

1. Advantages of the Axiom® Multi Level® solution in complete

Case study

A **49-year-old** patient presenting with high mobility and pain.

The panoramic X-ray shows us a terminal stage of periodontal disease with tooth migration.

Initially, only the upper maxilla will be treated opting for an all-on-4, which requires a single procedure only and will be performed in 5 months' time.



Dr Francis BAILLY

- Doctor of Dental Surgery, School of Medicine Lyon University
- University Diploma in Oral and Maxillofacial Implantology
- Trained in advanced surgery and bone grafting with Pr Khoury in Schellenstein, Germany
- Former associate practitioner at Lyon hospitals

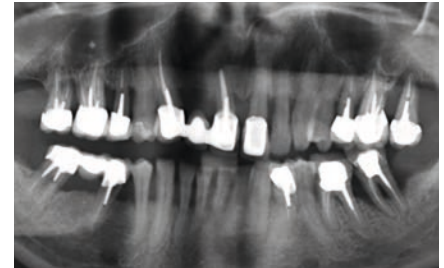


Mr Alexandre BIENFAIT

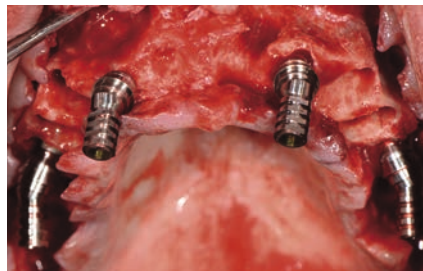
Bienfait dental lab



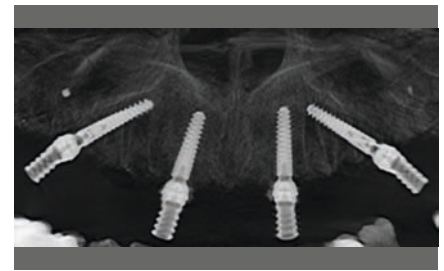
1. Initial smile.



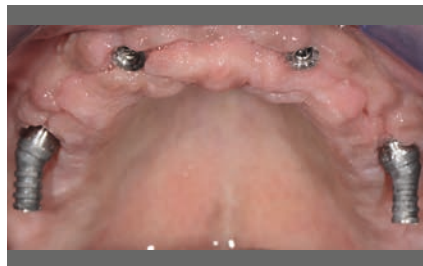
2. Pre-operative panoramic X-ray.



6. Temporary 25° angulated abutments to follow the inclination of the implants. A temporary bridge is adapted on these abutments at the end of the procedure.



7. End of procedure panoramic X-ray - 2 inLink® abutments have been screwed onto Axiom® BL implants, Bone Level on distal and two Axiom® TL implants, Tissue Level have been placed in 12 and 22.



11. The 360° rotation allows easy orientation Of temporary abutments in order to optimise the emergence of access channels. The temporary bridge is installed on these new abutments.



12.13. Recalibration and aesthetic evaluation.



16. Ceramic bridge. A guiding lock is being used to aid its placement.



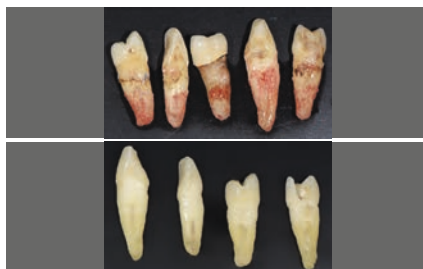
17. The ceramic bridge is placed.



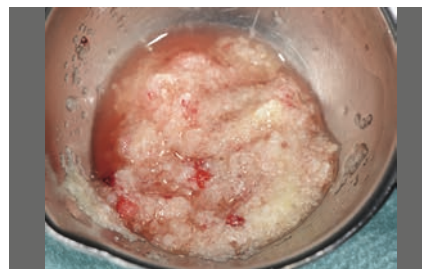
21. Final smile.



3. Initial clinical situation.



4. Use of Prof Itzhak BINDERMAN's Smart Dentin Grinder to obtain a powder of decontaminated particulate dentin mixed with APRF. 4 teeth are used to compensate the bone losses.



5. Mixture obtained from just 4 teeth.



8. At 3 months, the gums look very good thanks to our autologous bone replacement material and APRF.



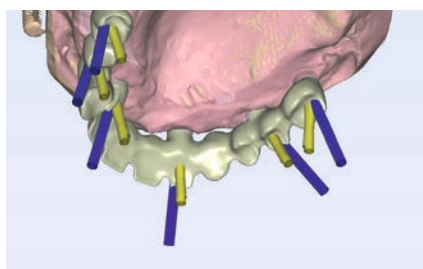
9. Once the gum levels are stabilised, we prefer to place 3.5 mm inLink® abutments (on the right) on the distal implants instead of the 2.5 mm abutments, thus facilitating the maintenance of the future bridge.



10. Clinical view with new abutments which are slightly supragingival.



13. Aesthetic evaluation.



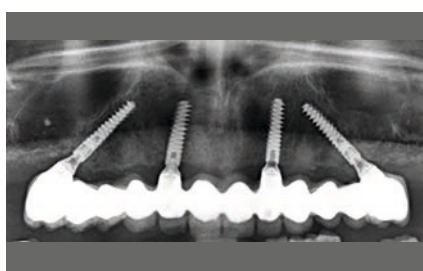
14. CAD concept image of the Simeda® frame: the screw channels in yellow and implant axes in blue show the angulation of the screw channels.



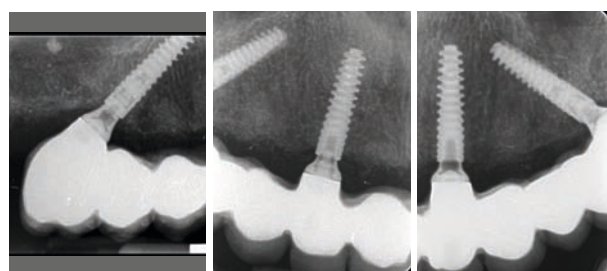
15.16. Simeda® ceramic bridge on titanium frame. Despite the sharp inclination of the implants, the screw channels for the locks emerge adequately without weakening the ceramic.



18. Quality of gum health at 10 months.



19. Panoramic follow-up X-ray 10 months after implant placement.



20. Retro-alveolar X-ray follow-up 10 months after surgery. The bone tissue looks excellent.

Conclusion

For this type of indication, Axiom® Multi Level® has been particularly helpful:

- the inLink® connection with a fixation lock permits very important corrections of implant axes divergences and gives the option to angulate the screw channel up to 25° to choose the emergence of their access channels

- the 360° abutment rotation facilitates their placement during the surgical phase and the processing of the prosthetic part
- bridge handling is facilitated by the fixation locks integrated in the frame