

# Upper arch rehabilitation with immediate post-extraction implants

Dr. Giuseppe Pellitteri, Pellitteri Martini Laboratory, Bolzano, Italy  
Photos edited by Martina Cestarollo

The 48-year-old female patient came to our observation with extensive periodontal lesions and extreme mobility of all the elements of the upper arch, which support an old total metal-ceramic prosthesis. In agreement with the clinical situation and with the patient requests, the treatment consisted of the total avulsion of the upper arch and the insertion of 6 post-extraction implants positioned in the natural sockets where possible, filling any gaps with autologous bone collected from the drills.

The self-centering relining of the provisional prosthesis made it possible to obtain a splinting without tension during the healing period.

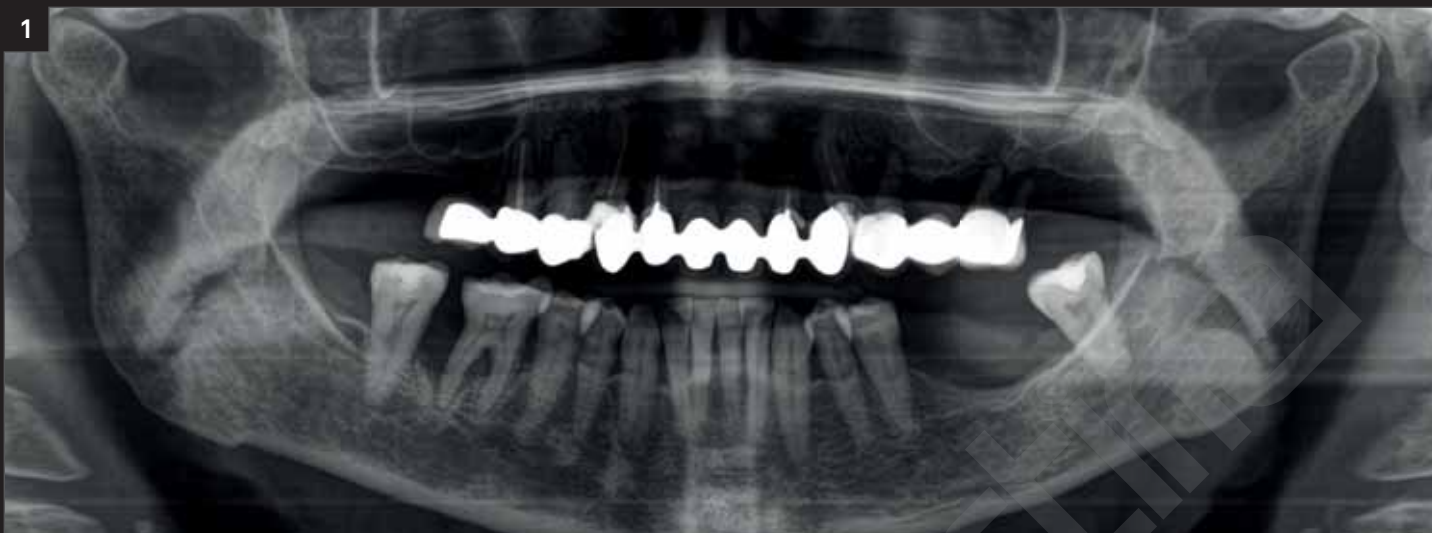
The final result allowed us to choose between a total white solution and a pink resin solution, immediately more aesthetic.

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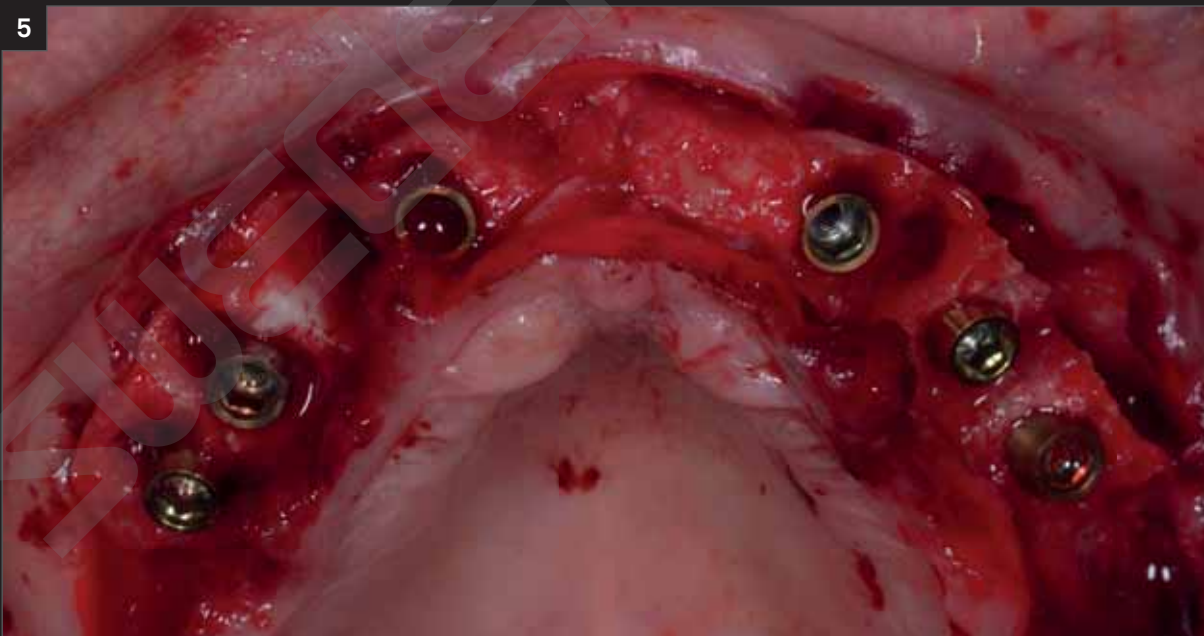
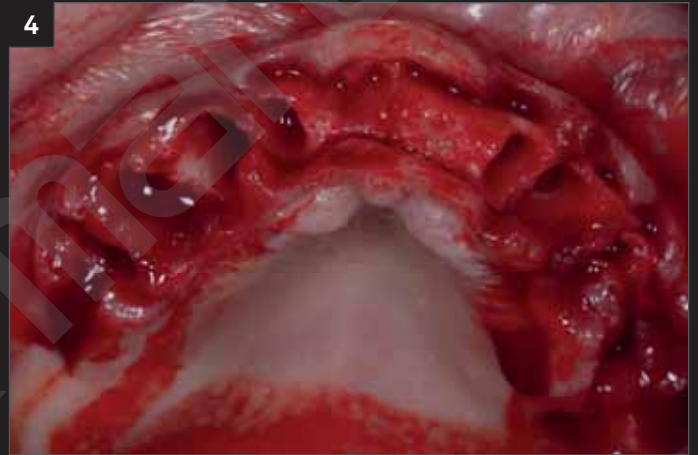
**“The morphology of Prama neck in this case proved to be optimal in order to insert the implants at differentiated levels, respecting the residual bone peaks that I chose not to sacrifice.”**

**(cit. Dr. Giuseppe Pellitteri)**

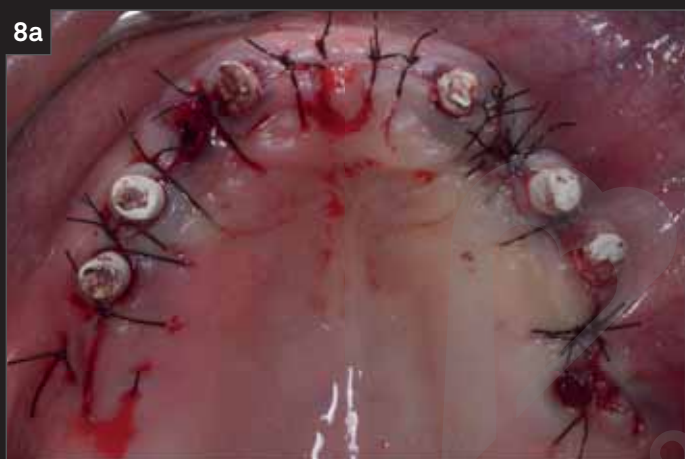
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1. Initial orthopantomography: the periodontal lesions that affect all the elements of the upper arch are clearly visible.
2. Frontal view of the initial case.



3. Lateral and occlusal views of the old metal-ceramic restoration.
4. Avulsion of all the elements of the upper arch.
5. Positioning of Prama implants in the natural alveoli, except for the most distal of quadrant 2, where the receiving alveolus did not offer sufficient primary stability. Note the diversified positioning of the neck in the different sites.



6. Insertion of the Simple PEEK temporary posts: the absence of disparallelisms between the implant axes is clearly visible.
7. Self-centering relining of the temporary resin produced by the laboratory.
8. Occlusal and frontal views of the flaps sutured around the temporary posts, properly reduced.
9. Orthopantomography at the time of the delivery of the final prosthesis.



10. Healing at 3 months: frontal and occlusal views.

11. Removal of the provisional prosthesis: the mucous tunnels are mature and well-conditioned, with tissue adherent to the intramucosal necks of the implants.

12. Lateral and frontal views of the final restoration.



13. Comparison between the final and the initial case. The final result allows to evaluate both a total white solution and a pink resin solution, immediately more aesthetic.

14. Orthopantomography after 1 year.

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