

Dental Summer School and Second International Congress – Ohrid 2019 University "Goce Delcev" – Shtip, North Macedonia Faculty of medical sciences, Dental medicine,

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Initial bone loss around dental implants - CASE REPORT Author : Krmzova Valentina, Co – Author : Petrushevski Andrej Menthor : Prof. D-r Kiro Papakoca, Co – Menthor ass. D-r Krmzova Suzana

JNTRODUCTION & AIM - When we talk about etiology of the initial bone loss around implants, the original "Branemark" design causes bone loss down the first thread. Designs such as the "Astra" appear to retain their bone levels. Also this process is due to angulation of the neck. When occlusal loads are applied with the implants and acute angles on top of the implant overload the bone in this area precipitates the resorptive response and bone loss.

The aim is to present what can happen after setting the implant, because some patients can face bone loss, followed by losing the implant's stability and that depends by the status of the round tissue and some of implant's features.

(LASE REPORT - In our study we will talk about a 53 years old Female patient with partial toothless on the both jaws. In this case dental implants were inserted, which were appropriate and according to the requirements. After a certain time when she came to make a revision in dental clinic Dent - Estet, Shtip, by taking her anamnesis the doctor has ascertained that she has implants and a history of controlled diabetes, which can be an increased risk of bone resorption.

After the x - rays, we have noticed that we must extract the implants, making bone augmentation with an osteoconductive bone graft and making another implants-prosthetic solution.





1.1. X - ray control before intervention of explanation

1.2. explantation (6 month after placement) of dental implant with periimplantitis

1.3.; 1.4. osteoconductive bone supstituent and collagen membrane



1.5. Fissiodispenser and drill instruments who help us to made implantation site but and bone trauma?

1.6.; 1.7. PRF membrane and sticky bone

1.8. PRF membrane

1.9. Sticky bone

CONCLUSION - We concluded that suspectious factors are: infectious process, excessive loading conditions, the location, shape and size of the implant-abutment microgap and microbial contamination and

biologic width, geometry and implant surface roughness.