

REABILITAREA IMEDIATA A EDENTATIEI

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Rezumat

Reabilitarea imediata a edentatiei include un algoritm therapeutic complex incununat de suces, implantarea imediata postextractionala fiind urmata de protezare provizorie.

Scopul acestui studiu este de a analiza posibilitatile de reabilitare imediata a edentatiei , alegerea metodelor si tehnicilor fiind in deplin caord cu particularitatea cazului clinic.

Situatiile cele mai frecvente, grefate pe problematica abordata includ implantarile postextractionale,o serie de situatii clinice presupun realizarea in acelasi timp cu implantarea prin intermediul diferitelor materiale de augmentare comblarea diferitelor tipuri de cavitati prezente postexactinal. O alta situatie prezenta in activitatea practica este generata de comblarea cavitatilor post chistectomii.Aceste zone comblate trebuie sciliate in timpul etapei chirurgicale de aplicarea implanturilor, in acelasi timp aplicindu-se implanturile in zonele adiacente.Este deosebit de important sa fie realizata in acelasi timp si redimensionarea cimpului protetic ce prezinta pierderi de substanta prin comblarea acesora.

Implantarea imediata este urmata de protezare provizorie, tipul acestei protezari este diferit in functie de numarul de implante aplicat, ce de altfel va previzuna tipul de protezare definitive.

Cuvinte cheie: implantare imediata, material de comblare, protezare provizorie

Summary

IMMEDIATE REHABILITATION OF EDENTATION

The immediate rehabilitation of the edentation includes a successful complex therapeutic algorithm, the immediate post-extraction implantation being followed by temporary prosthesis.

The purpose of this study is to analyze the possibilities of immediate rehabilitation of edentation, the choice of the methods and techniques being in full agreement with the particularity of the clinical case.

The most frequent situations related to the problematic under investigation include post-extraction implants, a series of clinical situations which imply the simultaneous realization, through various augmentation materials, of the filling in of the different types of cavities which are present after the extraction. Another situation which is to be found in the practical activity is generated by the filling in of the cavities which appear following cystectomies. The filled in areas must be avoided during the surgical stage of implant application, while at the same time the implants are applied to the adjacent areas. It is vital that we create at the same time the re-dimensioning of the prosthetic field with substance loss through filling.

The immediate implantation is followed by the temporary prosthesis, the type of this prosthesis being different depending on the number of implants applied, which will in fact foresee the type of final prosthesis.

Key words: immediate implantation, filling material, temporary prosthesis.