

# Ten Legacy Implants for Overdentures Using Meissinger Ridge Expansion Kit

This is a beautiful example of implant placement with a narrow ridge. Log on to the message boards of Dentaltown.com to participate in this discussion and thousands more.

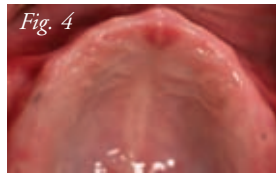
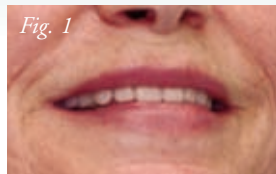
**"serikson"**

Posted: 6/3/2008

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I have used this kit several times and I really like it. It works well with very thin ridges and was worth the money. This case is a 55-year-old white female with long-standing CUD/CLD [complete upper denture/complete lower denture]. Severe bucco-palatal resorption in the maxillary arch. Plan is for six implant-retained maxillary overdenture using retentive ball/clip assembly or locators with palate-less design. Lower plan is for a locator-retained OVD [overdenture] with four implants.



**Figure 1:** Frontal view.

**Figure 2:** Complete dentures are in place and are very loose.

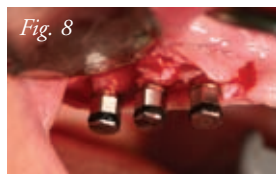
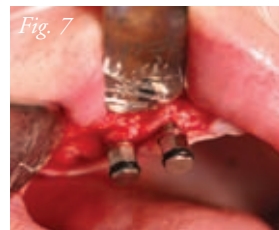
**Figure 3:** Maxillary frontal view.

**Figure 4:** Occlusal view.

**Figure 5:** Initial width of bone is smaller than 2.5mm for 3.7 implants to be placed.

**Figure 6:** Mandibular occlusal view.

**Figure 7:** Begin with crestal/circular saw drill and section crest with very fine saw drill, then initial pilot drill and use A1-F1 to expand ridge width. Do one at a time and sequence these so you don't completely fracture the ridge. Take your time with these. Small flap is elevated. Rotate sites as you go, don't do one at a time to completion.



**Figure 8:** Notice outfractured bone is still intact.

**Figure 9:** All three done.

**Figure 10:** Same.

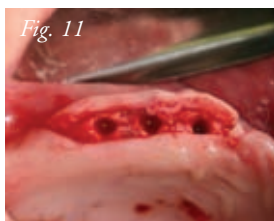


Fig. 11



Fig. 12

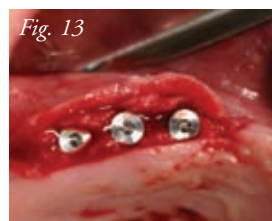


Fig. 13

**Figure 11:** Remove non-cutting splitters to see ridge width improved significantly.

**Figure 12:** Implants in place, which are 13mm long 3.7 legacy implants and 11.5 length for the mesial one.

**Figure 13:** Cover screws placed.

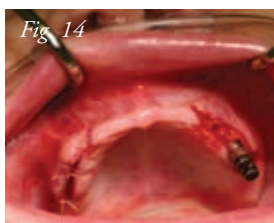


Fig. 14



Fig. 15

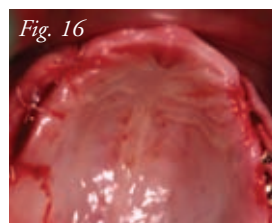


Fig. 16

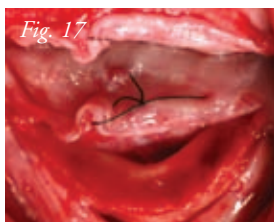


Fig. 17



Fig. 18



Fig. 19

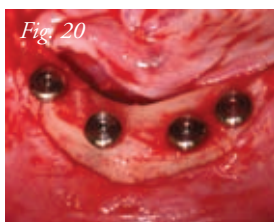


Fig. 20

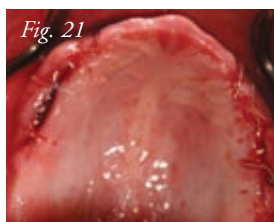


Fig. 21



Fig. 22

**Figure 14:** Same for left side done.

**Figure 15:** Number 11 site was too thin and bone began to break, so I moved distally and placed third implant posteriorly.

**Figure 16:** Number 11 site is too thin and endangers breaking entire plate of bone.

**Figure 17:** Lower arch has very thin crest but thick as you go apically.

**Figure 18:** Same frontal view.

**Figure 19:** 1:1 handpiece and crestal reduction, used bone to graft lingual of LR posterior fixture.

**Figure 20:** Four implants placed – 3.7 x 13mm fixtures.

**Figure 21:** Closure, no attempt at primary for UR needed.

**Figures 22 & 23:** Closure with healing caps in place. The tissue will eventually expose these on its own.

**Figure 24:** Post-op panorex.



Fig. 23

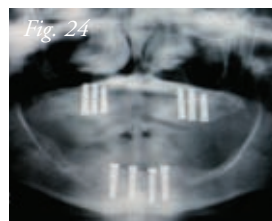
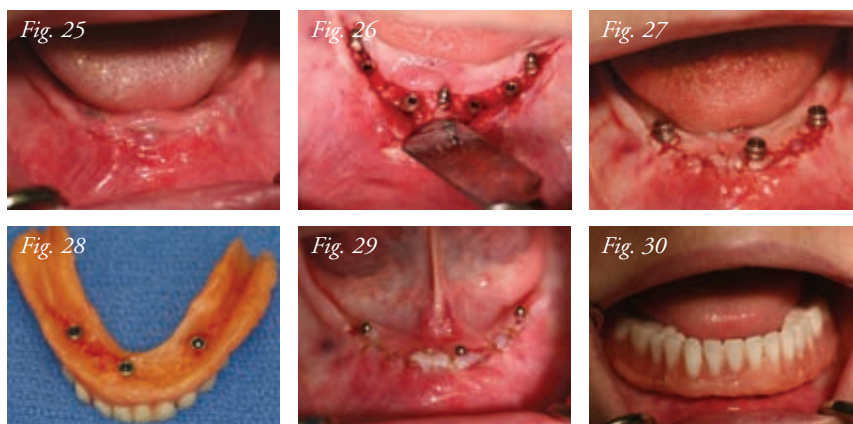


Fig. 24

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**Figure 25:** Two-week post-op. Patient really wanted to wear lower denture.  
**Figure 26:** Placed three MDL Intra-Lock 2.0 implants so she could wear lower denture.  
**Figure 27:** Attachments placed.  
**Figure 28:** Reline lower denture.  
**Figures 29 & 30:** Snaps to place. I really like these mini-implants to help retain denture during healing phase.



I have always done block grafting for cases like these and I really like this technique, which saves the patient tons of surgery and money. I am interested to hear if anyone has used the splitting kit from ACE, which is motor-driven. Delicate surgery that takes some time to perform, but is very rewarding. ■ **scott**

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