

CLINICAL CASE

USING SMILE IN A BOX TO PROVIDE MINIMALLY
TRAUMATIC AND PRECISE FULL-ARCH GUIDED
SURGERY WITH IMMEDIATE LOADING



CLINICAL CASE

Using Smile in a Box to provide minimally traumatic and precise full-arch guided surgery with immediate loading

RESPONSIBLE SURGEON



DR. ARANTZA RODRÍGUEZ

SPAIN

- Dentistry degree by Universidad Europea de Madrid;
- Expert in oral implantology and prosthesis on implants C.S.I. CEU;
- Cosmetics and Oral Rehabilitation Diploma by New York University College of Dentistry;
- Integrated Master in Dentistry URIC;
- Diploma in Oral Implantology and Surgical Anatomy. Universidad Complutense de Madrid;
- Advances Studies Diploma DEA URIC.



PATIENT MEDICAL HISTORY

A 77-year-old patient was referred by their digestive specialist, with the need to rehabilitate their masticatory function, which could be the cause of their digestive disorders. The patient was taking various medications, including anticoagulants, so a minimally invasive guided surgery was indicated.



PLANNING

The case was planned using the Smile in a Box solution, in which all the planning was done with Straumann specialists using a CT scan and intraoral scanning, previously sent by the dentist. Smile in a Box is customized according to each case and this one came with the surgical guides, implants, and components needed to carry out the case, as well as the temporary prosthesis milled in PMMA.

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DESCRIPTION OF THE SURGICAL PROCEDURE

The surgical procedure began with the anesthetic technique. The surgical guide was then adapted using the patient's remaining teeth as a reference and fixed with a guide clamp. After adapting the guide, the drilling sequence began, following the manufacturer's guidelines for placing the Helix GM® 3.5 x 10mm implants with a torque of 35 N.cm. Then, the GM Mini Conical Abutments and the Neo Mini Conical Abutment Titanium Coping were installed with 32 N.cm and 10 N.cm of torque, respectively. The provisional prosthesis was then placed by capturing the titanium cylinders.

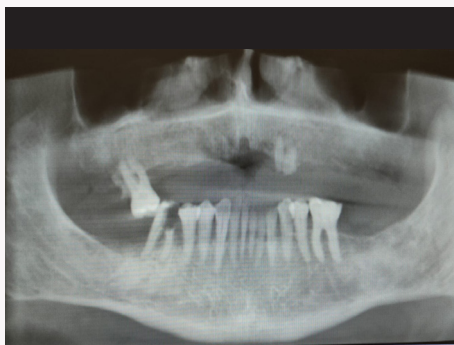
NEODENT® MATERIALS

- Helix GM® 3.5 x 10 mm;
- GM Mini Conical Abutment 3.5mm;
- Neo Mini Conical Abutment Titanium Coping.



PROSTHETIC DESCRIPTION

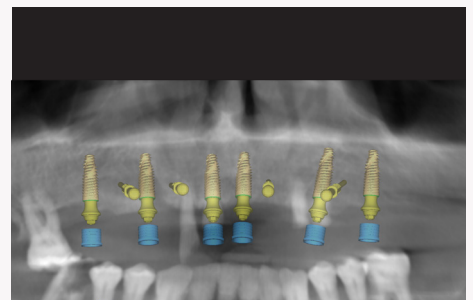
The patient was rehabilitated with immediate loading, using a digitally planned temporary prosthesis in PMMA. After 3 months of the surgery, the patient returned for the definitive prosthesis.



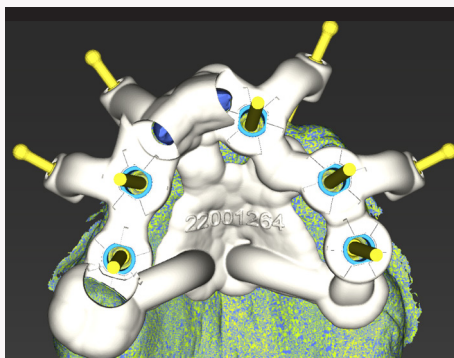
1. Initial radiographic aspect.



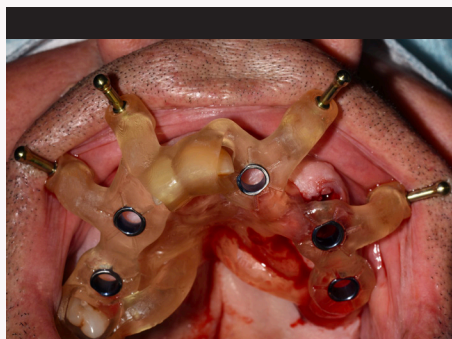
2. Initial clinical aspect, buccal view.



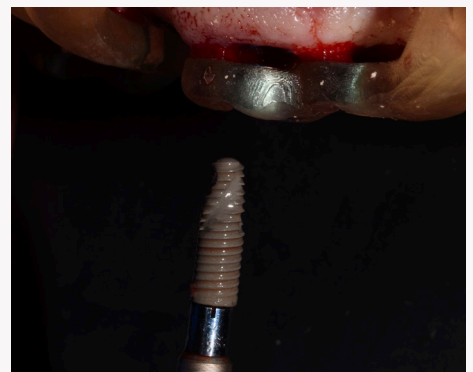
3. Planning of the implant surgery with the Smile in a Box solution.



4. Planning of the surgical guide.



5. Clinical aspect after the adaption and fixation of the surgical guide.

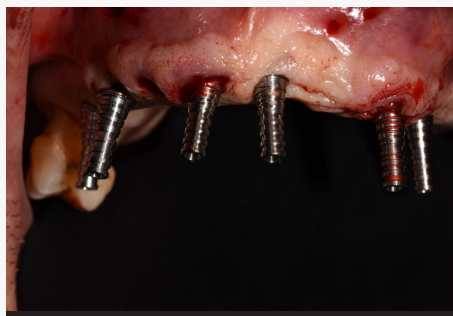


6. Placement of the implants through the surgical guide with 35 N.cm of torque.

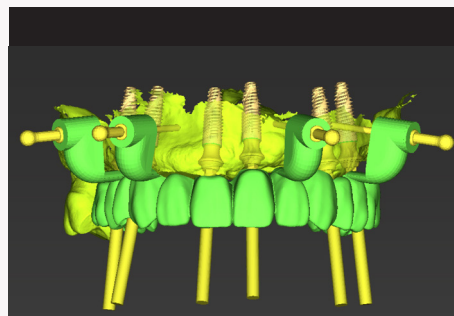
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7. Intraoral aspect after installation of the GM Mini Conical Abutments, with 32 N.cm of torque.



8. Intraoral aspect after installation of the Neo Mini Conical Abutment Titanium Copings, with 10 N.cm of torque.



9. Digital planning of the immediate temporary prosthesis.



10. Intraoral aspect during the capture of the titanium copings by the temporary prosthesis.



11. Radiographic aspect after the installation of the temporary prosthesis.



12. Intraoral aspect after the installation of the temporary prosthesis.



13. Radiographic aspect two years after the installation of the definitive prosthesis.



14. Intraoral aspect two years after the installation of the definitive prosthesis.

**PROFESSIONAL OPINION ABOUT THE PRODUCT AND PROCEDURE,
FOCUSING ON YOUR LEARNING WITH THE CASE**

Guided surgery has been an important advance in cases of reduced bone availability, in which the three-dimensional positioning of the implant must be very precise. However, there is no doubt that in systemically compromised patients, being able to perform immediate loading in a single session in less than an hour and in a minimally invasive way means great progress in a population with an increasing life expectancy.

Dr. Arantza Rodríguez

Experienced clinicians performed the procedures presented. The clinicians are fully responsible for the reliability of the information and for the procedures and results reported. Any review, dissemination, distribution, copying or other use of this information by persons or entities, without previous written permission, is prohibited. The presented material can be subject of reviews without previous notice. No liability is accepted for any errors or omissions in the contents.

It is the clinician's exclusive responsibility to evaluate the patient's health conditions and viability of the procedure. The reproduction of this clinical case does not imply the success of similar procedures, as it will depend on the clinician's technique and ability, on patient's conditions on the previous and post procedure.

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