

Complete Maxillary Rehabilitation on 8 Implants Using a Combination of XGATE Dental D-Type and V-Type Multi-Unit Abutments

The key feature of this clinical case is the complete maxillary rehabilitation on 8 implants without the use of artificial gingiva. This approach required precise planning, including both bone augmentation and reduction of the alveolar ridge.

A combination of D-Type and V-Type multi-unit abutments by XGATE Dental allowed the team to achieve an optimal fit and excellent aesthetics. The use of zirconia bridge ensured a stable occlusion and a natural smile line.

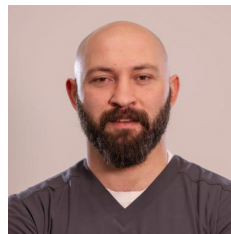
First, let's introduce the team responsible for the patient's treatment:



Dr. Nikoloz Tabatadze

Specialization:
Prosthodontist

Place of work:
Tbilisi, Georgia



Dr. Levan Sinatashvili

Specialization:
**Maxillofacial Surgery,
Implantology.**

Place of work:
Tbilisi, Georgia

Patient Information

Female, 57 years old

General health is satisfactory.

The patient presented with functional and aesthetic discomfort, and there was a categorical requirement not to use artificial gingiva to achieve a visual effect.

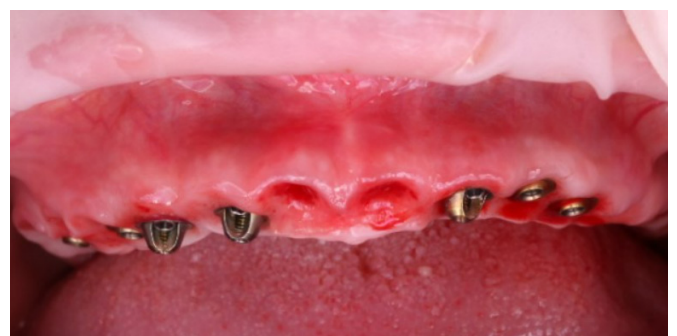


A 3D Cone Beam Computed Tomography (CBCT) scan was performed.

Based on the scan analysis, the treatment plan included the extraction of all remaining maxillary tooth roots, bone augmentation (using InterOss), and the placement of eight Neobiotech IS-II Active implants.

An alveoplasty of the maxilla was also required.

Following the osseointegration period, the multi-unit abutments were selected.



Following the osseointegration period, the multi-unit abutments were selected based on the soft tissue height:

- **Angled D-Type 30° XGATE Dental 1 mm** – 3 units.
- **Straight V-Type XGATE Dental 1 mm** – 5 units.



XGATE V-Type



XGATE D-Type

To meet the patient's request and considering the occlusion, the decision was made to fabricate a zirconia bridge on the sleeves.



After scanning, a temporary prosthesis was fabricated. It was used to contour the soft tissues and stabilize the patient's occlusion.



The smile design and tooth morphology were refined.

For the final stage, the temporary prosthesis was replaced with the permanent zirconia bridge.



We hope you found this clinical case interesting.

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