

KARI WAGENOR

PT HEALTH HISTORY

- 40-year-old Caucasian female
- The patient presents with infection, periapical abscesses, disuse atrophy of the jaw – both, bruxism, periapical cysts, sinus and airway – enlarged nasal turbinates, anodontia, pathological resorption of teeth, and Aphthous ulcers.
- History of trauma, dry mouth, tension headaches, GERD, acid reflux, stomach ulcers, hypothyroid, difficulty breathing through the nose, sinus infections, painful chewing, halitosis, asthma, and spleen conditions.
- Comorbidities:
 - Bilateral vocal cord paralysis
 - Nonfunctional larynx
 - Castleman's disease
- Diagnoses:
 - Oral Dysfunction
 - Dysphagia
 - Intraoral Inflammation
 - Inflammation of the jaw – both
 - Necrosis
 - Osteonecrosis of the jawbone – both

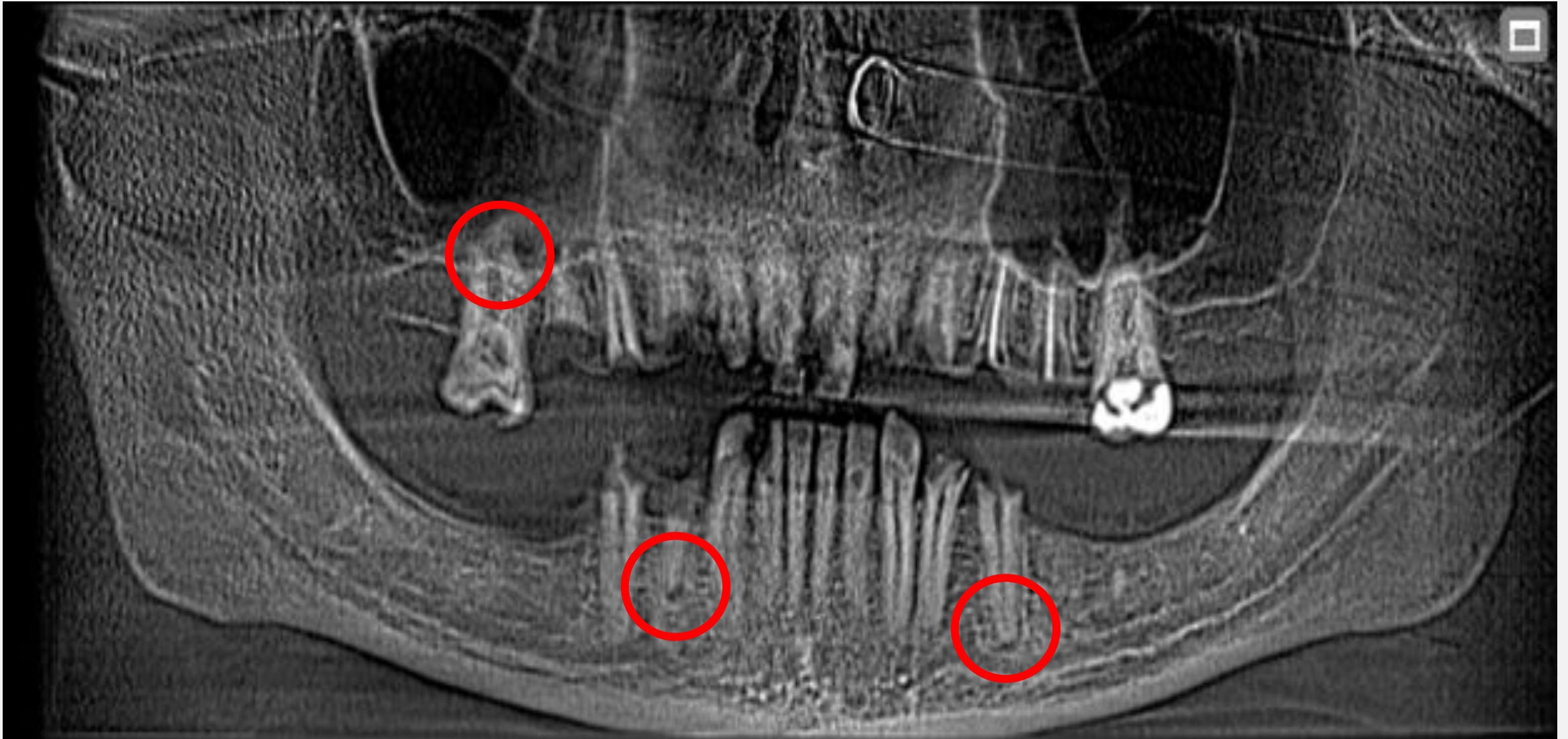
TRAUMA

Patient Narrative

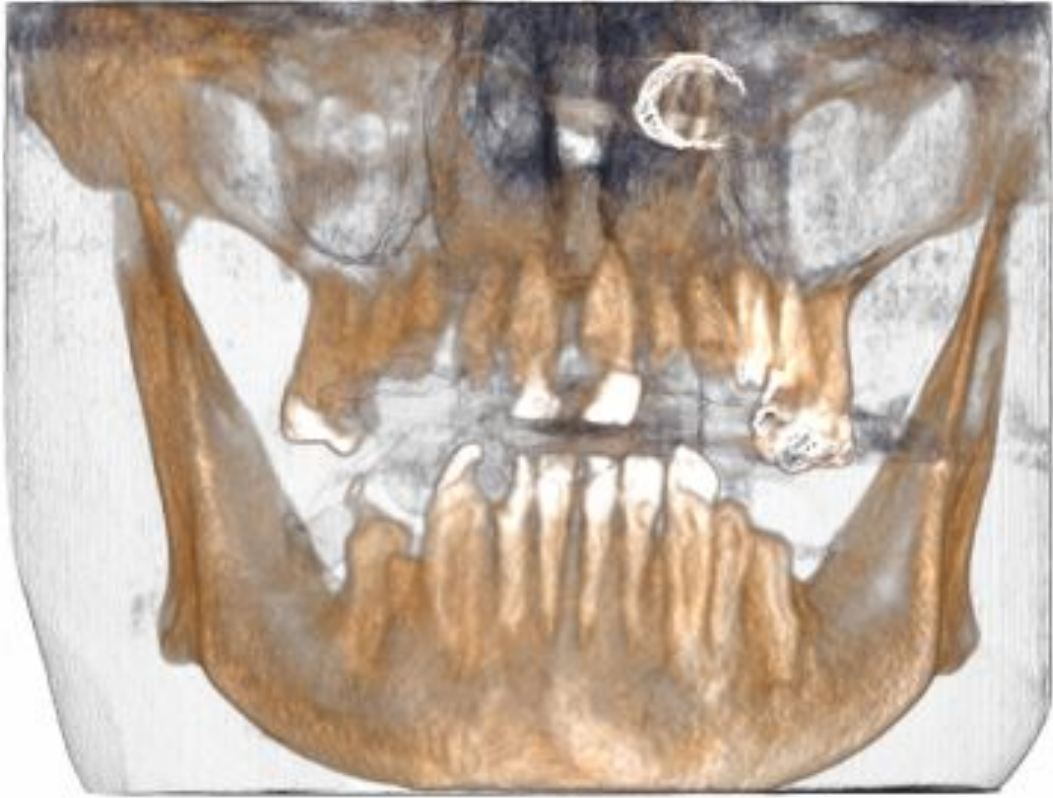
"Kari (7 yo) was a passenger in a car driven by her stepfather when struck by a coal train....Kari was transported to the hospital with a major brain injury and was in a coma for 12 days. On the first night in the hospital, Kari's spleen ruptured and she had to be rushed to emergency surgery, during the 12-day coma, the doctors discovered that Kari's teeth had caved in, and her trachea was crushed and her lungs had collapsed...Once released, Kari had to learn to walk and talk again...A couple of months after the wreck, Kari got her first tracheotomy... Kari had to undergo multiple surgeries during the years following the accident to repair her throat, stomach, and lungs. The constant insertion of tubes down her throat has resulted in the inability for Kari to speak. The multiple medications that have been required for Kari's care have caused dry mouth and the breakdown of her teeth. As a result, Kari has extreme difficulty eating and swallowing."

CBCT SCAN IMAGES

Initial Diagnosis Day (5/20/2021)



Areas of apical infection



A



A



TREATMENT PLAN

Surgery is medically necessary to debride the oral cavity of infected soft tissue and remove any necrotic bone, getting ahead of further atrophy which has been accelerated by chromobodies. Surgical procedures will then be required to restore bodily function caused by disease (infection) and surgical intervention to reconstruct the maxilla and mandible. This will involve rebuilding bone levels with autogenous bone grafts throughout the maxilla at 13 surgical sites and mandible at 13 surgical sites along with placing up to five implants per jaw to provide the structure necessary to rebuild the jaws to medically address dysphagia, minimize infection risks, prevent further atrophy, and reduce medical complications with a bone stabilized prosthesis.

The surgery plan is to extract all remaining teeth, remove localized infection, expose fresh bone for implant placement, and utilize maxillary bone for implant placement in the areas of tooth #4, 7, 10, and 13. The pterygoid plate would provide an extra stability implant in the #2 area. Mandibular bone will be utilized for implant placement in the areas of tooth of #20, 23, 26, and 29.

BEFORE PHOTOS

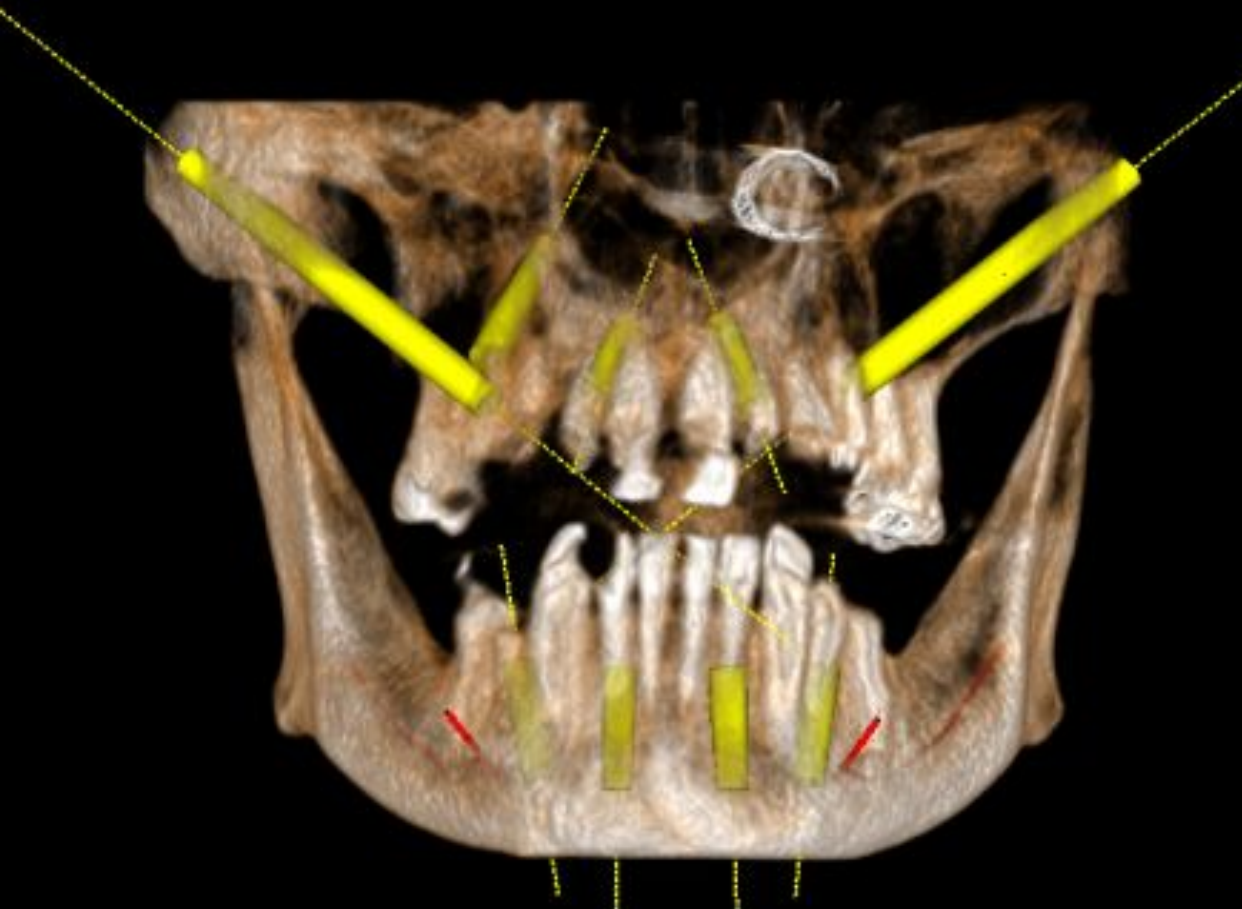




Before photo taken 4/28/20

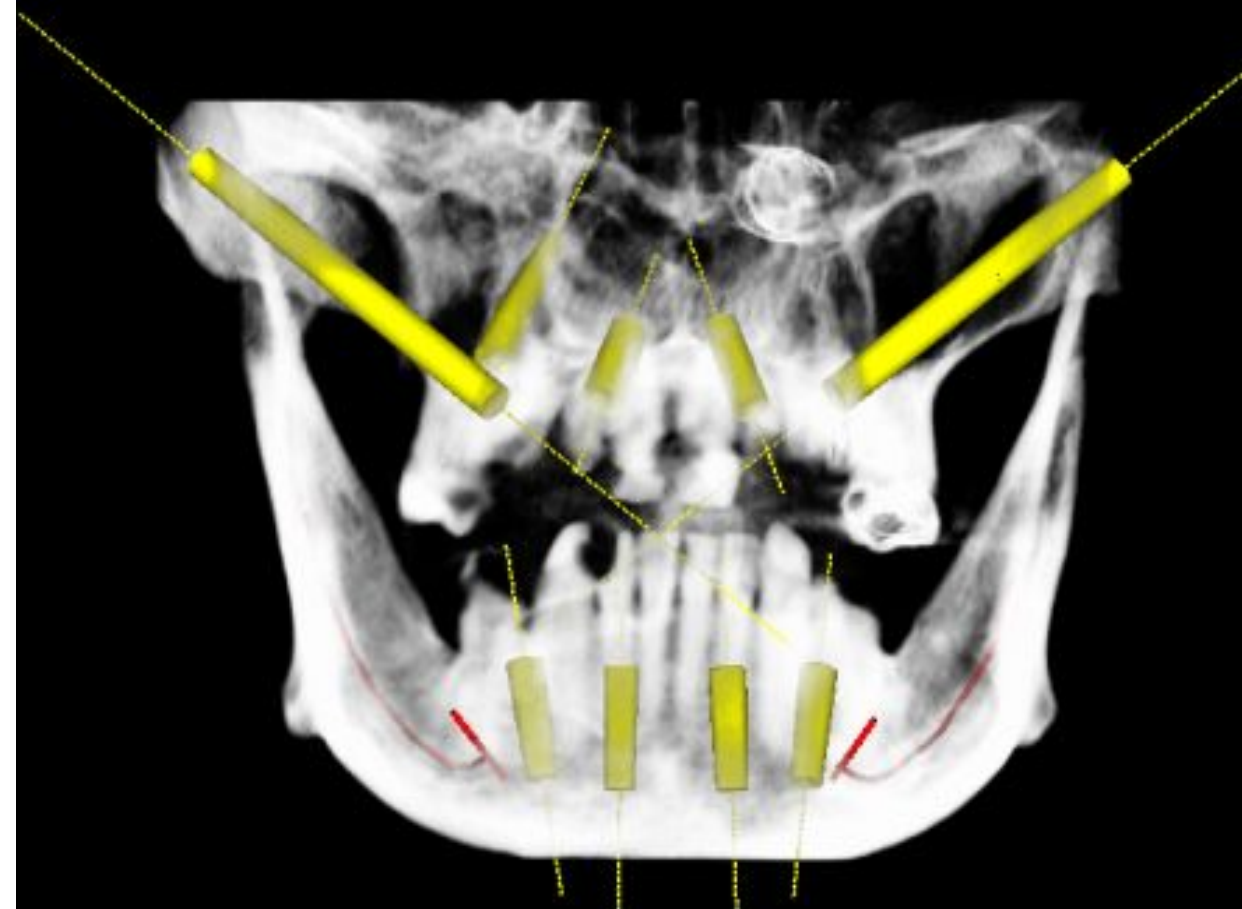
IMPLANT PLANNING

D2

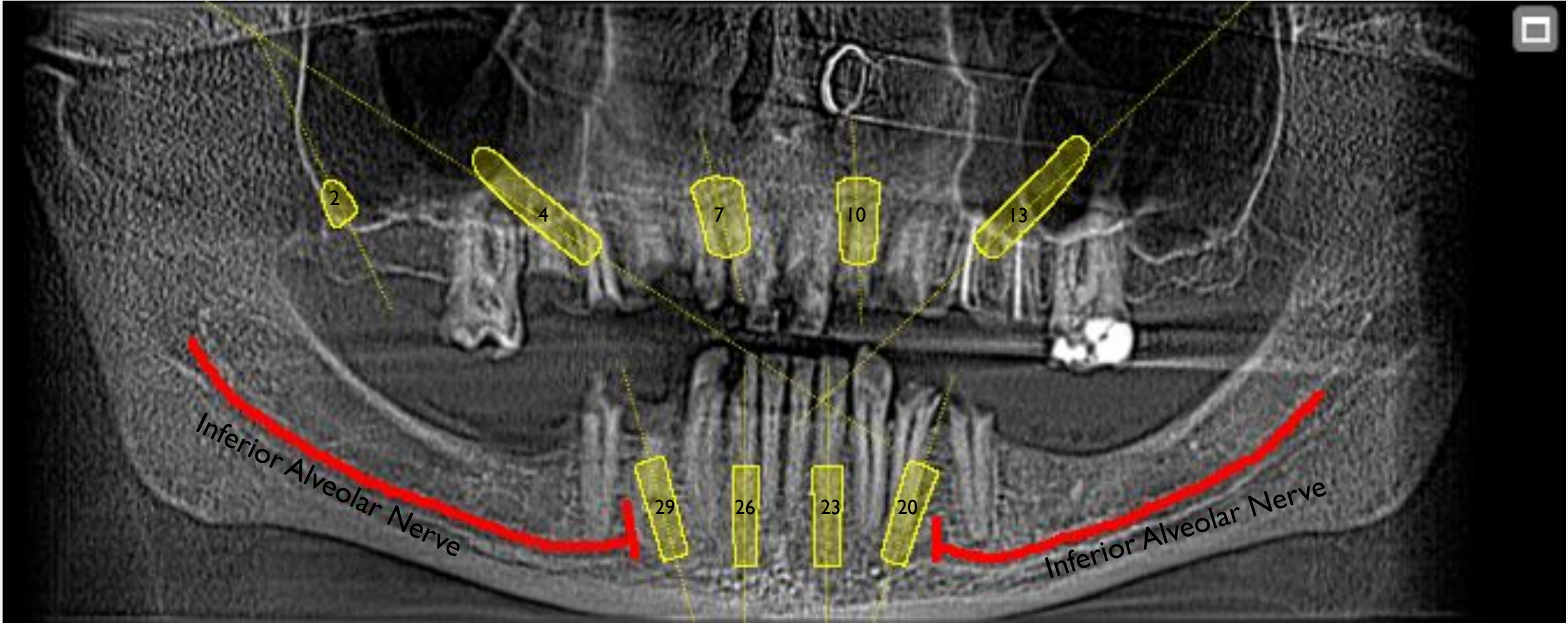


3D Img

D3

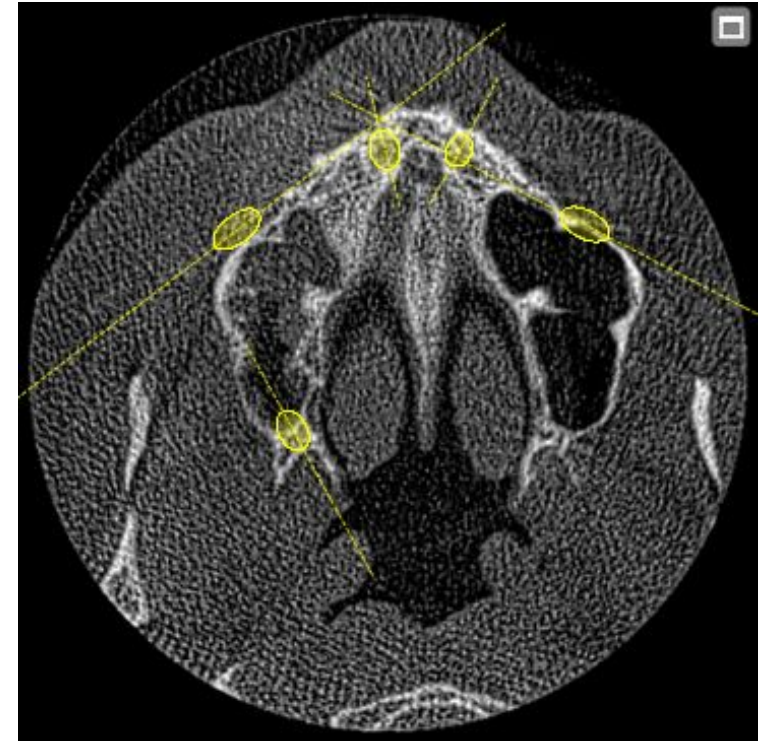
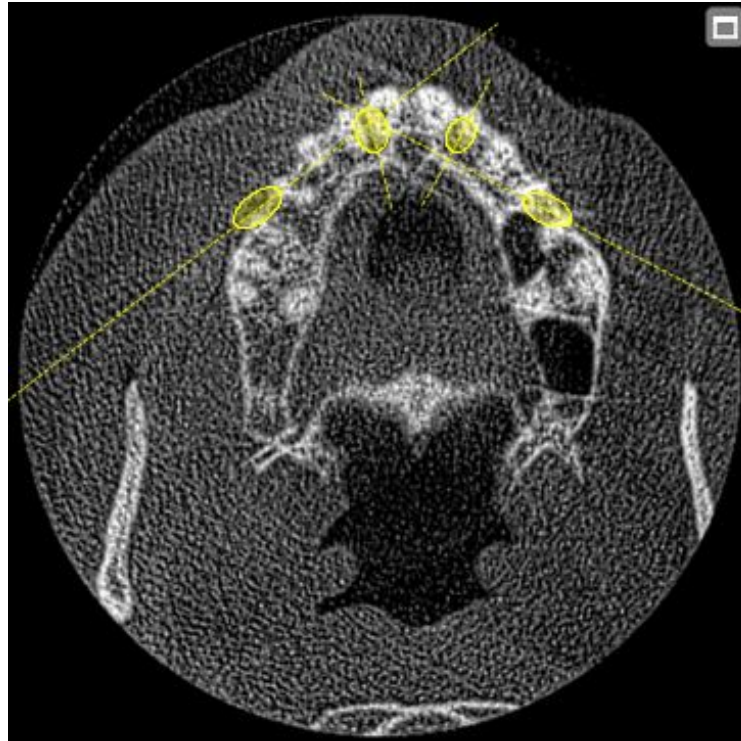
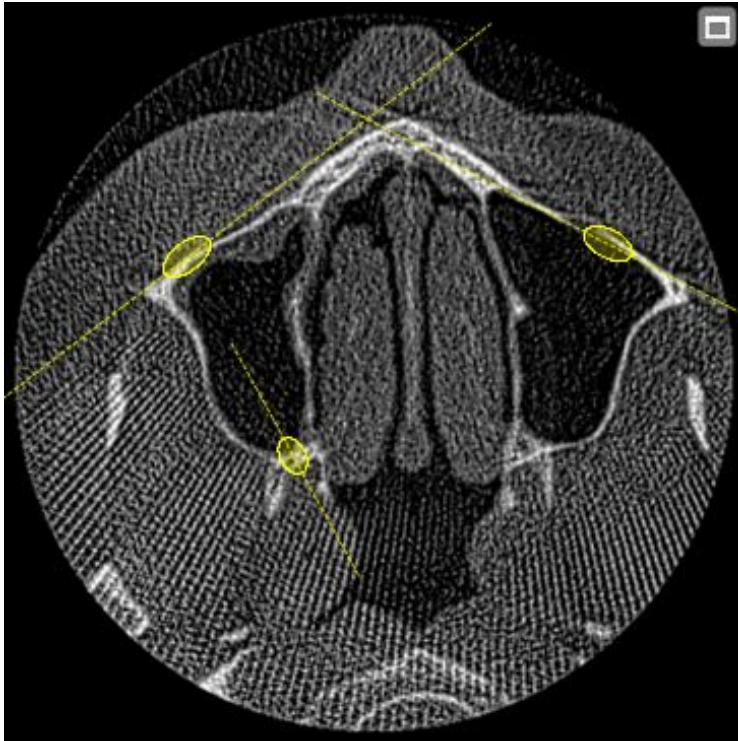


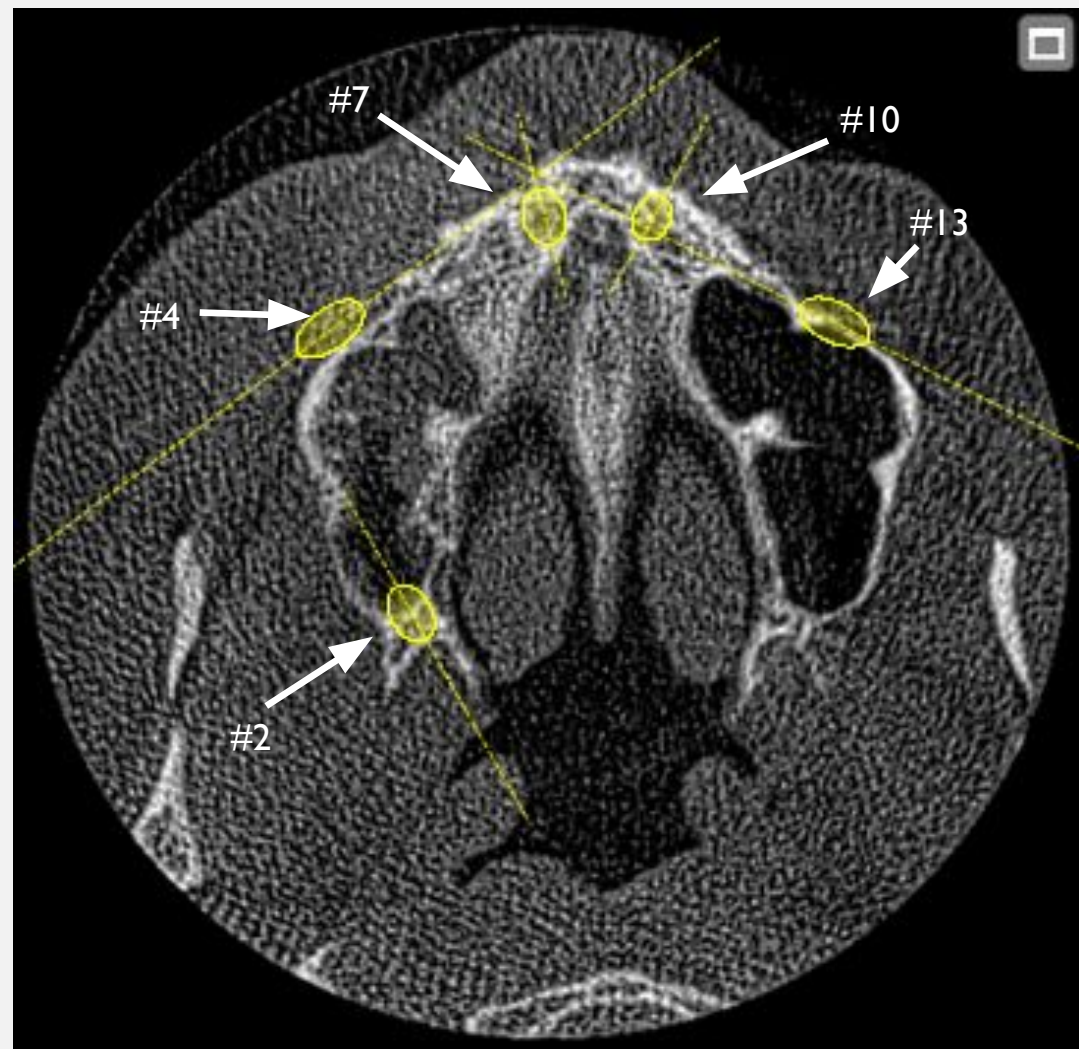
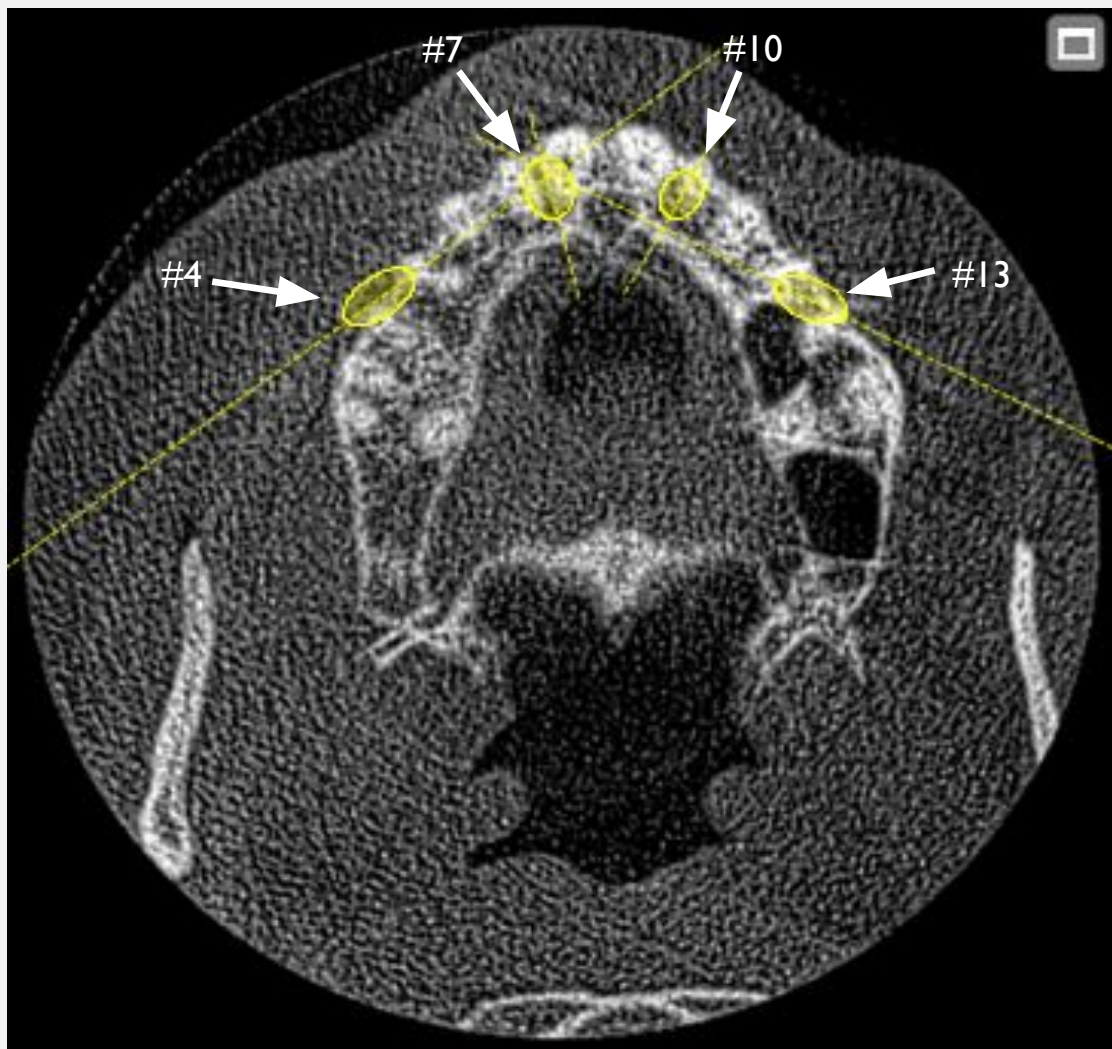
3D Img

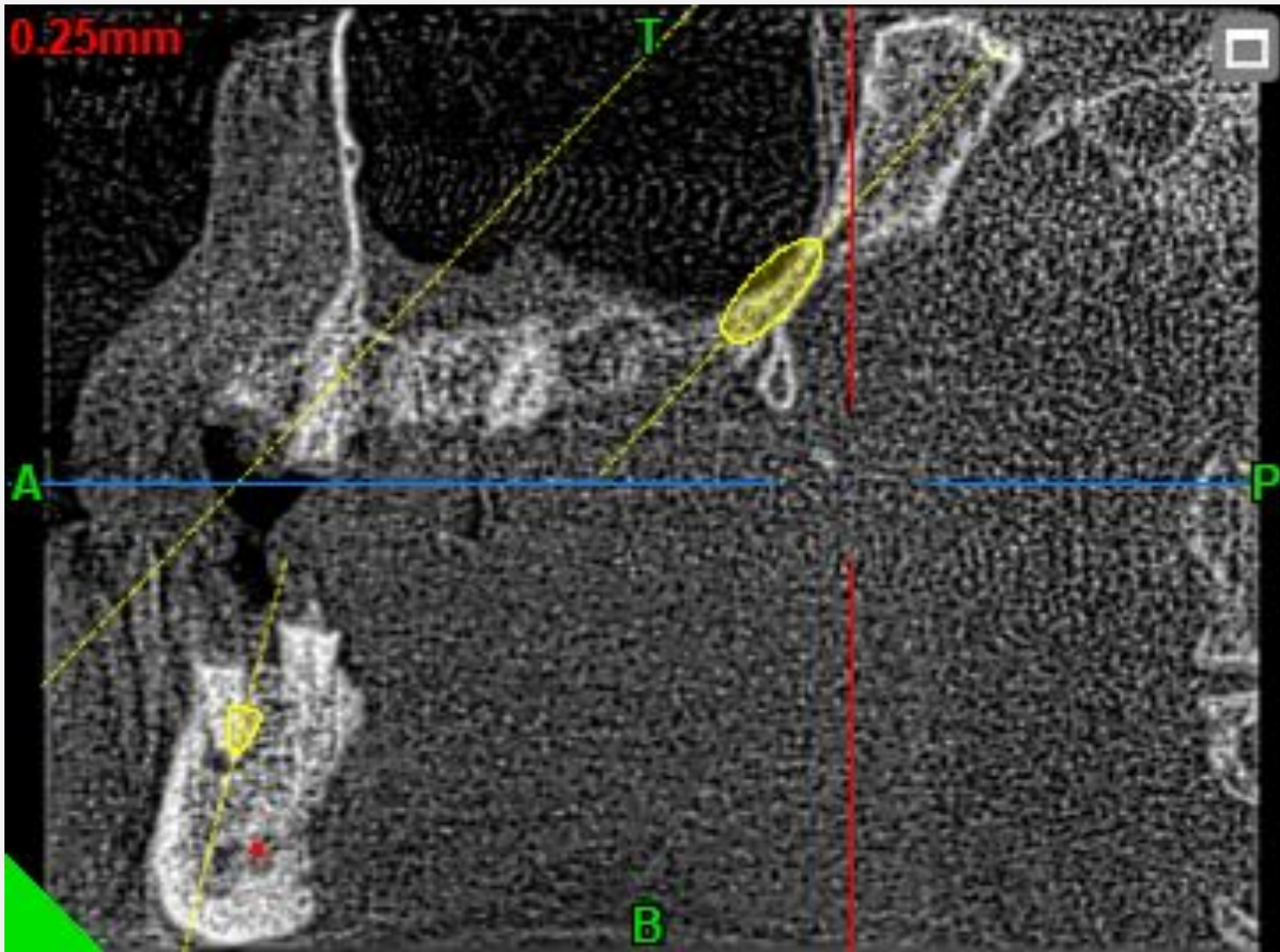


Implant planning with 5/20/21 CBCT scan

UPPER ARCH





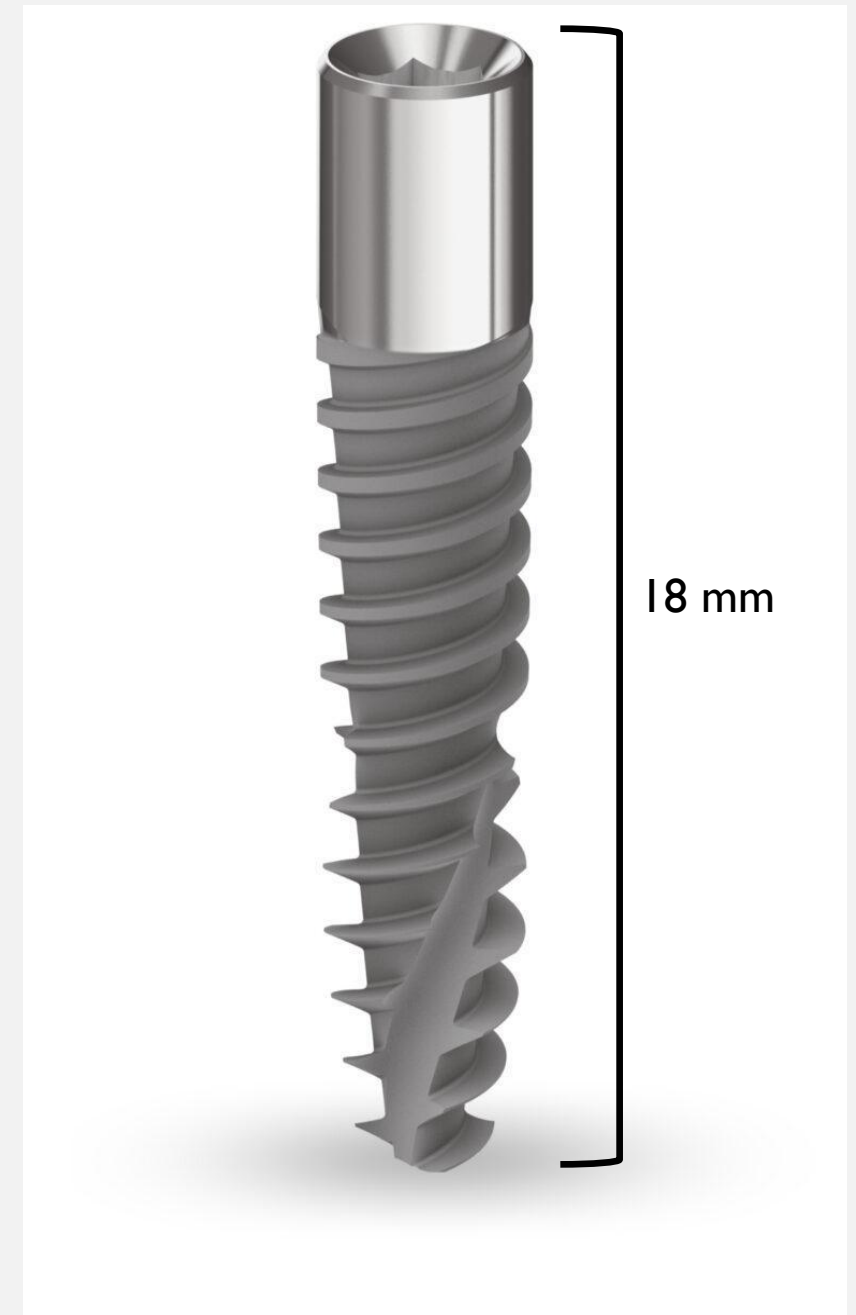


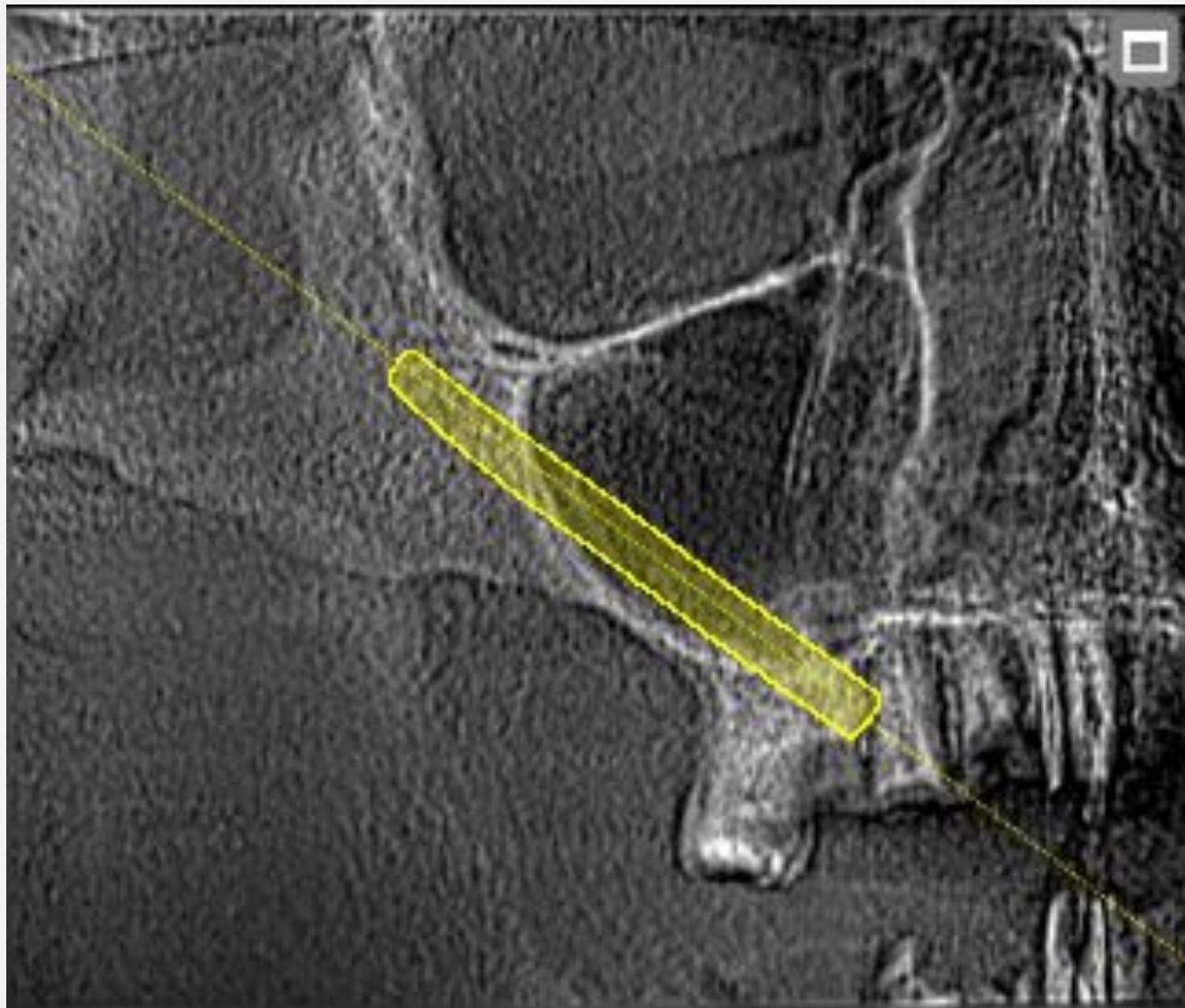
#2 Pterygoid Implant

Norris NMAF4218

D: 4.2mm L: 18mm

Torque: 60 NCM



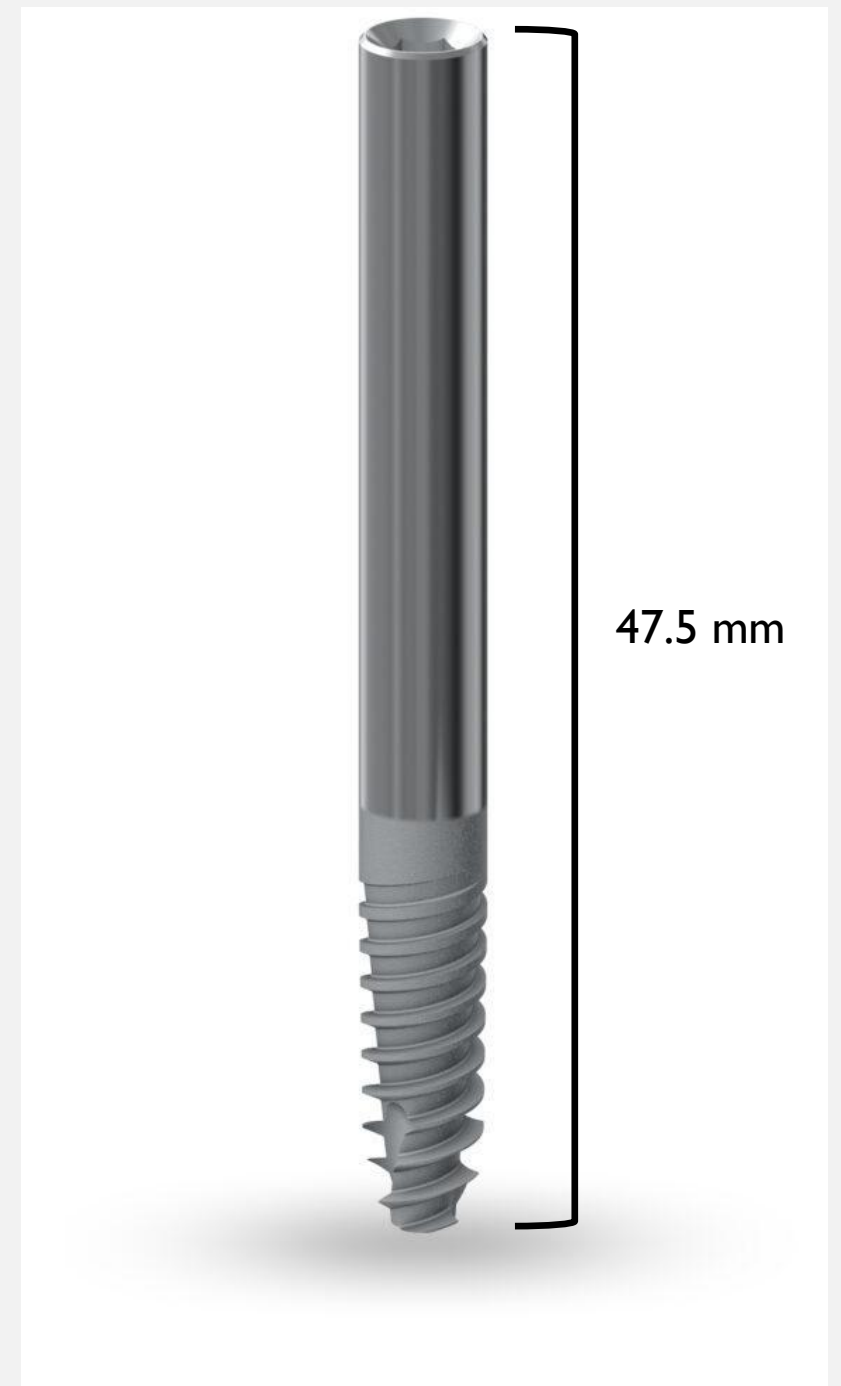


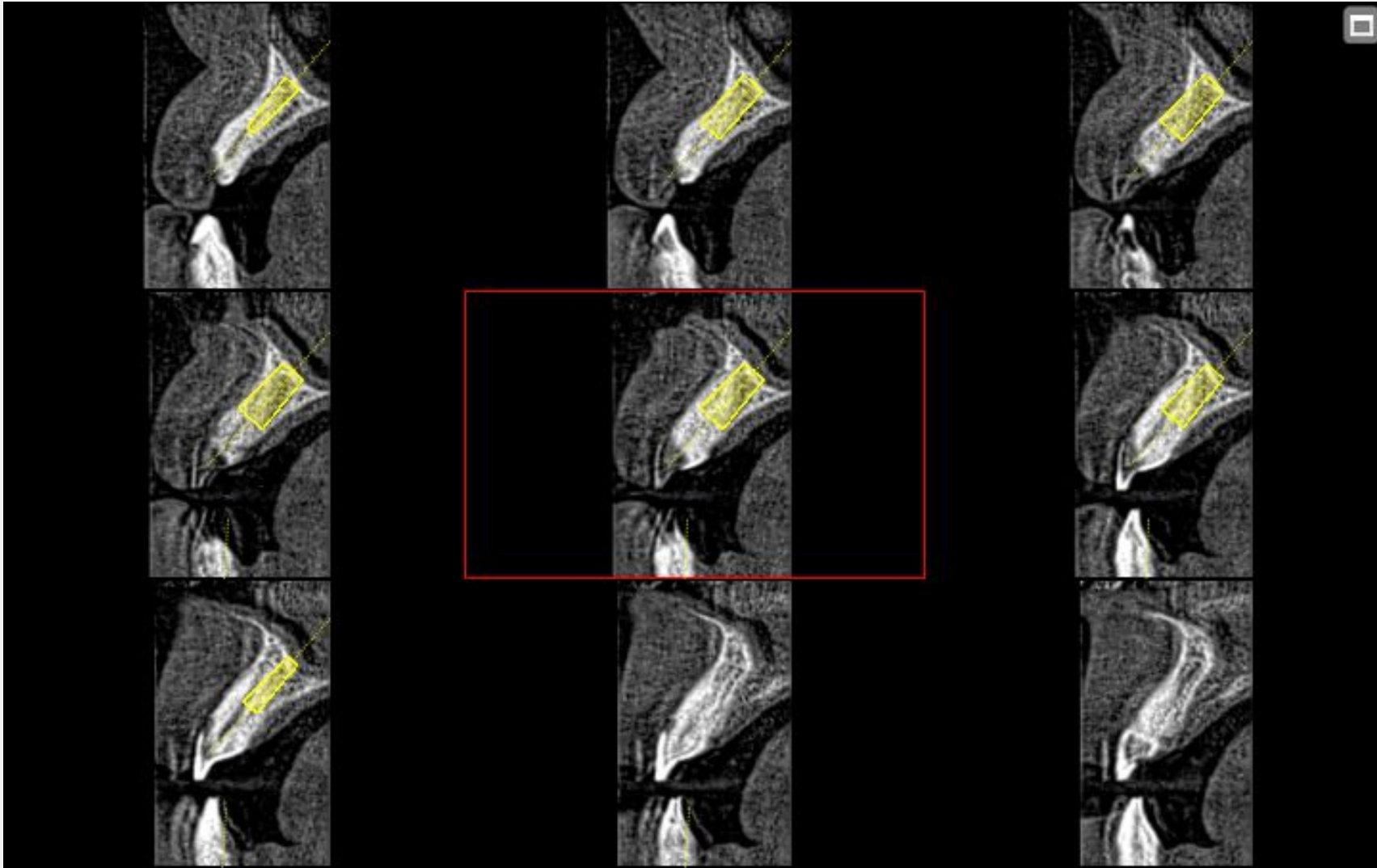
#4 Zygomatic Implant

Norris NM-F4447

D: 4.2mm L: 47.5mm

Torque: 50 NCM





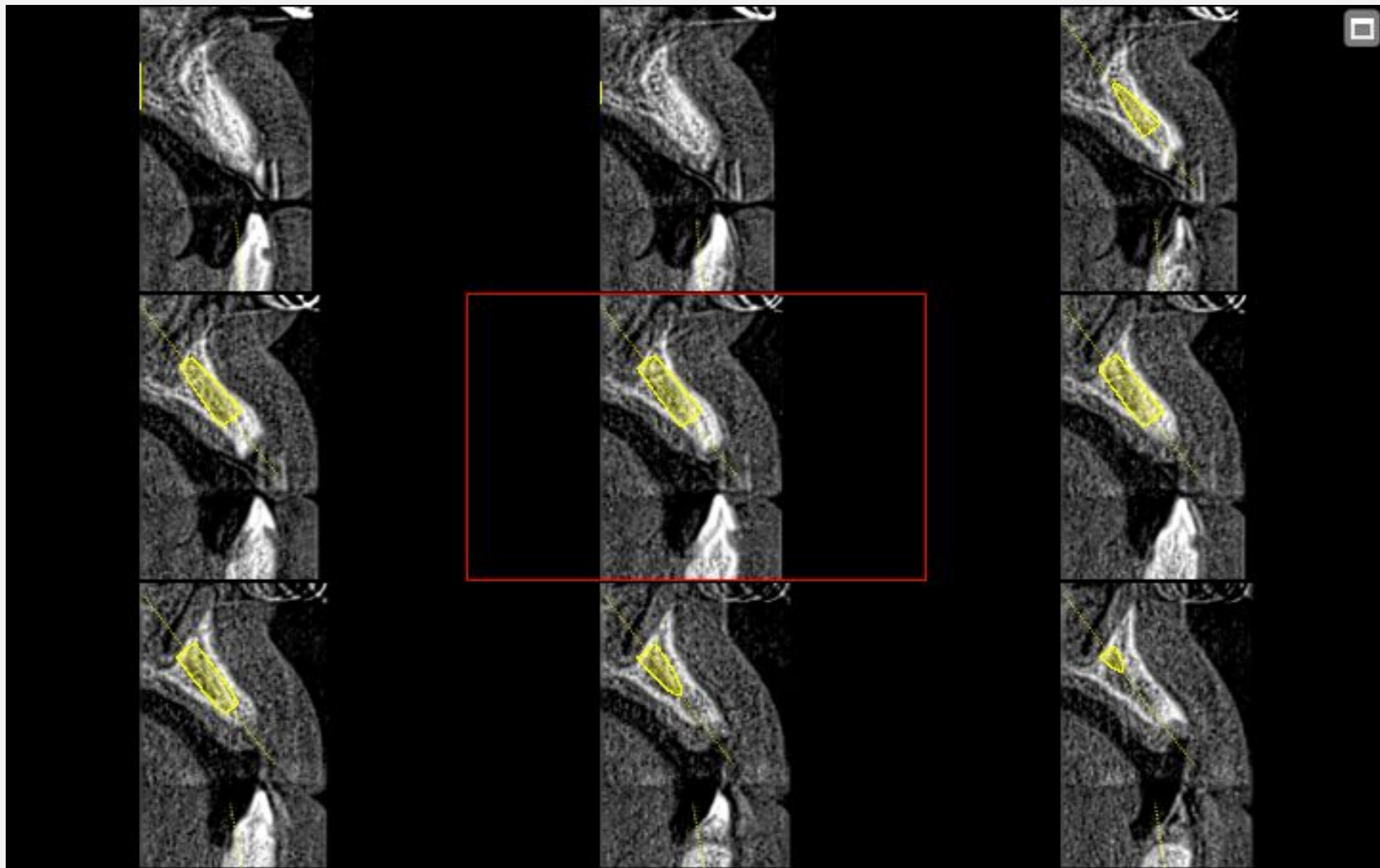
10 mm

#7 Implant

Lamina Implant SV-RP

D: 5.0mm L:10mm

Torque: 70 NCM



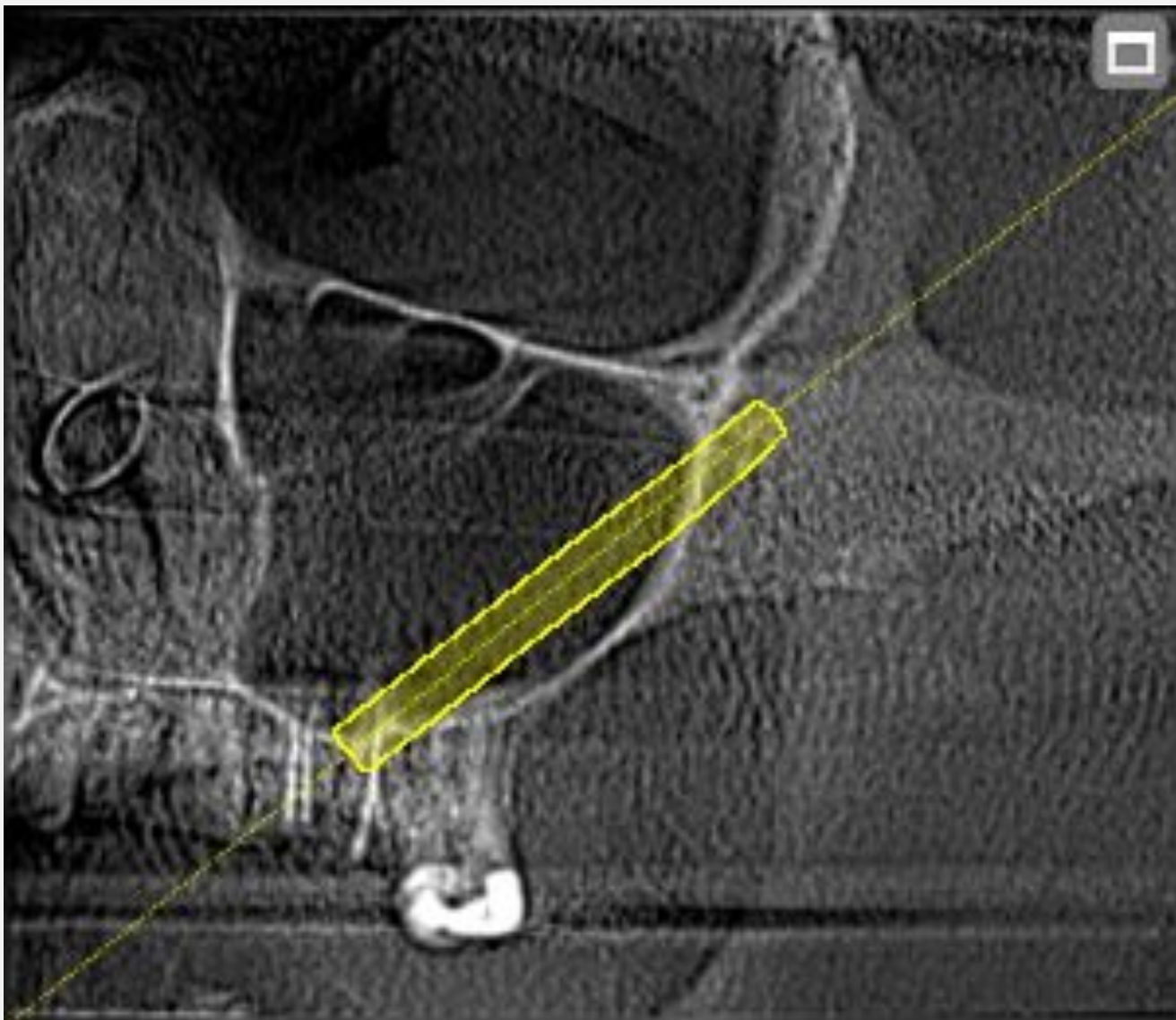
11.5 mm

#10 Implant

Lamina Implant SV-RP

D: 4.2mm L: 11.5mm

Torque: 80 NCM



#13 Zygomatic Implant

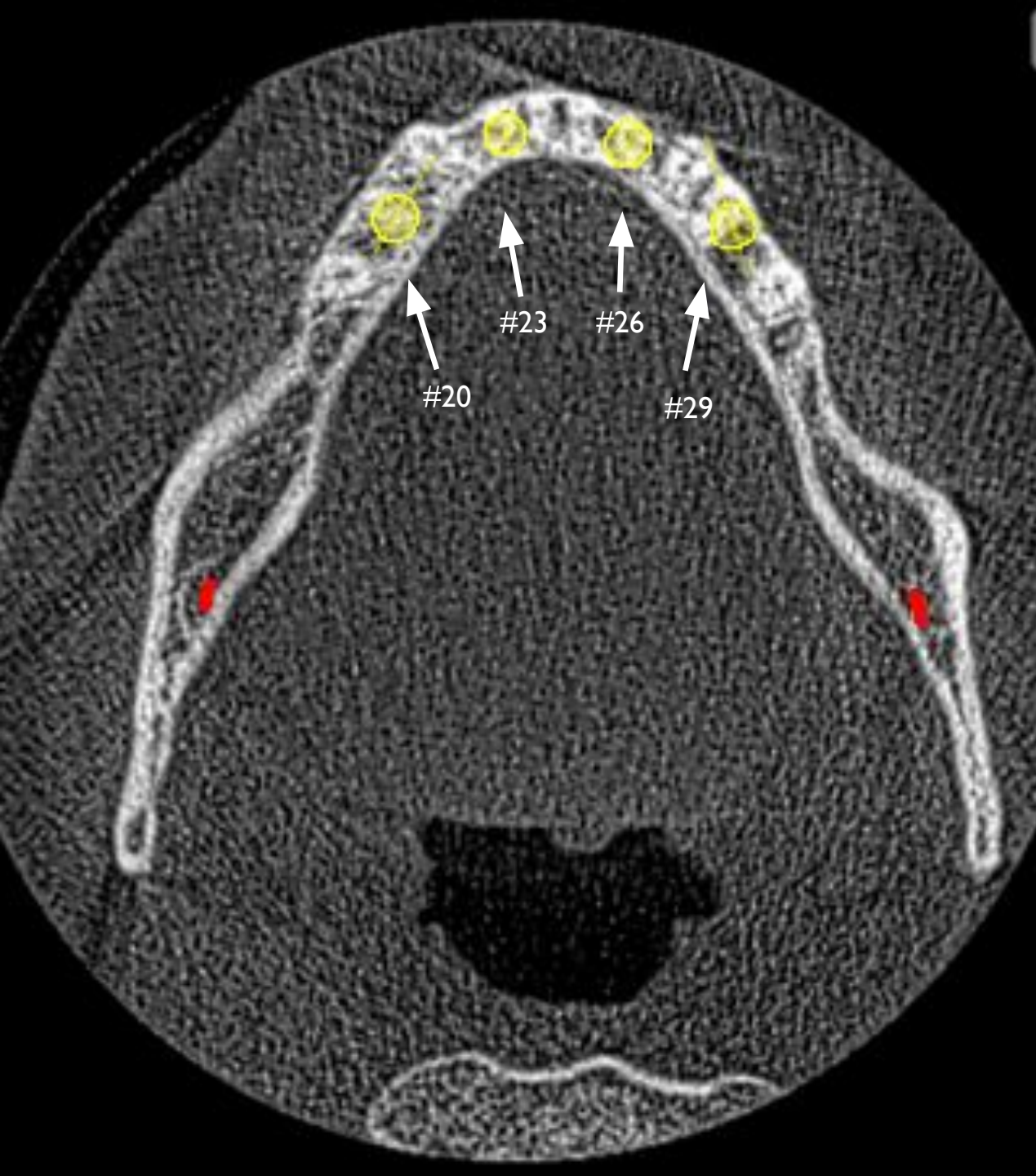
Norris NM-F4442

D: 4.2mm L: 42.5mm

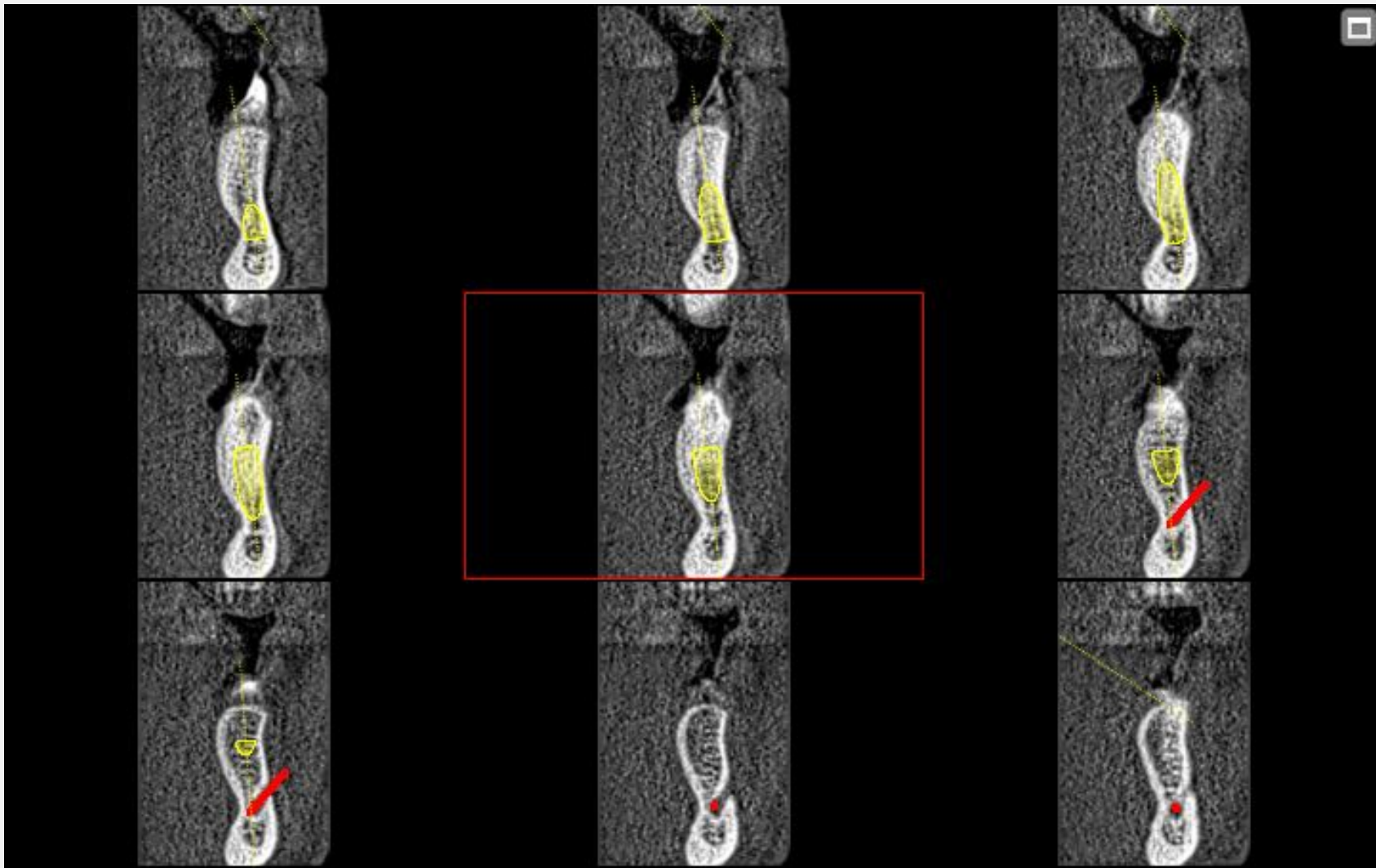
Torque: 90 NCM



42.5 mm



LOWER ARCH



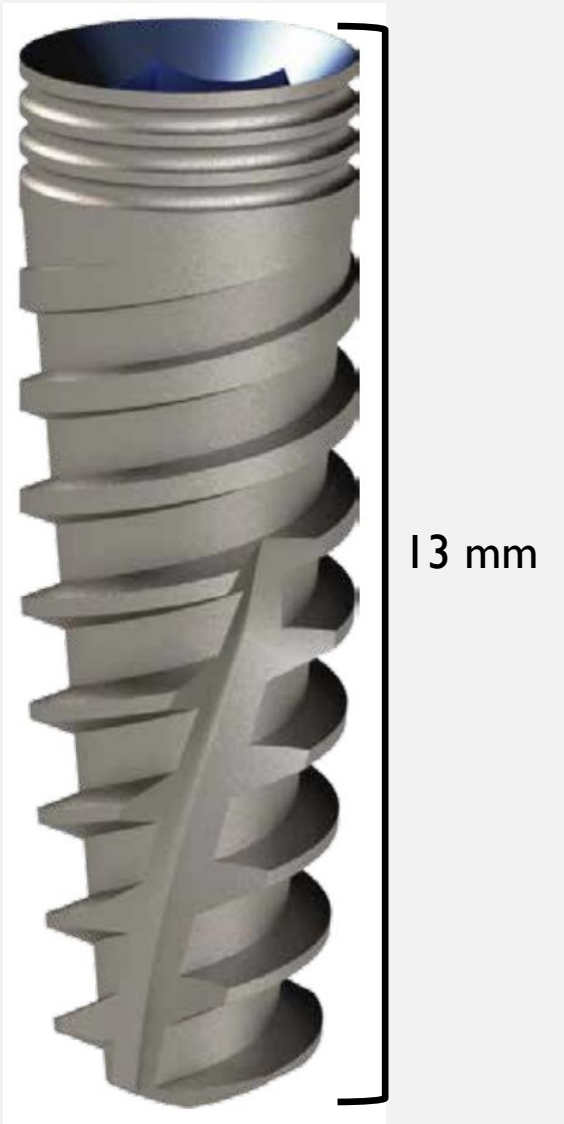
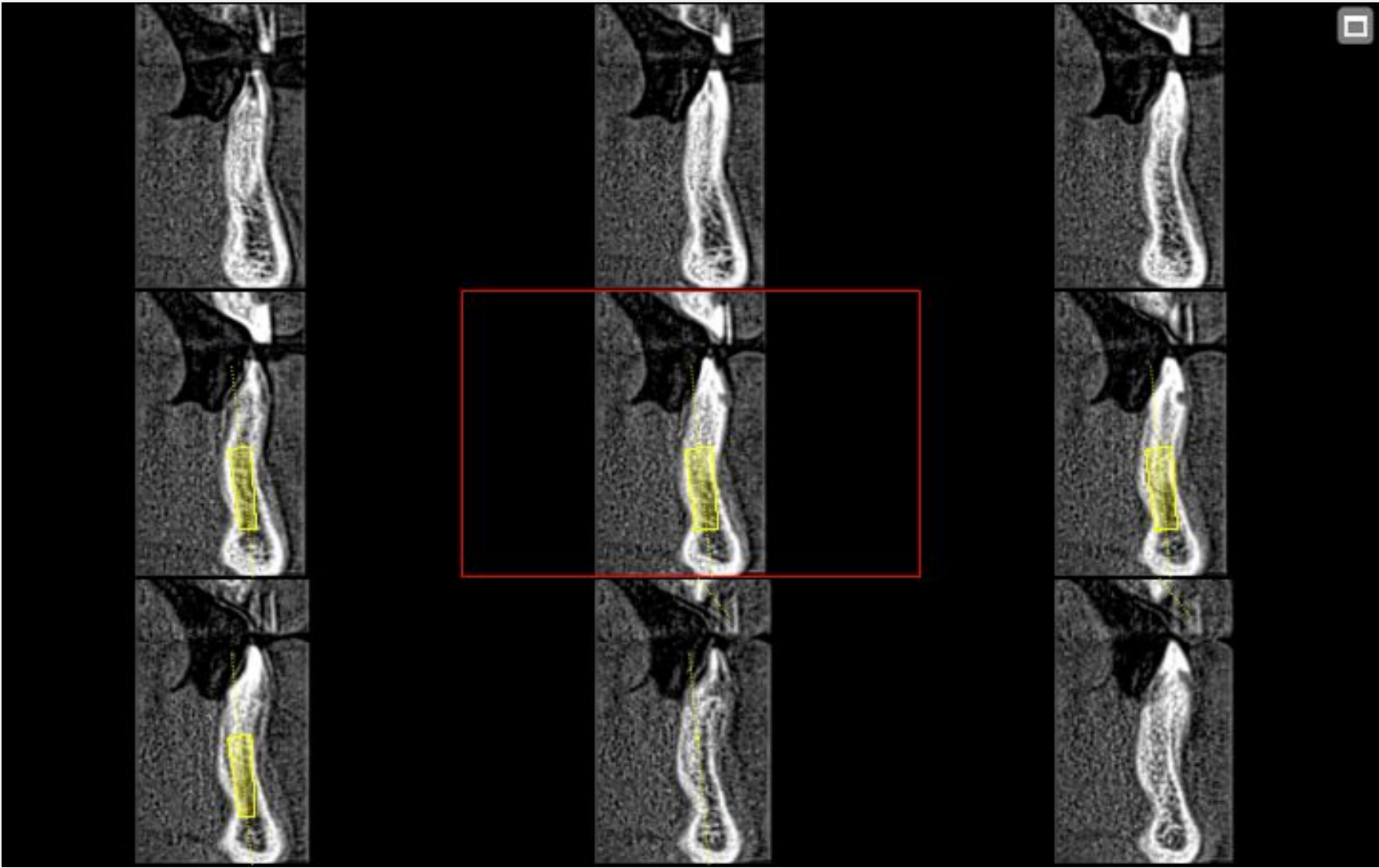
13 mm

#20 implant

Lamina Implant SV-RP

D: 4.2mm L: 13mm

Torque: 70 NCM

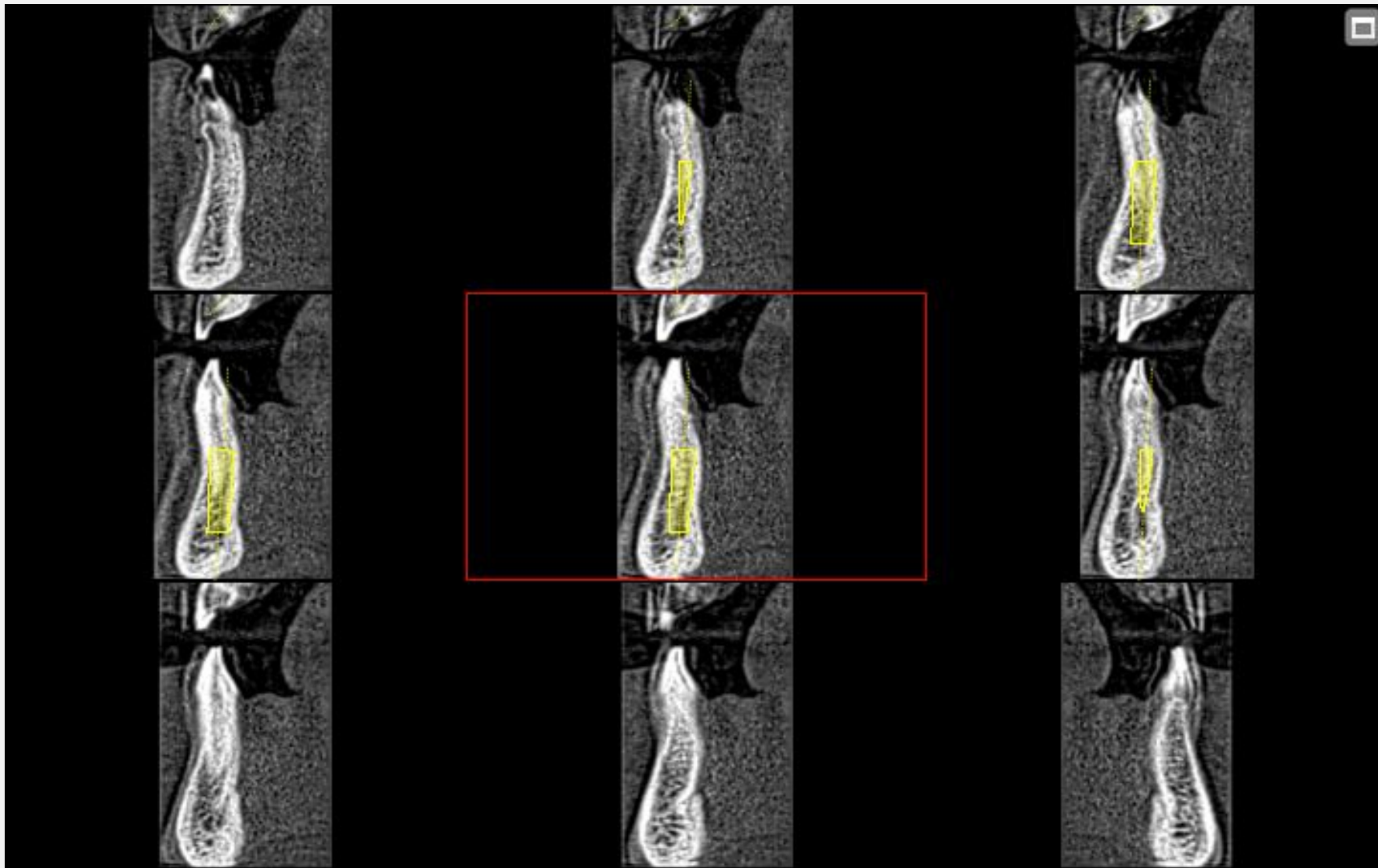


#23 Implant

Lamina Implant SV-RP

D: 4.2mm L: 13mm

Torque: 70 NCM

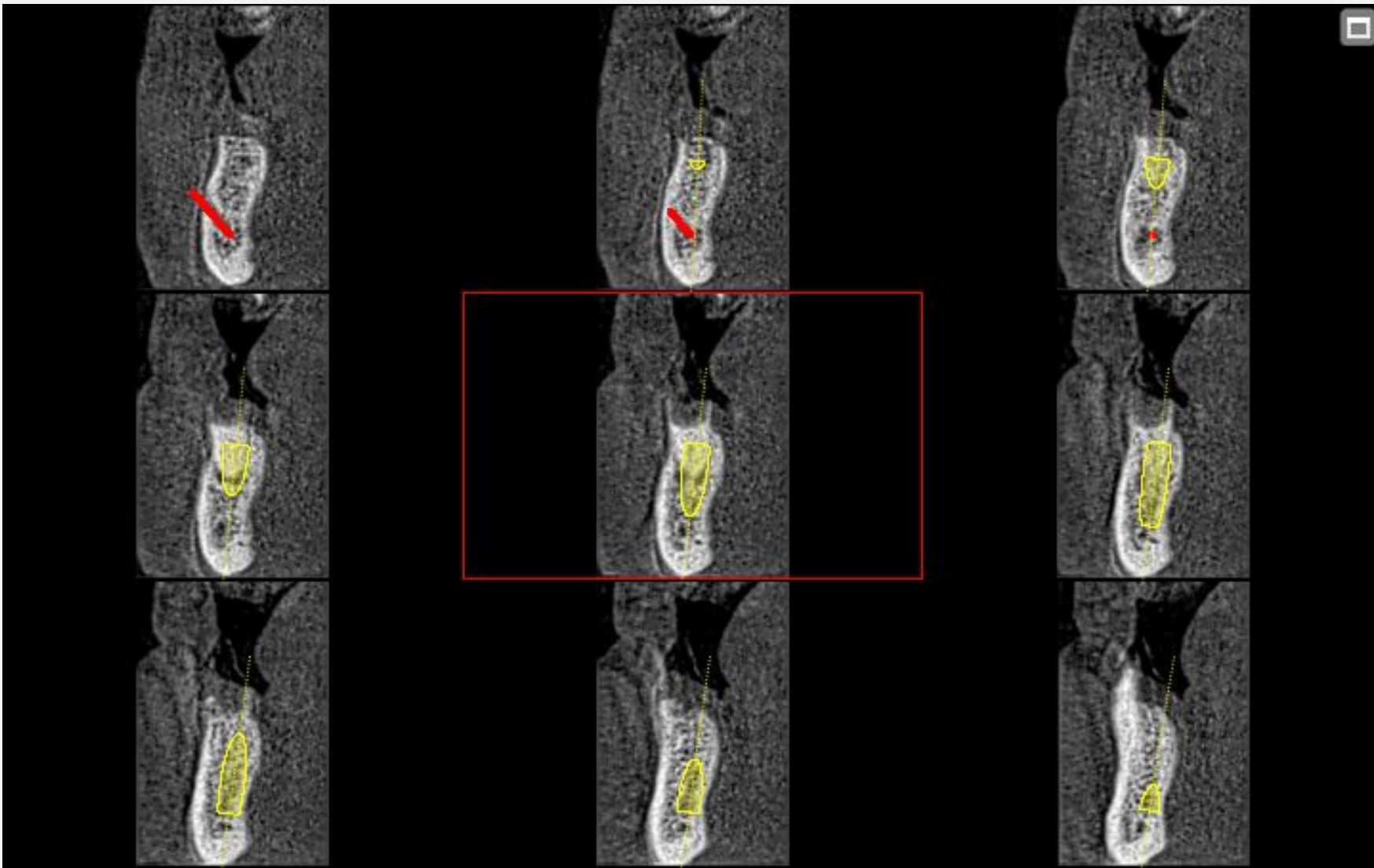


#26 Implant

Lamina Implant SV-RP

D: 3.5mm L: 13mm

Torque: 80 NCM



13 mm

#29 Implant

Lamina Implant SV-RP

D: 4.2mm L: 13mm

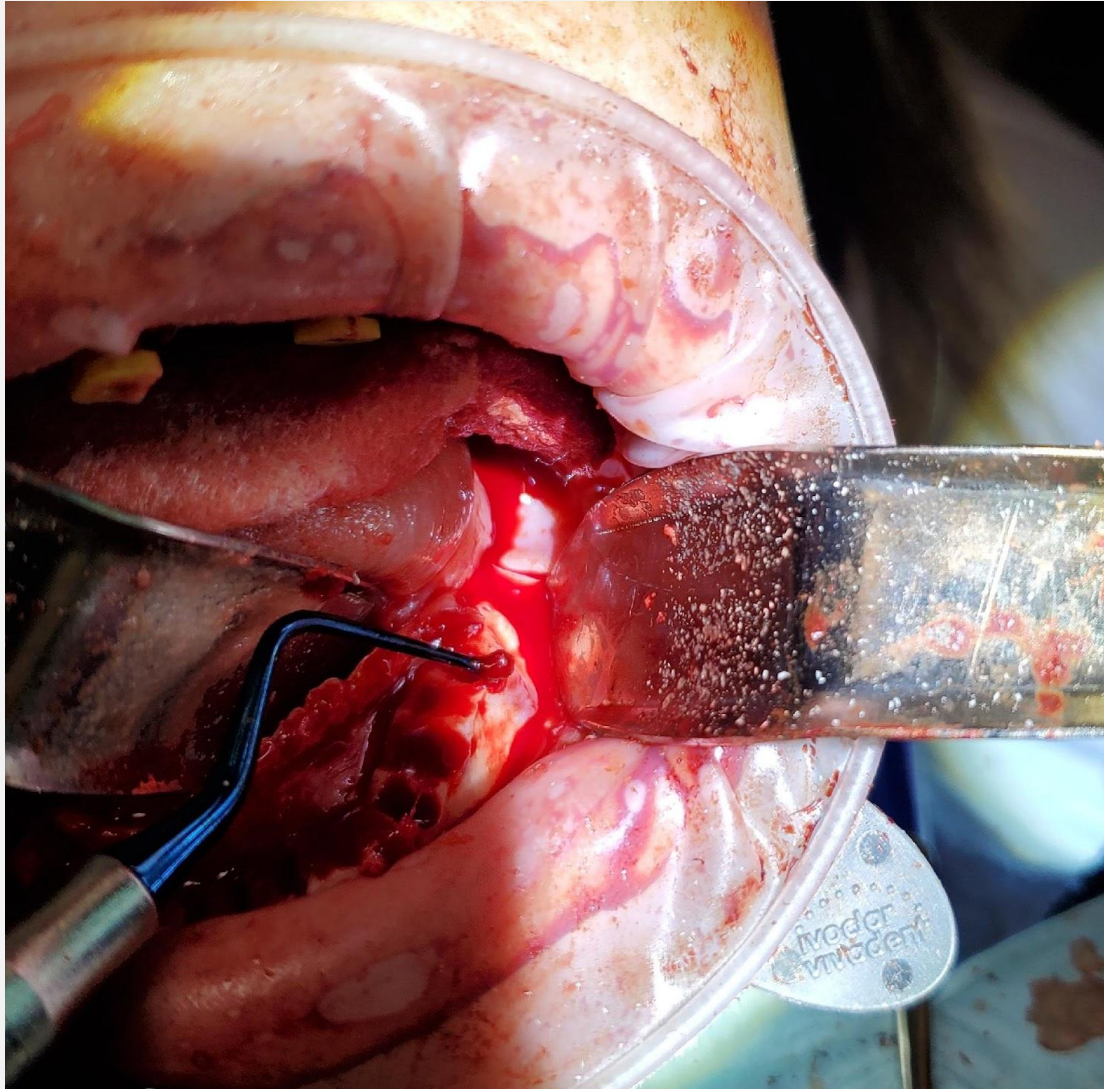
Torque: 80 NCM

SURGERY

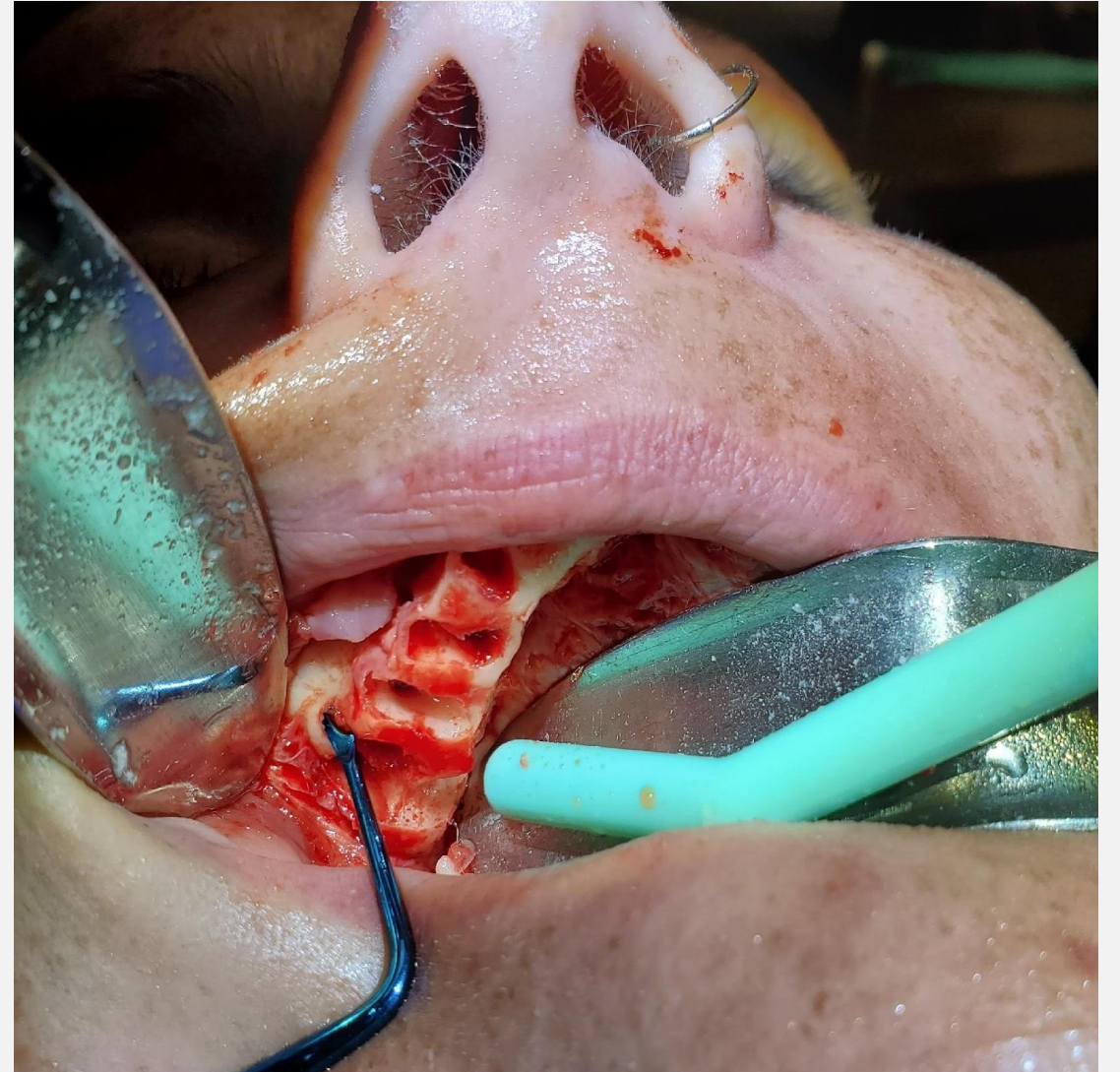
5/20/2021



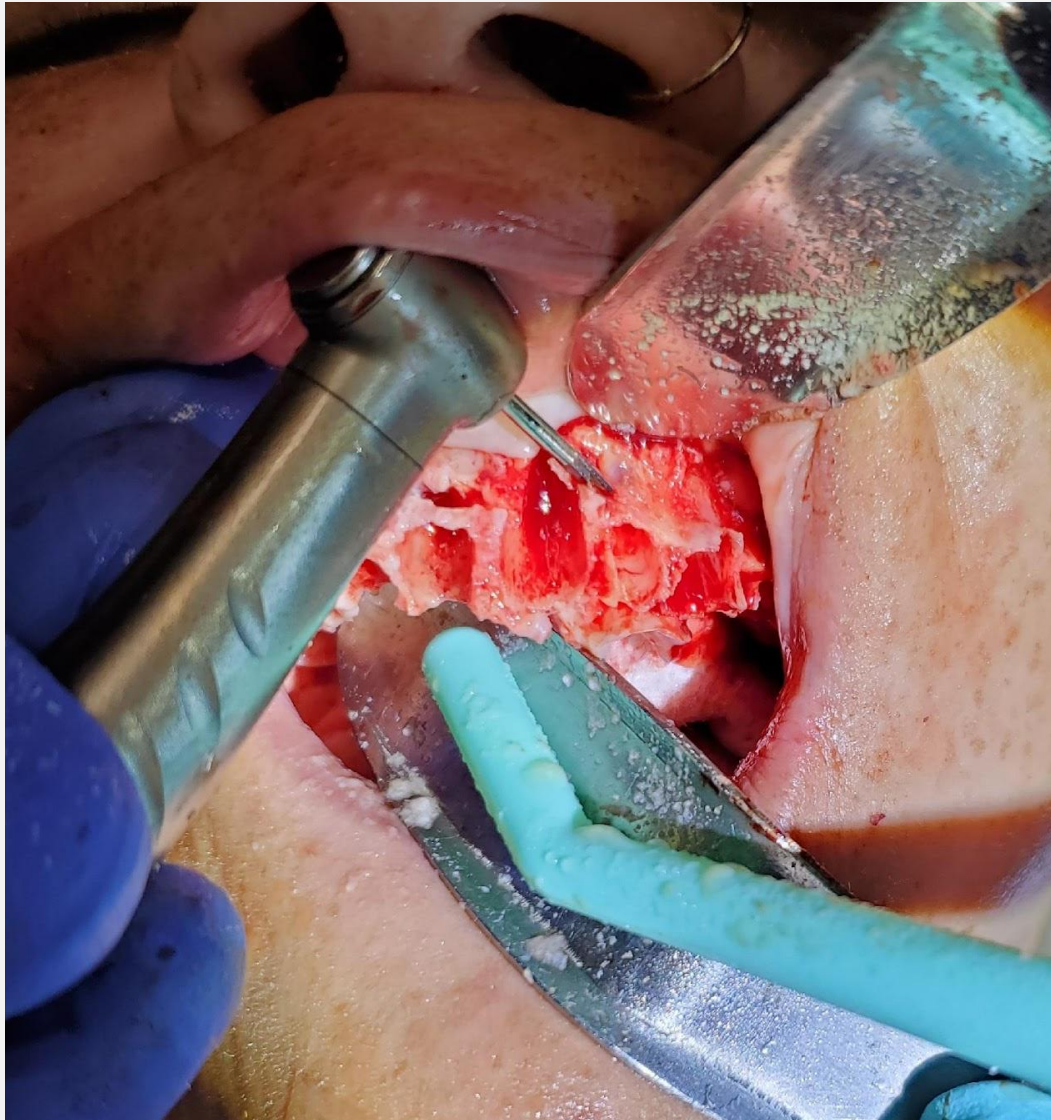
Maxillary Extraction



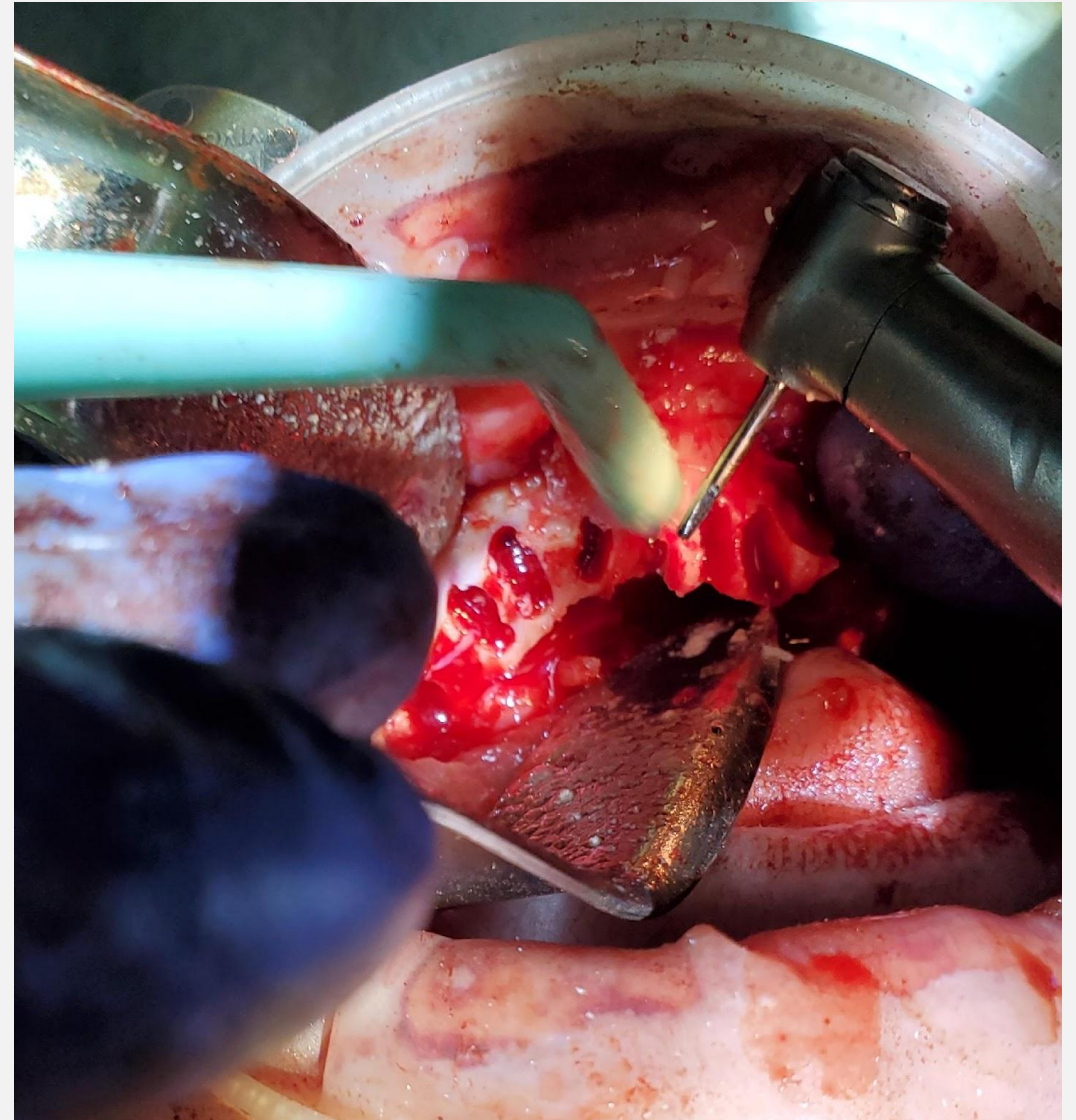
#20 infection removal



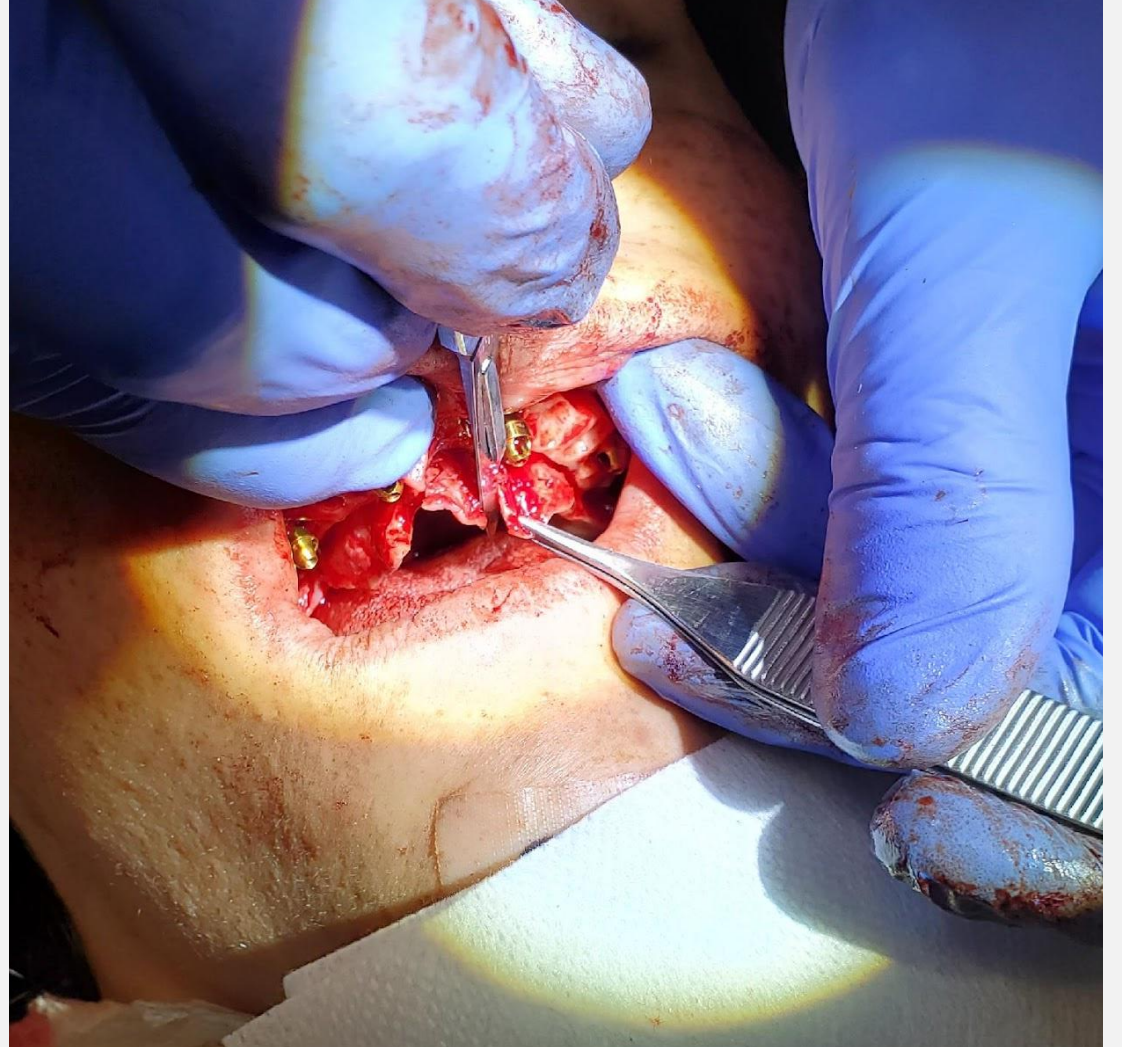
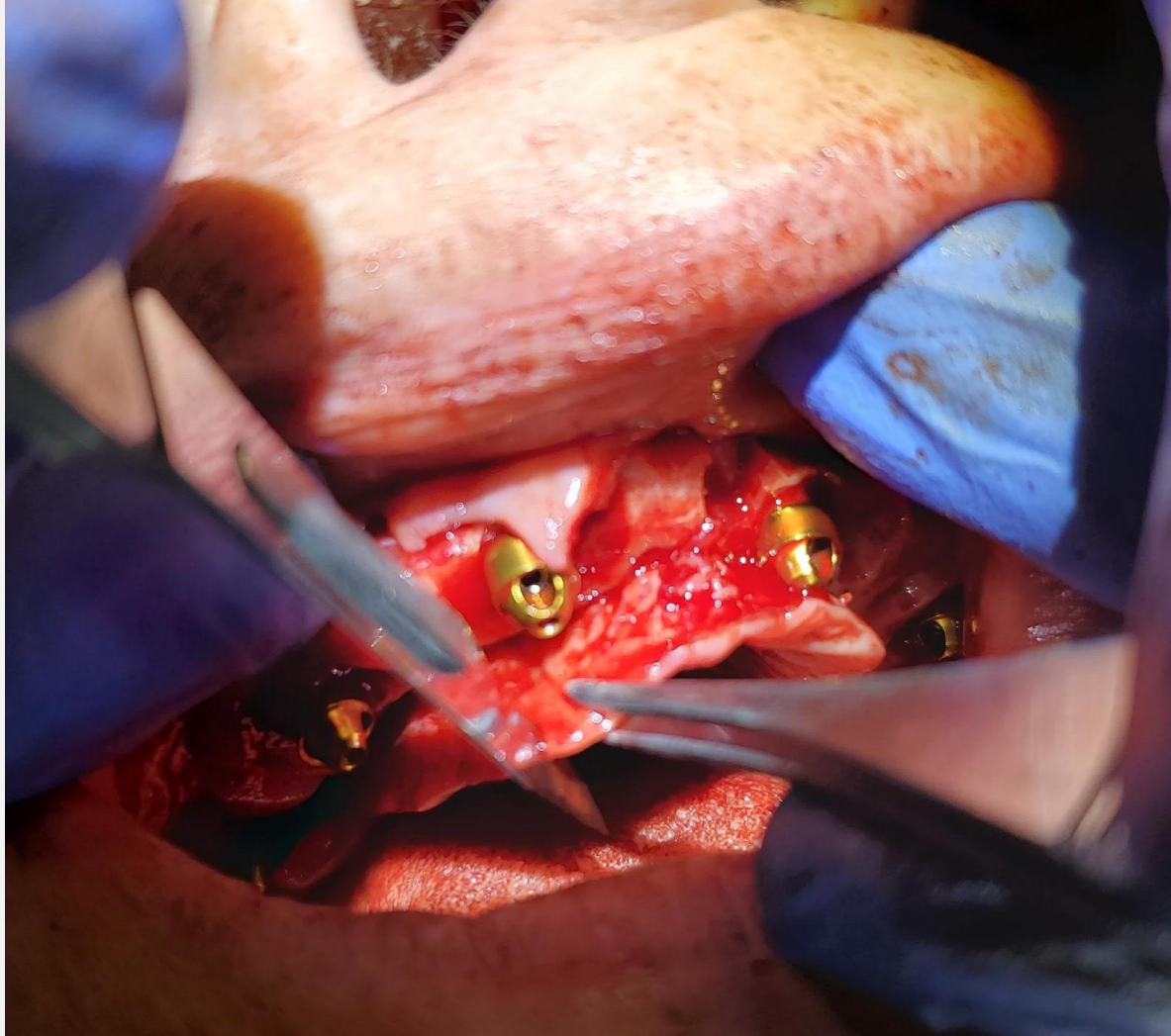
#3 infection removal



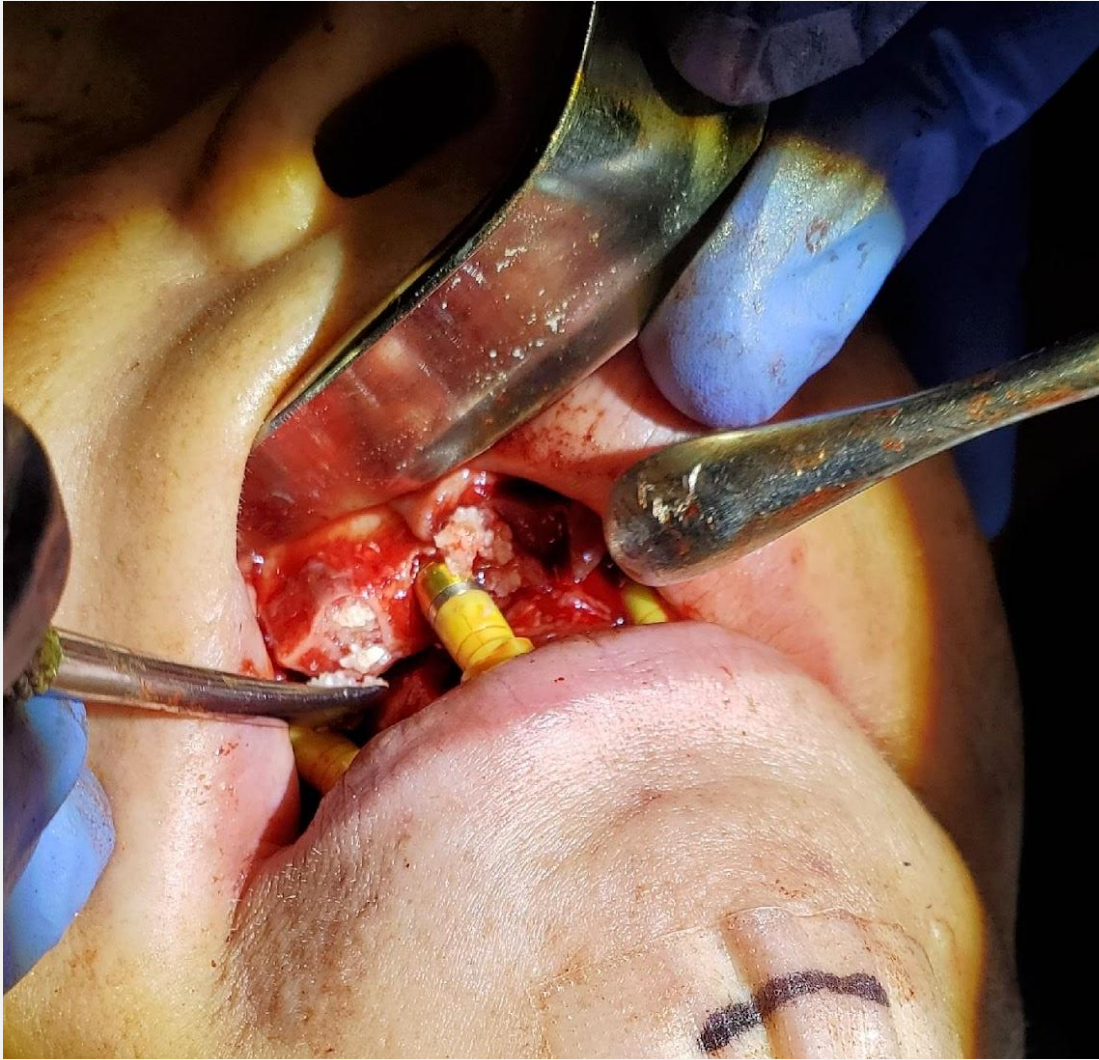
Maxillary Alveoplasty



Mandibular Alveoplasty



Gingivectomy



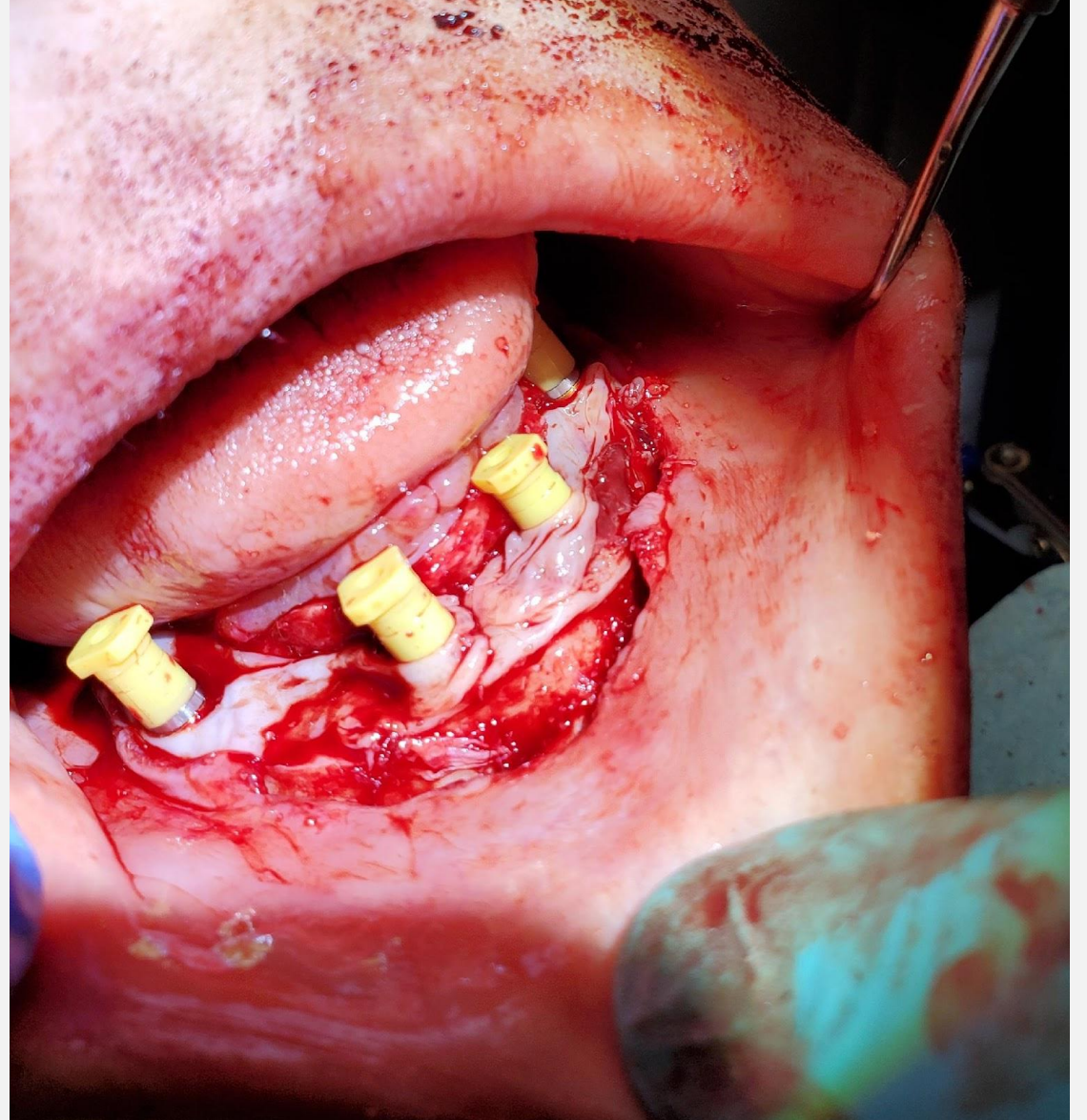
Maxillary Bone Graft



Mandibular Bone Graft



Maxillary PRF



Mandibular PRF

Kari Wagenor

5-20-21

#2
 NMAF4218 NORIS Medical
 0020919
 Int. Hex Tl. Implant
 PteryFit™ D4.2 L18
 2025-07
 (01) 07290108817102 (10) 0020919
 (17) 250714 (92) 3036780
 (240) NMAF4218

Em Prosthetics
 REF MUL-SV-RPKS3010K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 1mm G 3.5mm
 KIT
 19771944
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

T: 60
PT

#4
 NM-F4447 NORIS Medical
 0019233
 Int. Hex Tl. Implant
 ZYGOMATIC™ D4.2 L47.5
 2024-11
 (01) 0729010881234711010019233
 (17) 241121 (92) 2853205
 (240) NM-F4447

Em Prosthetics
 REF MUL-SV-RPKS3010K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 1mm G 3.5mm
 KIT
 19771944
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

T: 50
2YG

#7
 Lamina Implant SV-R
 Ø5.0mm L-10mm
 REF LM-SV-RP5010
 LOT 19220008
 2023-12
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

Em Prosthetics
 REF MUL-SV-RPKS3010K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 1mm G 3.5mm
 KIT
 19771944
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

T: 70

#10
 Lamina Implant SV-RP
 Ø4.2mm L-11.5mm
 REF LM-SV-RP4211
 LOT 19220004
 2023-12
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

Em Prosthetics
 REF MUL-SV-RPKS3010K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 1mm G 3.5mm
 KIT
 19771944
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

T: 80

#13
 NM-F4442 NORIS Medical
 0020127
 Int. Hex Tl. Implant
 ZYGOMATIC™ D4.2 L42.5
 2025-03
 (01) 0729010881234311010020127
 (17) 250309 (92) 2829677
 (240) NM-F4442

Em Prosthetics
 REF MUL-SV-RPKS3010K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 1mm G 3.5mm
 KIT
 19771944
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

T: 90
2YG

#29 T80
 Rx only Lamina Implant SV-RP
 Ø4.2mm L-13mm
 REF LM-SV-RP4213
 LOT 19220005
 2023-12
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

Em Prosthetics
 REF MUL-SV-RPKS3020K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 2mm G 4.5mm
 KIT
 19771945
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

#26 T80
 Rx only Lamina Implant SV-RP
 Ø3.5mm L-13mm
 REF LM-SV-RP3513
 LOT 19220576
 24-07-31
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

Em Prosthetics
 REF MUL-SV-RPKS20K
 Multi-Cliq™ Straight Multi-Unit
 SV-RP H 2mm KIT
 19771937
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

#23 T70
 Rx only Lamina Implant SV-RP
 Ø4.2mm L-13mm
 REF LM-SV-RP4213
 LOT 19220005
 2023-12
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

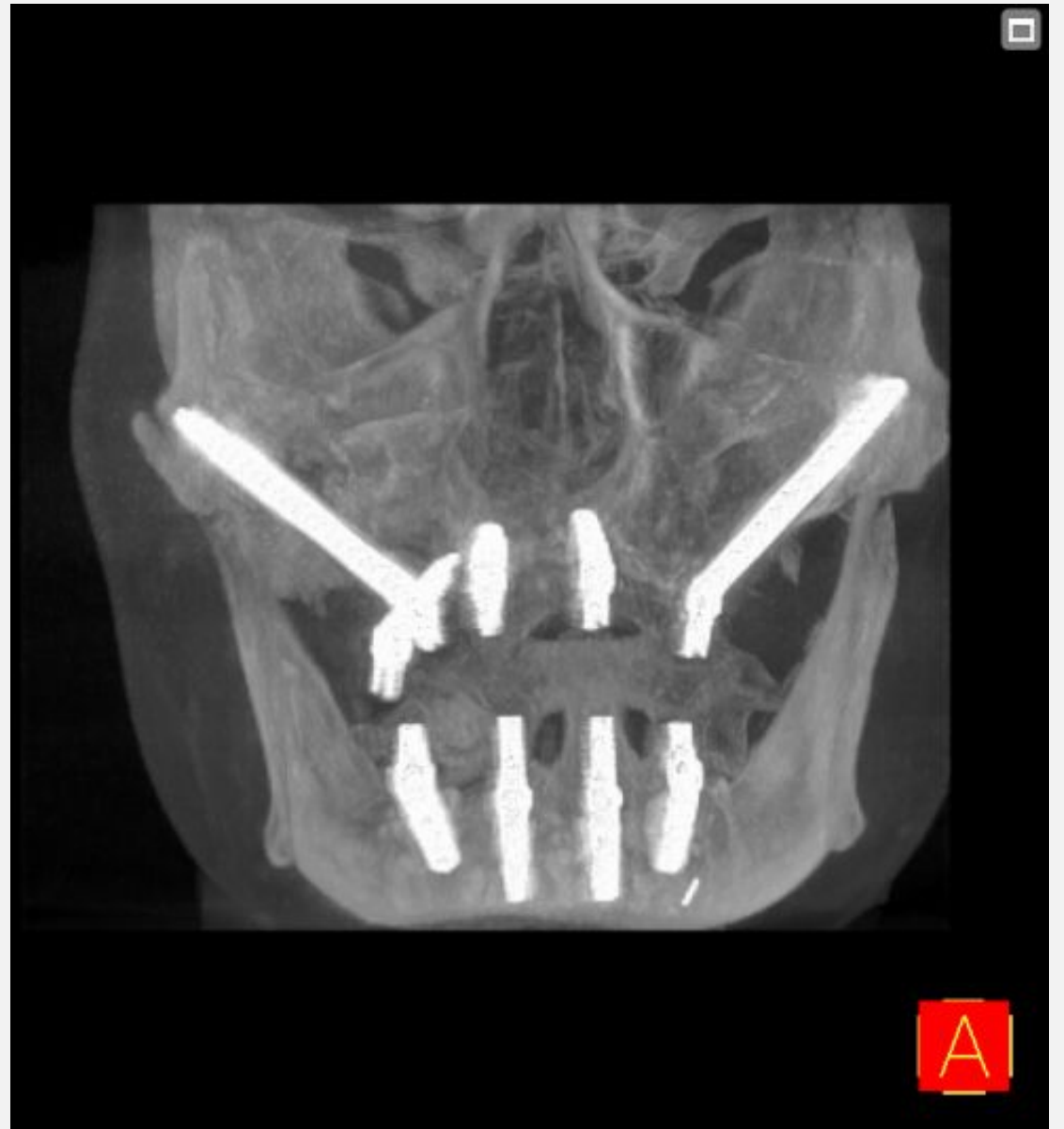
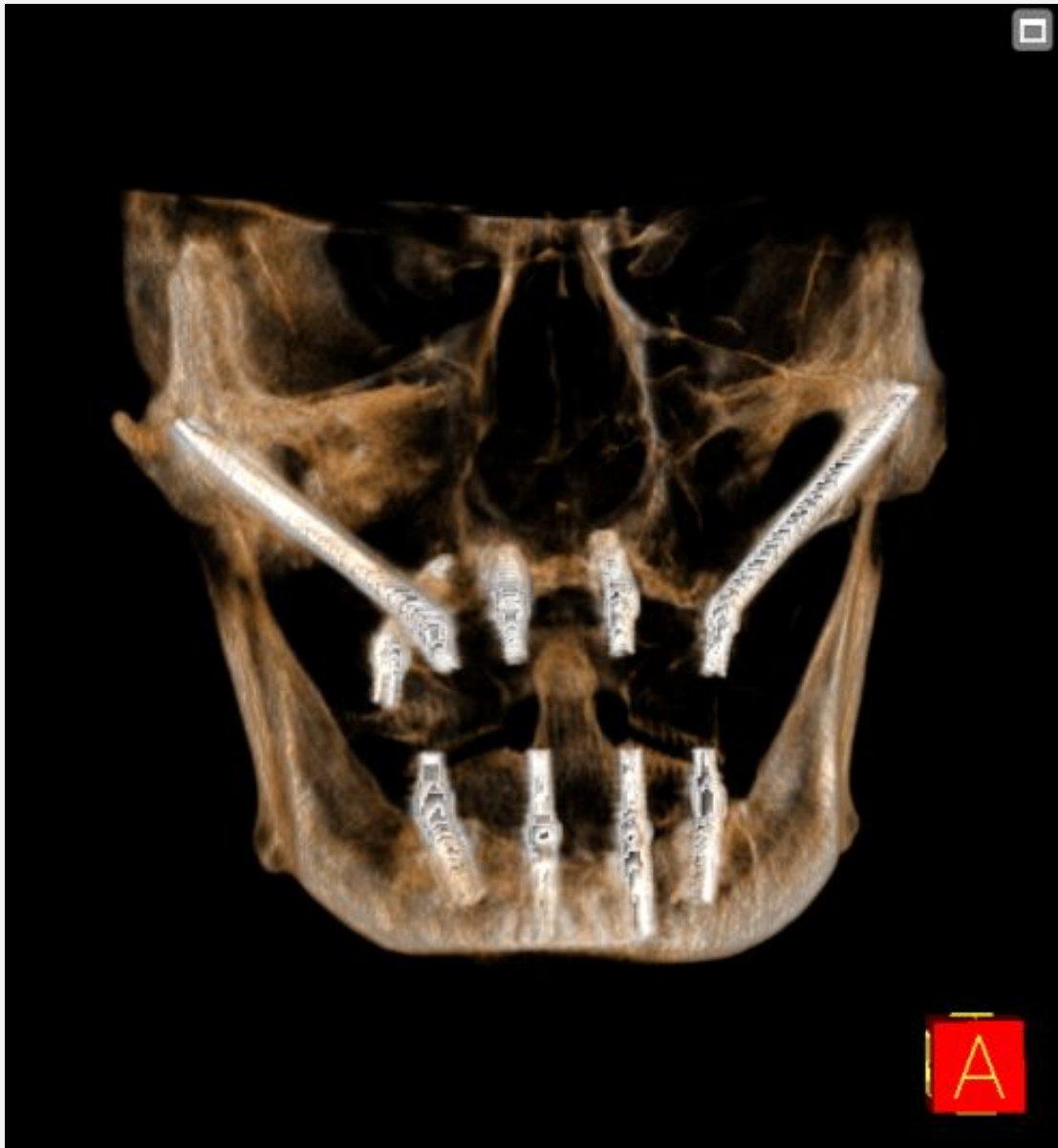
Em Prosthetics
 REF MUL-SV-RPKS20K
 Multi-Cliq™ Straight Multi-Unit
 SV-RP H 2mm KIT
 19771937
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

#20 T70
 Rx only Lamina Implant SV-RP
 Ø4.2mm L-13mm
 REF LM-SV-RP4213
 LOT 19220005
 2023-12
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

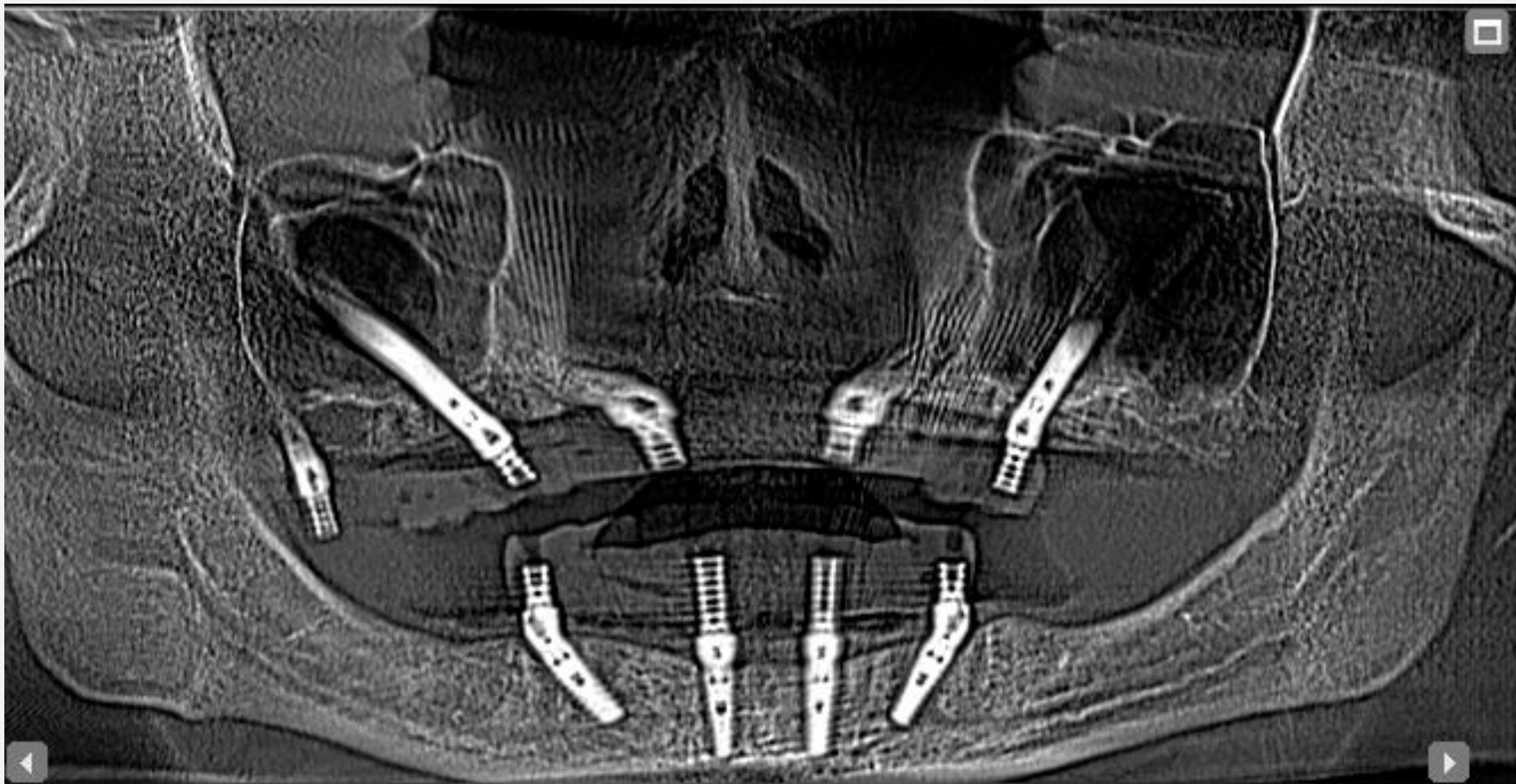
Em Prosthetics
 REF MUL-SV-RPKS3020K
 Multi-Cliq™ Angled Multi-Unit
 SV-RP 30° / H 2mm G 4.5mm
 KIT
 19771945
 Ritter Implants GmbH & Co. KG
 Frauburger Str. 45
 85400 Biberach
 Germany

Implant and Abutment Labels

POST-OPERATIVE SCAN



6 months after surgery
11/10/21



AFTER PHOTOS



Before
04/28/2020



After
06/08/2022





Before
4/28/20



After
6/21/21



Maxillary Access Holes



Mandibular Access Holes

PROGNOSIS

Implant Prognosis:

Fair to Good. Variable factors include extra-antral zygomatic tendencies to have dehescence. Highly cleansable with MUA attachment level located distant from bone.

Sinus Prognosis:

Good: Primary closure and positive pressure achieved and maintained for 6 weeks lends to good long-term prognosis

Prosthetic Prognosis: Titanium bar with acrylic should function well as patient does not seem to have bruxism/parafunctional habits/tendencies