

Clinical

Effective collaboration for implant success

Marie Baldo discusses a referral to **Martin Wanendeya** for sinus graft and implant treatment

A nervous female patient presented with a UL5 cavity that required attention. During assessment, however, it was seen that UL6 also had a root fracture and had suffered significant subgingival damage, necessitating replacement (Figure 1).

Treatment discussion

Options were discussed with the patient, who desired a long-term solution; she did not wish to be fitted with a permanent bridge and decided instead on a dental implant in the UL6.



Figure 1: Cavity on UL5 and root fracture on UL6

Due to the nature and location of this implant, a sinus graft would have been necessary, but the patient was anxious to have this completed internally rather than externally.

At this juncture it was decided that this case should be referred to Dr Martin Wanendeya from Ten Dental, whose significant implant expertise, particularly with performing internal sinus grafts, would help ensure a high level of success.

After explaining this to the patient and discussing the outcome, informed consent was gained and treatment began.

Treatment

Martin extracted UL6 and the patient was provided with a provisional bridge using UL5 and UL7 to allow for healing (Figure 2). After six months the patient returned for



Figure 2: Provisional bridge on UL5 and UL7



Figure 3: Orthopantomogram showing patient after six months' healing

Figure 4: B9.5 Ankylos C/X implant in situ



A partner at Ten Dental, Dr Martin Wanendeya is one of a few dentists in the UK to have been awarded a diploma in implant dentistry from the Royal College of Surgeons at the advanced level. He regularly attends postgraduate courses and is a member of Royal College of Surgeons, the British Academy of Cosmetic Dentistry, the Association of Dental Implantology, the International Team in Implantology and the British Dental Association.



Figure 5: Implant with healing abutment in place



Figure 7: Preparation of UL5 and UL7



Figure 8: Tissue reattachment material around UL5



Figure 10: Final restoration in place



Figure 6: Implant with abutment after healing



Figure 9: E.max crown, screw-retained implant crown and E.max onlay



Figure 11: Final restoration in place

assessment; healing had been particularly uneventful and the implant could be fitted with no further delay (Figure 3).

An internal sinus graft was performed and a single B9.5 Ankylos C/X implant was fitted without biomaterials (Figure 4). Tissues around the site were closed up to allow for covered healing and subsequent exposure in three to six months.

Healing was again uneventful and the sinus graft took suitably (Figure 5). The patient returned to me (Figure 6) and UL5 was filed to accommodate a crown while UL7 was prepared for the onlay (Figures 7 and 8). A closed tray impression was taken of the treatment site and sent to the lab.

An E.max crown for UL5, screw-retained implant crown for UL6 and an E.max onlay for UL7 were created (Figure 9) and fitted (Figures 10 and 11). The result was exceptionally good, with a highly aesthetic finish, and the patient was very pleased with the outcome.

Conclusion

It was of great benefit to be able to work with Martin on this case. His experience provided a significant advantage and ensured that the result was as predictable as possible. We were fortunate that each step of the process was completed without complications and the combination of our skill sets allowed for a satisfied, smiling patient. D