

Case Presentation Template for AO Certificate

- You must have **signed informed consent** from patients (or relatives/guardians) before submitting an AO Case Presentation and ask them to sign the statement to confirm that the work is solely that of the applicant. Please provide the patient's contact details (with their permission) so that we might contact them directly if required to verify the authenticity of the application.
- A fee of \$XXX to the Academy of Osseointegration should be included with your completed application.

TITLE OF CASE
Diagnosis, Surgical Treatment, Restorative Treatment and Outcome of Site #30
Clinician Name:
John Tyler Tate, D.D.S.
SUMMARY <i>Up to 150 words summarising the case presentation and outcome</i>
<p>Patient presented to clinic with chief concern: "I have a gum boil and was told I have a fracture. I would like an implant."</p> <p>Medical history and dental history was reviewed as well as radiographs and proper charting completed so that comprehensive dentistry could be performed for our patient. She was given treatment options concerning her chief complaint, #30.</p> <p>#30 was deemed non-restorable and option of extraction, socket preservation, implant placement and implant crown was agreed upon by patient.</p> <p>This case presents all aspects concerning the treatment of the #30 site. Diagnostic information, extraction and socket preservation, implant placement, and implant restoration are all discussed.</p> <p>Outcome was very successful as patient was pleased throughout entire process.</p>
BACKGROUND <i>Up to 60 words of why you think this case is important</i>
<p>This case represents a common occurrence in all dental offices, non-restorable mandibular 1st molar. Proper diagnosis and treatment planning is necessary for optimal restorative success. This case also utilized the iTero scanning of the Encode healing abutment for the fabrication of final custom abutment and implant crown.</p>
CASE PRESENTATION <i>Presenting features, dental/social/family history etc.</i>
<p>Patient – 66 year old, Female Health Hx – Allergy to Levaquin, Remission of breast cancer since 2005, hypothyroidism, osteoarthritis of the back Dental Hx – Abscess #30 – fractured root – diagnosed by endodontist</p> <ul style="list-style-type: none">- PSR 1/1/1 // 1/1/3; Extraoral Exam: negative Intraoral Exam: negative- Oral Cancer Screening - Negative- Patient has good oral hygiene- #30, #31 edentulous sites- Patient is very apprehensive of dental treatment, including impressions. Patient desired intraoral digital scanning to be utilized for the restorative treatment

<p>INVESTIGATIONS/EVIDENCE BASED RESEARCH TO SUPPORT YOUR TREATMENT(Limit the literature review to 4-5 key articles</p> <p>Chaar MS, Att W, Strub JR. Prosthetic Outcomes of cement-retained implant-supported fixed dental restorations: A systematic review. J. Oral Rehabil 2011;38:697-711. Jung RE, Pjetursson BE, Glauser R, Zembic A, Zwahlen M, Lant NP. A systematic review of the 5-year survival and complication rates of implant-supported single crowns. Clin Oral Implants Res 2008;19:119-130. Michalakis KX, Hirayama H, Garefis PD. Cement-retained versus screw-retained implant restorations: A critical review. Int J Oral Maxillofac Implants 2003;18:719-728 Chee W, Jivraj S. Screw versus cemented implant supported restorations. Br Dent J 2006;201:501-507 Hebel KS, Gajjar RC. Cement-retained versus screw-retained implant restorations: Achieving optimal occlusion and esthetics in implant dentistry. J Prosthet Dent 1997;77:28-35.</p>
<p>TREATMENT PLAN <i>by bullet point</i></p> <ul style="list-style-type: none"> • Diagnostic Casts, Radiographs – FMX, Pano, CBCT • Extraction and socket preservation #30 • Allow site to heal for minimum 3 months • Implant placement #30, 3i Biomet 4x10mm Osseotite 2, Encode Healing Abutment • Itero digital scan of Encode healing abutment • Delivery of #30 custom Atlantis® abutment with PFM implant crown
<p>OUTCOME AND FOLLOW-UP</p> <p>1 week post-surgical extraction and socket preservation #30 – no signs of infection 1 month post-surgical ext/socket preservation #30 – no signs of infection, site healing well 1 week post-surgical placement of #30 implant – no signs of infection, site healing well 3 week post-surgical – no signs of infection, site healing well, removal of sutures 3 month post implant placement – Itero® scanning completed of #30 Encode healing abutment 4 month post implant placement – delivery of #30 custom abutment and implant PFM crown</p>
<p>DISCUSSION <i>including very brief review of any complications or problems and how they were handled</i></p> <ul style="list-style-type: none"> - Patient was very apprehensive of treatment due to anxiety associated with a severe gagging reflex as well as being extremely apprehensive and afraid of intraoral impression - Topical spray benzocaine was used to take fast set alginate impressions for study models - Itero® digital impression used in conjunction with Encode healing abutment allowed for decreased patient anxiety associated with implant impression
<p>LEARNING POINTS/TAKE HOME MESSAGES <i>3 to 5 bullet points</i></p> <ul style="list-style-type: none"> • Edentulous mandibular 1st molar sites are routinely common and proper diagnosis and treatment planning is essential for proper aesthetics and prognosis of final restoration • Placing an immediate implant in a socket that has current infection is contraindicated • Preserving the site is necessary to preserve bone quantity • Dental anxiety is very common and having options and treatment choices helps ease a patients anxiety • Using the Itero® Digital Scanning device for patients who dislike conventional methods

Statement of Truth	
I, <i>John Tyler Tate, DDS</i> , attest to being the providing clinician for all of the treatment indicated in the above case presentation. I further confirm that all clinical photographs and radiographs are original and have not been tampered with or materially altered in any way to enhance the appearance or outcome of the case presented.	
Signature:	Date:
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PATIENT CONSENT AND STATEMENT OF AUTHENTICITY

I, *[INSERT PATIENT'S NAME IN FULL]*, attest to being the patient represented in the attached case presentation template titled I can verify that

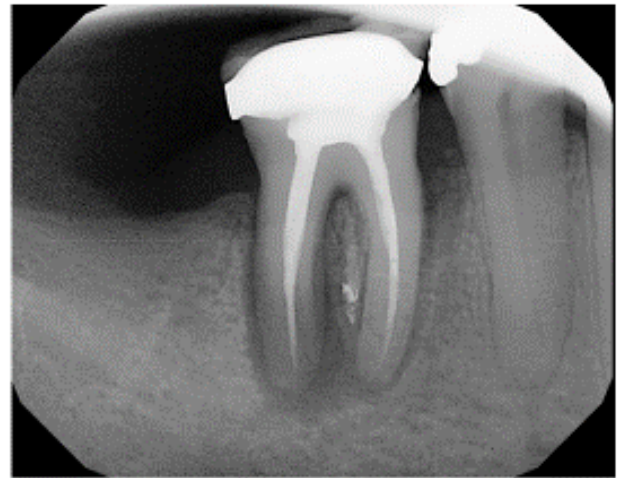
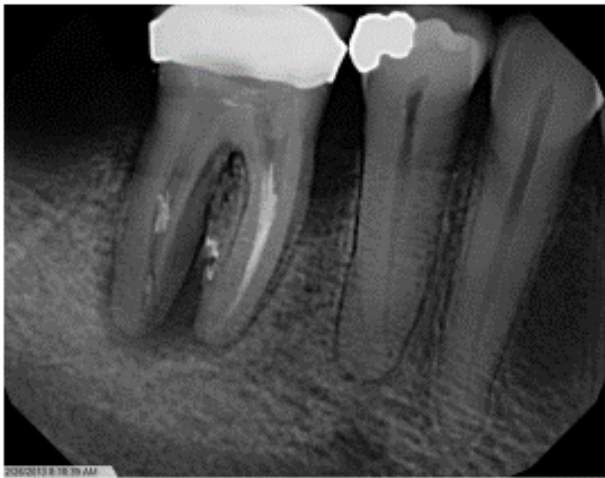
Dr..... was the providing clinician for all of the relevant treatment indicated and that the case presented is a true representation of the work undertaken by the applicant.

I consent to all material including clinical photographs (including any full face photos), radiographs and any relevant medical, dental and/or social history being included in this case presentation and understand that it may be reviewed by other clinicians on behalf of the Academy of Osseointegration.

I agree to full disclosure of my contact details as stipulated below and agree to be prepared to receive an unsolicited communication from the Academy of Osseointegration or its representative in order to further verify the veracity of this application, should it be deemed necessary.

Contact Details
Address: 3101 E State Hwy 114, Suite A. Southlake, TX 76092
Telephone:
Email: johntylertate@yahoo.com

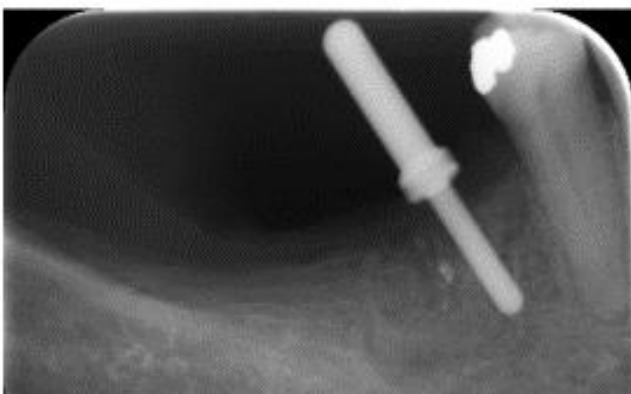
Patient had infection at #30 and non-surgical root canal therapy was completed by endodontist.
Infection was persistent and symptoms did not resolve.
Tooth was deemed non-restorable and patient presented to clinic for treatment of #30



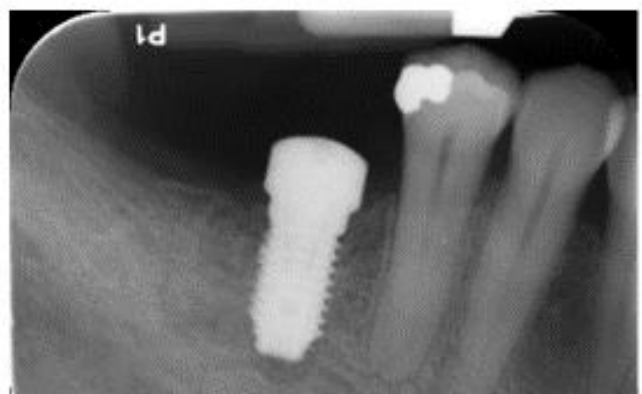
3 months
post Extraction / Socket Preservation



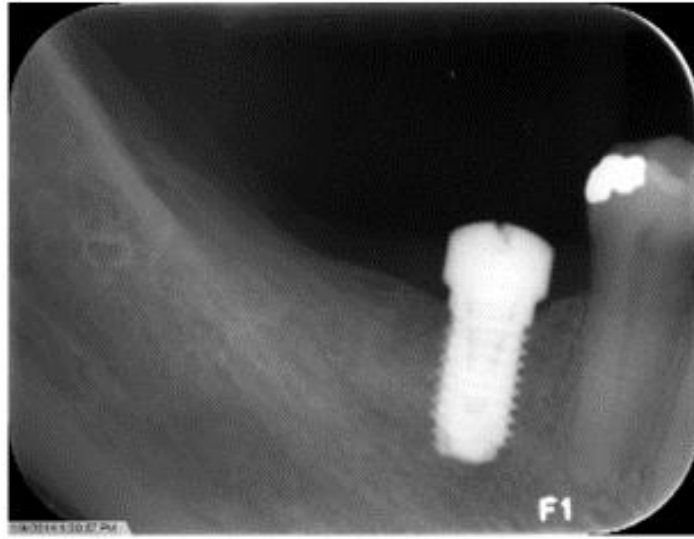
Direction Indicator Pin –
correction of angulation necessary



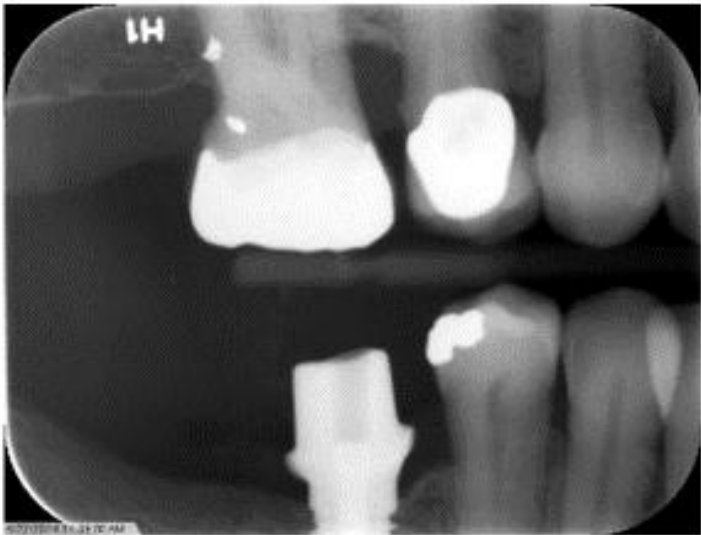
3I Biomet Osseotite Certain 2
5mm x 10mm – 40 Ncm
Encode Healing Abutment



3 month
Post Implant Placement



Atlantis Abutment
Confirm Seating



Completed Restoration #30
Final PA



IMAGES



Restorative Presentation: Encode Healing Abutment

- Itero® digital scanner was used to capture Encode® Healing Abutment. Model was fabricated from digital information and sent to Atlantis® to design custom abutment. Dental laboratory then designed PFM Implant Crown



Atlantis Abutment

- Radiograph taken to confirm proper seating of abutment
- Torqued to 20 Ncm, allowed to settle for 1 minute and torqued again to 20 Ncm
- Teflon tape placed into screw access



Final PFM Implant Crown

- Crown occlusion and mesial contact adjustments completed
- Cemented using thin amount of FujiCem2 RMGI cement around crown margins
- Excess cement removed.
- Final PA taken.

