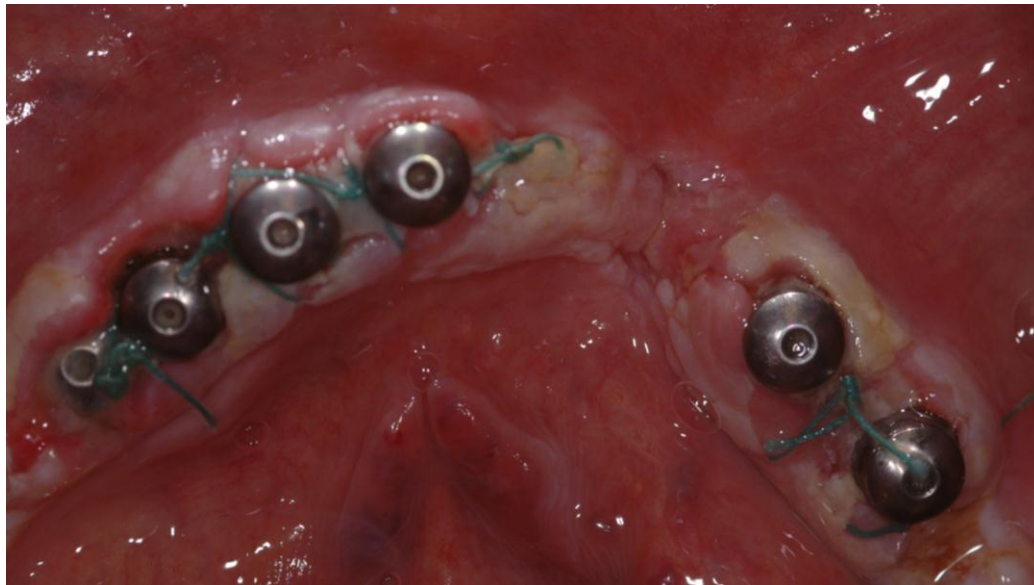
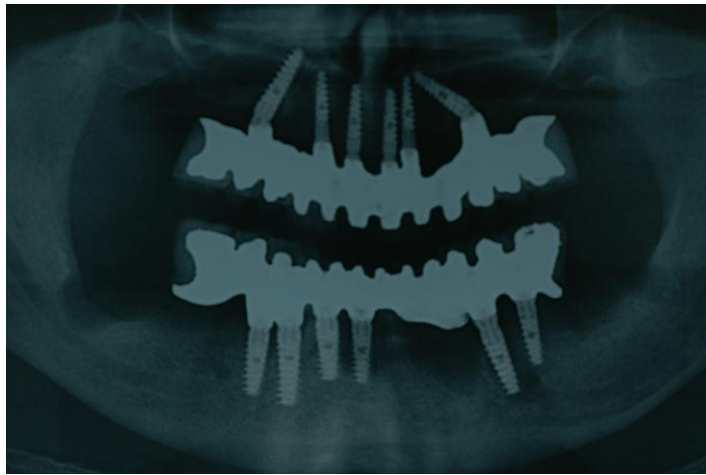


A patient, male, presented with a chief complaint of, “I want to rehabilitate my mouth”. He reported partially edentulous maxilla/mandible in need of tooth extractions because of severe periodontal disease and/or caries. Preliminary screening was performed on intraoral radiographs and computerized tomography (CT) scans. Various treatment options were discussed with the patient and he elected to have a maxillary and mandibular cross-arch rehabilitations supported by tilted implants.



Preoperative photographs, impressions and careful aesthetic planning were performed. The diagnostic casts were mounted in an articulator and a diagnostic wax-up was made in which the occlusion, esthetic parameters and relation between the teeth and alveolar ridge (emergent profile) were evaluated. On the day of surgery, the remaining teeth were extracted and six JDEvolution implants were placed in the upper and lower jaw with minimal flap elevation. The distal implants were tilted by the needed angulation to reach the emergence of the second premolar in the surgical guide which was the duplicate of the diagnostic wax-up.

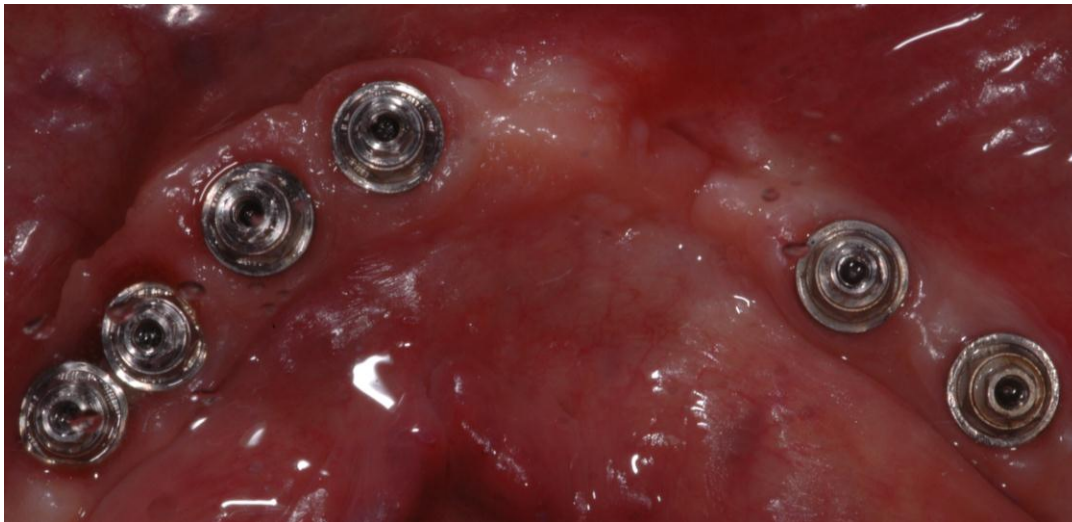


The screw-retained final restorations were delivered within 48 hours after surgery.





Occlusal view after 1 year.





Frontal view after 1 year.