



SINGLE IMPLANT – CANTILEVER BRIDGE
Case Study
Nexus Dental Laboratory

Overview

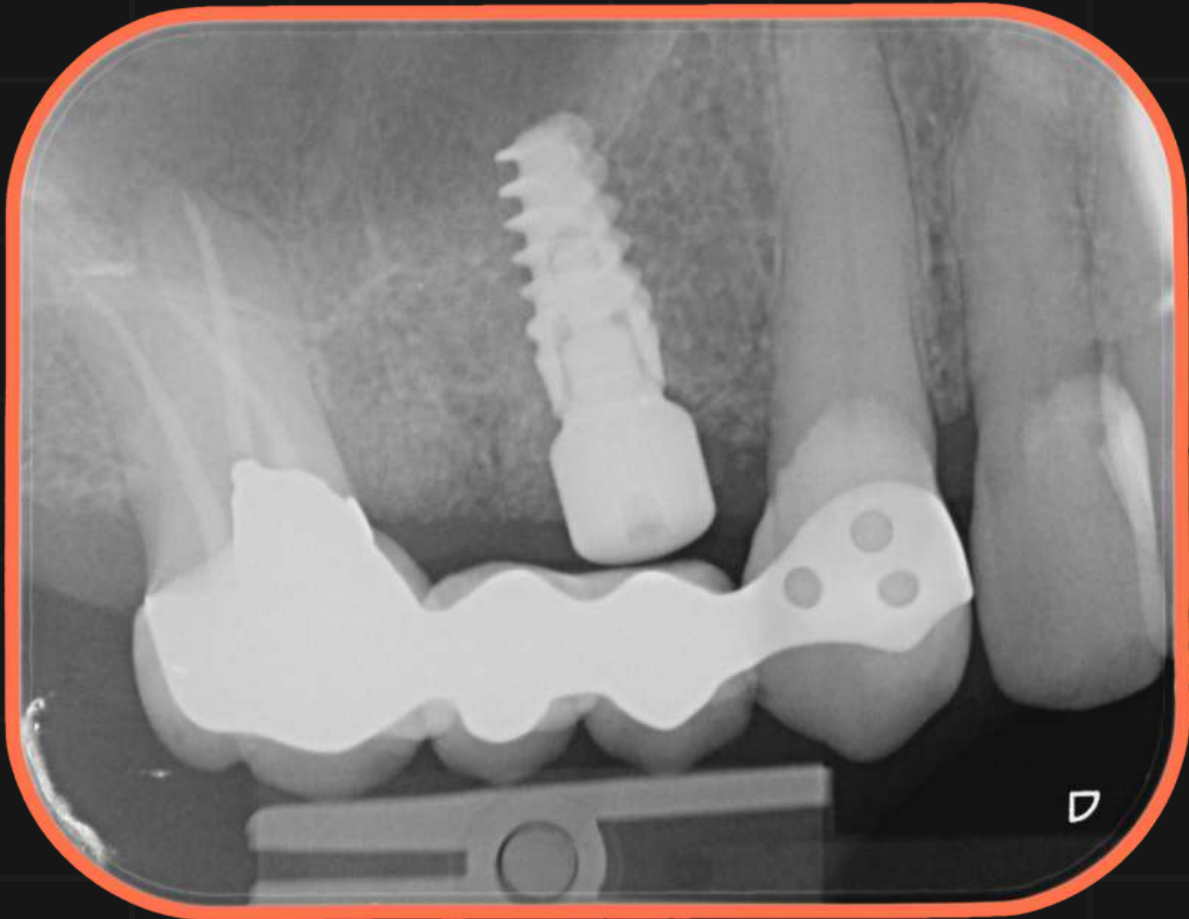
Implant UR4



This case details the removal of a compromised 1.4 tooth. The treatment plan involved placing a dental implant at the 1.4 site to support a cantilever bridge extending to 1.5 and later restoring 1.6 with a crown.

The initial X-ray captures the pre-extraction state, underscoring the need for careful planning to restore function and aesthetics.

Provisional Restoration



Following the extraction and implant placement at 1.4, a Maryland bridge was utilised, bonded to teeth 1.3 and 1.6, to safeguard the implant during the healing phase.

This provisional restoration plays a pivotal role in protecting the implant from undue mechanical stress, facilitating optimal osseointegration.

At The Laboratory

The Maryland bridge was meticulously crafted in the laboratory. Image showcase the bridge on dental models, highlighting the precision of zirconia fabrication to ensure a snug fit.

The lab process is critical in achieving accurate restorations that not only fit well but also contribute to the overall success of the implant by maintaining proper occlusion and aesthetics



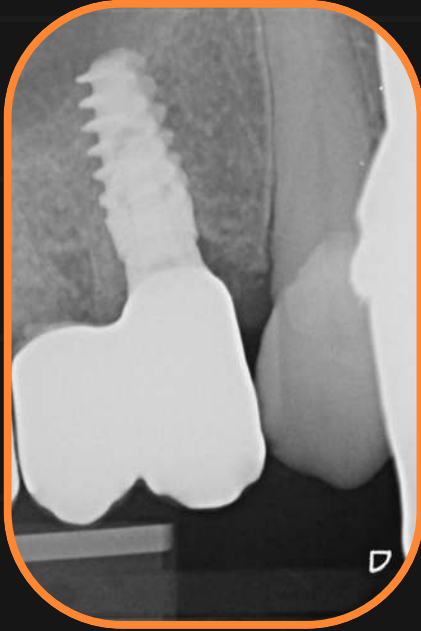
At The Laboratory II

Detailed images of the Maryland bridge reveal its polished zirconia surface, particularly near the cervical area. Polishing, rather than glazing, is crucial in this region to encourage soft tissue attachment, promoting a healthy peri-implant environment.

Additionally, the use of a custom abutment over a stock one ensures a tailored emergence profile, supporting natural tissue contours and enhancing the overall aesthetic and functional outcome.



Final Restoration & Outcome



The final stage involved placing a crown on the healed implant at 1.4, with a cantilever extension to 1.5, and a separate crown on 1.6.

Post-treatment photographs display the impressive components fitting and full-mouth results, demonstrating restored dental function and a pleasing aesthetic appearance.

This comprehensive rehabilitation underscores the importance of each treatment phase, from provisional restoration to the final prosthesis, in achieving a successful outcome.



Conclusion

This case highlights the importance of quality communication between lab-surgery, provisional restorations, careful material choices, and custom abutments in achieving successful implant outcomes.

The thoughtful design of the abutment shape and precise zirconia polishing at the neck supported soft tissue integration and long-term stability. The result is a functional and aesthetically pleasing restoration, emphasising meticulous planning and execution in implant dentistry.

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