

Treatments that include orthodontics and orthognathic surgery are usually used to correct such deformities. But unfortunately, orthodontic camouflage requires occlusal dental components (posterior as well as anterior) and orthognathic surgery has a higher level of surgical risk especially in cases where the patients who are partially dentulous or completely edentulous. After loss of teeth, the edentulous ridges have a compromised topography, the reasons being atrophy, residual ridge resorption and pneumatisation of sinuses. These changes can cause aberrant splits or fractures during an orthognathic surgery. Thus endosseous implant therapy was planned for this case. This article presents a case report of 40 year old patient with premaxillary excess, lip incompetency and compromised oral function. The patient presented with Kennedy's class I maxillary and mandibular ridges with a horizontal overlap excess of 11mm. The premaxillary excess was reduced with conservative alveoplasty and endosseous implants were placed in four regions of the maxillary ridge adjuncted with lateral augmentation of the defective sites. Angle's class 1 relationship with an end on incisal relationship was achieved with implant supported fixed prosthesis. We attained significant improvement in pink and white esthetics and oral function. A three year old follow up revealed a confident smile accompanied with sustained levels of crestal bone around implants, which was proven radiographically.

DOI: 10.4103/0972-4052.246594

20. Improvement of esthetics and function in a patient with premaxillary excess using endosseous implants: a case report with 3 year follow up.

Nivya John

A B Shetty Memorial Institute of Dental Sciences

Premaxillary excess is one of the most common dento-facial anomalies among the south Indian population.