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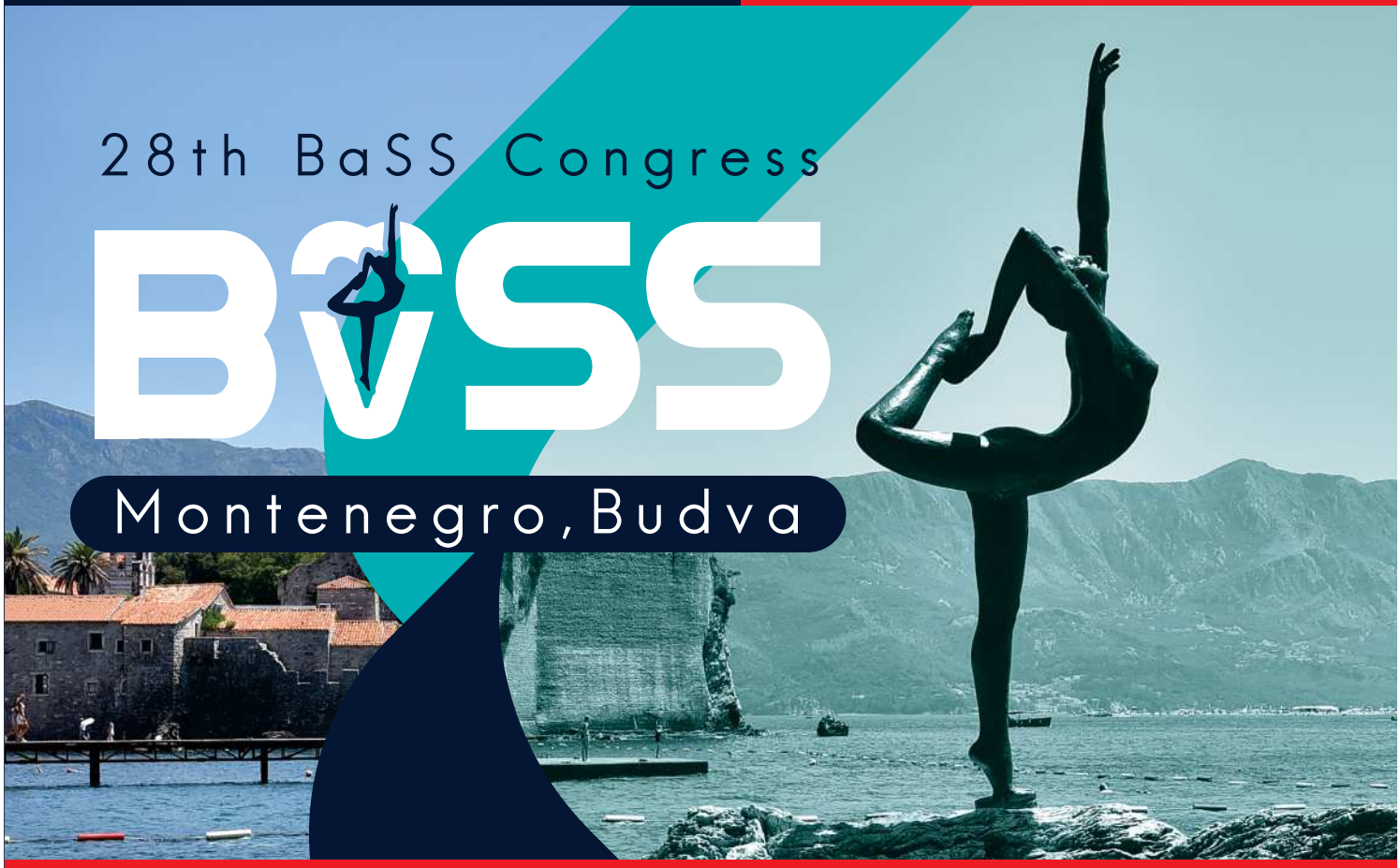

ABSTRACT BOOK

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Oral **Presentation**

bone thickness (on buccal and lingual side) and the trabecular bone thickness of the alveolar ridge. Measurements of the cortical and trabecular bone density of the alveolar ridge were expressed in Hounsfild units.. All measurements were made on crestal, middle and apical part of the alveolar ridge.
Results: The greatest cortical bone thickness revealed in the mandibular right canine region (2.41 mm. ± 0.41 mm.) Trabecular bone thickness was greatest in the left central incisor region (4.97 mm. ± 1,86 mm.) The cortical bone density was highest in the left central incisor region (1927.50 HU ± 256.09 HU), the trabecular bone density was highest in the right central incisor region (1070.63 HU ± 264.56 HU).
Conclusion: The findings suggest that in anterior mandibular region, the canine region and central incisor region offer more predictable success rate with dental implants.
Keywords: Dental implants, bone thickness, bone density.

OP–51
Implant prosthetic treatment in a patient with significant damage and resorption of the alveolar ridge

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Total and partial edentulousness and its solution often leads to an implant–prosthetic approach, which depending on the adequate anatomic–morphological characteristics of the upper and lower jaw and surrounding structures can be fixed or mobile. The choice for a fixed or mobile solution is not only the economic situation of the patient and the unfavorable anatomical and morphological resorption of the alveolar ridges and their damage from acute and chronic inflammatory processes.
Total edentulism and terminal edentulous spaces are once again solved with fixed–prosthetic rehabilitation, but sometimes the choice for mobile total and partial dentures is a decision of the patients themselves.
The most common reason is that they have been left without a rehabilitation prosthetic replacement for a long period of time or, due to carelessness, they have allowed chronic inflammatory processes to persist long enough to cause resorption or damage to the alveolar ridge.
Our patient was admitted due to complications in the post–implant–prosthetic therapy in the maxilla with five implants and was left with total toothlessness.
Analyzing the options for implant–prosthetic therapy, we came up with options to make a skeletonized total mobile prosthesis supported by two new dental implants that have different types of connections. The first implant with a telescope crown made in the technical laboratory and the second with a spherical abutment with the aim of achieving satisfactory stability and retained total mobile skeleton prosthesis and thus to return the old smile to the patient.

OP–52
Bilaminar technique for palatal recession coverage on dental implants

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Introduction: Several gingival recession coverage techniques have been introduced over the past years to restore the gingival recession defect, achieve tissue regeneration, and enhance patients' aesthetics. Depending on the anatomical condition of the donor site near single or multiple gingival recessions, the following covering methods were described: sliding step's flap, rotating flap, papilla rotating flap, and double papilla repositioned flap. Recession coverage on dental implants may be done for better esthetics and to prevent the onset of biofilm–induced peri–implant mucositis or periimplantitis.
Aim: The present case report demonstrates the stability of the obtained results 12 months after palatal recession coverage on dental implants using a laterally displaced double graft technique.
Case presentation: A 38–year–old female patient reported with soft–tissue recession on the palatal aspect of a dental implant in the maxillary right first premolar region. The palatal recession was caused due to the necrosis of the palatal split–thickness flap done previously when exposing the implant for healing abutment placing.
Conclusion: The technique combines the advantage of a pedicle graft and that of a bilaminar technique using a subepithelial connective tissue graft imposing itself as a superior protocol for a long–term result in the treatment of localized palatal recessions on single implants.
Keywords: gingival recession, implant exposure, coverage technique, double pedicle flap, lateral flap.

OP–53
Guided Implants Placement: Case Report

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Objective: In this case report our main objective is to present guided implants placement in lower jaw where there are fractured roots left (radix relicta)
Methods: As the X–ray and CBCT were analyzed, we decided to place the implants directly in the place where the fractured roots are. The position of the implants is determinate by creating an implant guide, based on the CBCT.
Results: The implants are successfully placed, the osteointegration is going very well, and all this is done in a minimum invasive way, without extracting the fractured roots, without any damage into the bone or the tissues around, no need to make an open flap (flapless) and not losing time by waiting its recovery if the extraction was done by a surgery.
Conclusions: The use of implant guide helps us to place the implants in a previously planned area, where the fractured roots are, also it enables us to save time during intervention, no need for invasive surgery (open flap), and enables us to create and place at the same session immediate temporary PMMA teeth. Makes patients feel more comfortable.
