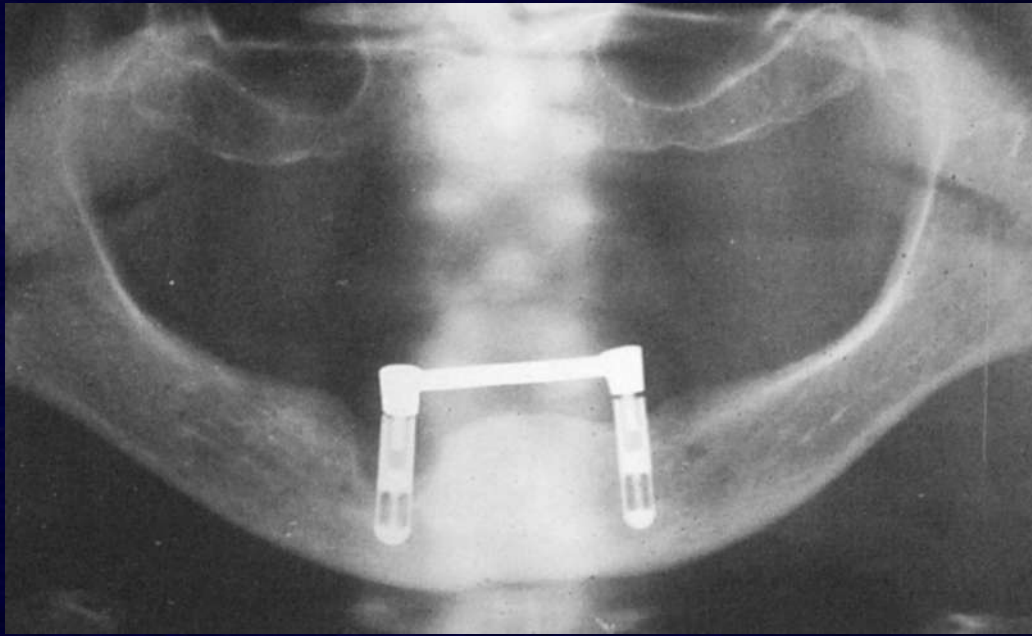




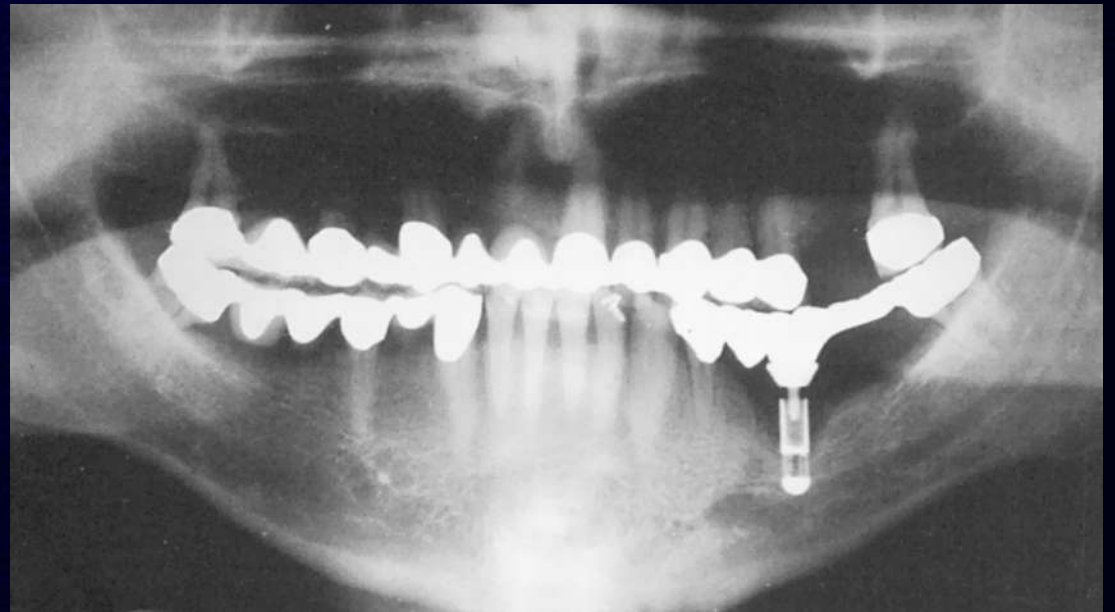
Resorbtie verticala de os (12mm) la 3 luni de la
implantarea unei lame in regiunea interforaminala

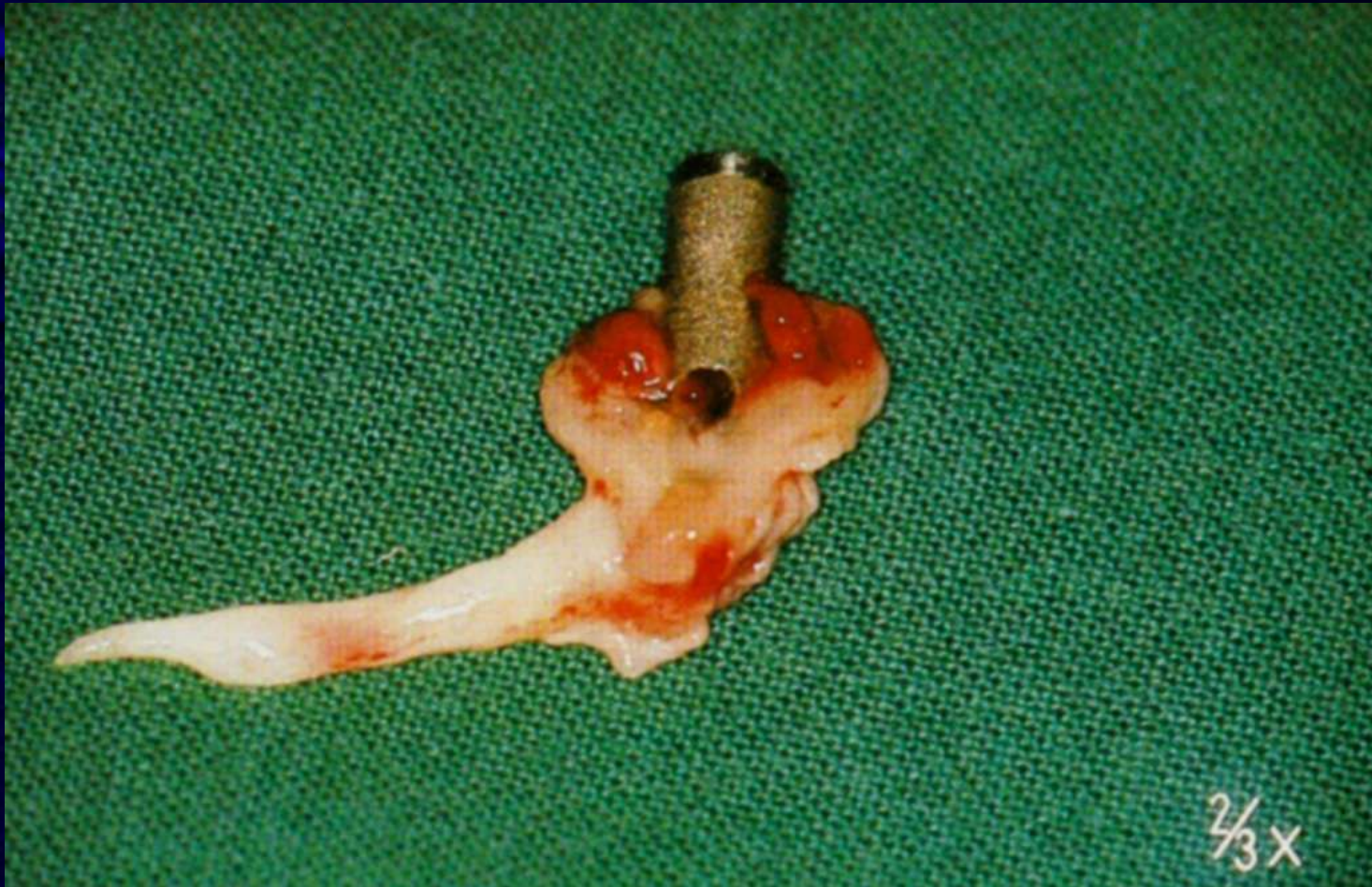






Resorbtie osoasa
in pâlnie

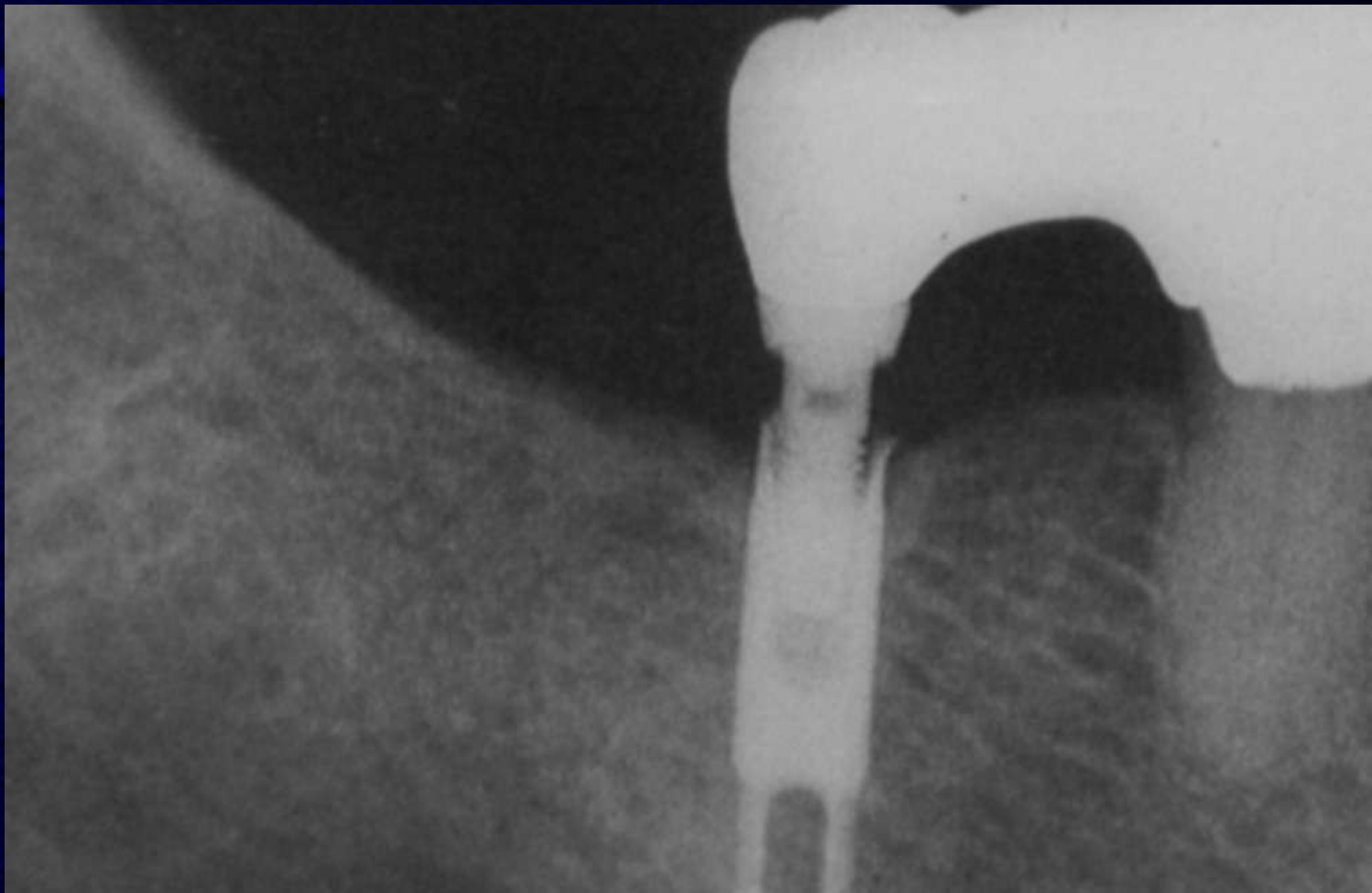




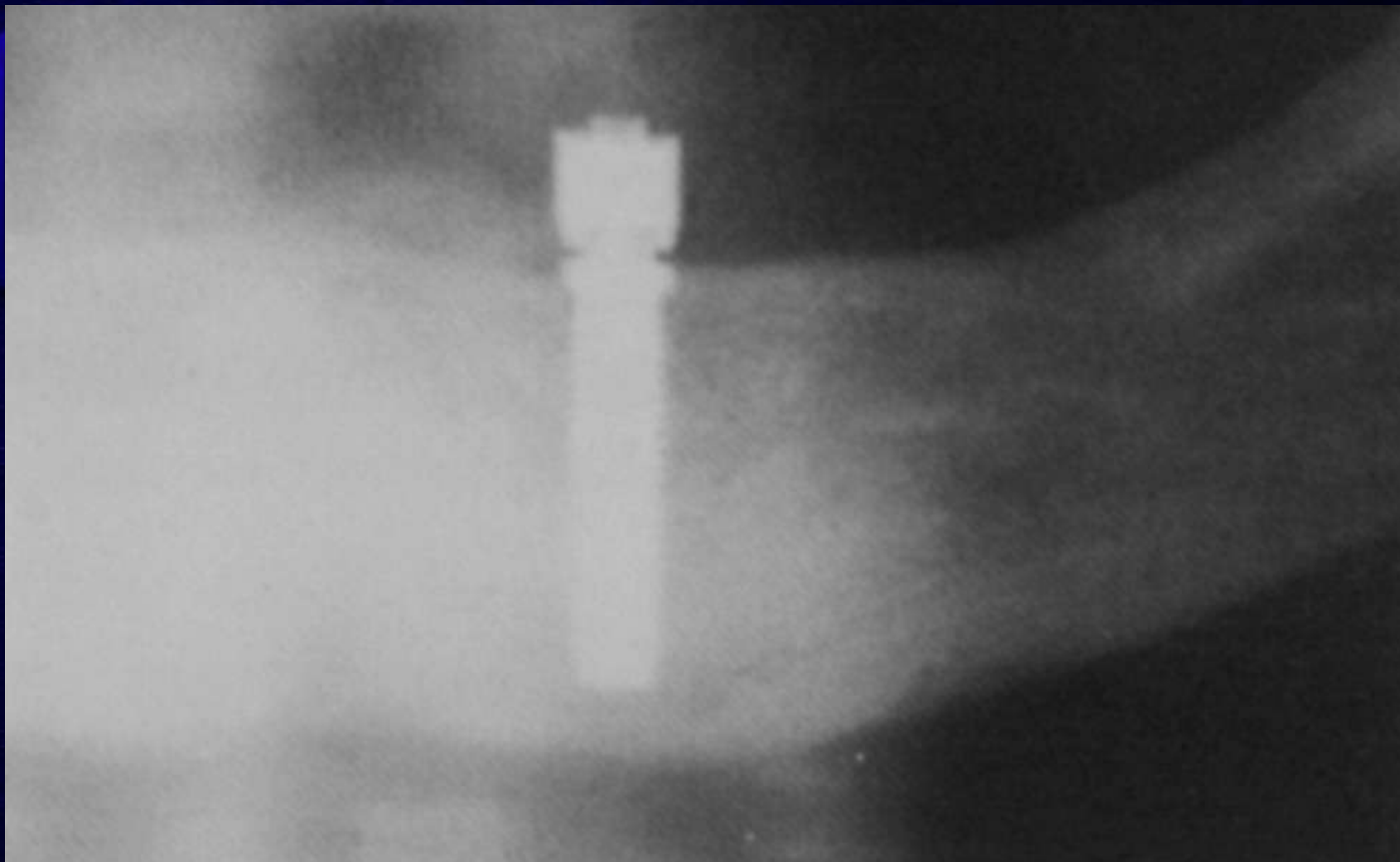
Regenerarea nervului dento-alveolar inferior in interiorul si in jurul implantului inserat in canalul mandibular



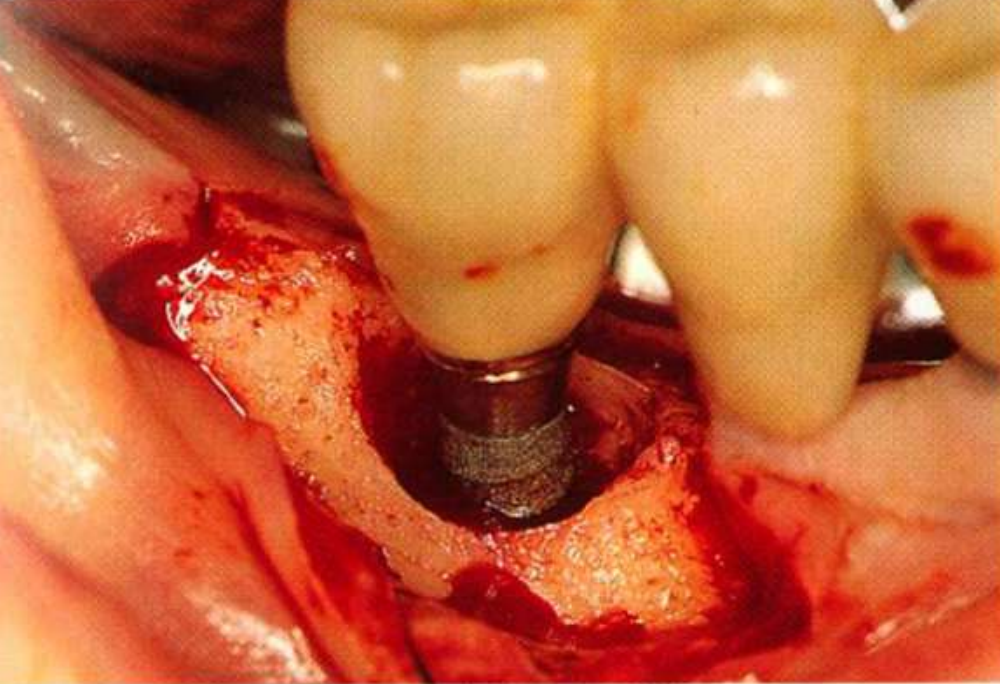
Fractura unui implant Frialit in treimea medie. Se observa denivelarea planului de ocluzie mobilitate si retractie gingivala



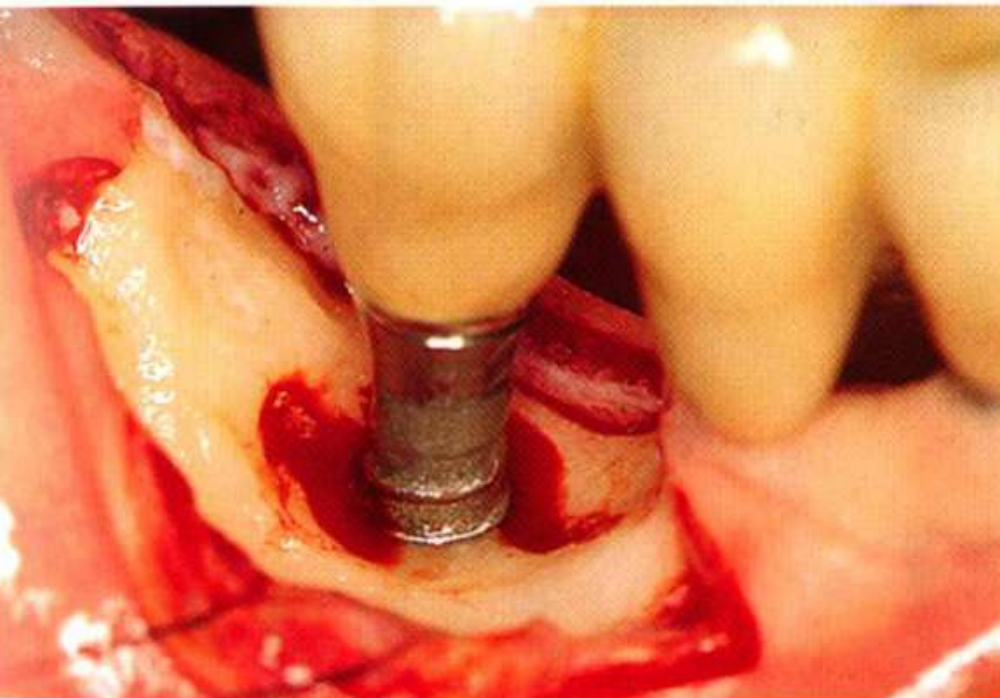
Fractura coletului implantului datorita
suprasolicitarii date de sprijinul mixt

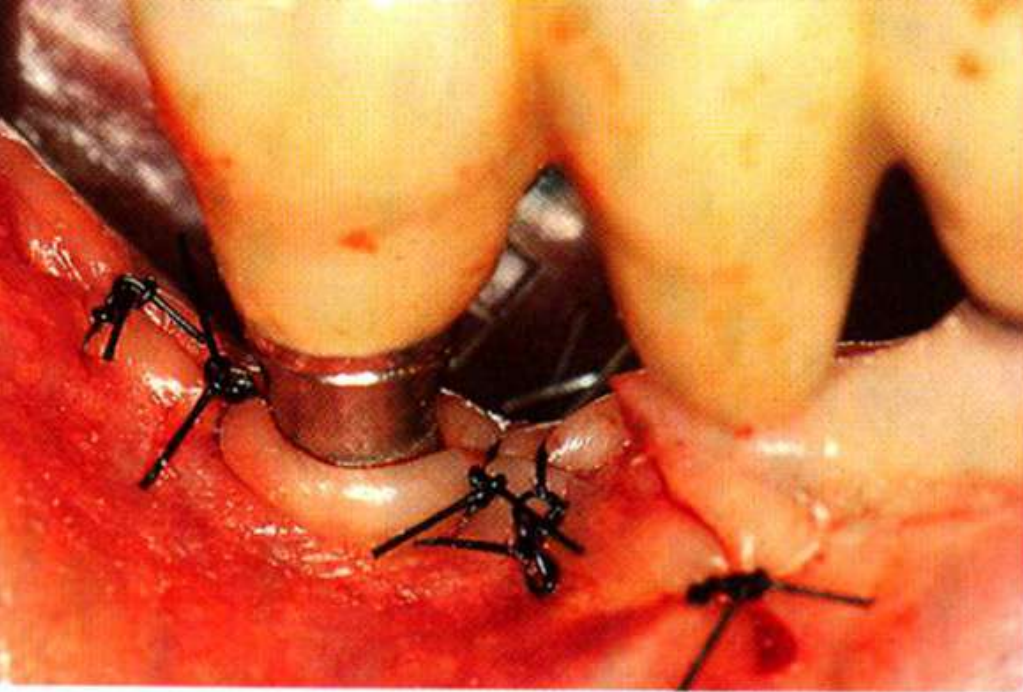


Pozitionarea incorecta a stâlpului
protetic la un implant Branemark

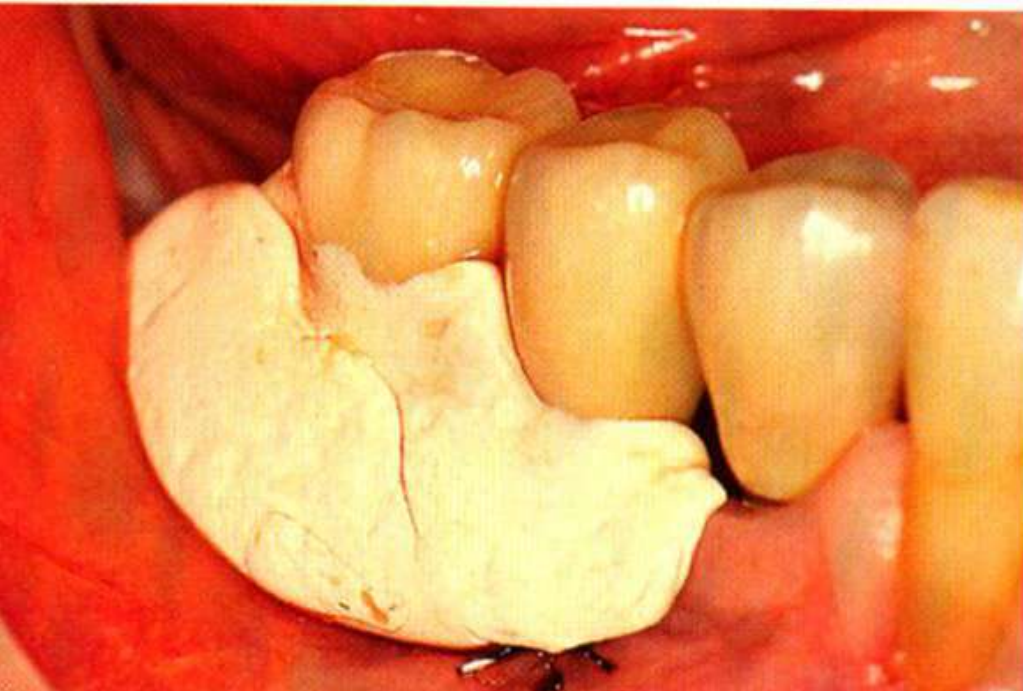


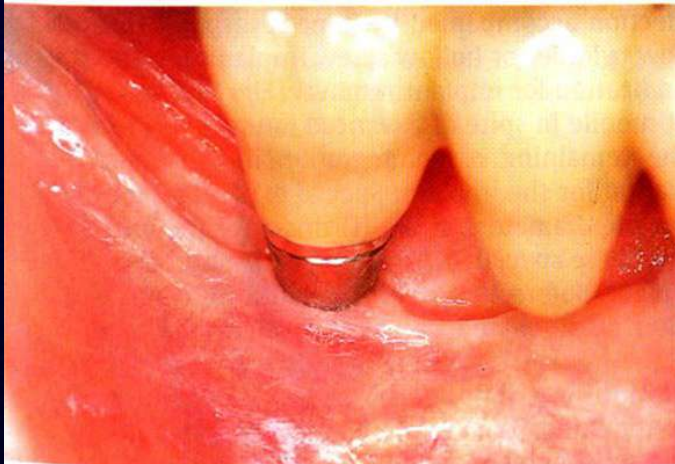
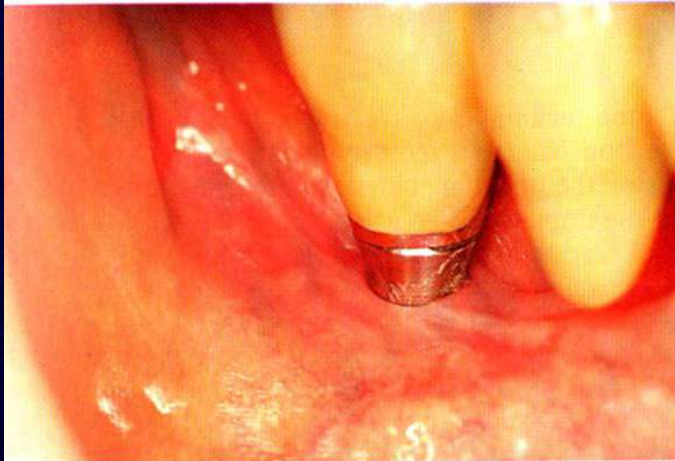
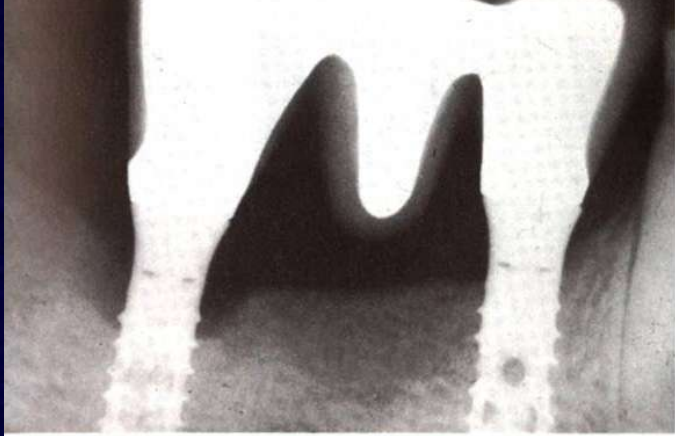
Aspect
intraoperator



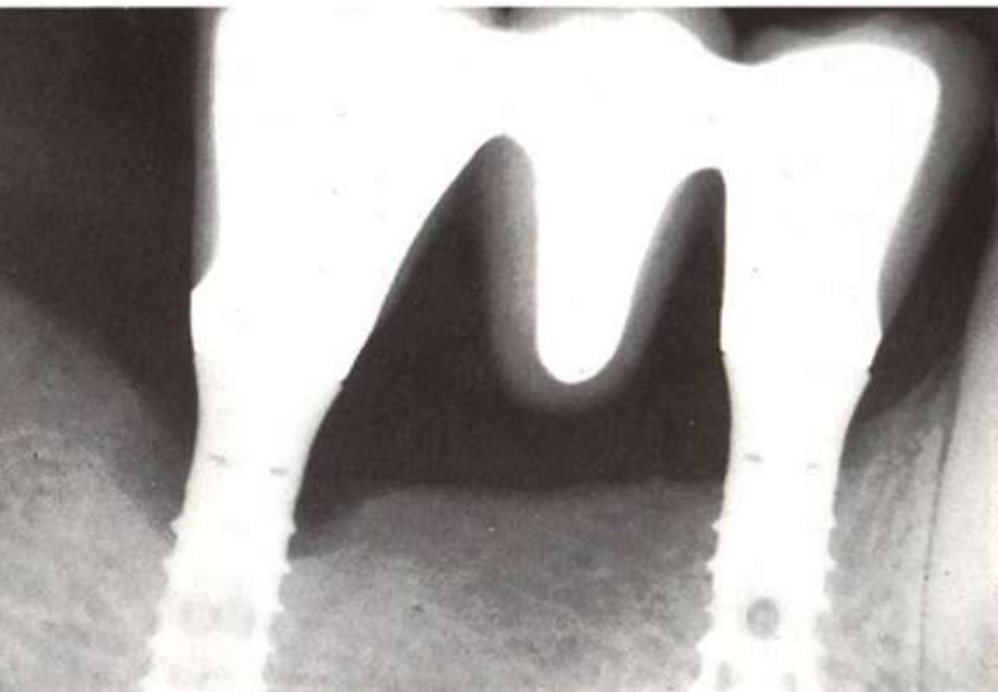


Aspect postoperator

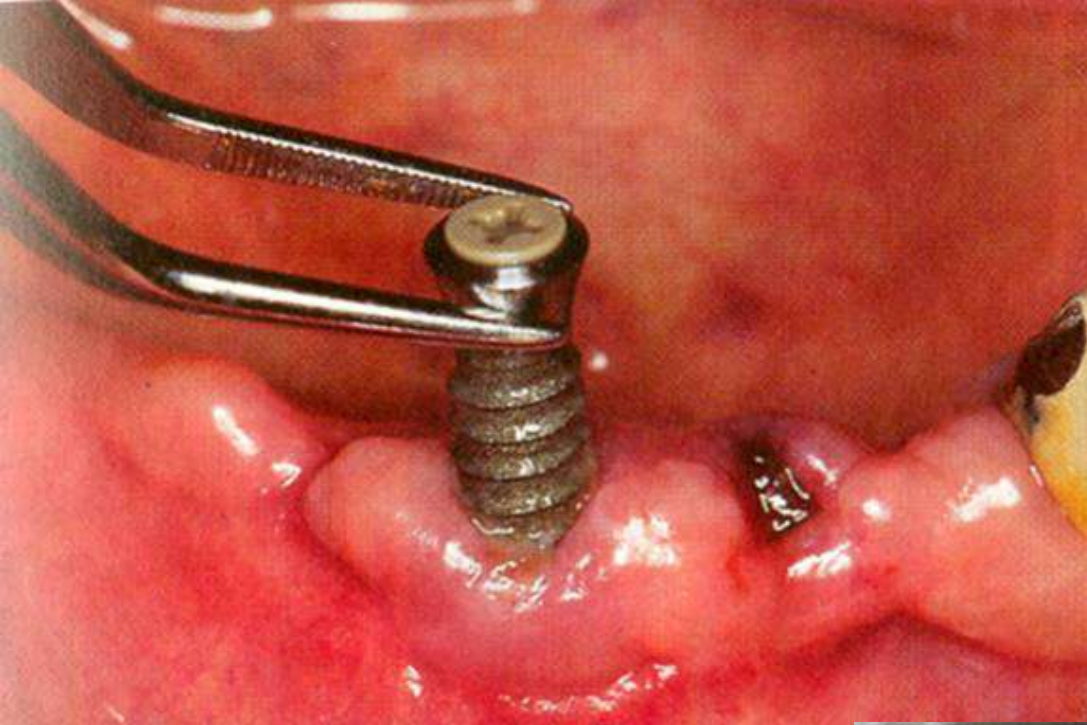




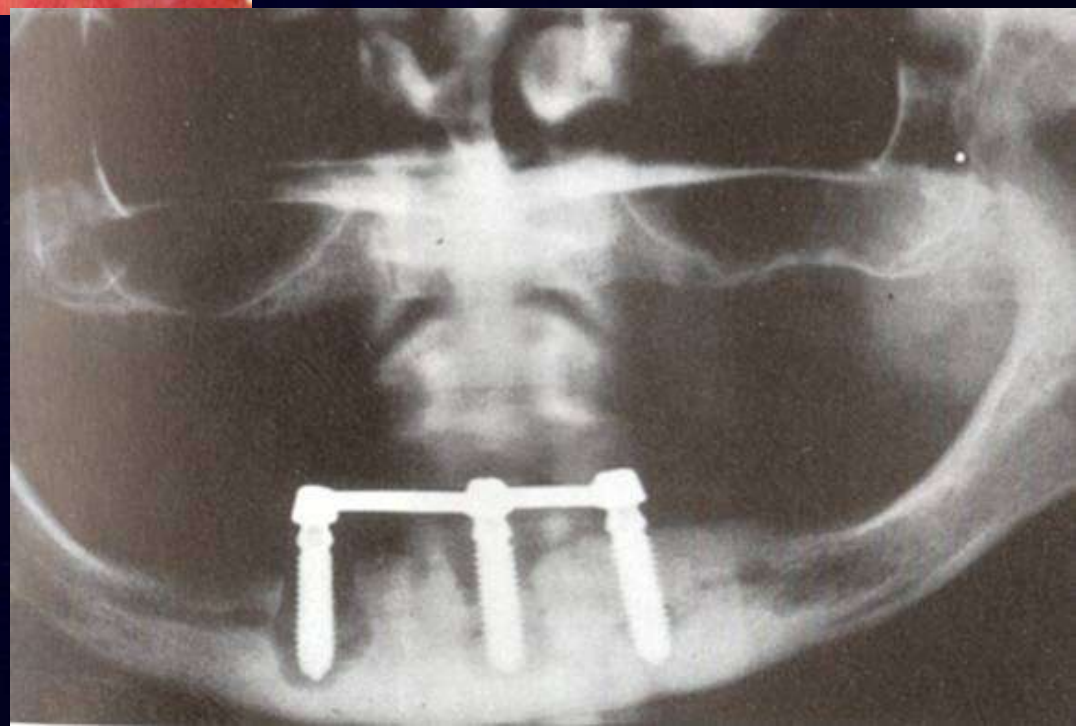
Dupa 4 luni



Periimplantita, aspect clinic
si radiologic



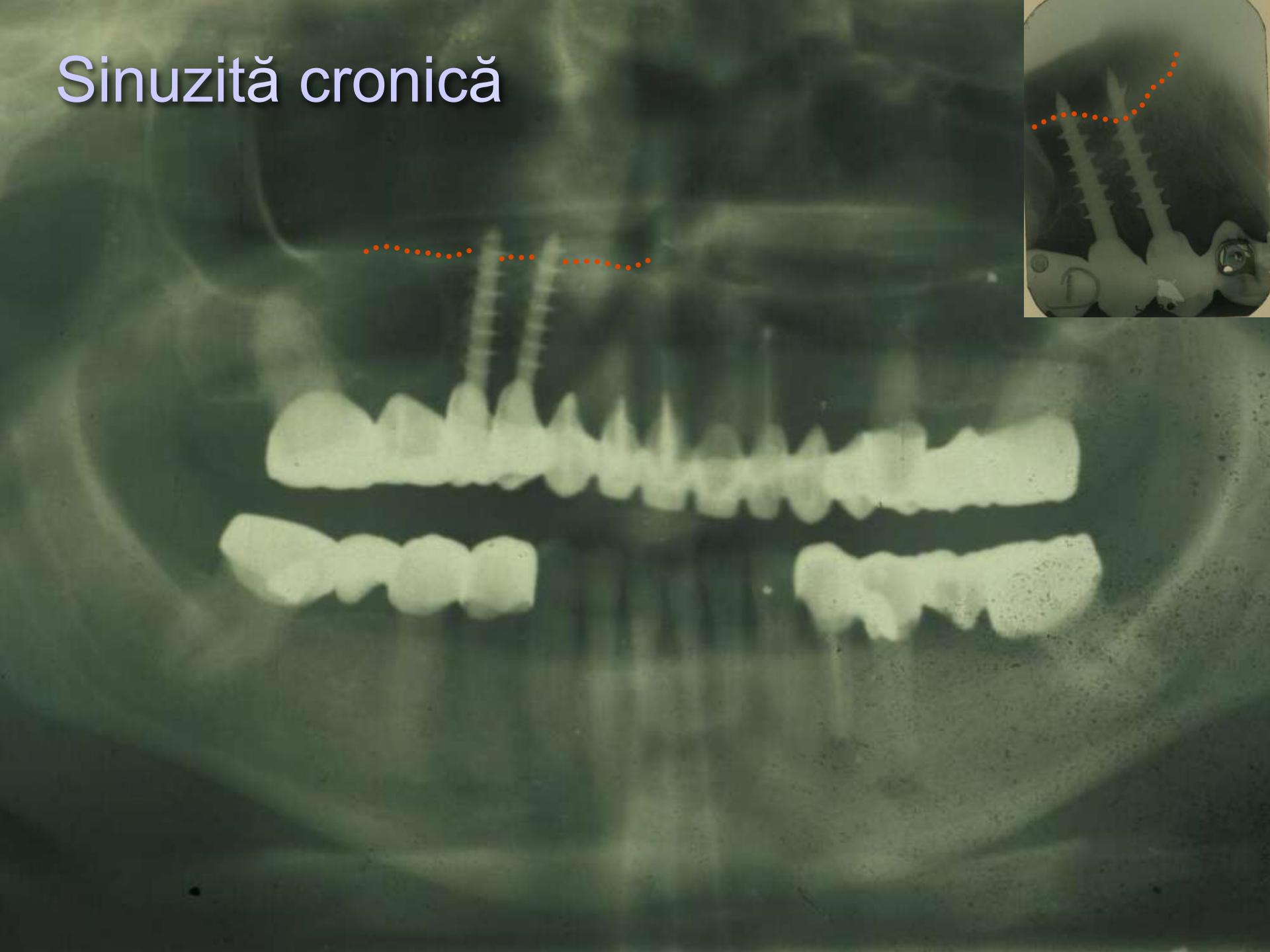
Periimplantita datorata
supraincalzirii patului
receptori in timpul
frezajului

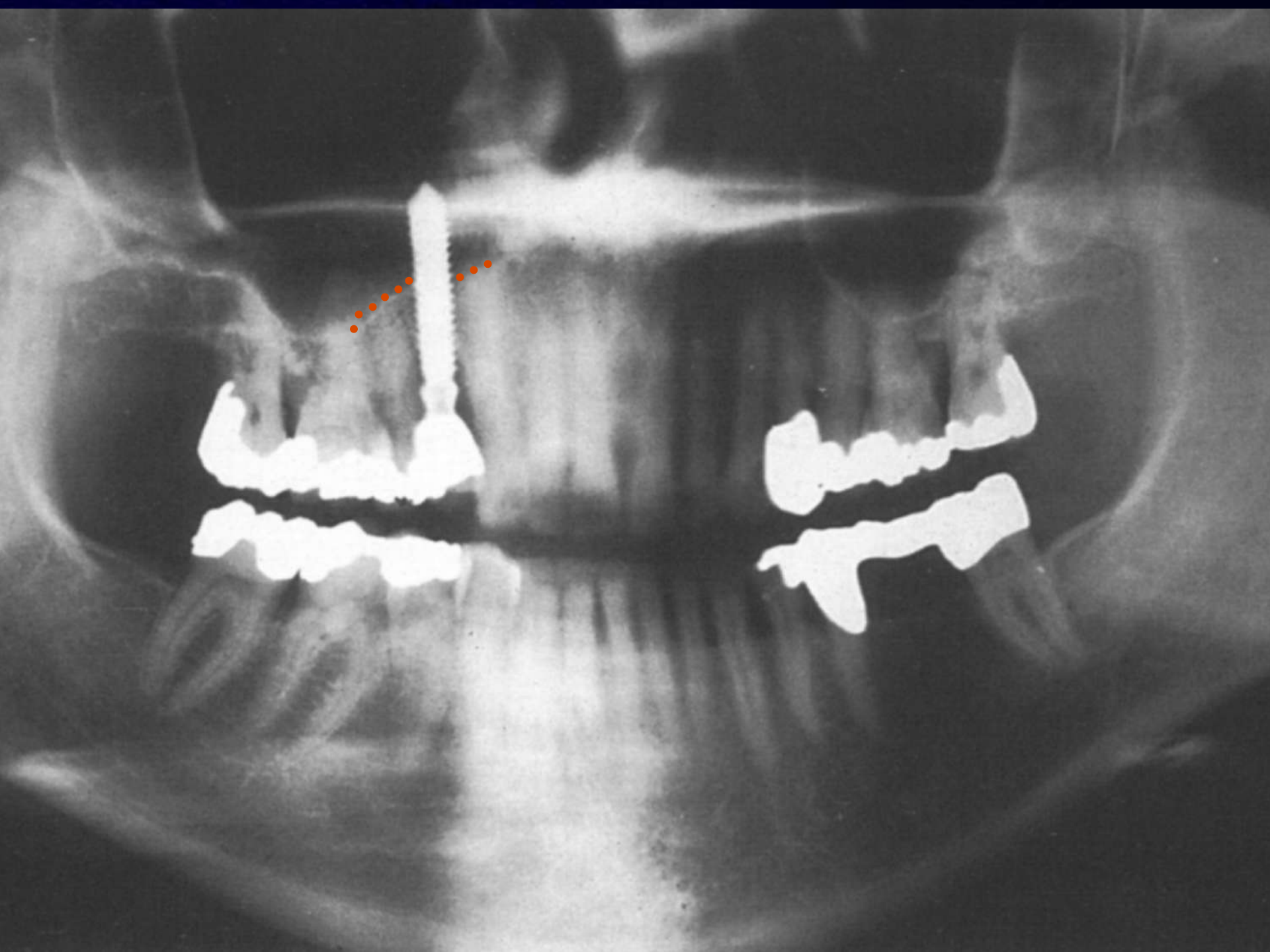




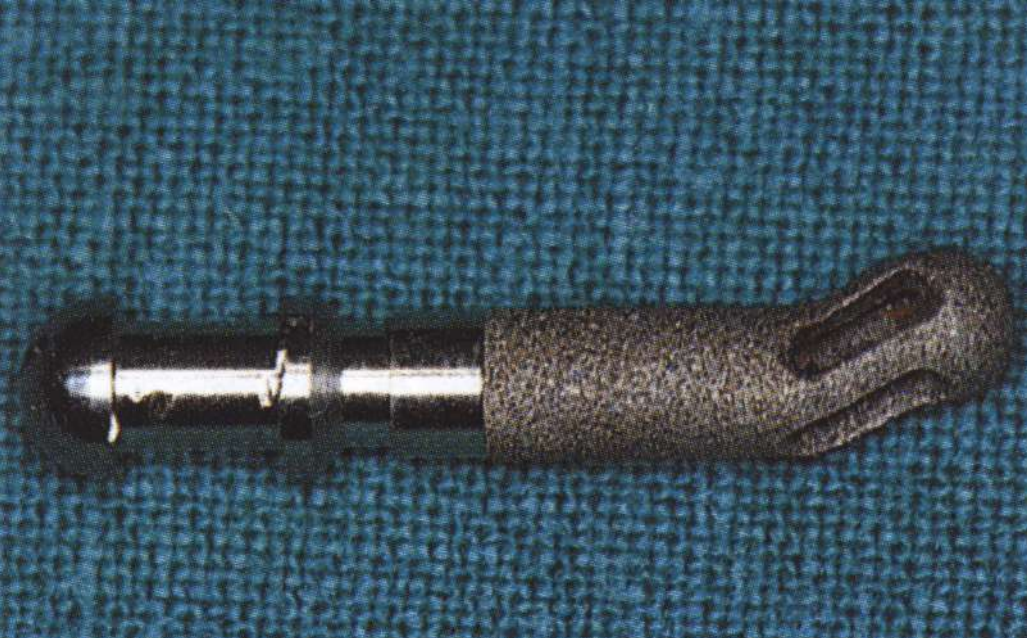
Osul acumulat pe freza poate preveni racirea adecvata

Sinuzită cronică

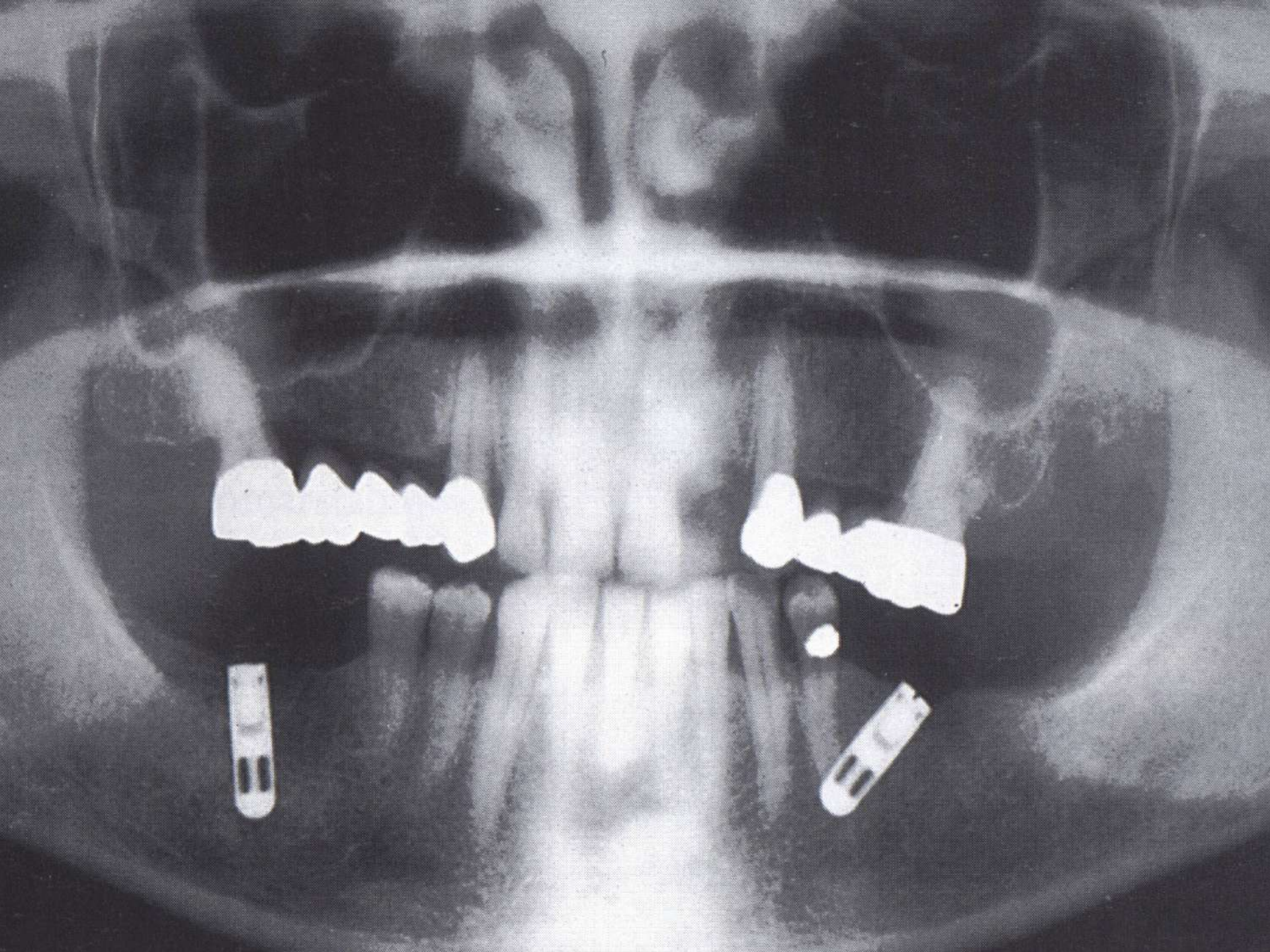


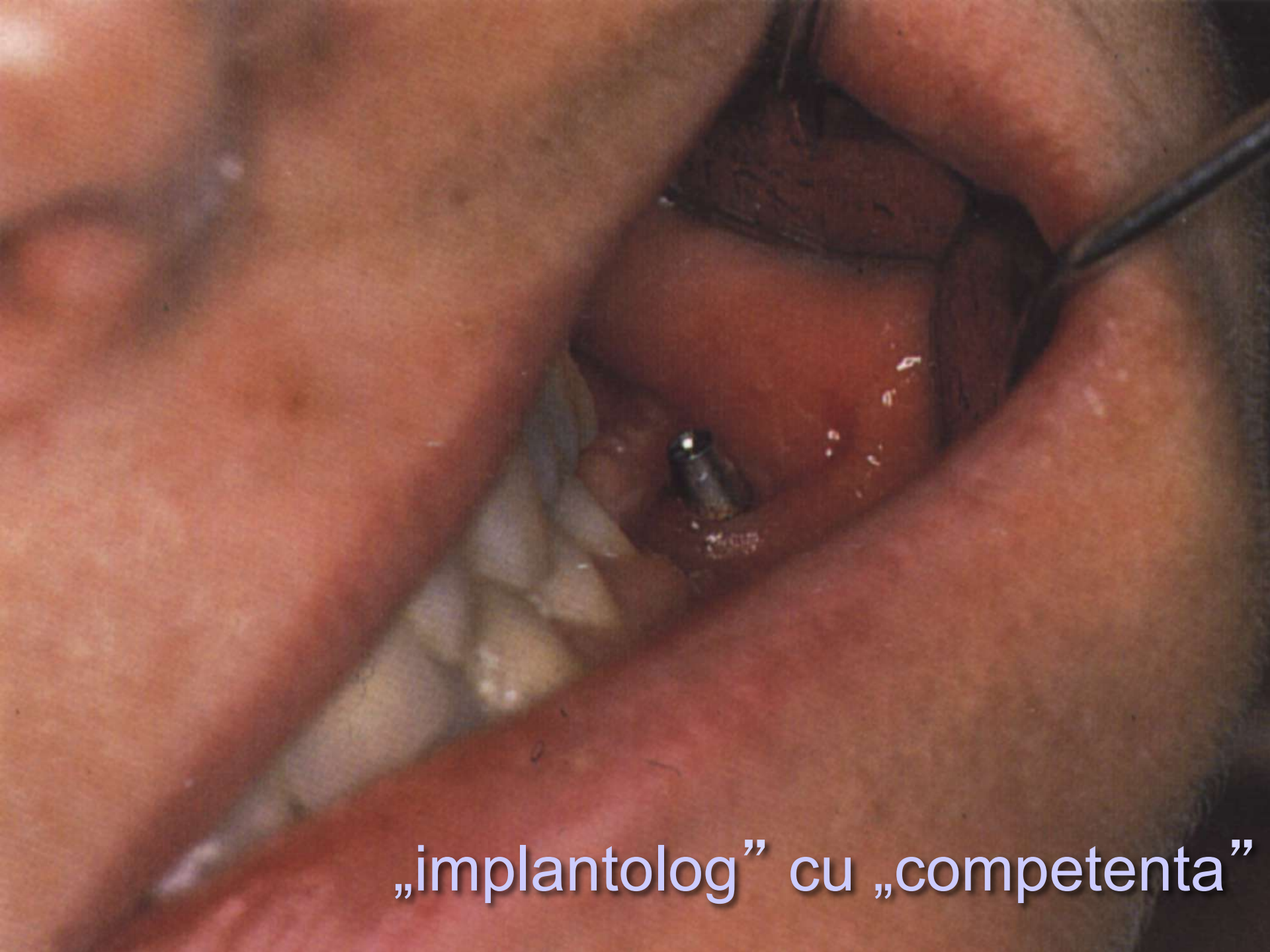


Fracturarea instrumentarului rotativ deformarea sau fractura implantelor



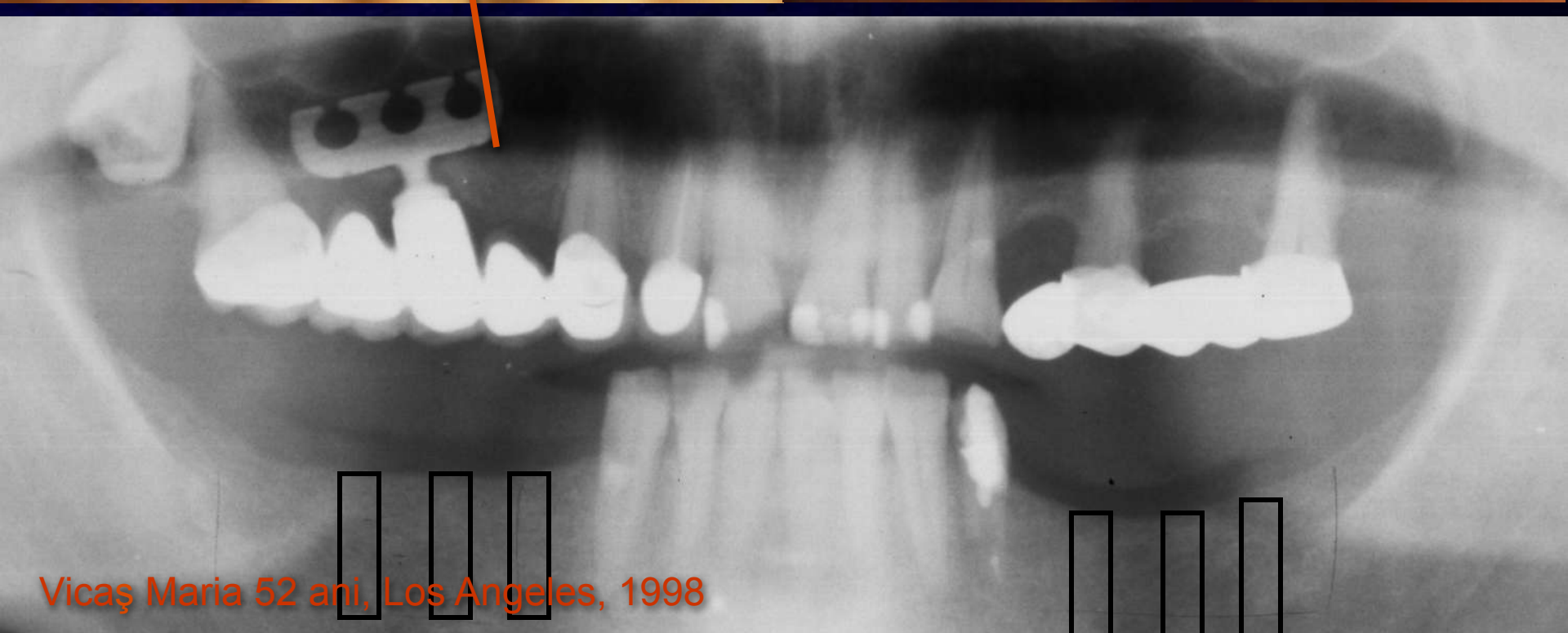
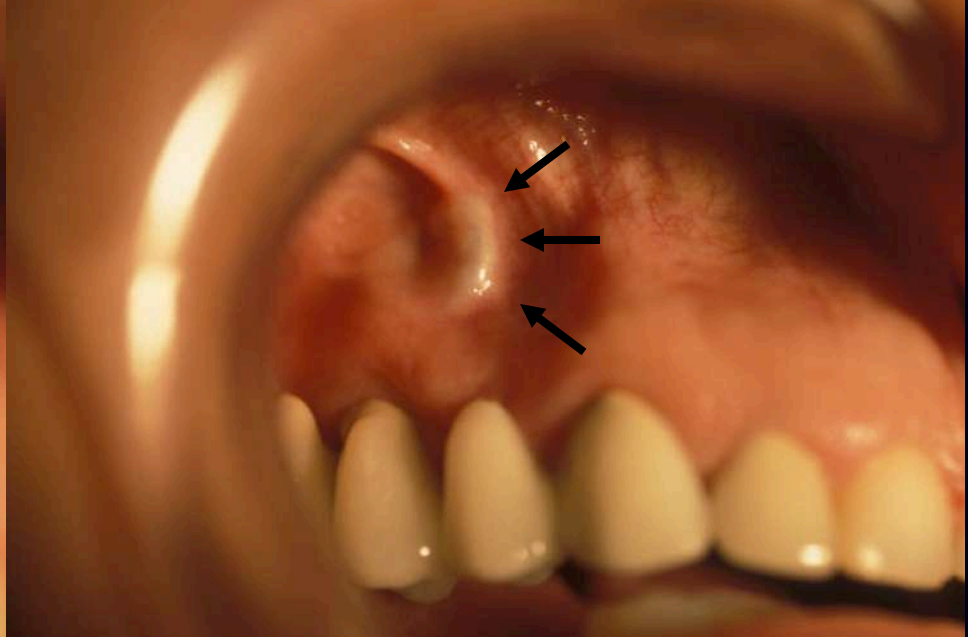
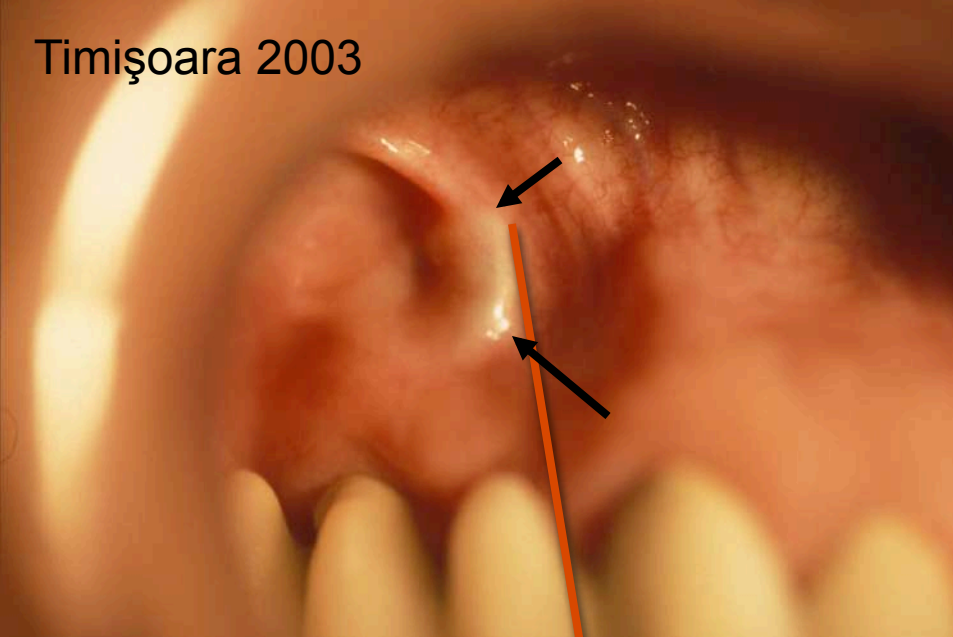




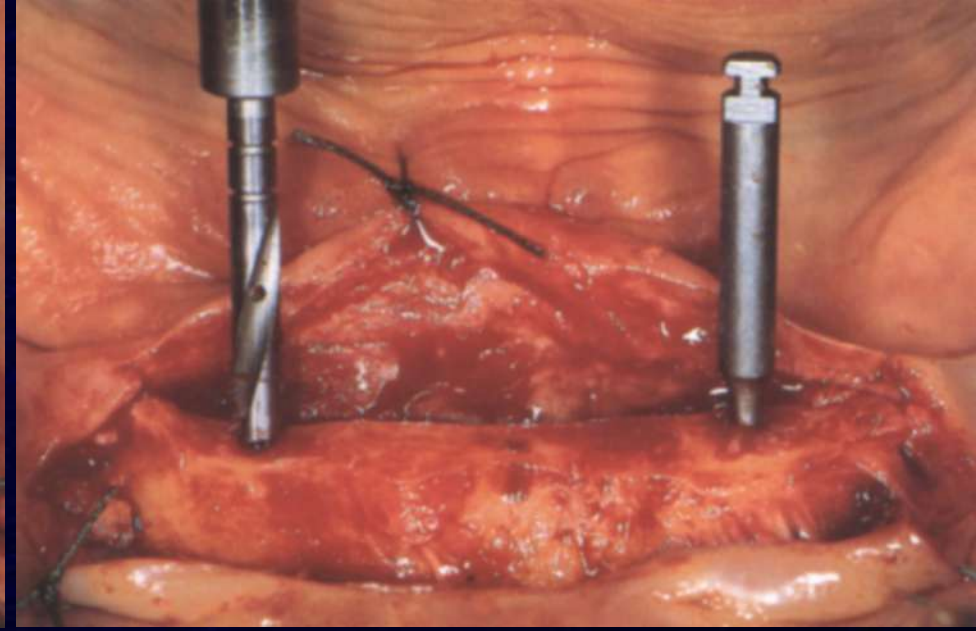
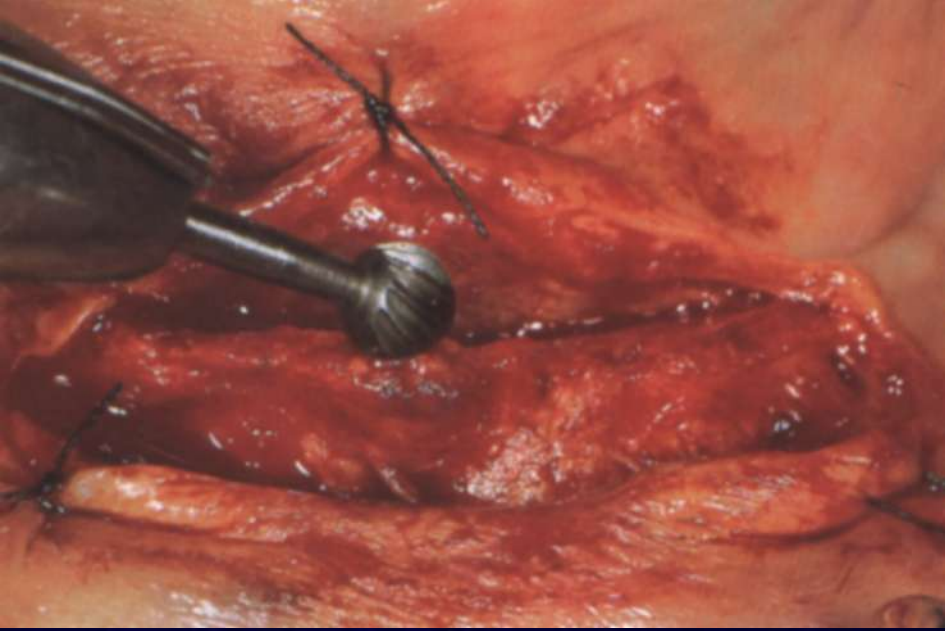


„implantolog” cu „competenta”

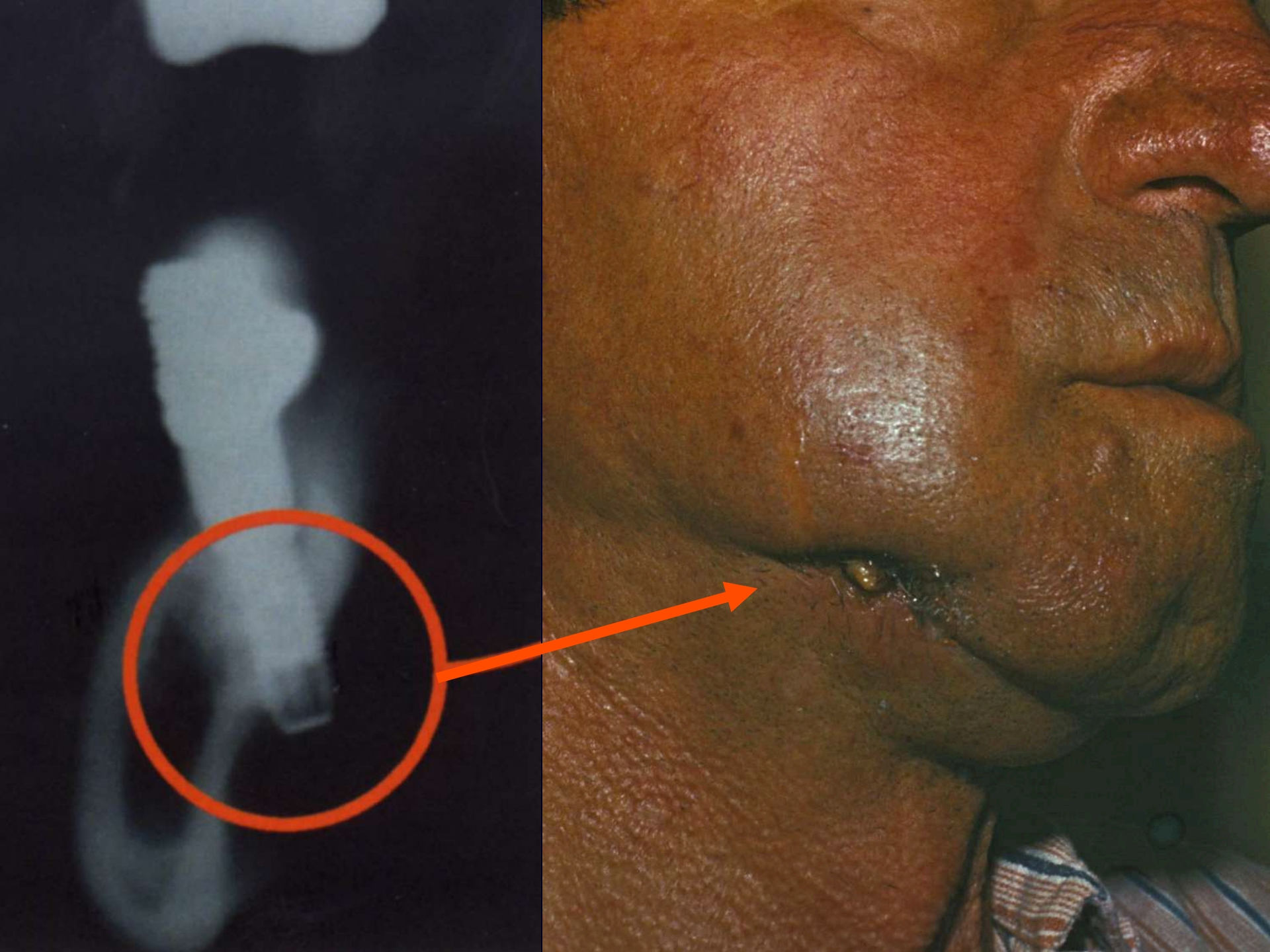
Timișoara 2003



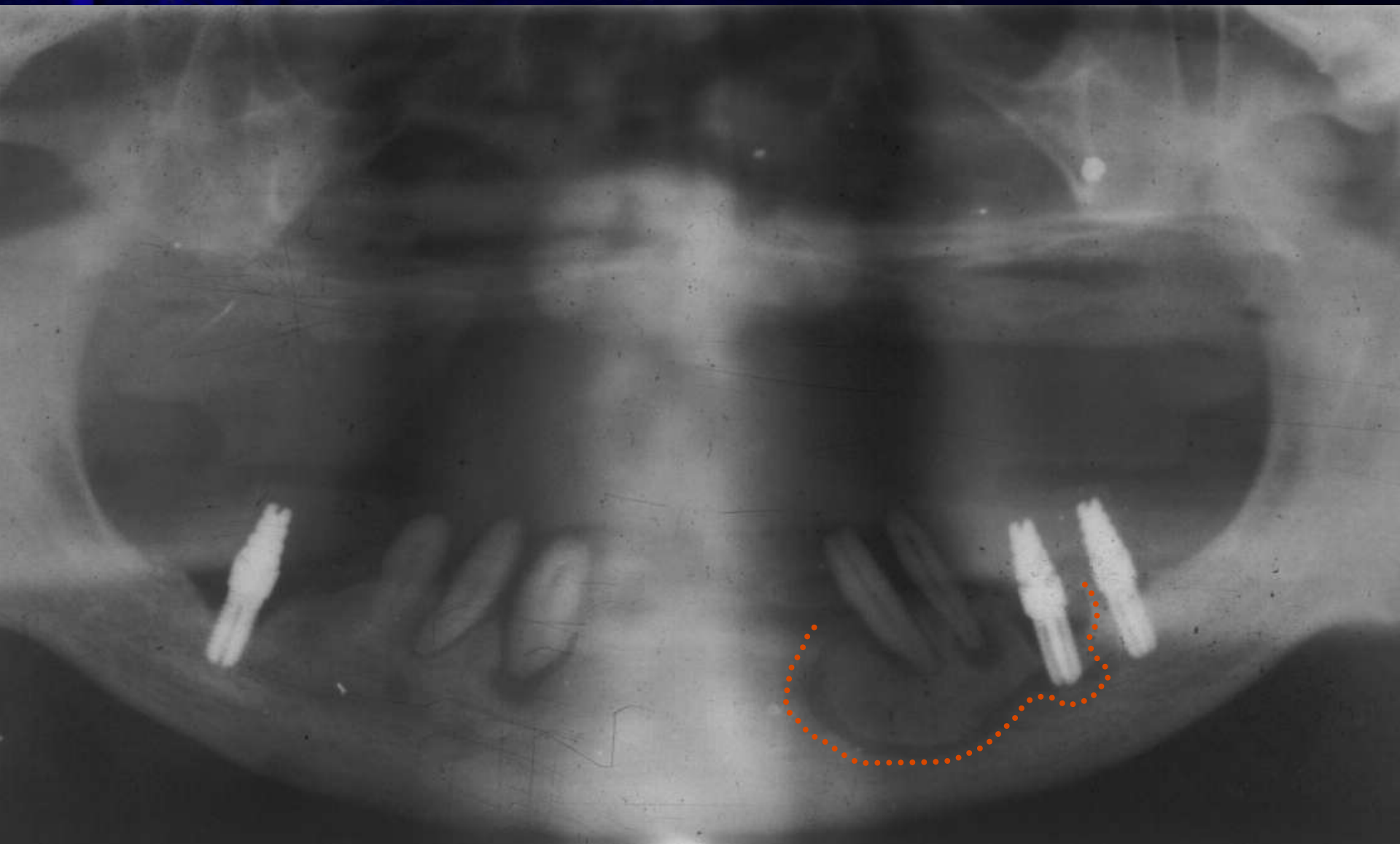
Vicaș Maria 52 ani, Los Angeles, 1998



Inserarea implantelor în zona interforaminală mai ales la pacienții cu tulburări de coagulare este însoțită de hematoamele regiunii mentoniere și buzei inferioare

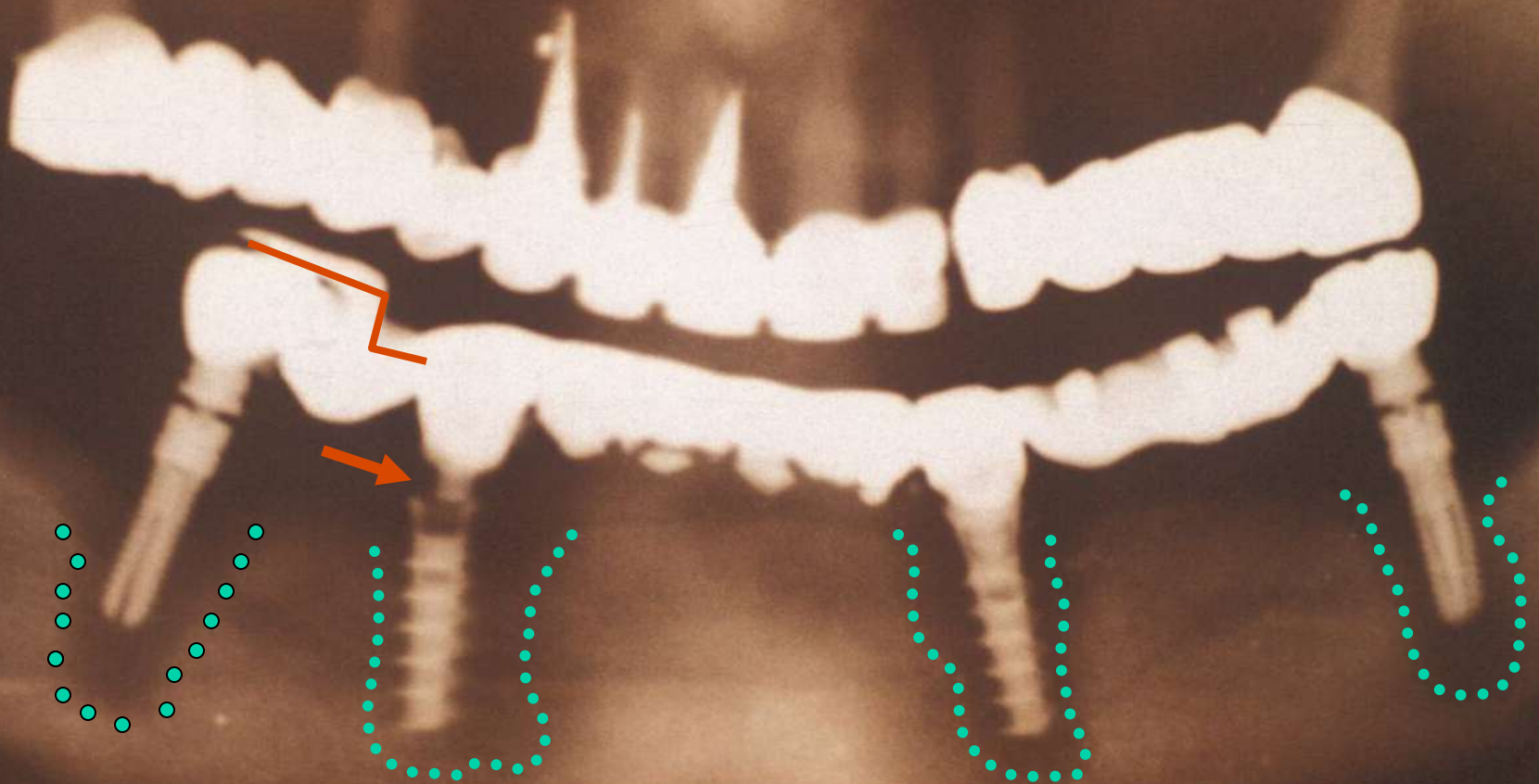


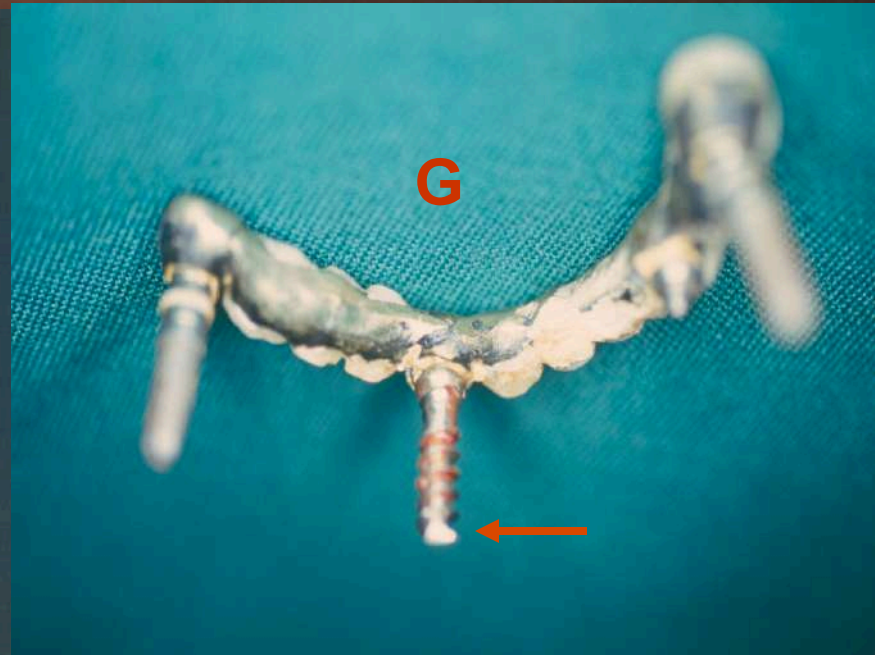
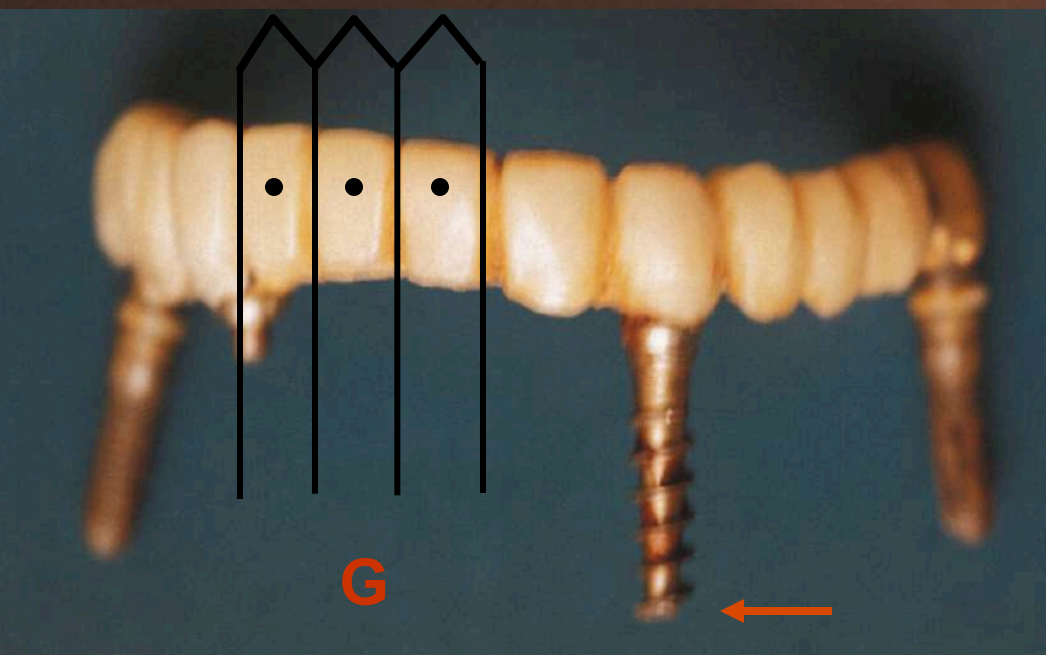
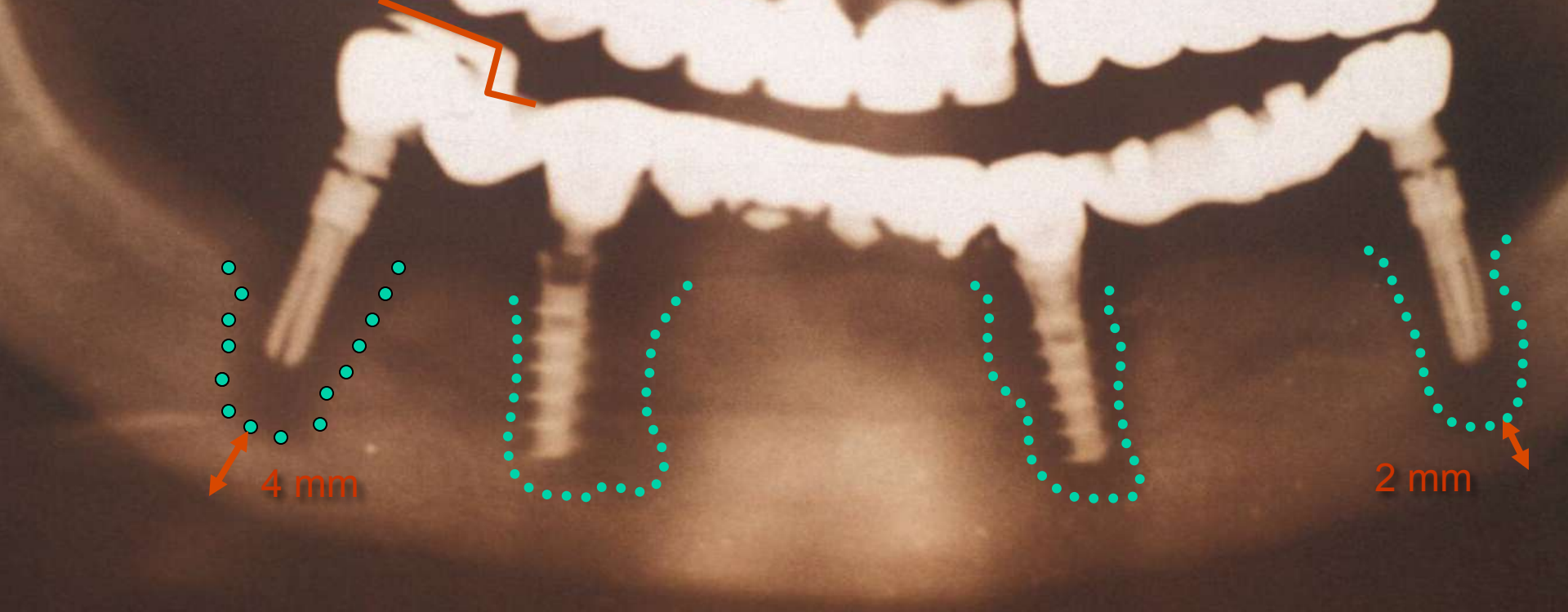
Șuruburi expandate agregate mixt pe dinți parodontotici
și complicații periapicale. Atrofie în pâlnie, periimplantite, osteită și un
sechestrul osos care pornește de la o periimplantită (3.5) cuprinde 3.4 și 3.3



Riscul biomecanic, dg. și evaluare

confuzia gravă între sprijinul pe dinți naturali și
sprijinul pe stâlpi artificiali





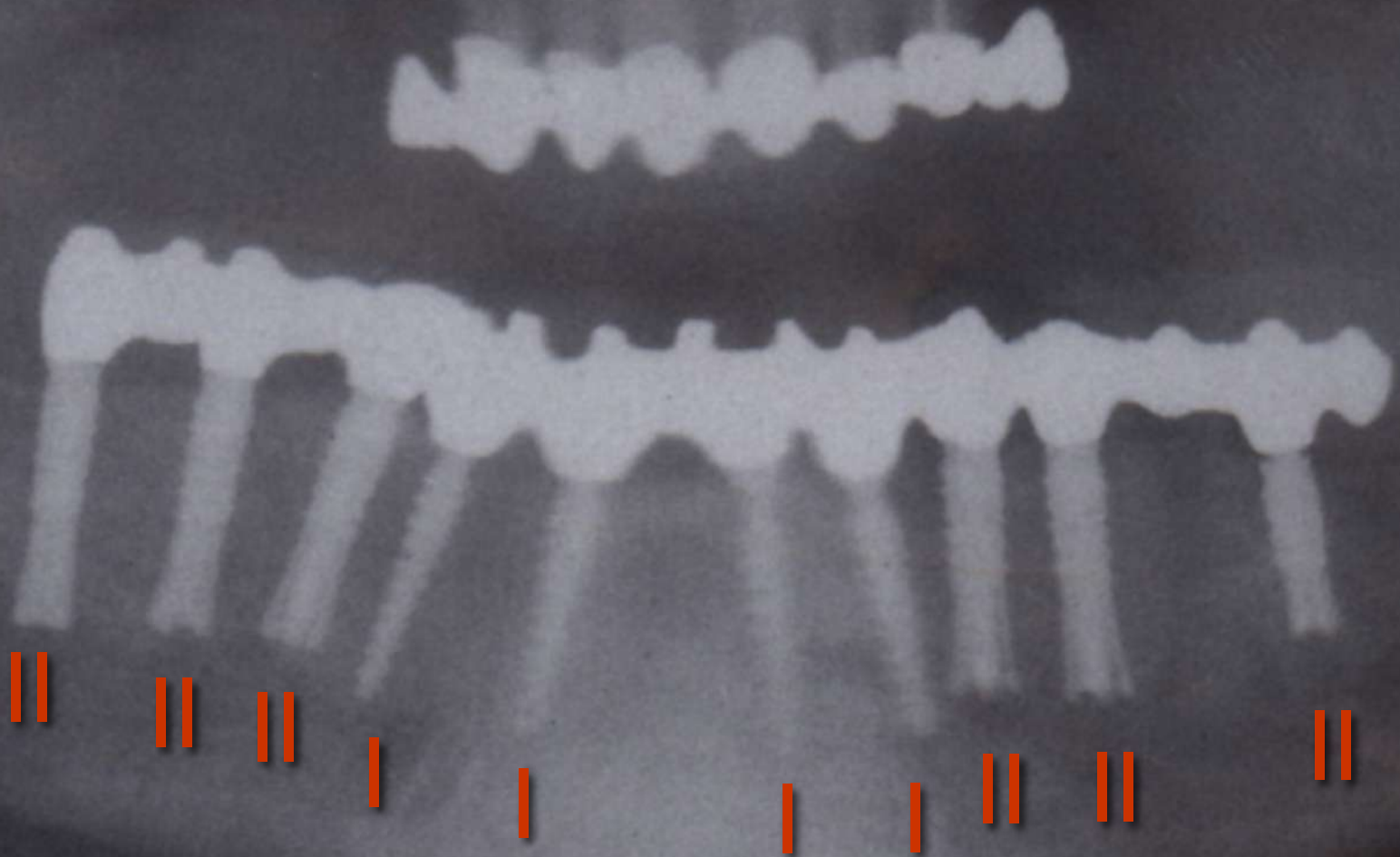
Culmea Gaudentului: suprastructuri pe implante



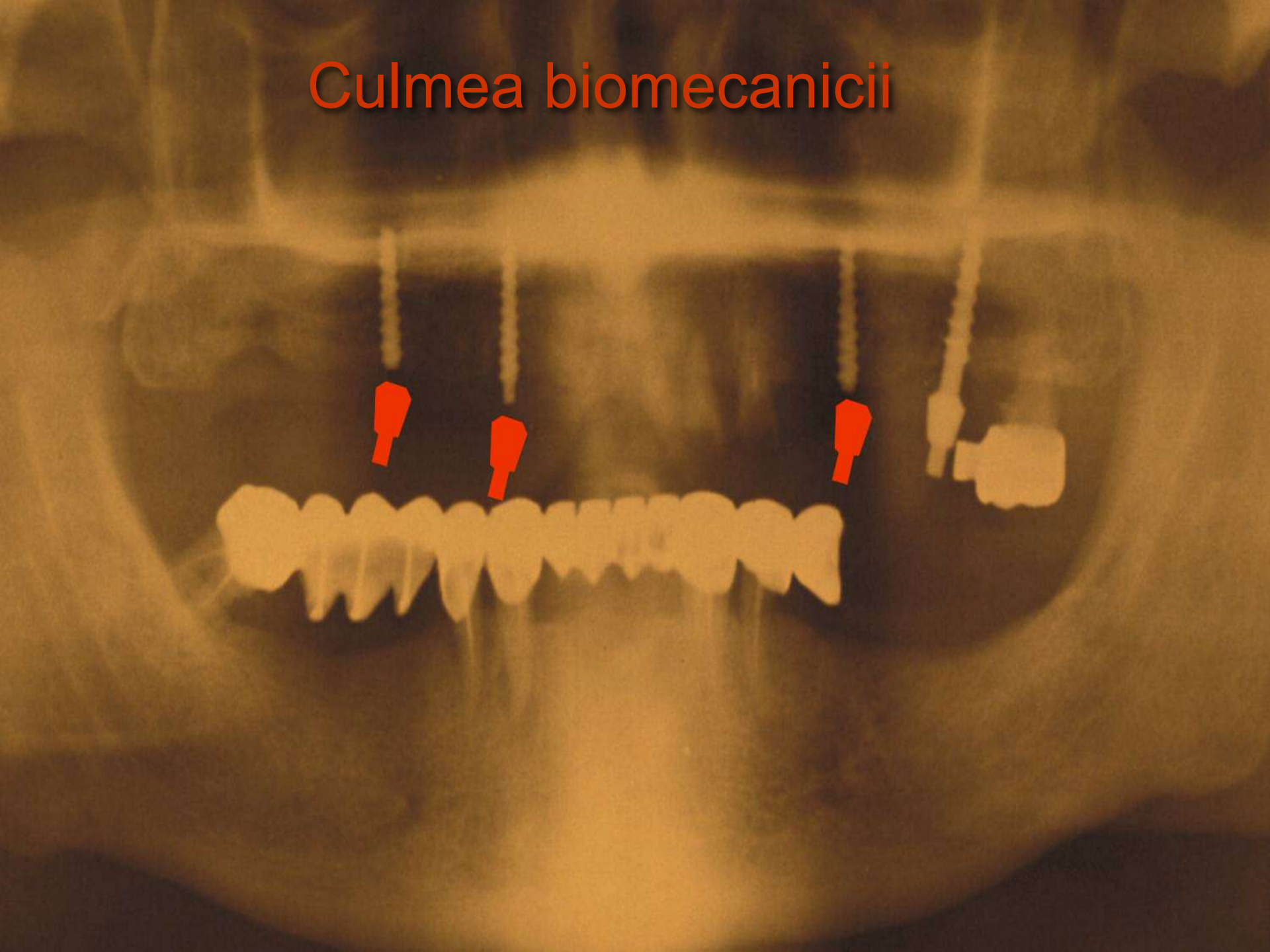
in aceasta perioada si iatrogeniile se globalizeaza

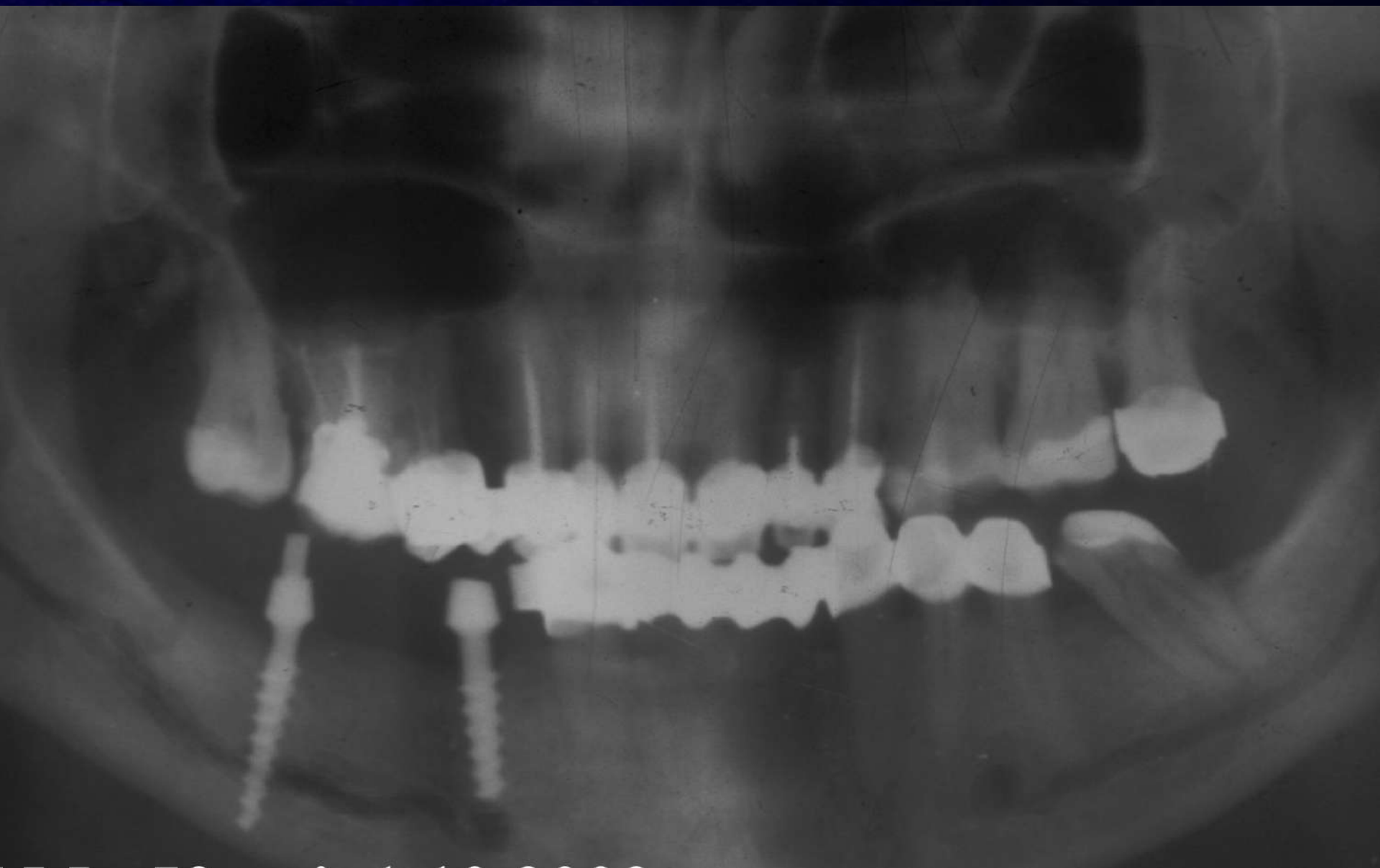


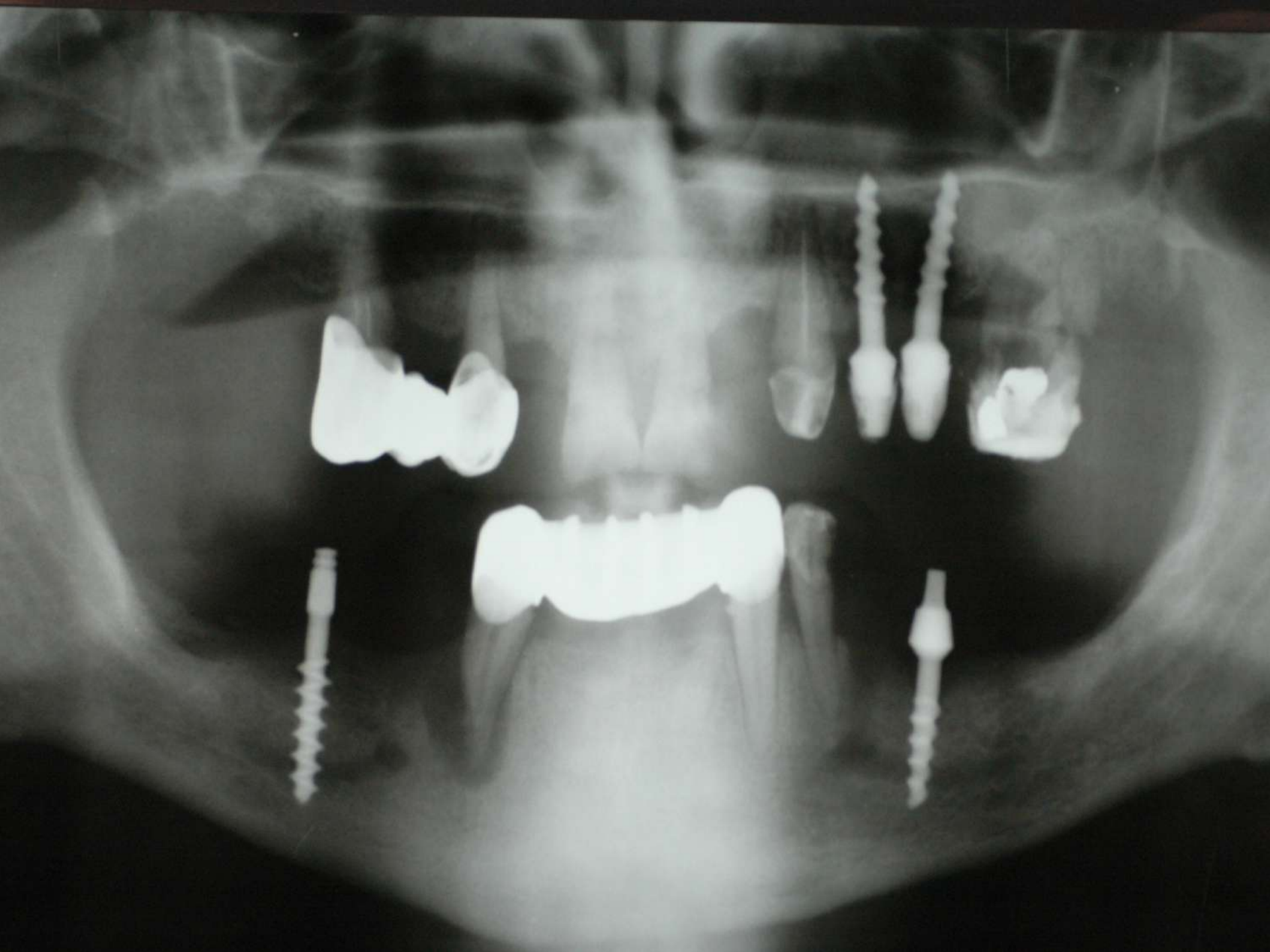
Şuruburi de compresie K.S.I. -Bauer



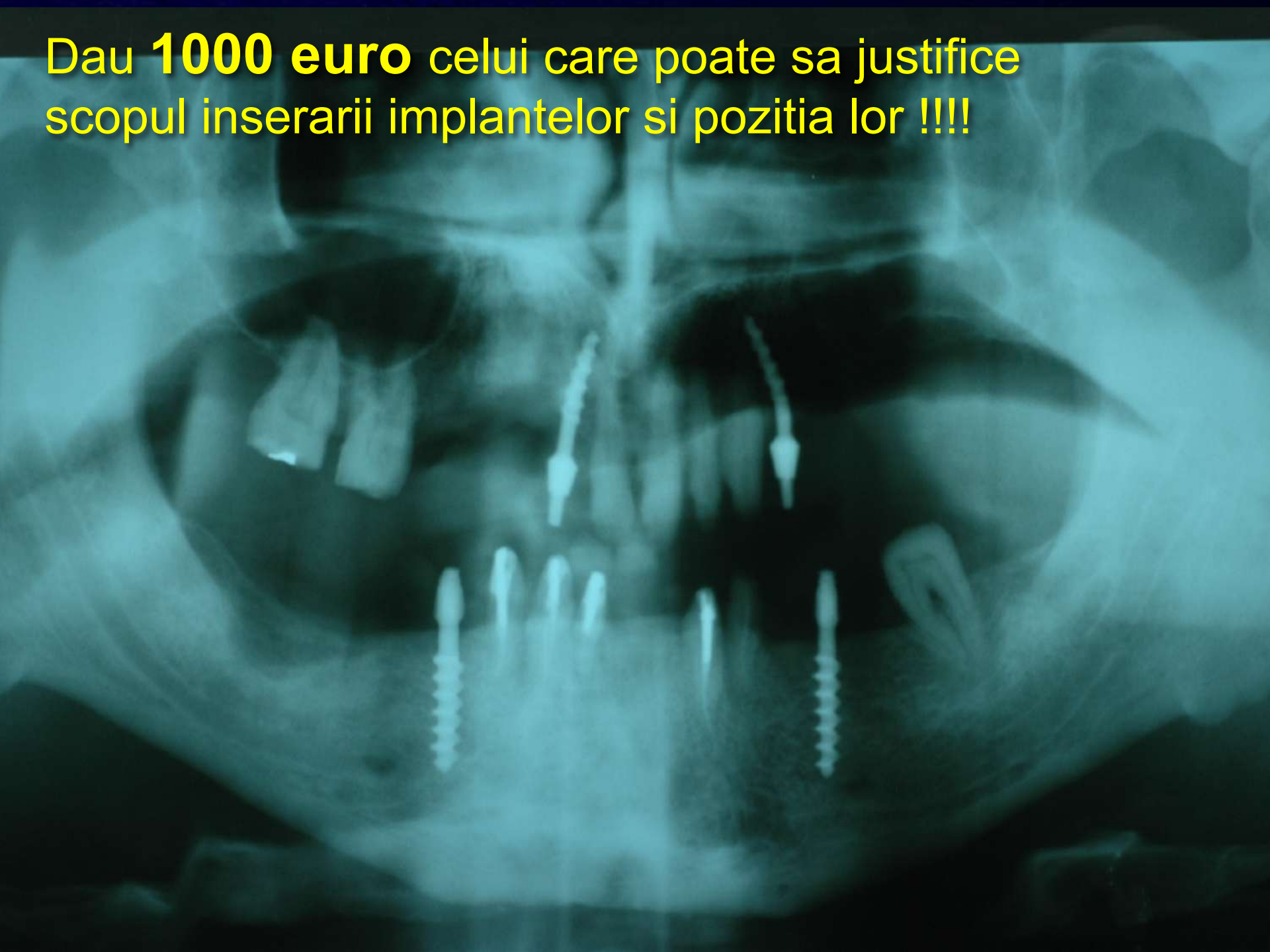
Culmea biomecanicii



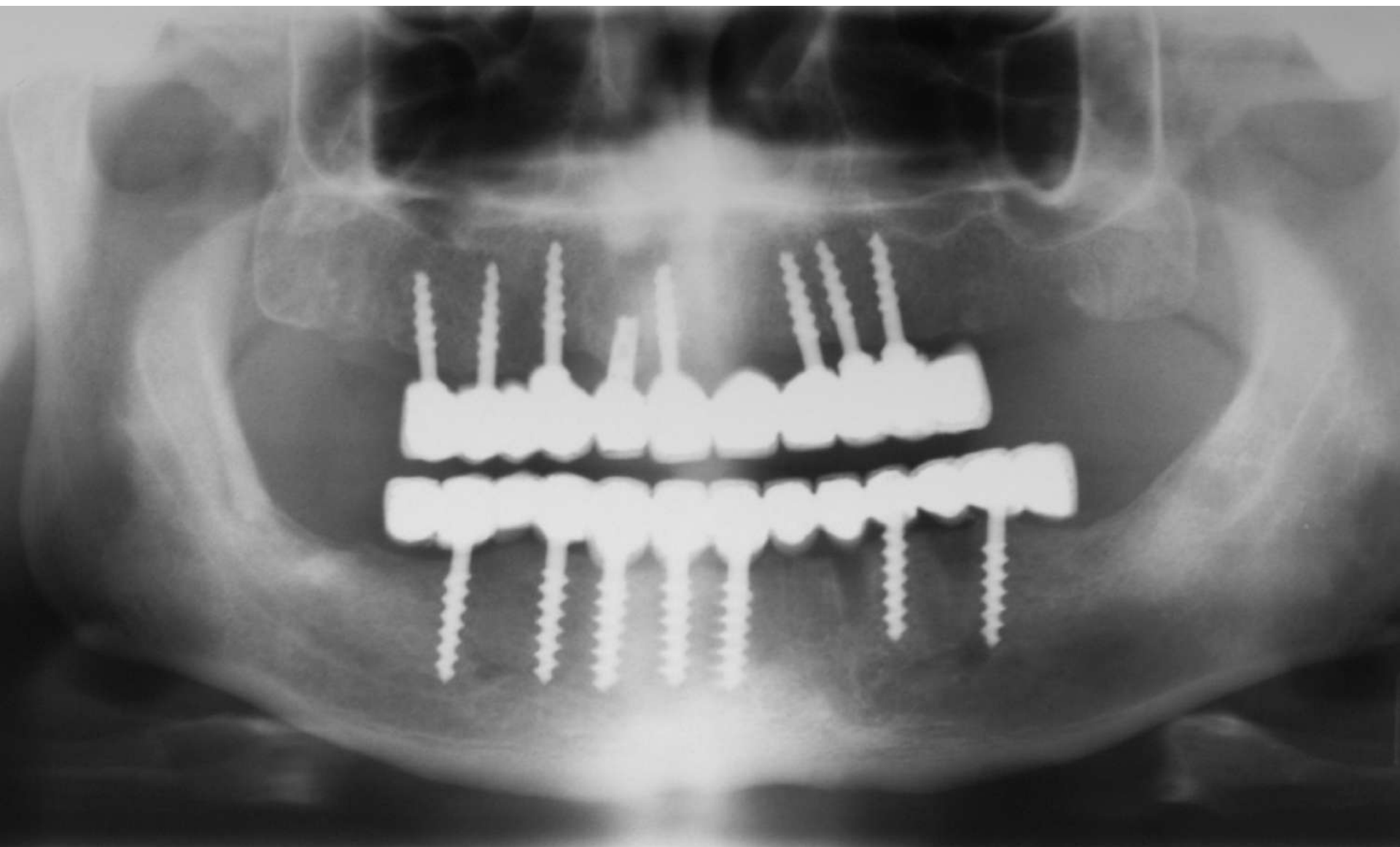


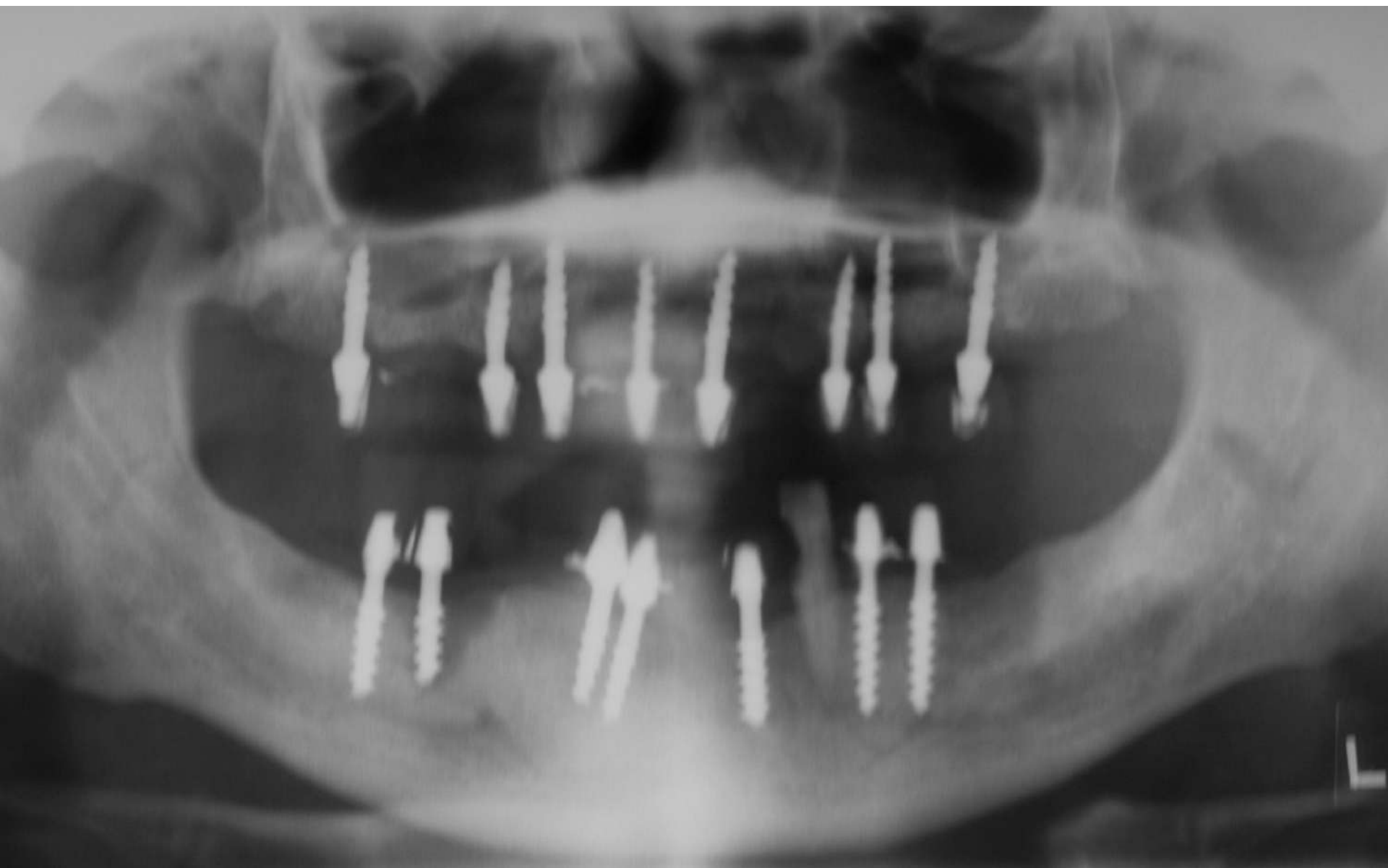


Dau **1000 euro** celui care poate sa justifice
scopul inserarii implantelor si pozitia lor !!!!





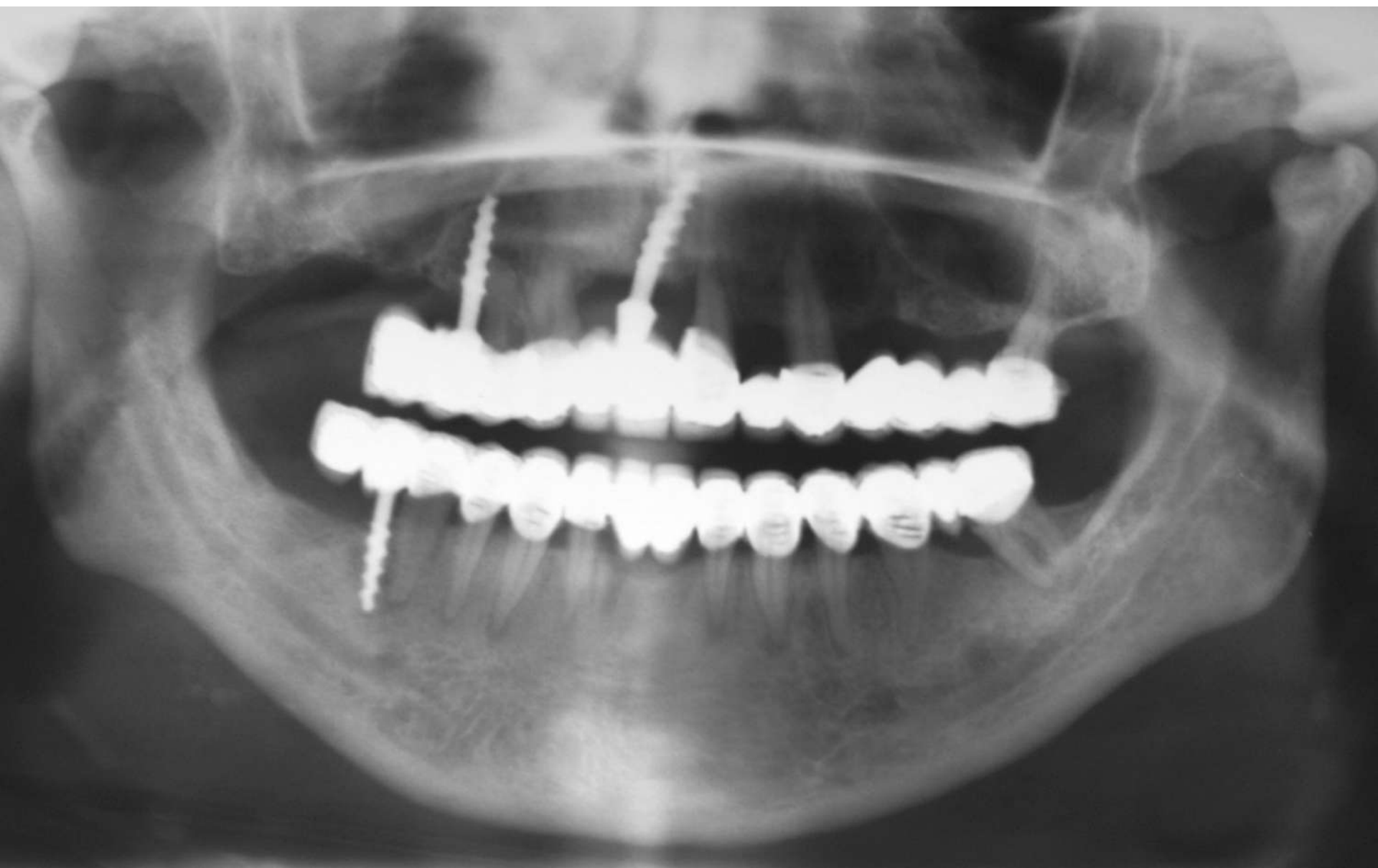




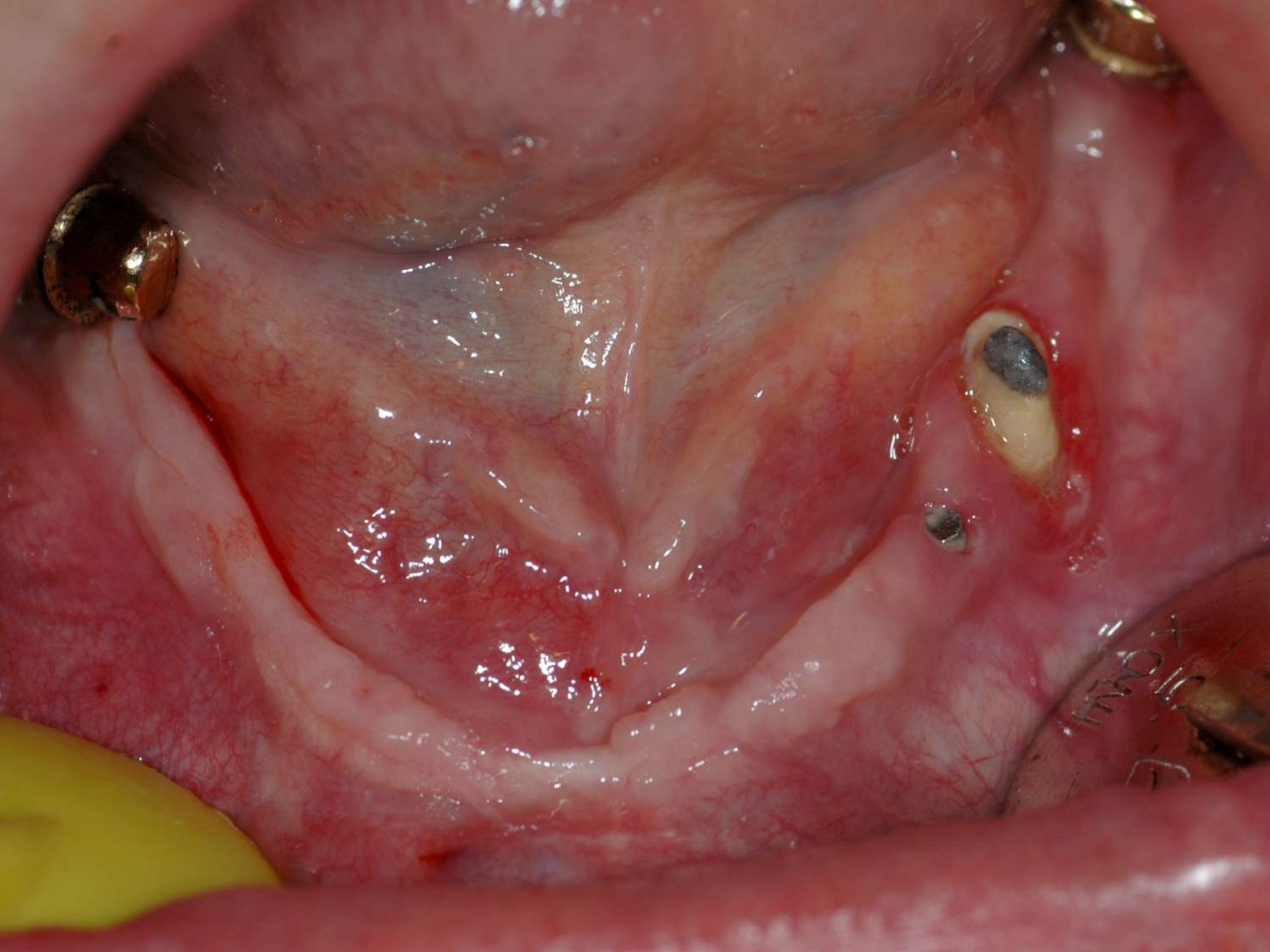


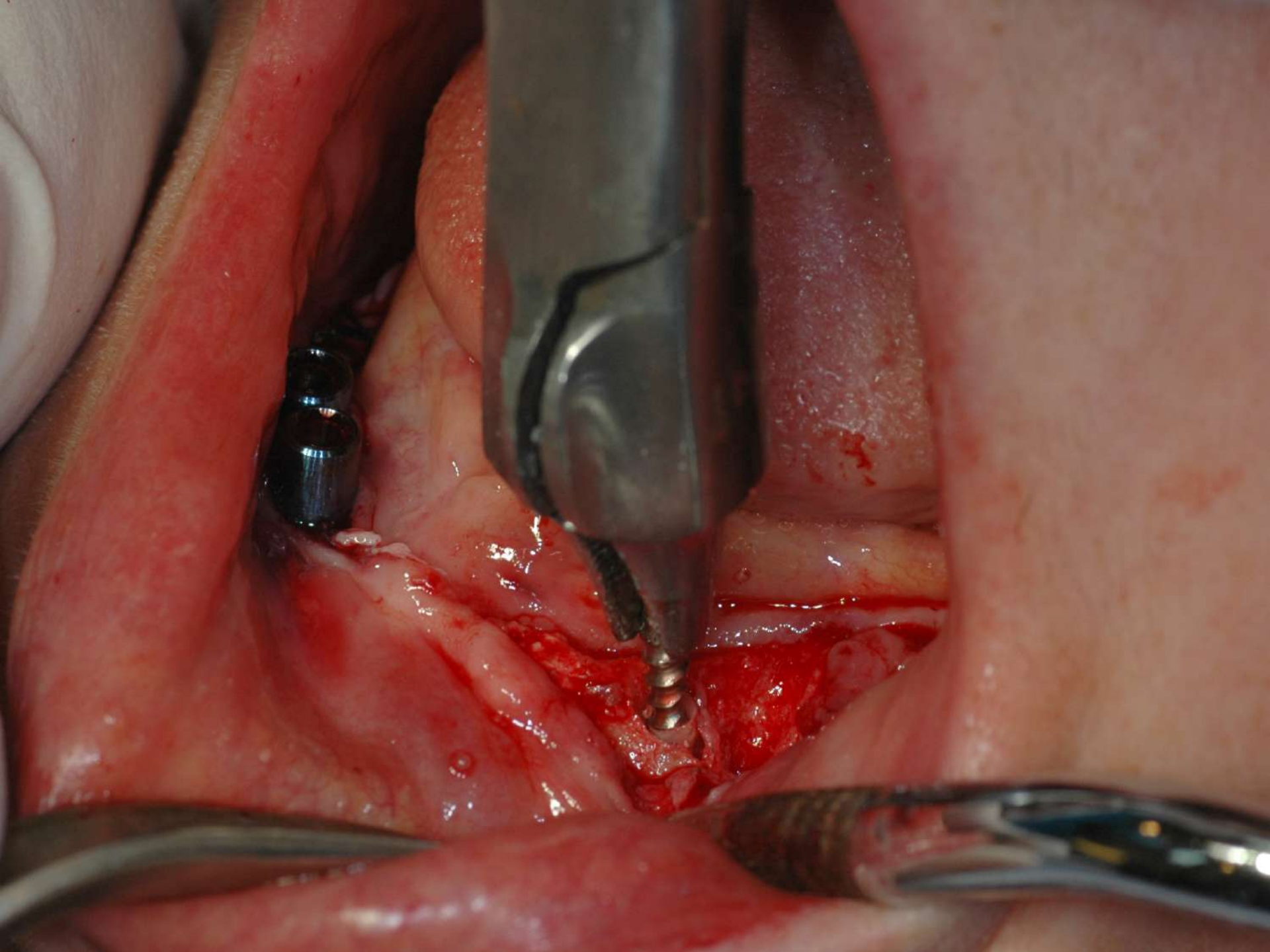


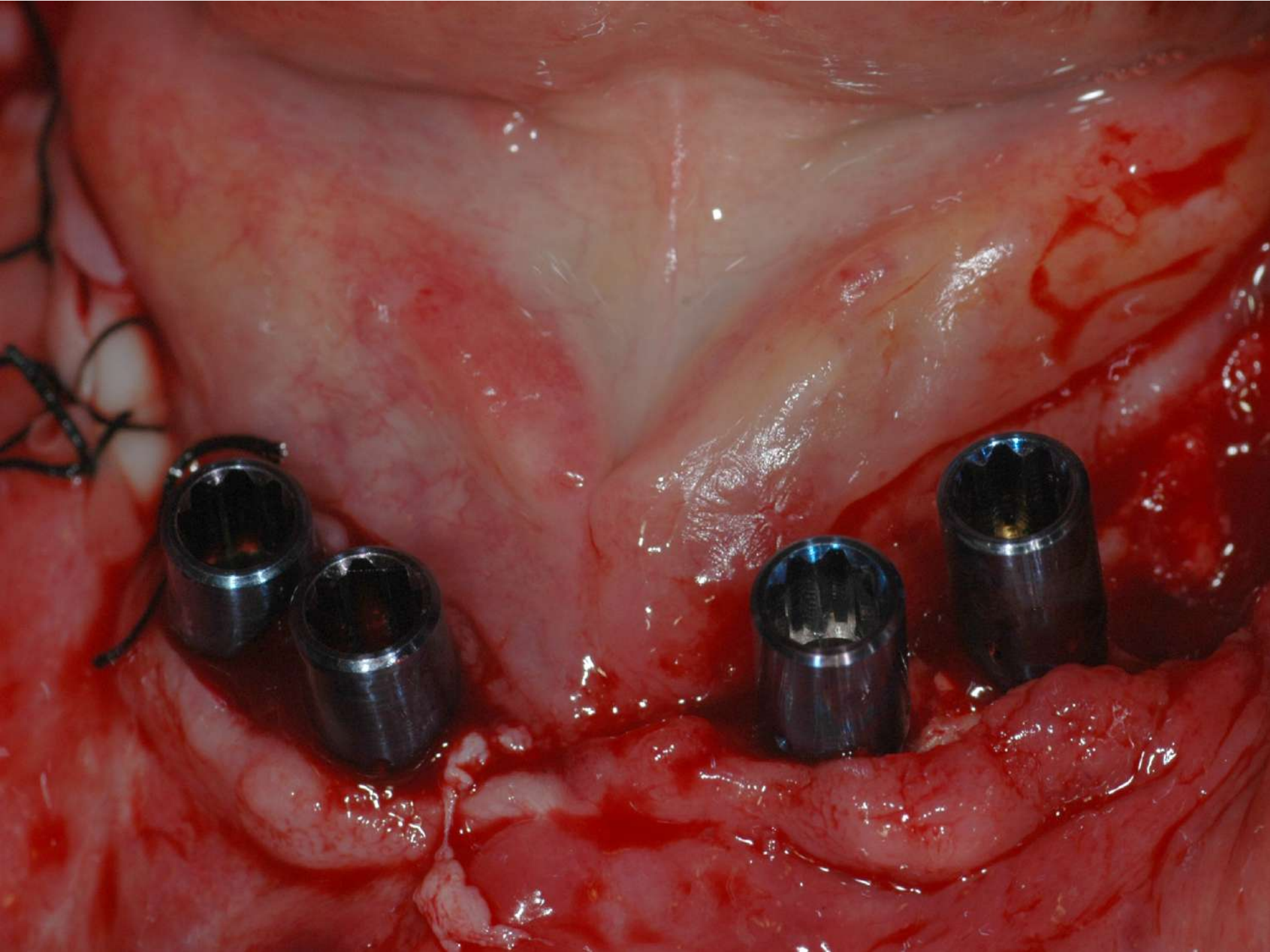




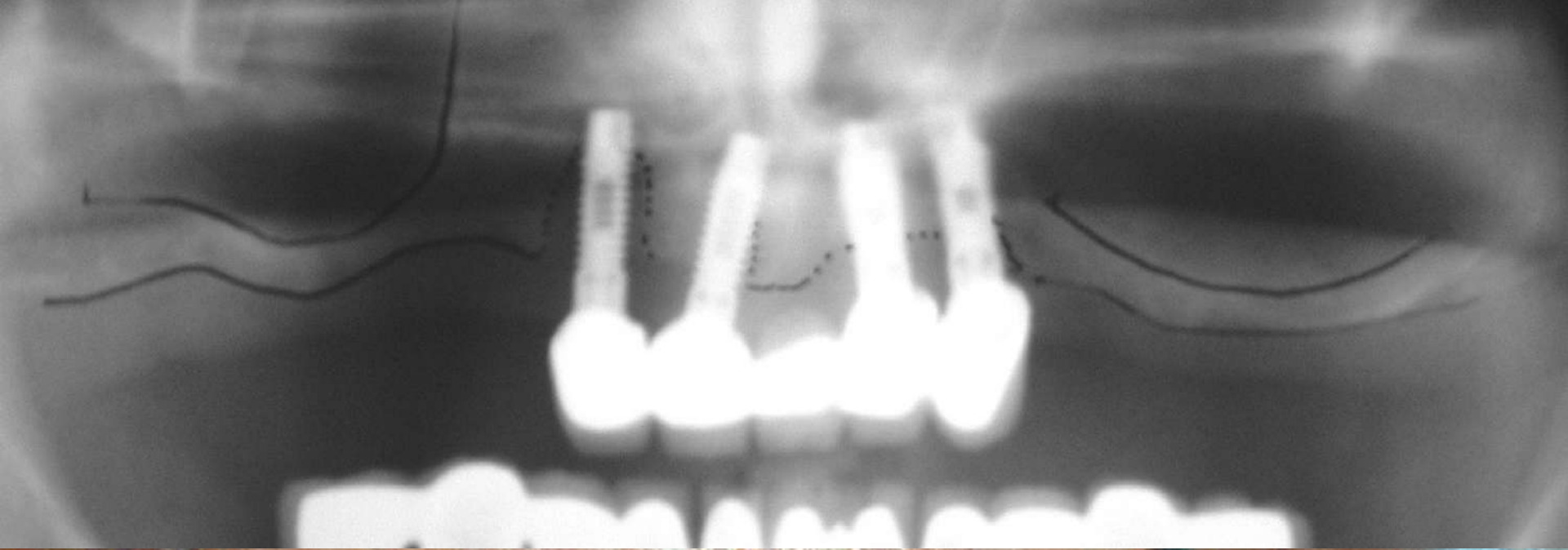
















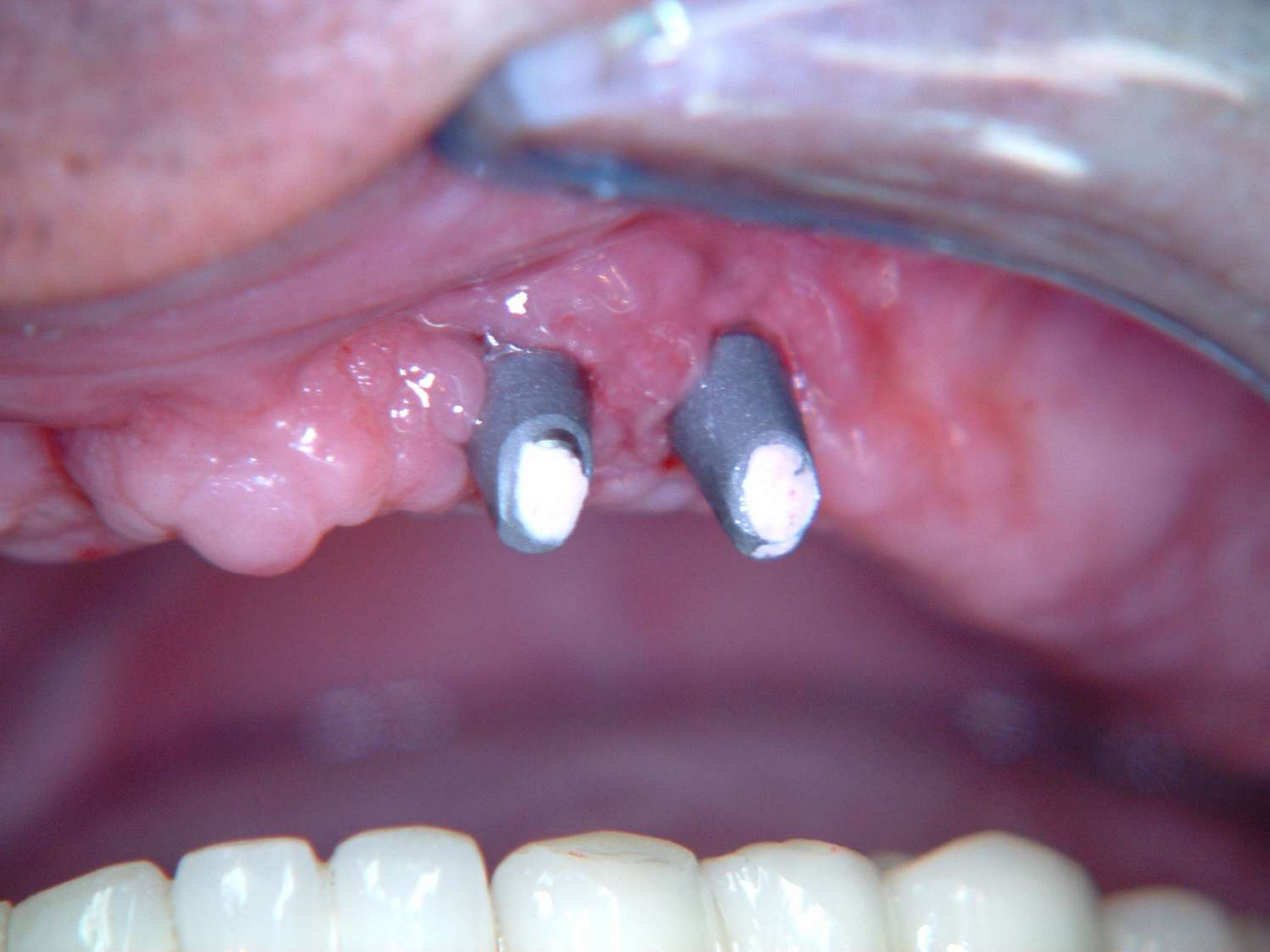


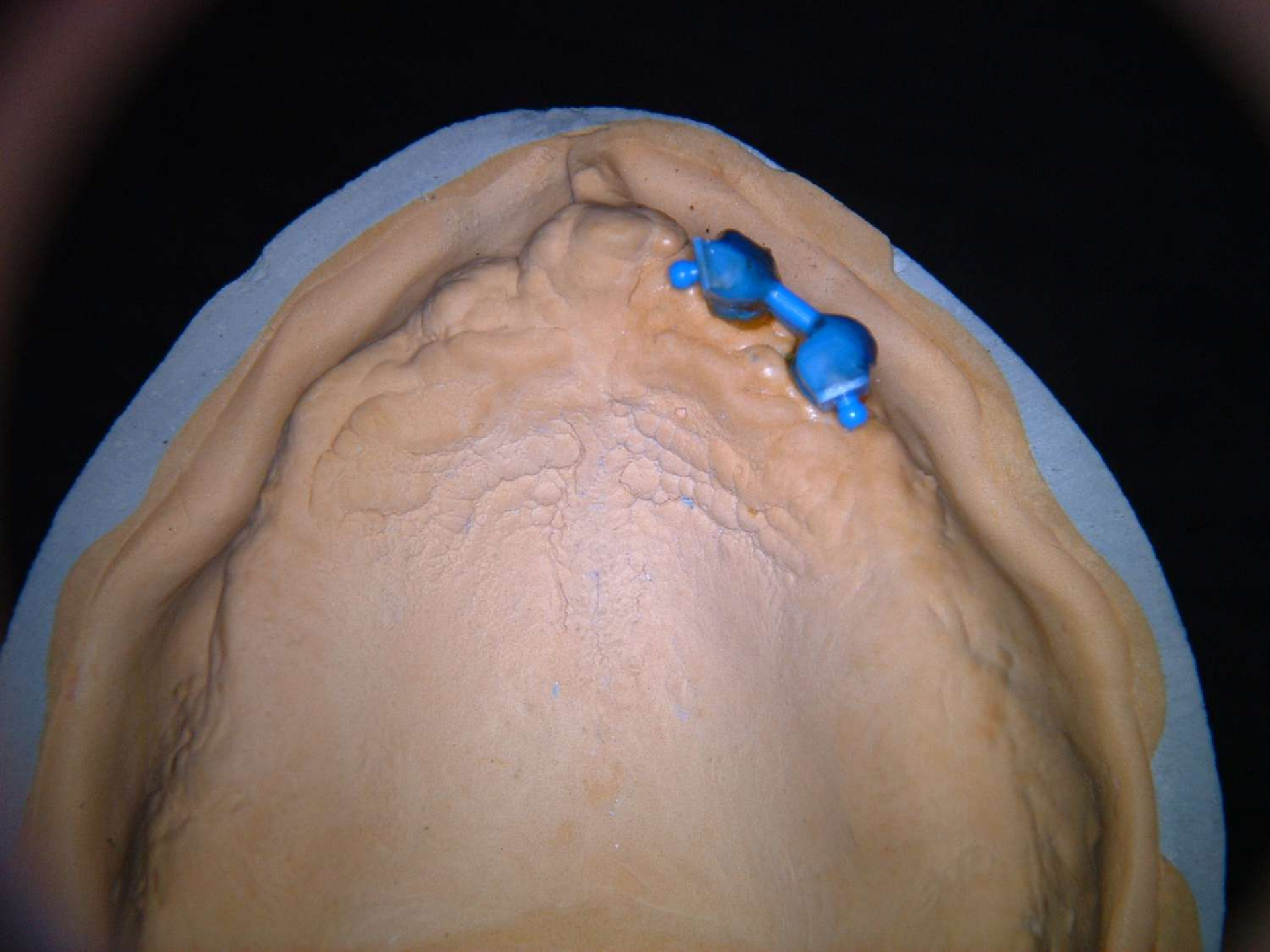










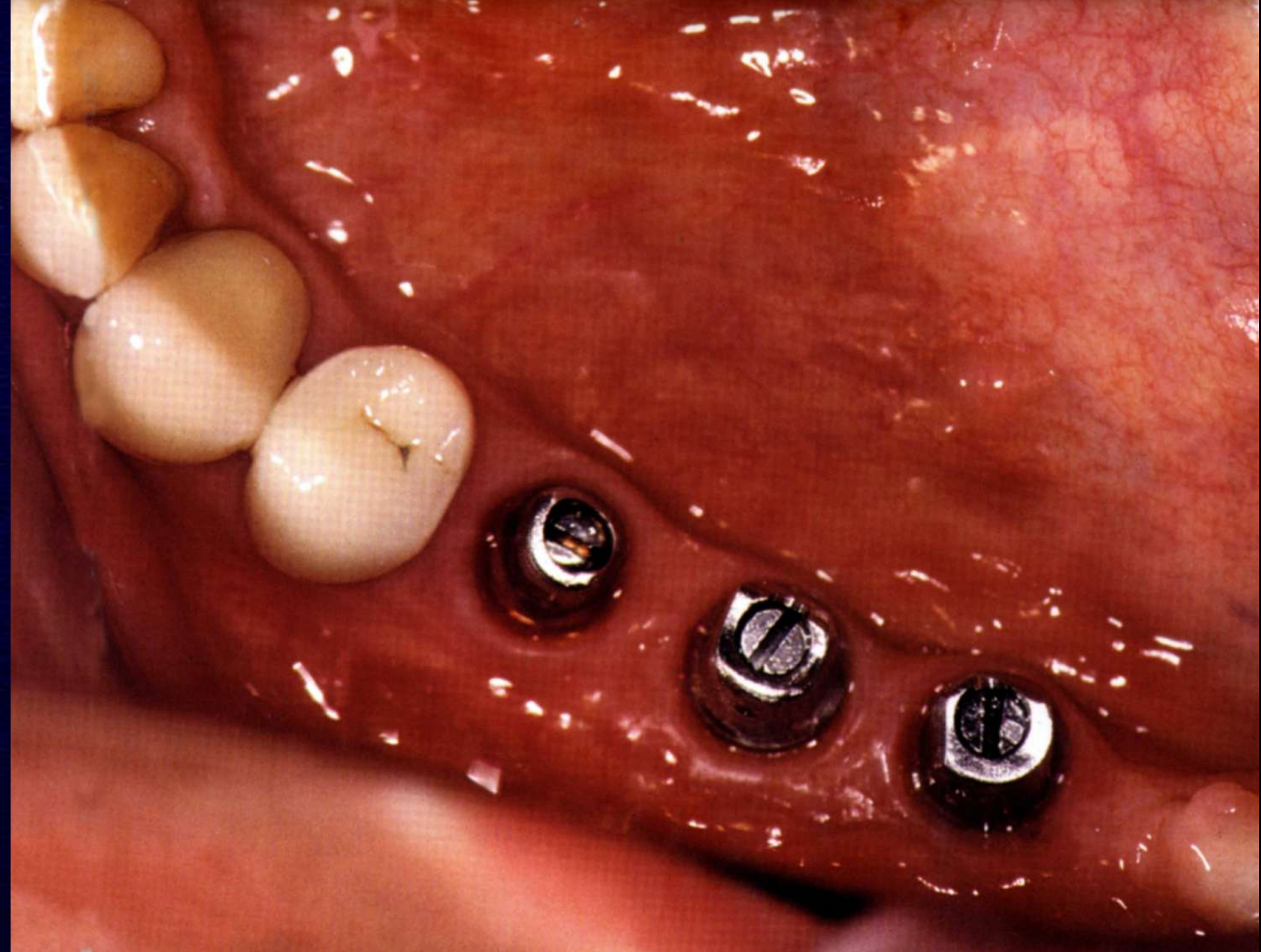








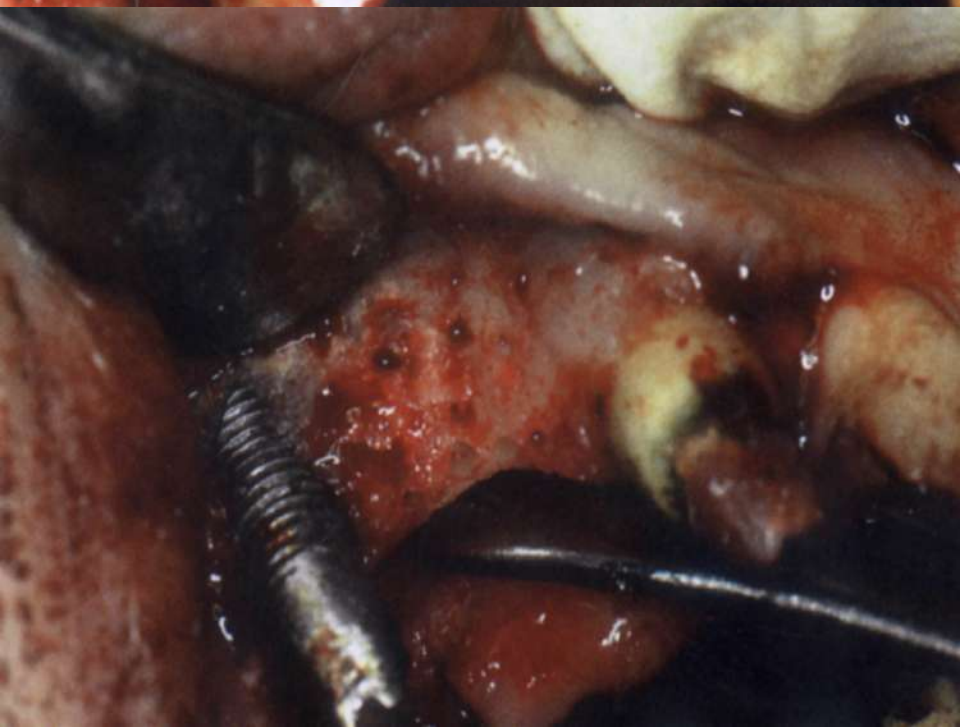




Câți dinți lipsesc atâtea implante punem



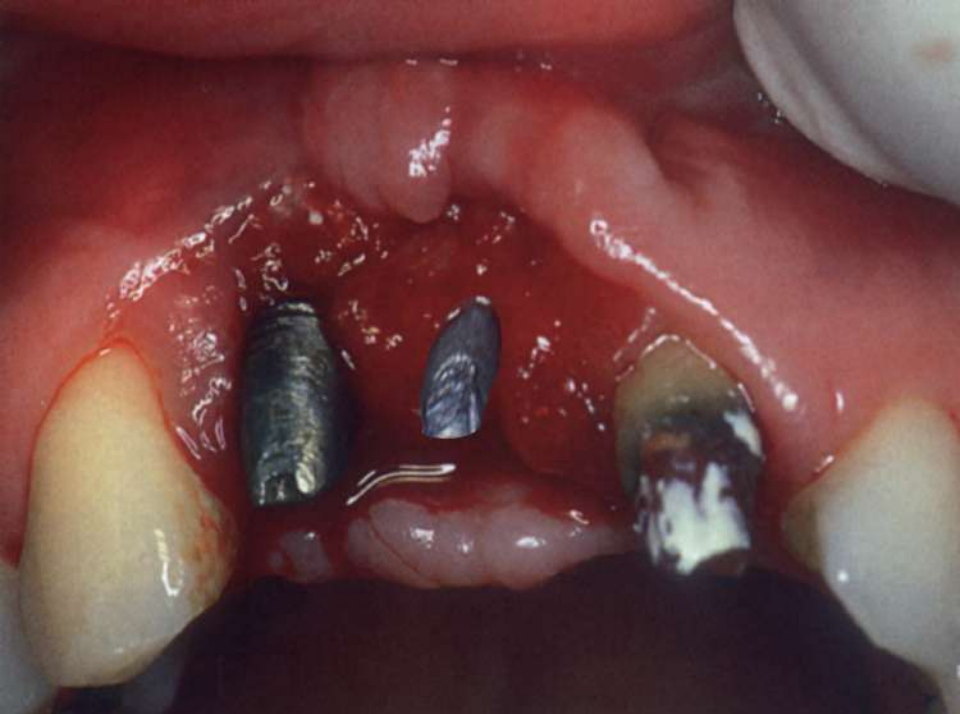
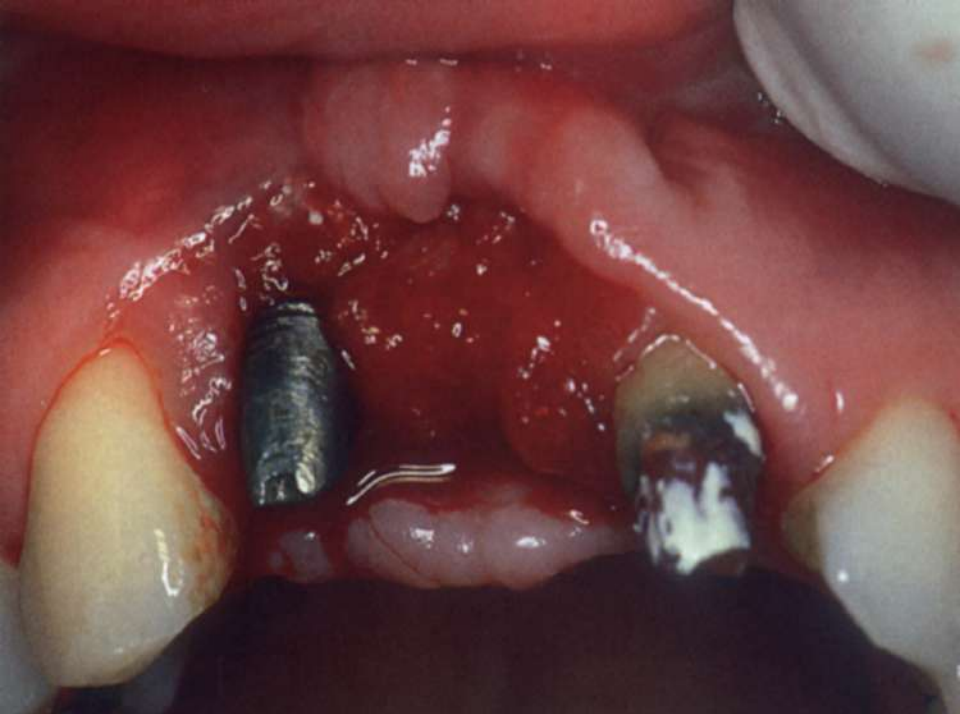
Agregare mixtă cu ruptori de forță



Ossaplast cu sânge din defect + TARGOBONE + antibiotic



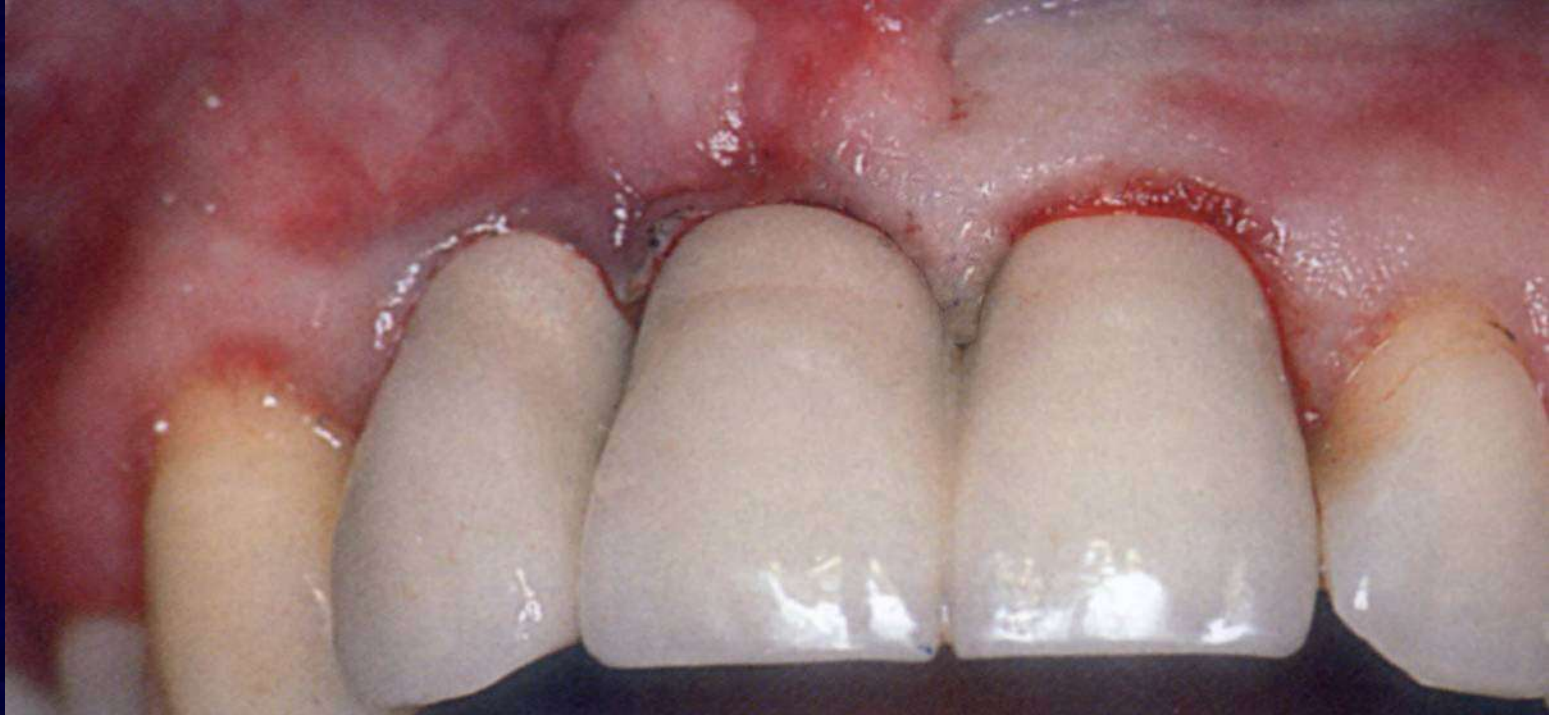
în loc de membrană - folie de titan



Este

tot

ce

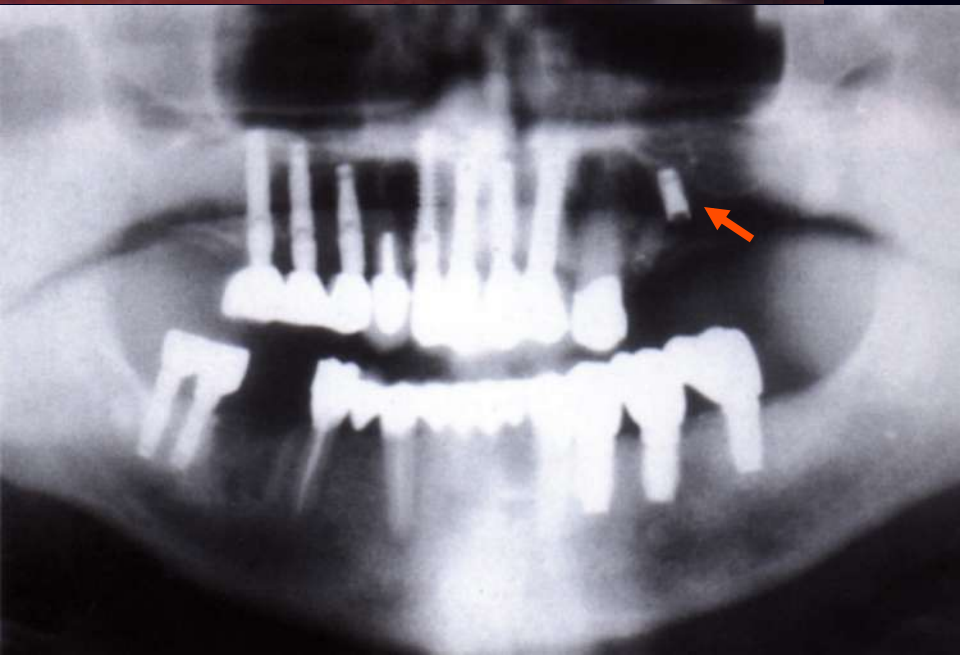
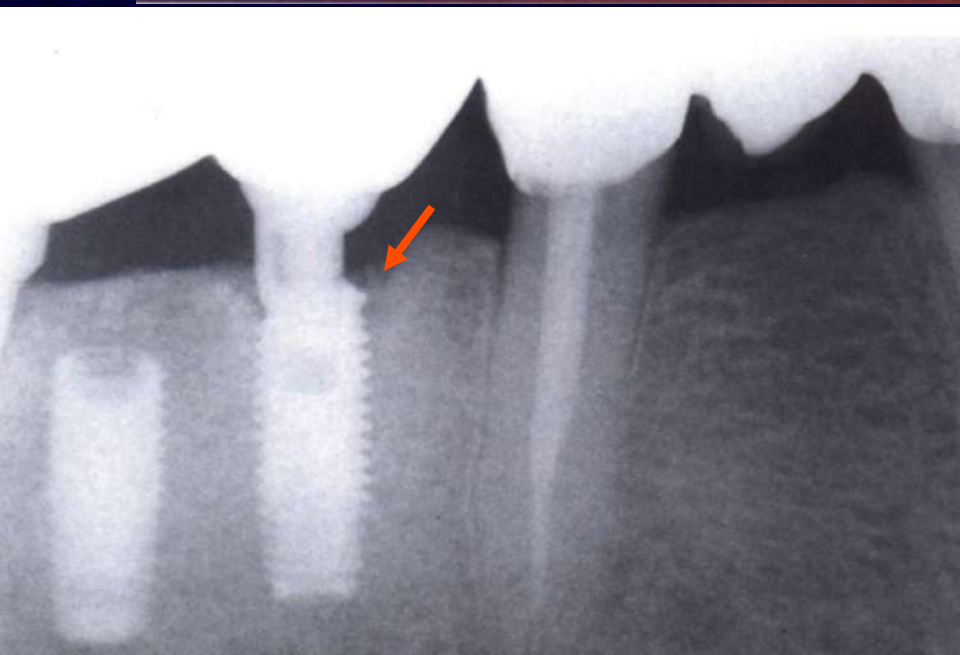


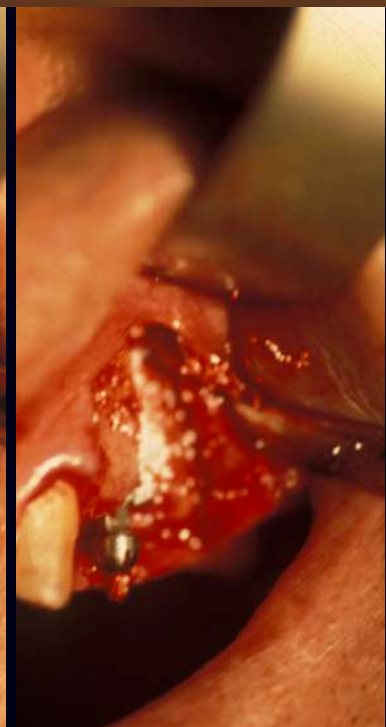
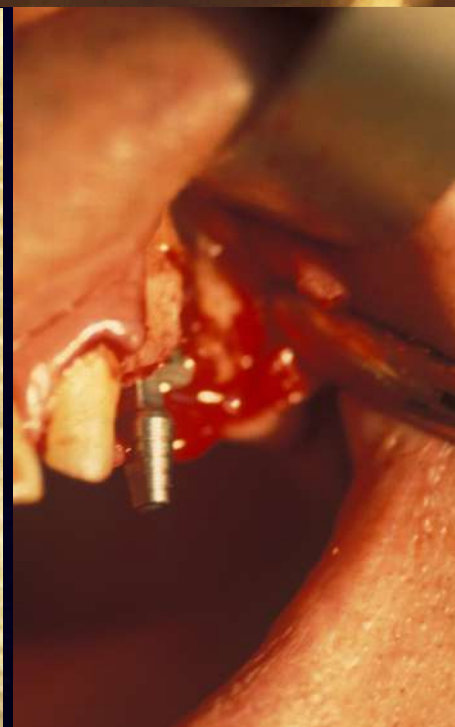
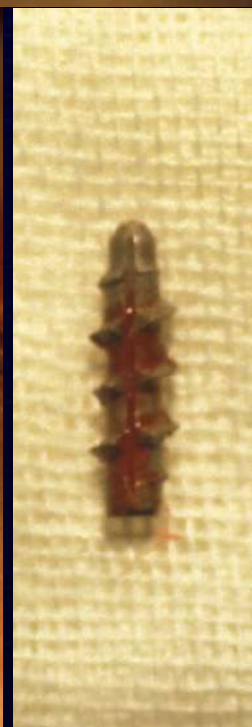
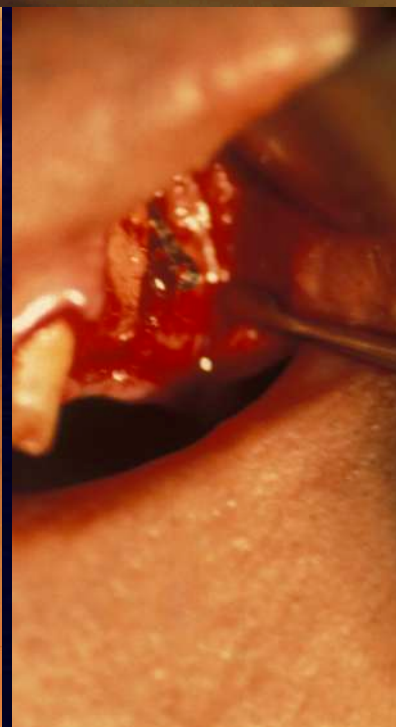
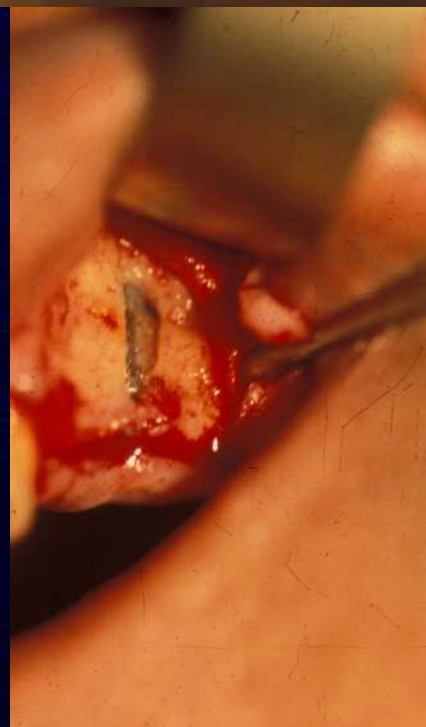
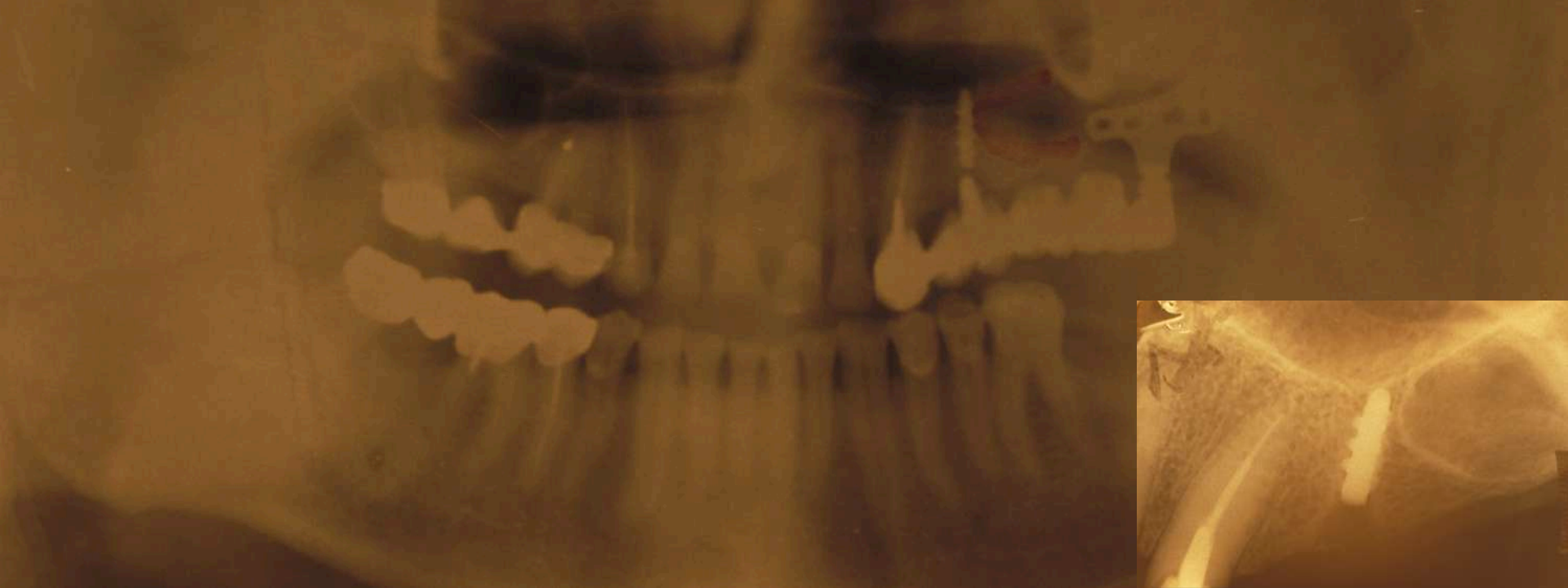
s-a

putut

obține







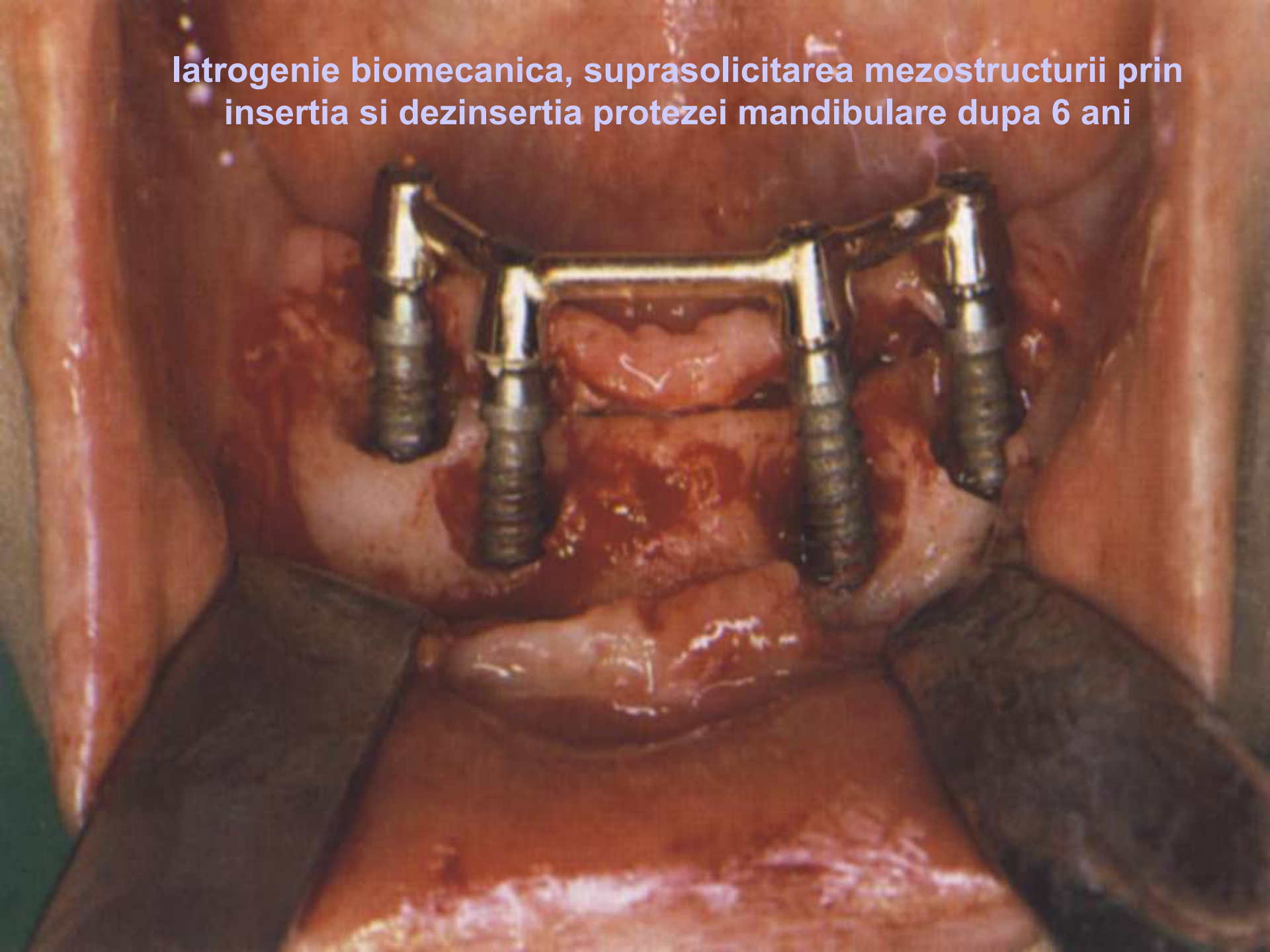
Conceperea greșită a mezostructurii

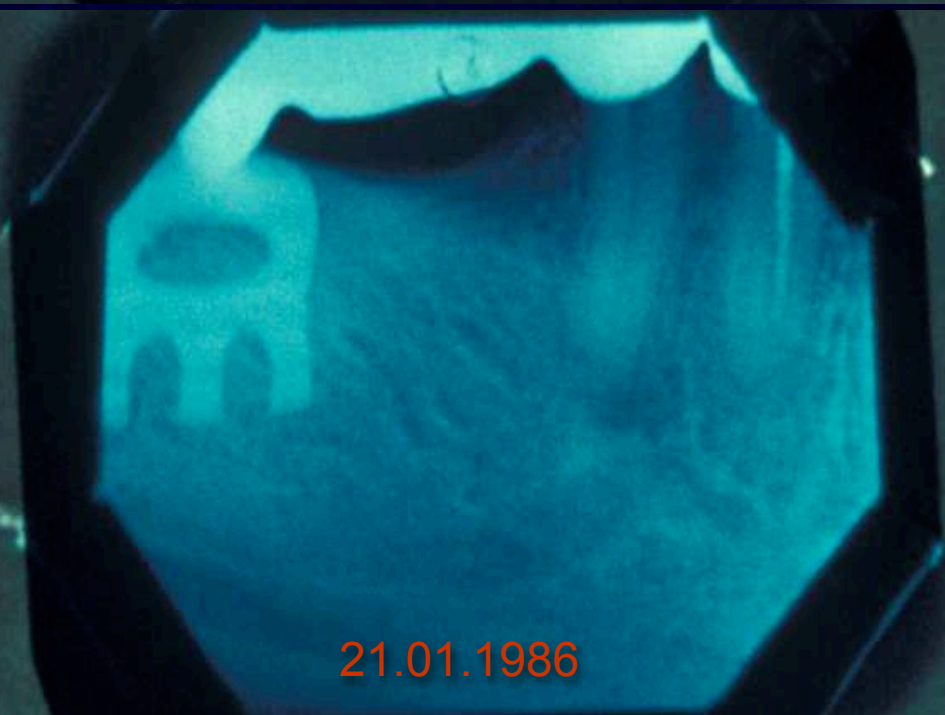
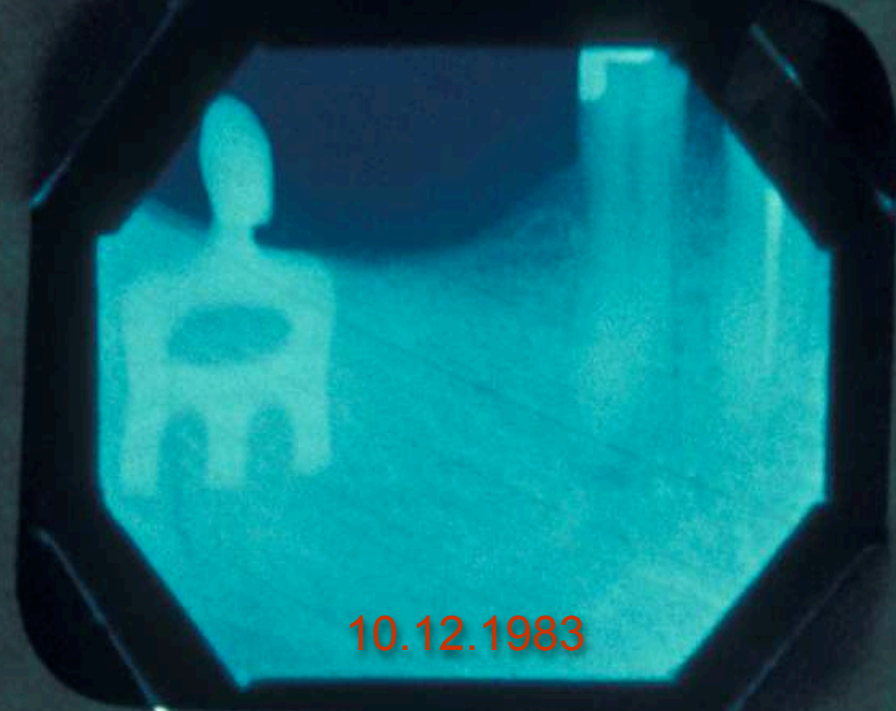
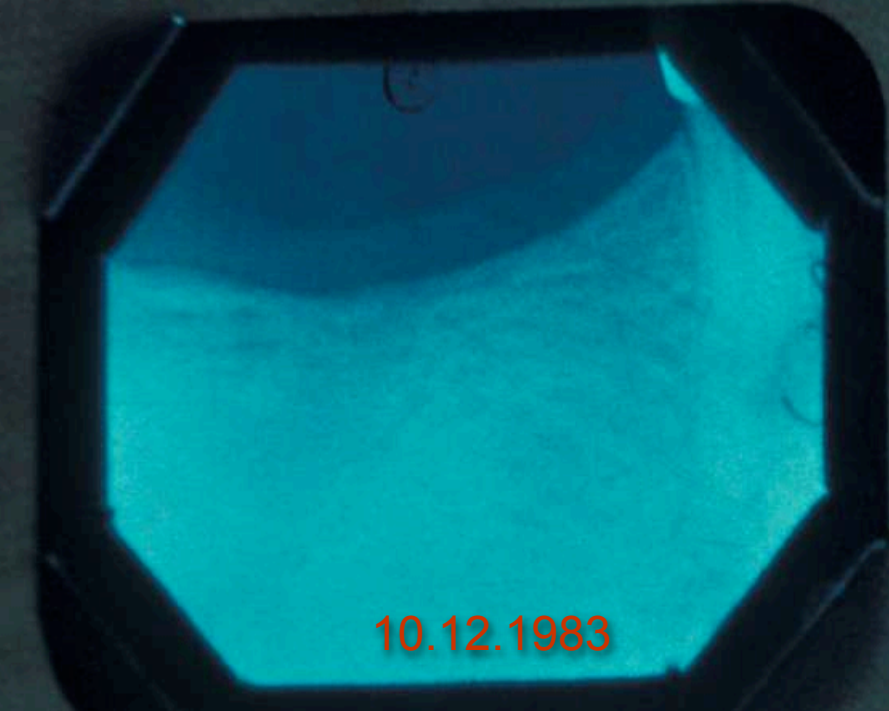


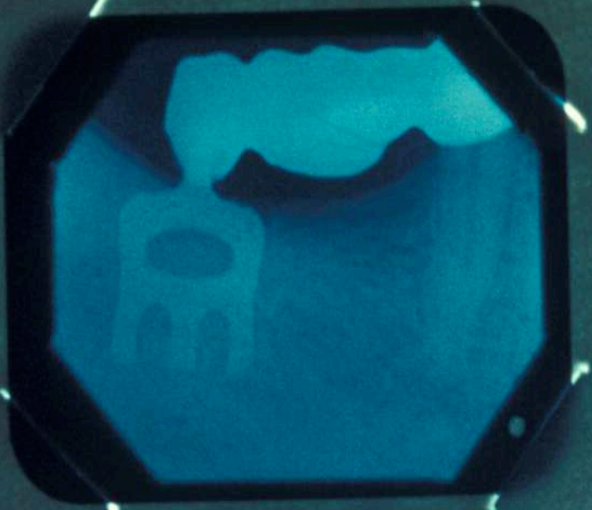
Iatrogenie de mezostructură

Mezostructura agregată mixt, bara greșit confecționată, înălțimea stâlpilor implantelor depășește cu mult bara, receptarea și distribuția neuniformă a forțelor

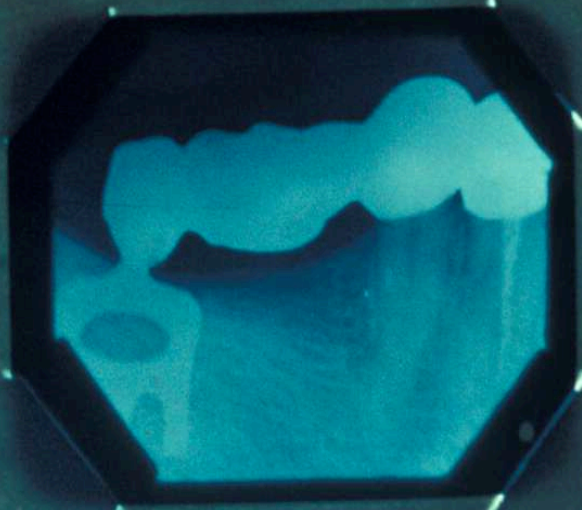
**Patologie biomecanică, suprasolicitarea mezostructurii prin
insertia și deinsertia protezei mandibulare după 6 ani**



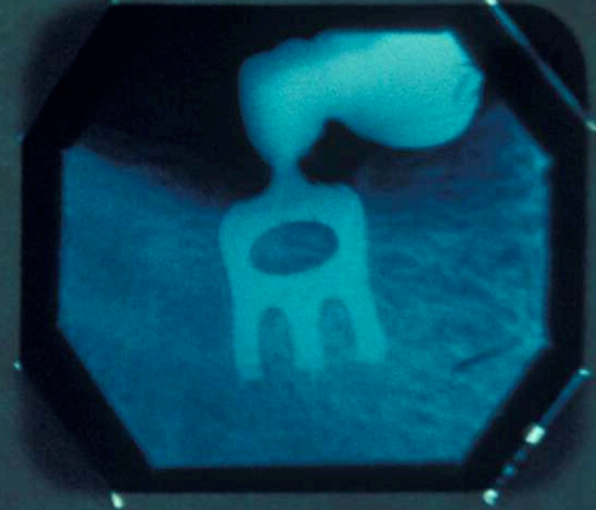




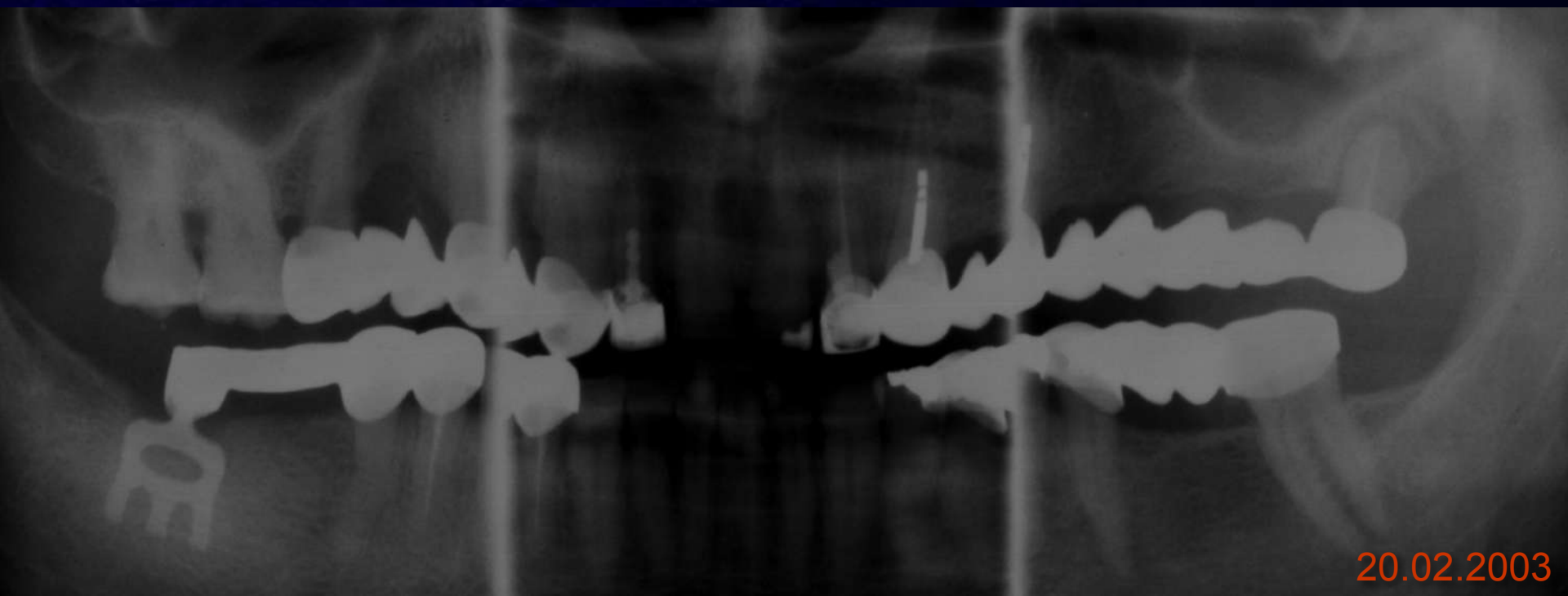
27.12.1994



14.05.1998

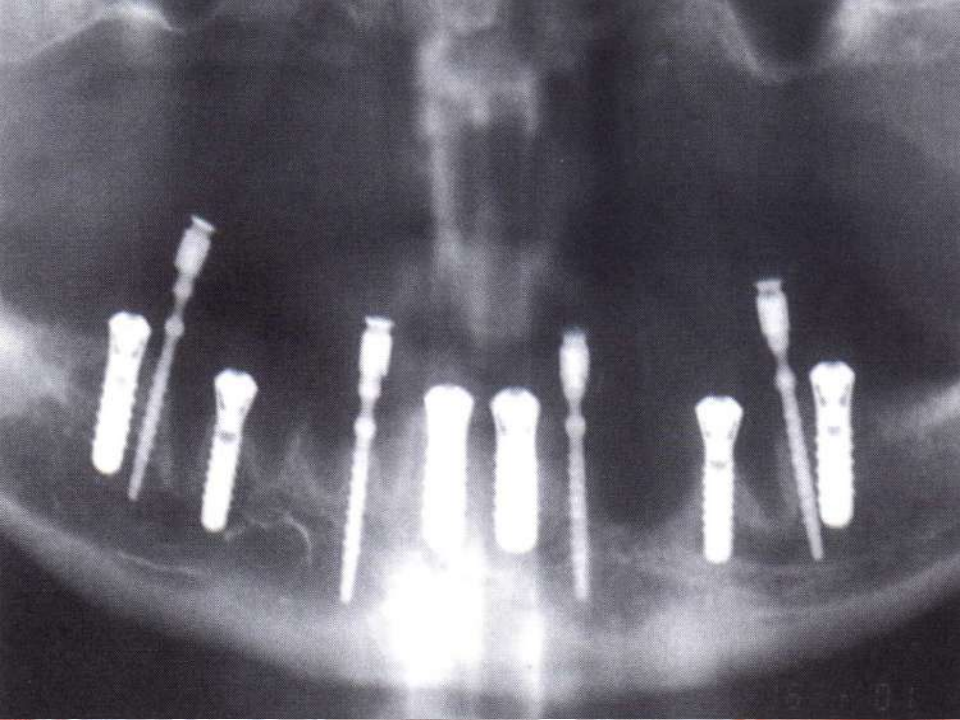


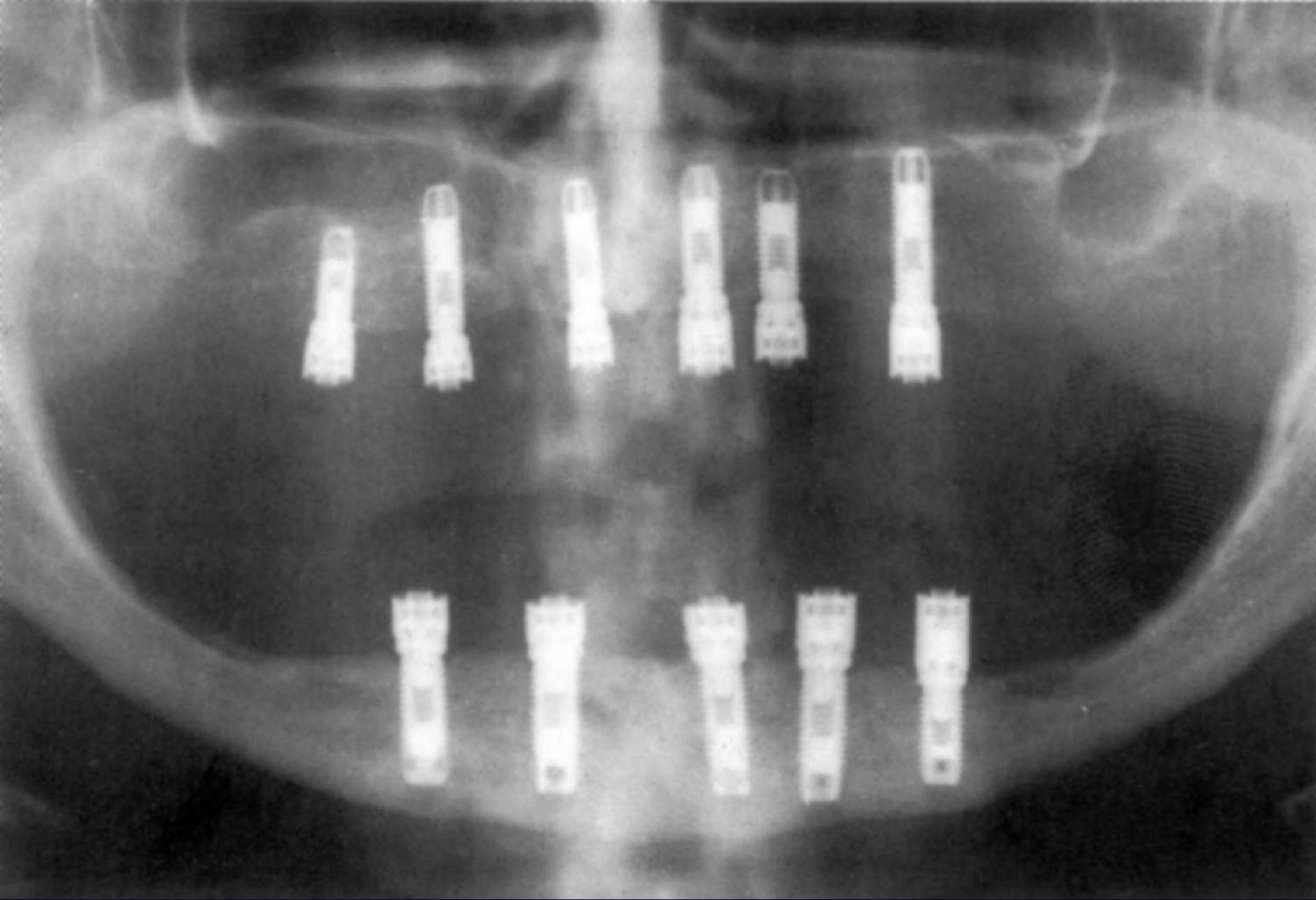
26.06.2000

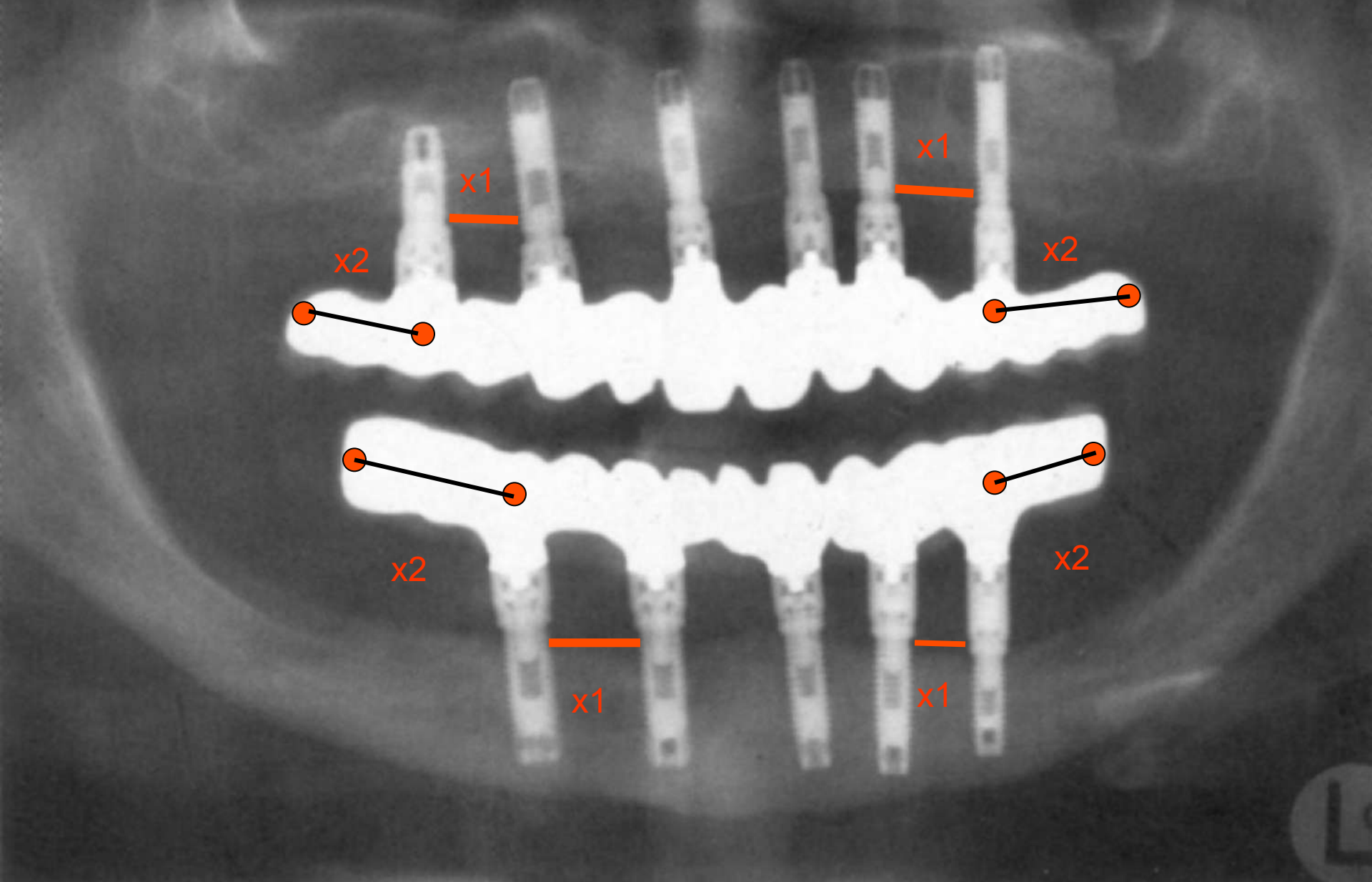


20.02.2003

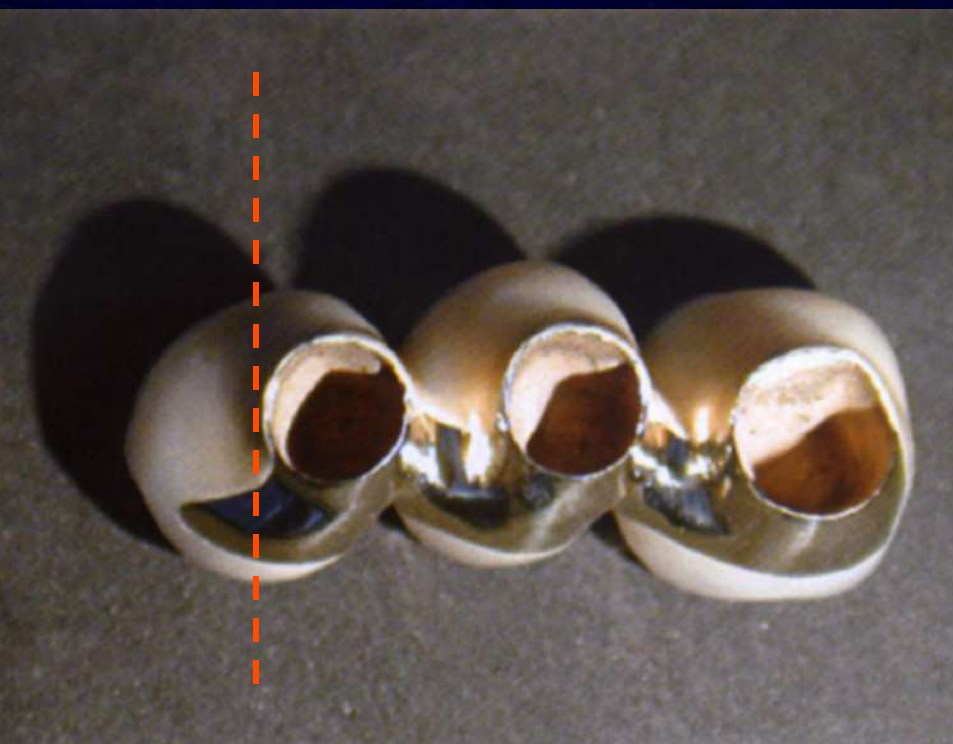
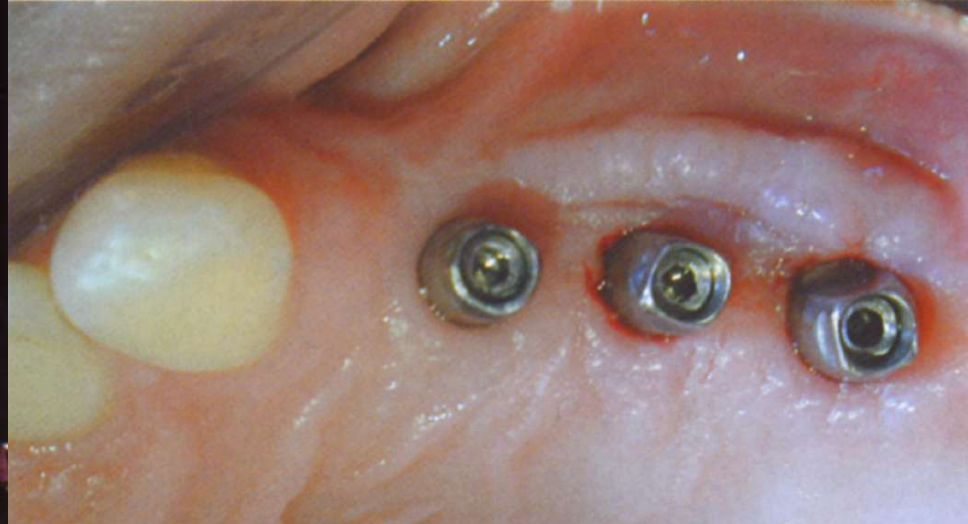
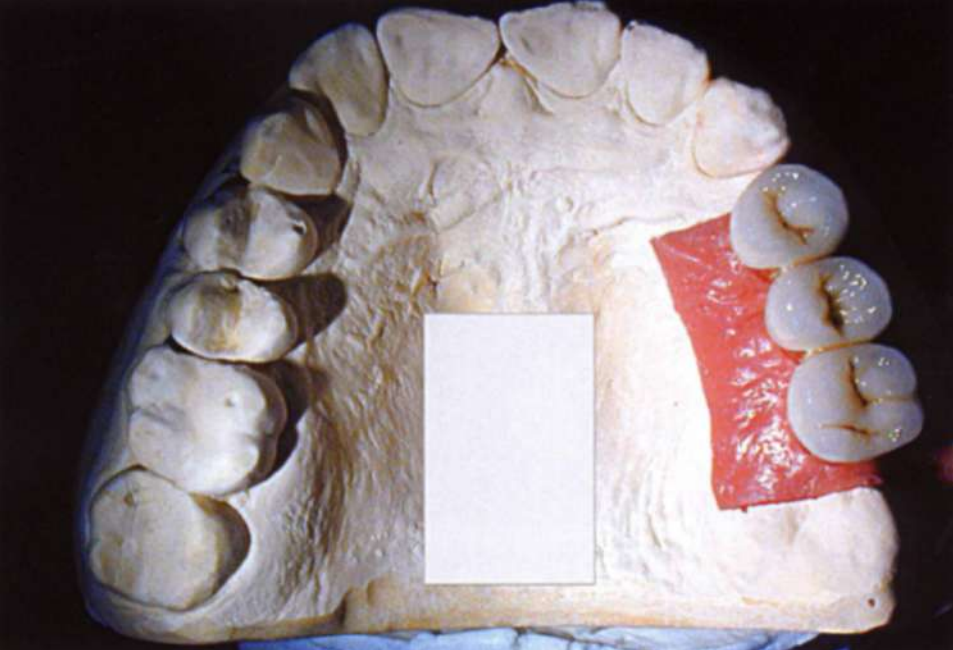






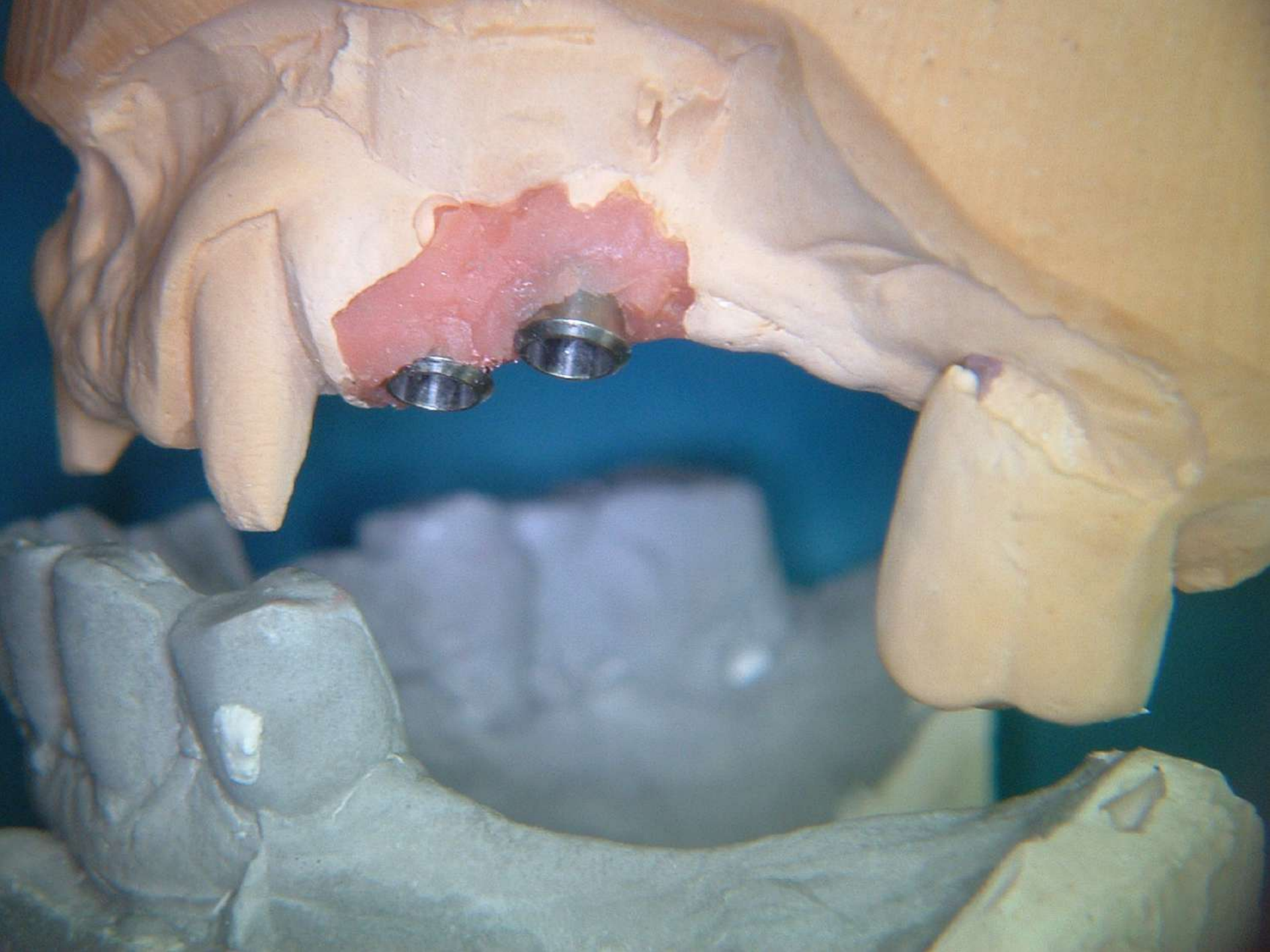


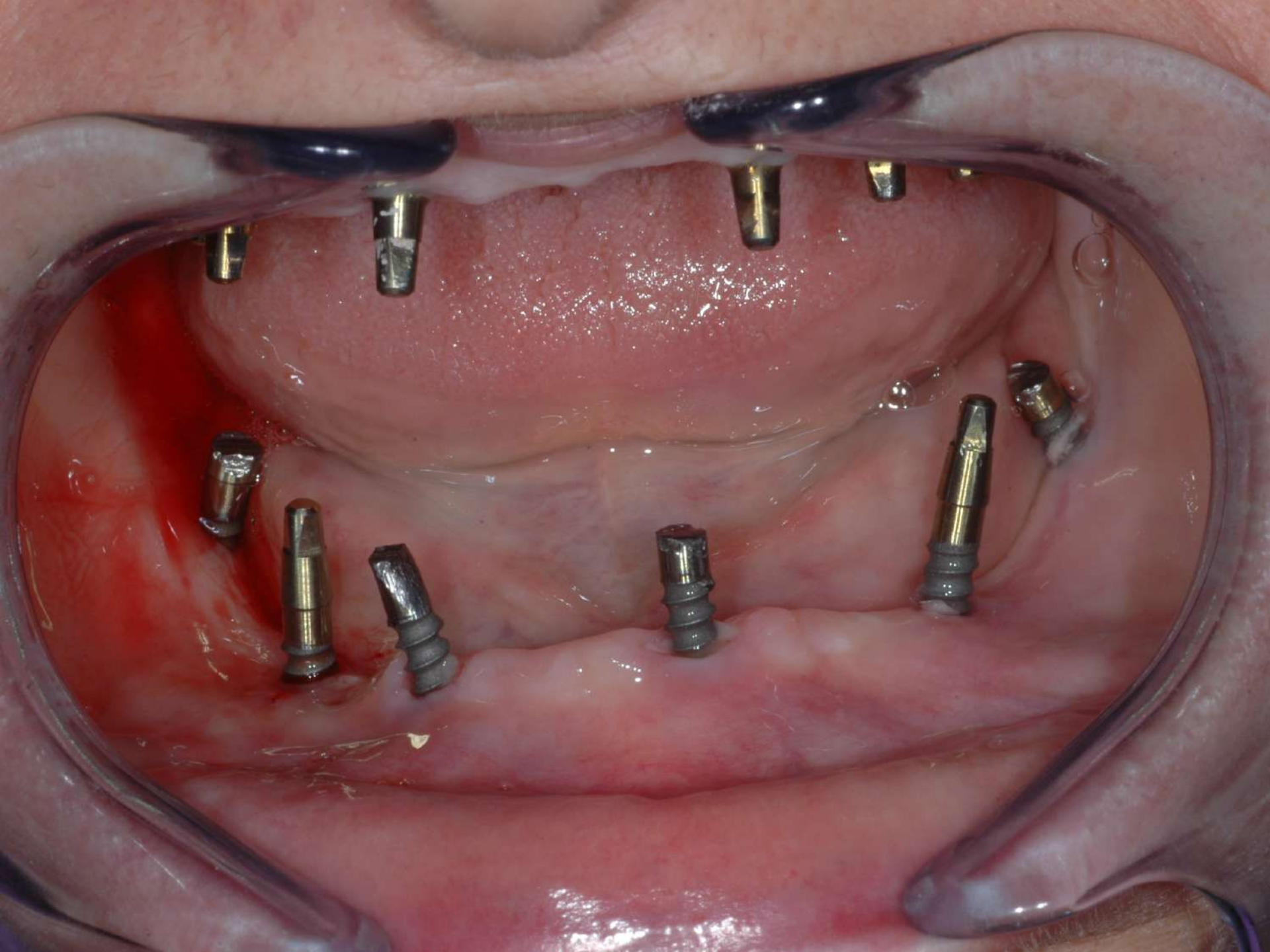
Lungimea extensiei nu trebuie să depășească dublul distanței dintre implantele situate anterior de aceasta


















Intretinerea starii de sanatate a tesuturilor periimplantare



Rolul pacientului in intretinerea implantelor dentare

- Mentinerea sub control a placii bacteriene
- Folosirea periutelor interdentare
- Folosirea clorhexidinei
- Folosirea ateii dentare impreuna cu clorhexidina inainte de culcare



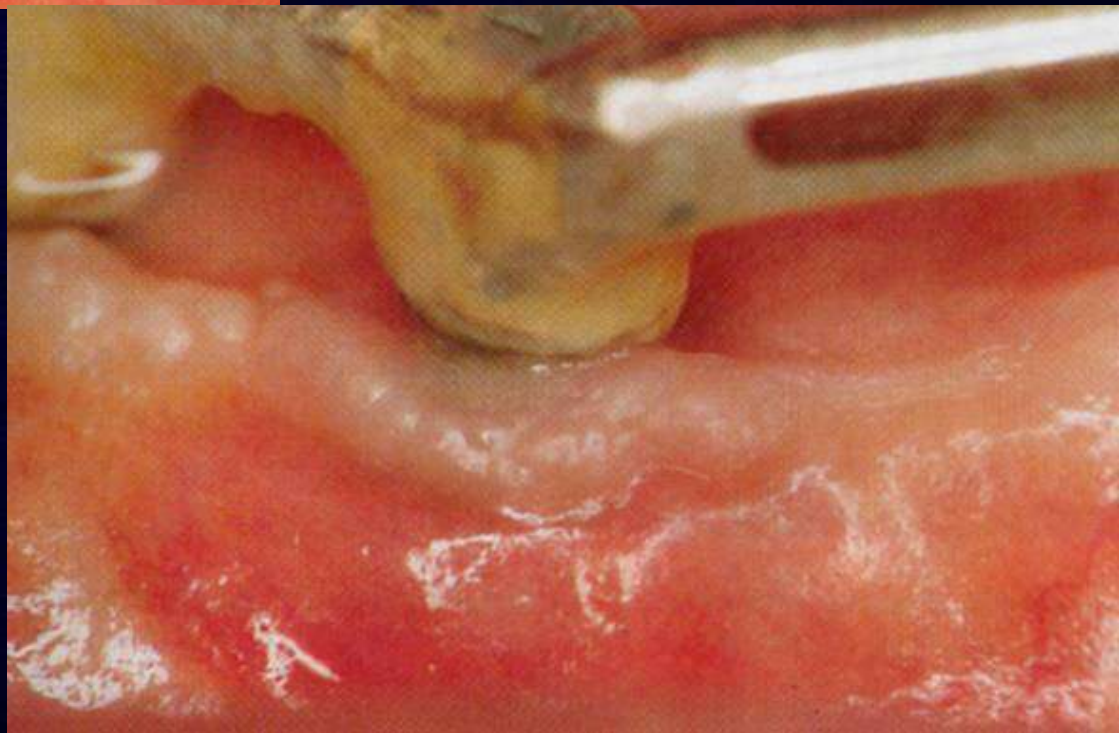
Metode de igienizare a
suprastructurii





Santurile antirotationale
reprezinta un loc ideal de
retentie pentru placa
bacteriana

Fata mucozala a barei
reprezinta un alt loc de
retentie pentru placa
bacteriana





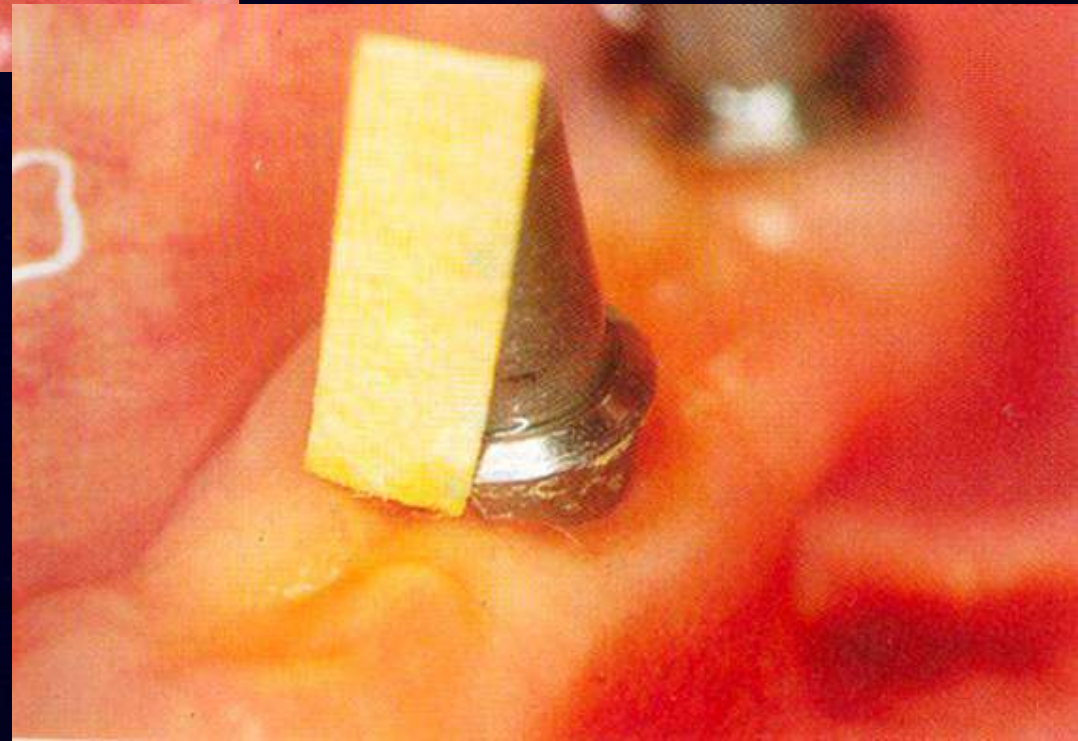
Rolul igienistului

- Controlarea nivelului placii bacteriene
- Observarea eventualelor semne inflamatorii
- Sondarea periimplantara DACA exista conditii patologice
- Daca nu exista conditii patologice nu este indicata sondarea

Igiena precara
determina depunerea de
placa si inflamatie
gingivala



Cantitatea de saliva se
poate aprecia cu
ajutorul unei hartii de
filtru






Rolul medicului dentist

- Dispensarizarea pacientilor o data la fiecare 3-4 luni.
- Verificarea nivelului placii bacteriene
- Radiografierea implantelor la fiecare 12-18 luni
- Daca este necesara reinterventia, se va efectua chiuretarea, detoxifierea si regenerarea osoasa ghidata
- Este indicata o perioada de asteptare de 10-12 saptamani inainte de a incarca implantul



Tratamentul antimicrobian

- Inhibarea dezvoltării plăcii bacteriene
- Îndepărtarea populațiilor bacteriene de pe suprafața implantelor și a dinților
- Eliminarea plăcii bacteriene
- Modificarea plăcii existente prin scăderea populației bacteriene patogene



Criteriile de succes propuse de Smith si Zarb

- Implantele sunt imobile clinic
- Nu exista semne de periimplantita (radiotransparenta) in jurul implantelor
- Pierderea de tesut osos la nivel crestal nu depaseste 0.2mm annual, dupa primul an de la incarcare
- Nu exista durere, discomfort sau infectii induse de implant
- Designul implantului si pozitionarea sa nu impiedica realizarea unei restaurari inestetice
- Studiile arata o rata de succes de 85% dupa 5 ani de la incarcare si 80% dupa 10 ani de la incarcare

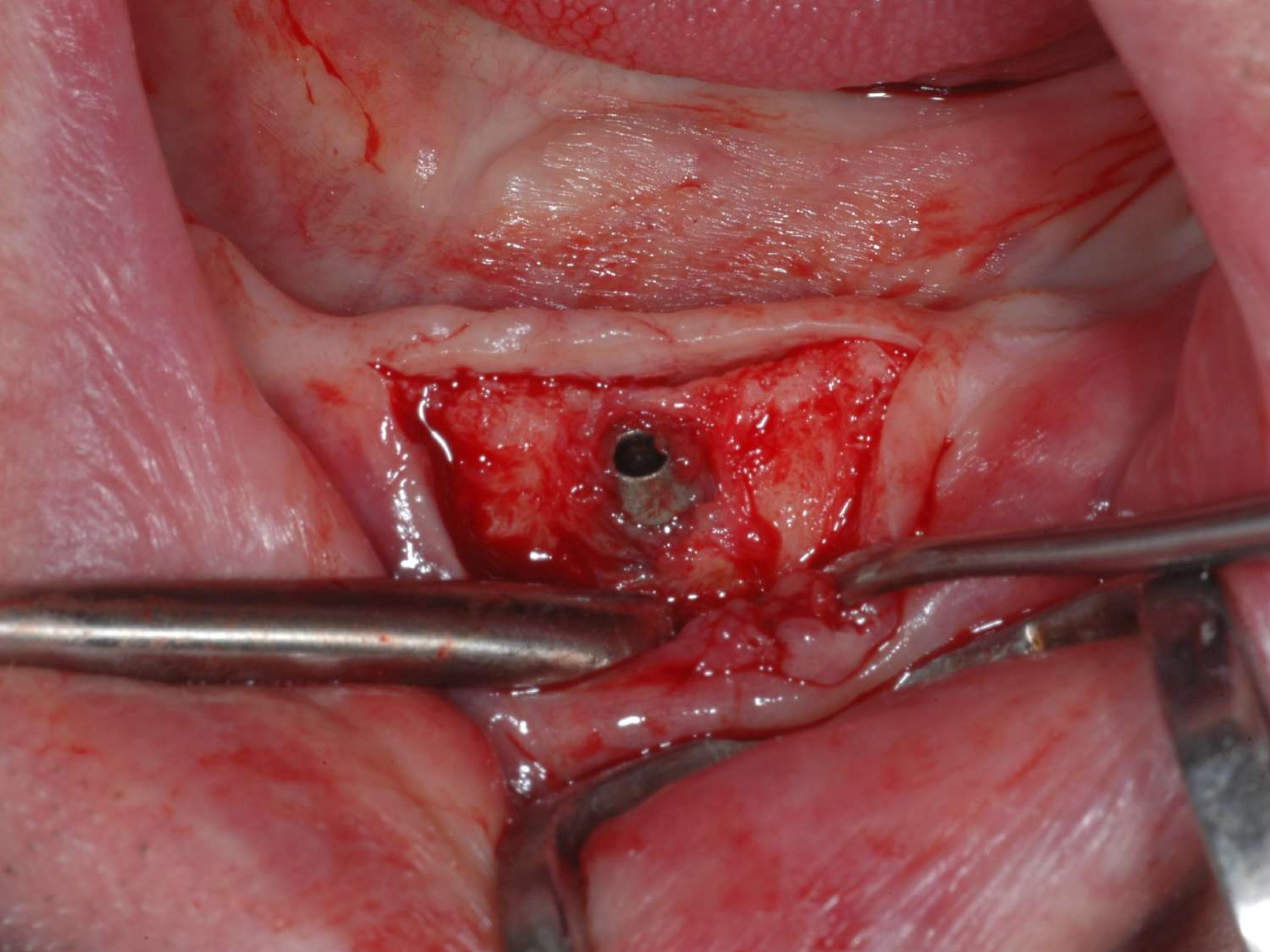


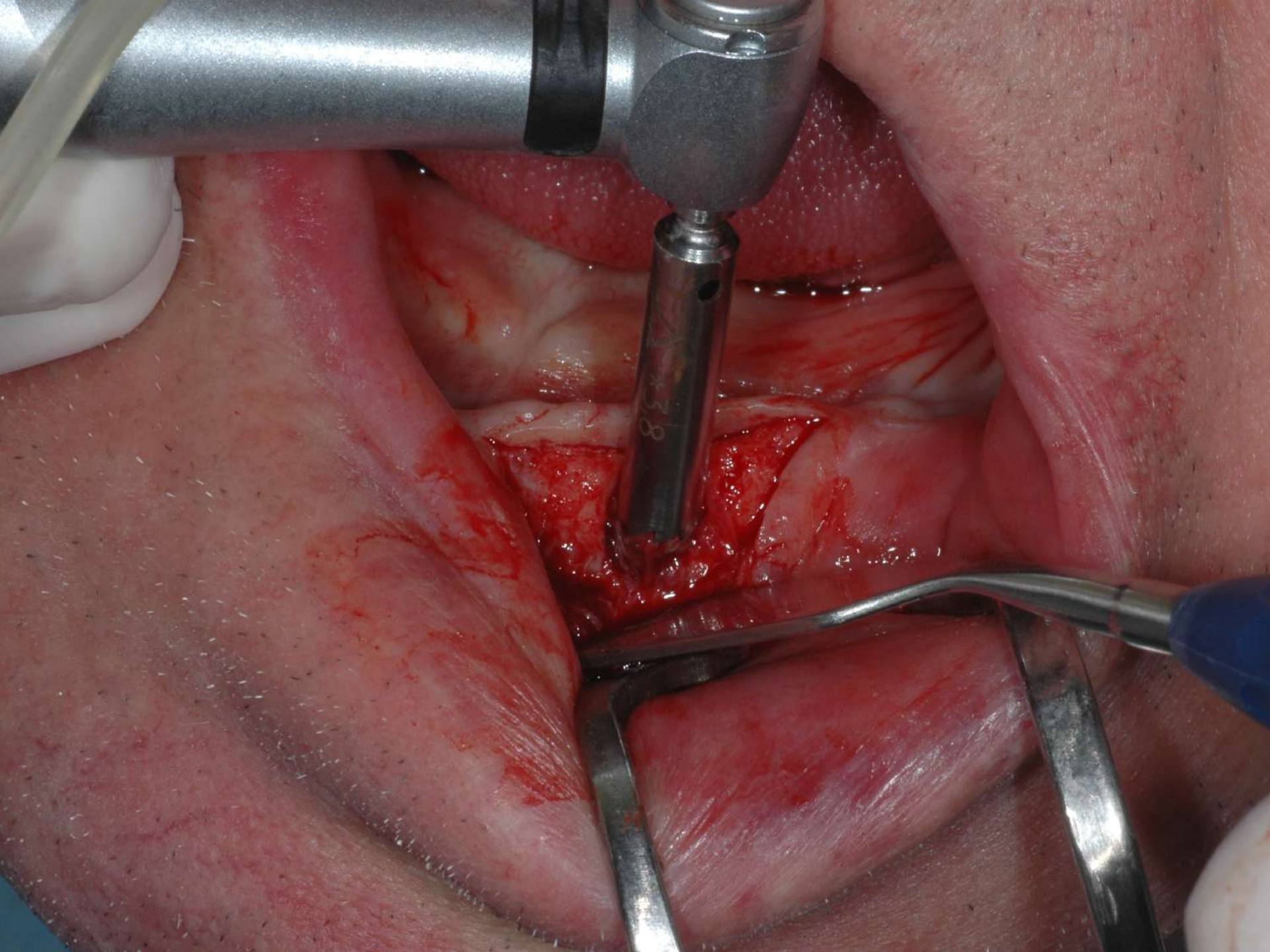
Tratarea afectiunilor periimplantare

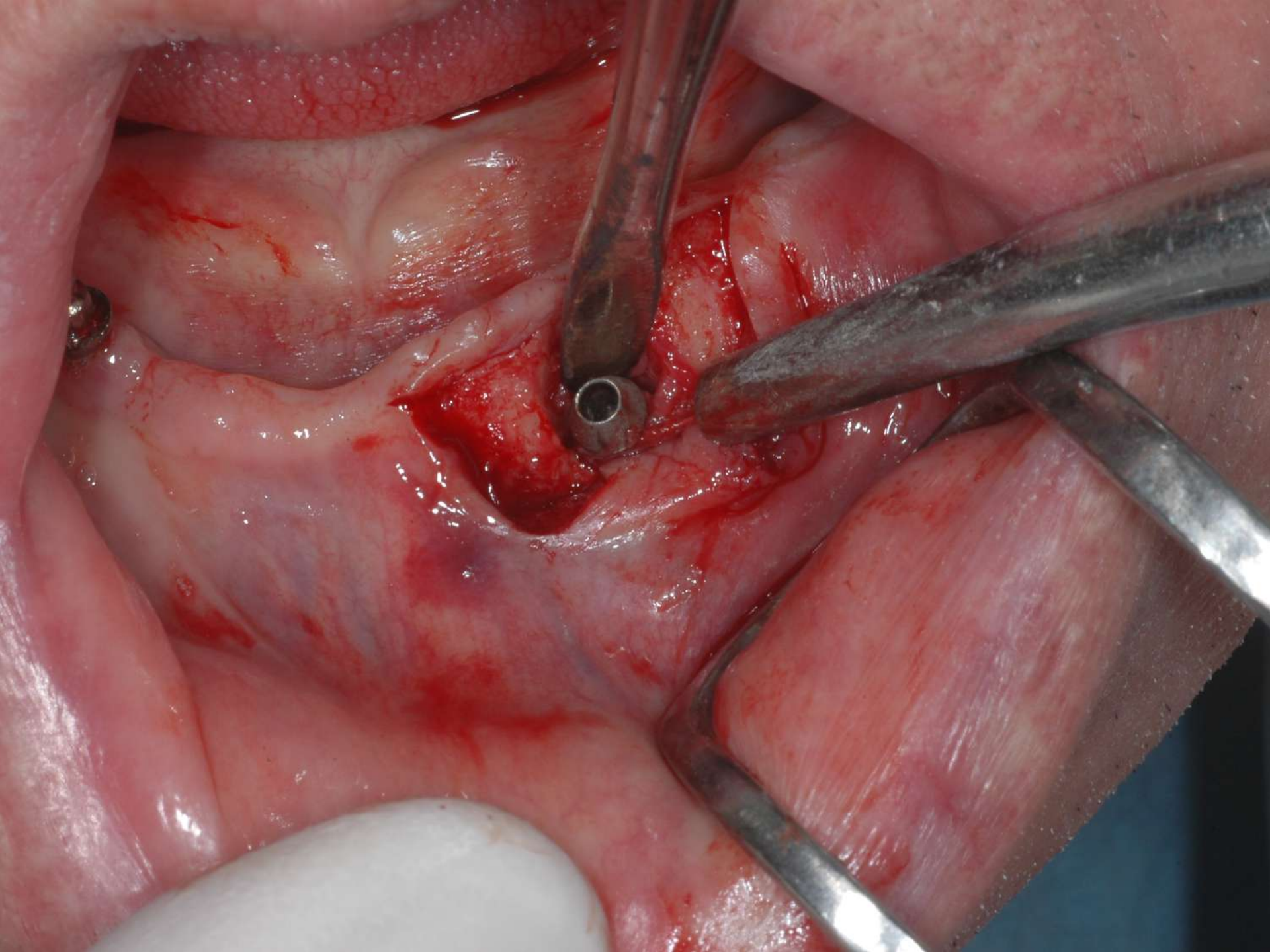
- 1. Daca exista o infectie activa (abces, singerare, edem) asociata cu o translucenta radiologica se efectueaza:
 - A. Decolarea, chiuretarea defectului (chiuretele metalice se pot folosi)
 - B. Daca implantul este acoperit cu HA, este indicata indepartarea HA cu ajutorul ultrasunetelor



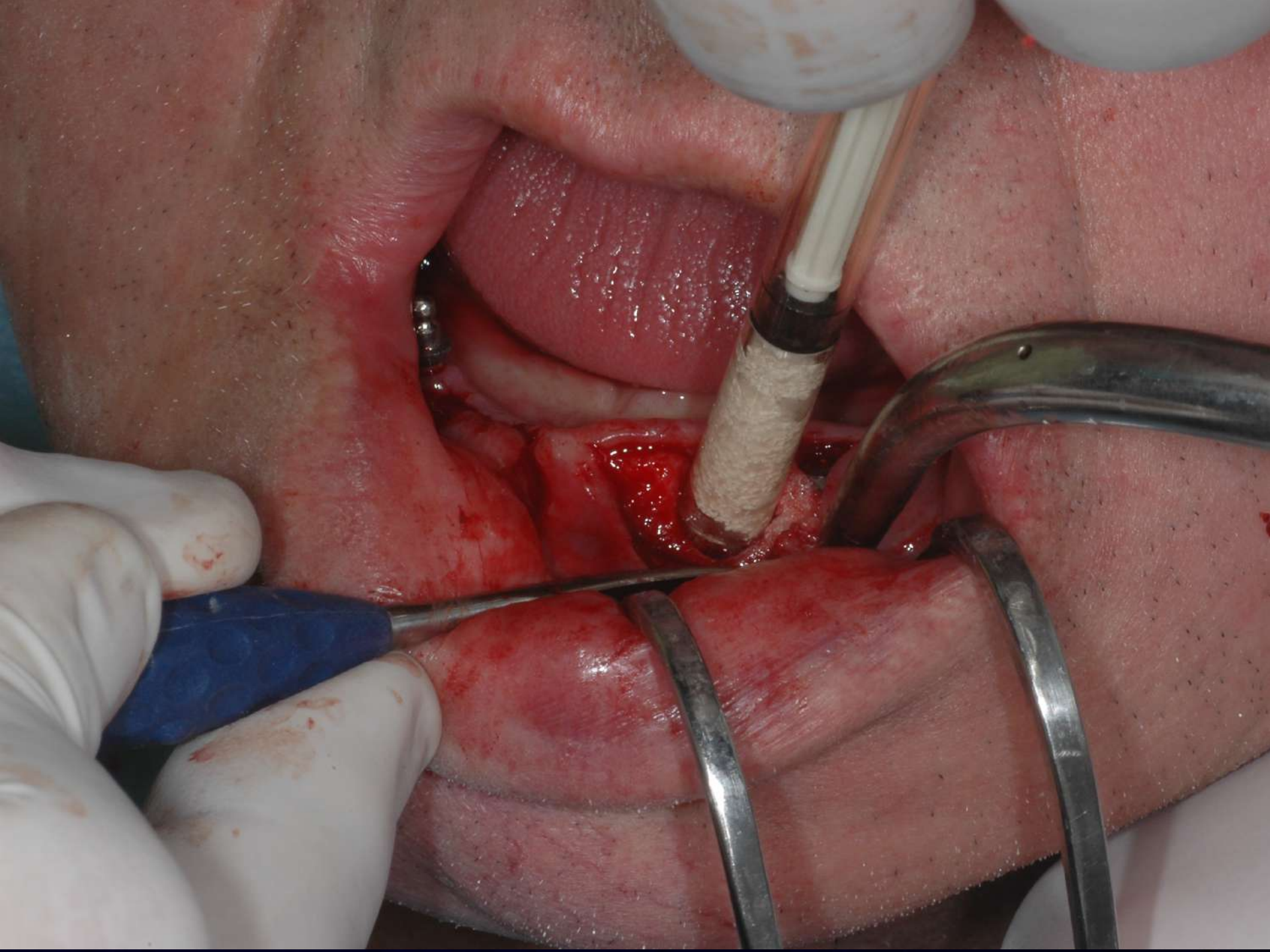
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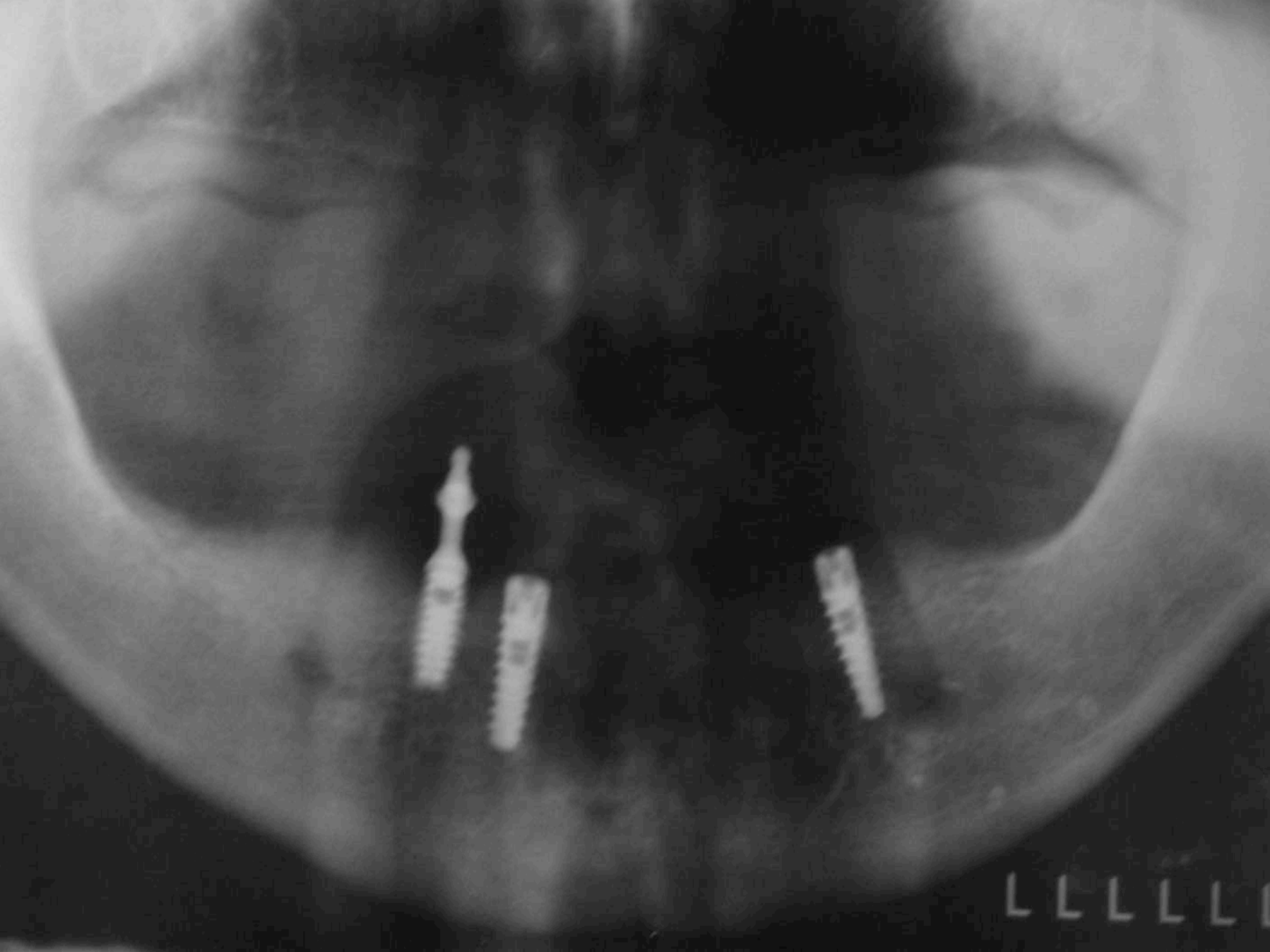












- C. Detoxifierea cu acid citric 40% (cu o buleta de vata)
- D. Aditia osoasa cu xenogrefa liofilizata daca suprafata este detoxifiata in totalitate. Daca nu, este indicata folosirea unei grefe aloplastice (HA, biosticla)
- E. Protejarea grefei cu membrana
- F. Evitarea incarcarii implantului in urmatoarele 10-12 saptamini

- 2. Daca nu exista o infectie acuta si daca implantul prezinta o suprafata de HA intacta (datorita ocluziei traumatice, supraincercarii etc.):

- A) Decolarea, chiuretarea
- B) detoxifierea HA cu acid citric 40% timp de 30 de secunde. Irigarea cu solutie salina
- C) Aditia osoasa

Singura diferenta fata de cazul anterior o reprezinta faptul ca nu este necesara indepartarea HA deoarece este necontaminata si capabila sa induca un raspuns biologic

PLACA – LIPSA DE IGIENA

- **Cls I** – mucozita periimplantara

(inflamatie tesutului moale periimplantar)

- **Cls II** – mucozita + pierdere osoasa usoara verticala si orizontala, pana la $1/5$ din L implantului

- **Cls III** – mucozita + pierdere medie osoasa verticala si orizontala, pana la $1/3$ din L implantului

- **Cls IV** – mucozita cu pierdere masiva osoasa vertical si orizontala, peste $1/3$ din L implatului

MASURI TERAPEUTICE



LOCALE

- Indepartarea tartrului
- Indepartarea tes. de granulatie
- Spalarea mansetei
- Lavaje bucale
- Aplicari locale de antibiotice
- Detoxificarea suprafetei descoperite
- Lambou, regenerare tisulara

GENERALE - antibioterapie tip de 2-3 saptamani

- ✓IMPLANTOLOGIA = PROCEDEE COMPLICATE
- ✓POSIBILITATE DE ERORI
- ✓CONFLICTE

MINORE / MAJORE

REALE / ARTIFICIALE

- ✓PACIENTII ASTEAPTA MIRACOLE



- PREGATIREA MEDICULUI
- MOMENTUL CAND A PRELUAT CAZUL
- INDICATIA DE TRATAMENT
- “CONTINUITATE” IN CURSUL TERAPIEI
(prezentarea la control)



- Dosar clinic complet: intra; post
- Dosar administrativ: copie deviz semnat; retete; consimtamant; consult medical
- Dosar radiologic
- Declaratia bolnavului - inainte
- Fotografii pre si postoperatorii

- **DATE PERSONALE PACIENT**
- **DATE PREOPERATORII**
- **DATE INTRAOPERATORII**
- **DATE POSTOPERATORII IMMEDIATE**
- **DATE POSTOPERATORII TARDIVE**

- Functionalitatea clinica a infra/suprastructurii
- Status tes. periimplantare
- Status radiologic periodic
- Starea suprastructurii

Dosar clinic complet:

intra; post

Dosar administrativ: copie
deviz semnat; retete;
consimtamant; consult
medical

Dosar radiologic

**Declaratia bolnavului “
inainte”**

**Fotografii pre si
postoperatorii**



- **SELECTAREA CAZULUI**
- **DEPISTAREA AFECTIUNILOR PSIHICE**
- **INFORMAREA CORECTA A PACIENTILOR**
- **AMBIANTA PSIHOLOGICA FAVORABILA**
- **PROTETICA IMPLANTOLOGICA - ALTCEVA**



CONFLICT

PROCES - TRIBUNAL



- CURSURI DE INITIERE SI SPECIALIZARE
- MEMBRU AL UNOR SOCETATI
- PARTICIPANT LA CONGRESE,
CONFERINTE
- ABONAMENTE - REVISTE



CONCLUZII

sunet de stanca

SUCCES CONDITIONAT

- Inflamatie usoara a mucoasei
- Pierdere osoasa mica dar NU progresiva

CU TENDINTA DE ESEC

- Inflamatie persistenta
- Pierdere progresiva de substanta osoasa

ESUAT

- Implant mobil
- Nefunctional
- Osteointegrare pierduta



Prevenirea erorilor și eșecurilor în protetica implantologică

- șablon de poziționare chirurgicală
- adaptare pasivă a suprastructurii
- respectarea unor principii biomecanice
- designul suprastructurilor
- evaluarea preprotetică a esteticii