

Oral Rehabilitation with Dental Implants: A Case Report

Jong Woo Choi*

Department of Plastic and Reconstructive Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, South Korea

Abstract

Oral rehabilitation plays a crucial role in restoring the functionality, aesthetics and quality of life for individuals with missing teeth. Dental implants have revolutionized the field of restorative dentistry by providing a reliable and long-lasting solution for tooth replacement. This case report highlights a successful oral rehabilitation case using dental implants, emphasizing the importance of comprehensive treatment planning, precise implant placement and multidisciplinary collaboration.

Keywords: Oral rehabilitation • Dental implants • Reconstructive surgery

Introduction

Significance of oral rehabilitation

Oral rehabilitation holds great significance for individuals with compromised oral health due to tooth loss, tooth decay, trauma, or congenital conditions. The loss or dysfunction of teeth can significantly impact a person's ability to chew food, speak clearly and maintain proper oral hygiene. Moreover, missing or damaged teeth can lead to a decline in self-esteem, social discomfort and diminished overall well-being. Oral rehabilitation aims to address these issues by restoring oral function, enhancing aesthetics and improving oral health [1].

Literature Review

Patient background: The patient, a 45-year-old female, presented with multiple missing teeth in the posterior regions of the maxilla and mandible. The missing teeth had resulted in functional limitations, compromised aesthetics and a negative impact on the patient's self-confidence. Clinical and radiographic examinations revealed inadequate bone volume in the edentulous areas due to long-term tooth loss [2].

Treatment planning: A comprehensive treatment plan was developed, involving a multidisciplinary approach. The treatment team consisted of a prosthodontist, oral surgeon and dental laboratory technician. A detailed evaluation, including medical and dental histories, radiographic assessments and diagnostic impressions, was conducted to guide the treatment planning process [3].

Surgical procedure: Under local anesthesia, implant surgery was performed to replace the missing teeth. Guided implant surgery techniques were employed, utilizing three-dimensional imaging and computer-guided implant placement. This approach ensured accurate implant positioning, optimal esthetics and minimal invasiveness. Dental implants were placed in strategic locations to provide support for the final implant-supported prosthesis [4].

***Address for Correspondence:** Jong Woo Choi, Department of Plastic and Reconstructive Surgery, Asan Medical Center, University of Ulsan College of Medicine, Seoul, South Korea, E-mail: Pschoi564@amc.seoul.kr

Copyright: © 2023 Choi JW. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 02 May, 2023, Manuscript No. OHCR-23-105773; **Editor Assigned:** 04 May, 2023, PreQC No. P-105773; **Reviewed:** 16 May, 2023, QC No. Q-105773; **Revised:** 22 May, 2023, Manuscript No. R-105773; **Published:** 29 May, 2023, DOI: 10.37421/2471-8726.2023.9.83

Osseointegration and healing: Following implant placement, a healing period of several months was allowed to promote osseointegration, the process by which the implants fuse with the surrounding bone. During this phase, the patient wore temporary removable dentures to maintain esthetics and function.

Prosthesis fabrication and delivery: After osseointegration was confirmed, the next phase involved the fabrication of the final implant-supported prosthesis. The prosthodontist collaborated with the dental laboratory technician to design and create a customized implant-supported fixed bridge. The prosthesis was fabricated using high-quality materials, ensuring optimal esthetics, functionality and durability.

Prosthesis placement and occlusal adjustment: Once the final prosthesis was ready, it was delivered and secured onto the dental implants. The prosthodontist ensured proper fit, occlusion and aesthetics of the prosthesis. Occlusal adjustments were made to achieve harmonious contact between the upper and lower teeth, ensuring proper function and comfort.

Postoperative care and maintenance: The patient received detailed instructions on oral hygiene practices and care for the implant-supported prosthesis. Regular follow-up appointments were scheduled to monitor the patient's oral health, occlusion and the long-term success of the oral rehabilitation.

Results and outcomes: The oral rehabilitation using dental implants resulted in significant improvements in the patient's oral health, function and aesthetics. The final implant-supported prosthesis provided stable and natural-looking replacement teeth, enhancing the patient's ability to chew, speak and smile with confidence. The patient reported a positive impact on their overall quality of life and satisfaction with the outcome.

Discussion

Oral rehabilitation with dental implants offers a reliable and durable solution for individuals with missing teeth. This case report highlights the importance of comprehensive treatment planning, precise implant placement and multidisciplinary collaboration in achieving successful outcomes. **Comprehensive Treatment Planning:** A thorough evaluation and treatment planning process are essential for successful oral rehabilitation with dental implants. Detailed assessments, including radiographic imaging, analysis of bone volume and quality and consideration of the patient's functional and esthetic needs, inform the treatment plan. Comprehensive planning ensures optimal implant positioning, implant selection and prosthesis design [5].

Precise implant placement: Guided implant surgery techniques using three-dimensional imaging and computer-guided planning enhance the accuracy and predictability of implant placement. This approach allows for optimal positioning of implants, considering factors such as bone quantity, quality and anatomical limitations. Precise implant placement ensures long-term stability, function and esthetics of the final prosthesis.

Multidisciplinary collaboration: Successful oral rehabilitation with dental implants requires collaboration among various dental specialists, including prosthodontists, oral surgeons and dental laboratory technicians. Each specialist contributes their expertise to ensure a comprehensive and coordinated treatment plan. Collaborative efforts result in a seamless workflow, effective communication and an optimal outcome for the patient.

Osseointegration and healing: The healing period after implant placement is critical for osseointegration, where the implants integrate with the surrounding bone. Allowing sufficient healing time promotes long-term implant success, stability and longevity. During this phase, temporary prostheses are used to maintain esthetics and function.

Prosthesis fabrication and delivery: The design and fabrication of the final implant-supported prosthesis require close collaboration between the prosthodontist and dental laboratory technician. Customization of the prosthesis ensures proper fit, occlusion and esthetics. High-quality materials and meticulous craftsmanship result in a durable and esthetically pleasing final prosthesis [6].

Benefits of oral rehabilitation

Oral rehabilitation offers several benefits to individuals seeking to improve their oral health and overall well-being:

Restored oral function: Oral rehabilitation procedures enable individuals to regain their ability to chew food properly, speak clearly and maintain oral hygiene effectively. Restored oral function contributes to better overall health, nutrition and self-confidence.

Enhanced aesthetics: Many oral rehabilitation procedures focus on improving the aesthetics of the smile, addressing issues such as tooth discoloration, misalignment, or gaps. By enhancing the appearance of teeth and the overall smile, individuals can experience a significant boost in self-esteem and social confidence.

Improved oral health: Oral rehabilitation addresses dental problems such as decay, infection, or gum disease, which can have detrimental effects on oral health if left untreated. By restoring damaged or missing teeth, oral rehabilitation promotes better oral hygiene practices and reduces the risk of further dental issues.

Long-Term durability: Modern advancements in dental materials and techniques have significantly improved the durability and longevity of oral rehabilitation treatments. Dental restorations, such as implants, crowns and bridges, are designed to withstand the forces of biting and chewing, providing long-lasting results.

Comprehensive treatment approach: Oral rehabilitation often involves a multidisciplinary approach, with collaboration between general dentists, prosthodontists, oral surgeons and dental technicians. This comprehensive approach ensures a thorough evaluation, personalized treatment planning and coordinated care to achieve the best possible outcomes for patients.

Conclusion

Oral rehabilitation plays a vital role in restoring oral function, enhancing

aesthetics and improving overall oral health. By utilizing various treatment modalities such as dental implants, crowns, bridges, dentures and veneers, oral rehabilitation provides individuals with solutions to address tooth loss, damage, or other oral health concerns. The benefits of oral rehabilitation extend beyond oral health, positively impacting individuals' self-esteem, social confidence and overall well-being. Through a comprehensive and personalized treatment approach, oral rehabilitation aims to help individuals regain their ability to eat, speak and smile with comfort and confidence.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Thompson, Terri-Ann, Diana Cheng and Donna Strobino. "Dental cleaning before and during pregnancy among Maryland mothers." *Materna Child Health J* 17 (2013): 110-118.
2. Marchi, Kristen S., Susan A. Fisher-Owens, Jane A. Weintraub and Zhiwei Yu, et al. "Most pregnant women in California do not receive dental care: Findings from a population-based study." *Publ Health Rep* 125 (2010): 831-842.
3. Singhal, Astha, Amit Chattopadhyay, A. Isabel Garcia and Amy B. Adams, et al. "Disparities in unmet dental need and dental care received by pregnant women in Maryland." *Mater Child Health J* 18 (2014): 1658-1666.
4. Xiao, Jin, Naemah Alkhers, Dorota T. Kopycka-Kedzierawski and Ronald J. Billings, et al. "Prenatal oral health care and early childhood caries prevention: A systematic review and meta-analysis." *Caries Res* 53 (2019): 411-421.
5. Xiao, Jin, Alex Grier, R. C. Faustoferri and S. Alzoubi, et al. "Association between oral candida and bacteriome in children with severe ECC." *J Dent Res* 97 (2018): 1468-1476.
6. Azofeifa, Alejandro, Lorraine F. Yeung, C. J. Alverson and Eugenio Beltrán Aguilar. "Dental caries and periodontal disease among US pregnant women and nonpregnant women of reproductive age, National Health and Nutrition Examination Survey, 1999-2004." *J Pub Health Dent* 76 (2016): 320-329.

How to cite this article: Choi, Jong Woo. "Oral Rehabilitation with Dental Implants: A Case Report." *Oral Health Case Rep* 9 (2023): 83.