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

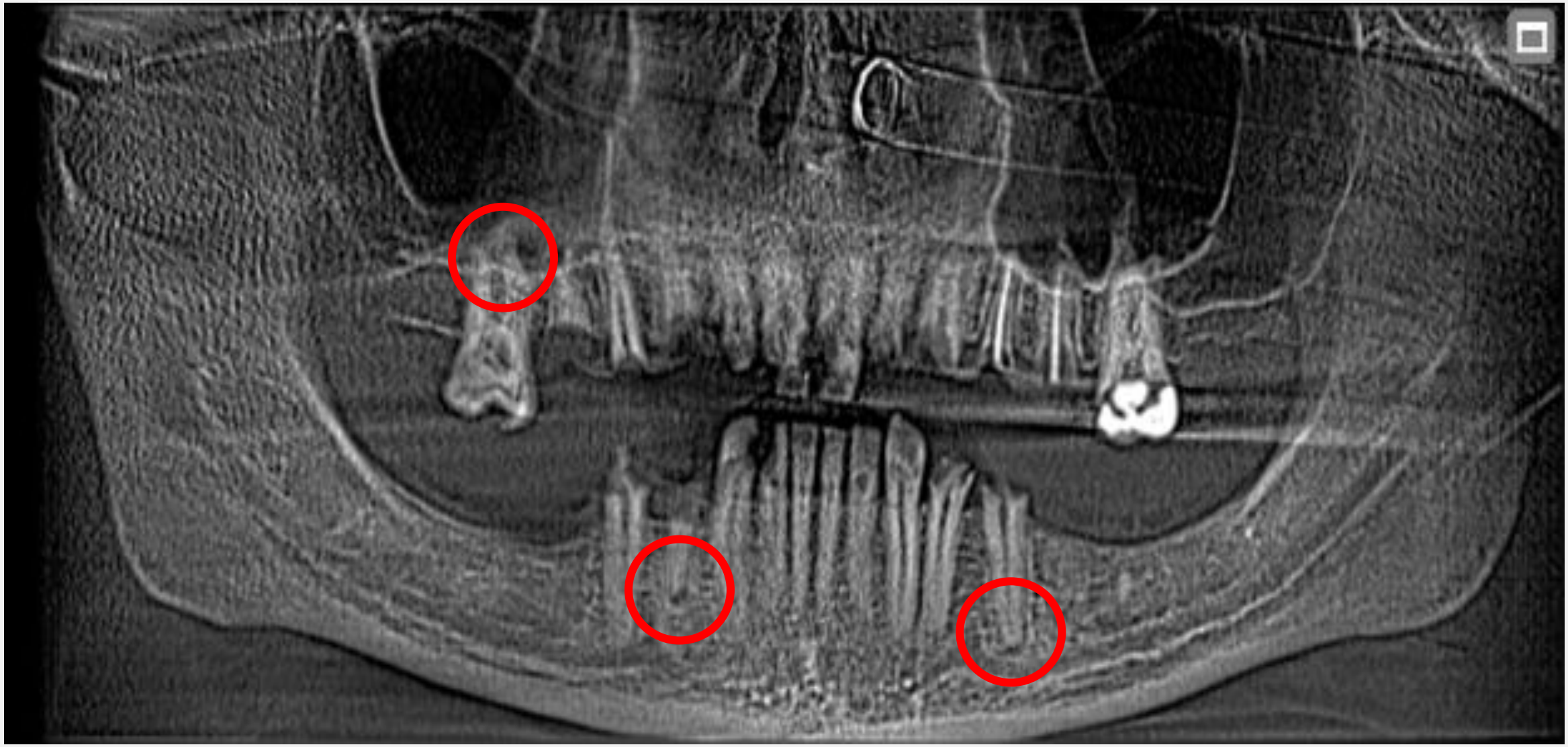
TRAUMA

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.“

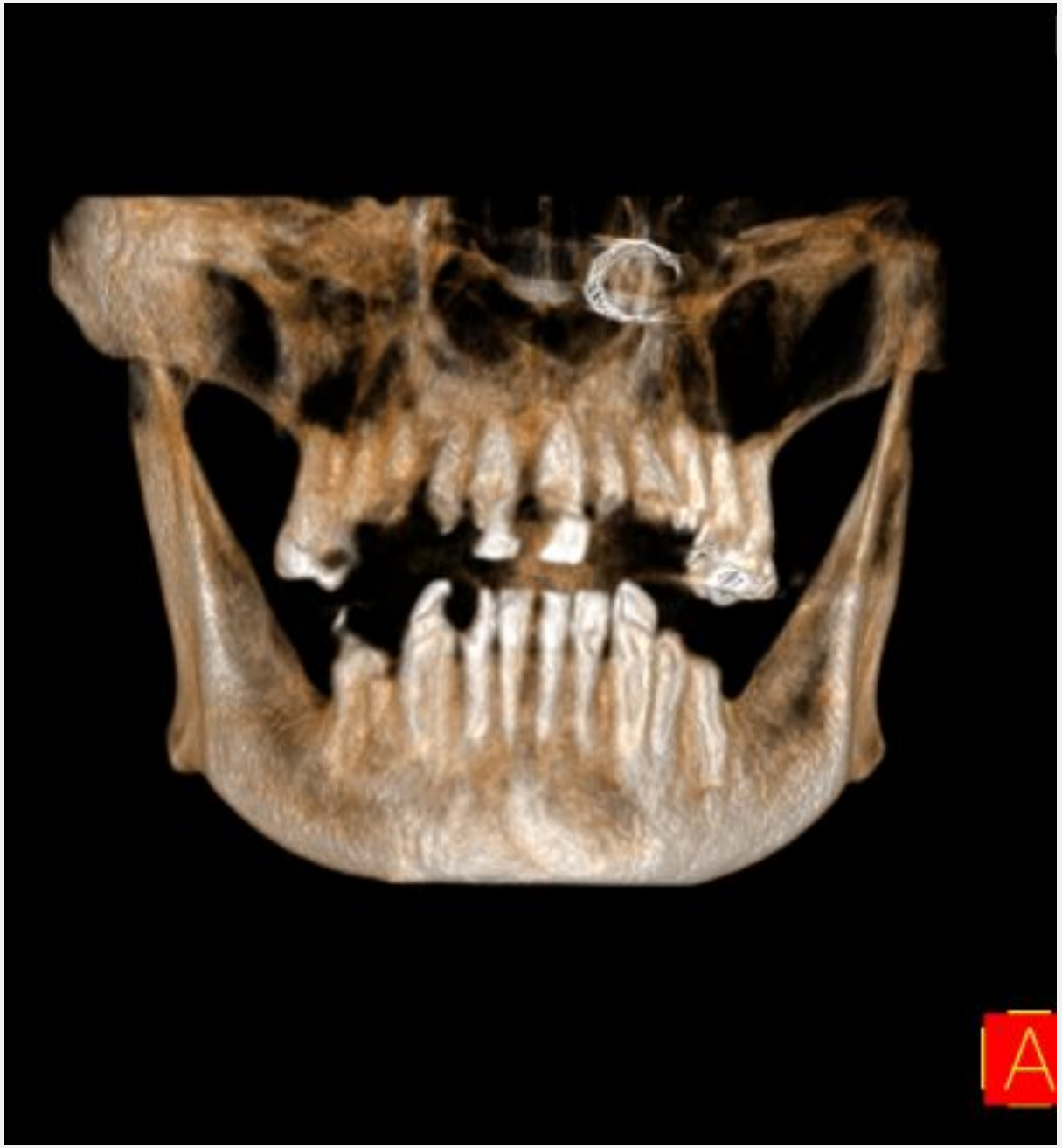
CBCT SCAN IMAGES

Initial Diagnosis Day (5/20/2021)



Areas of apical infection


A


A


L


R

TREATMENT PLAN

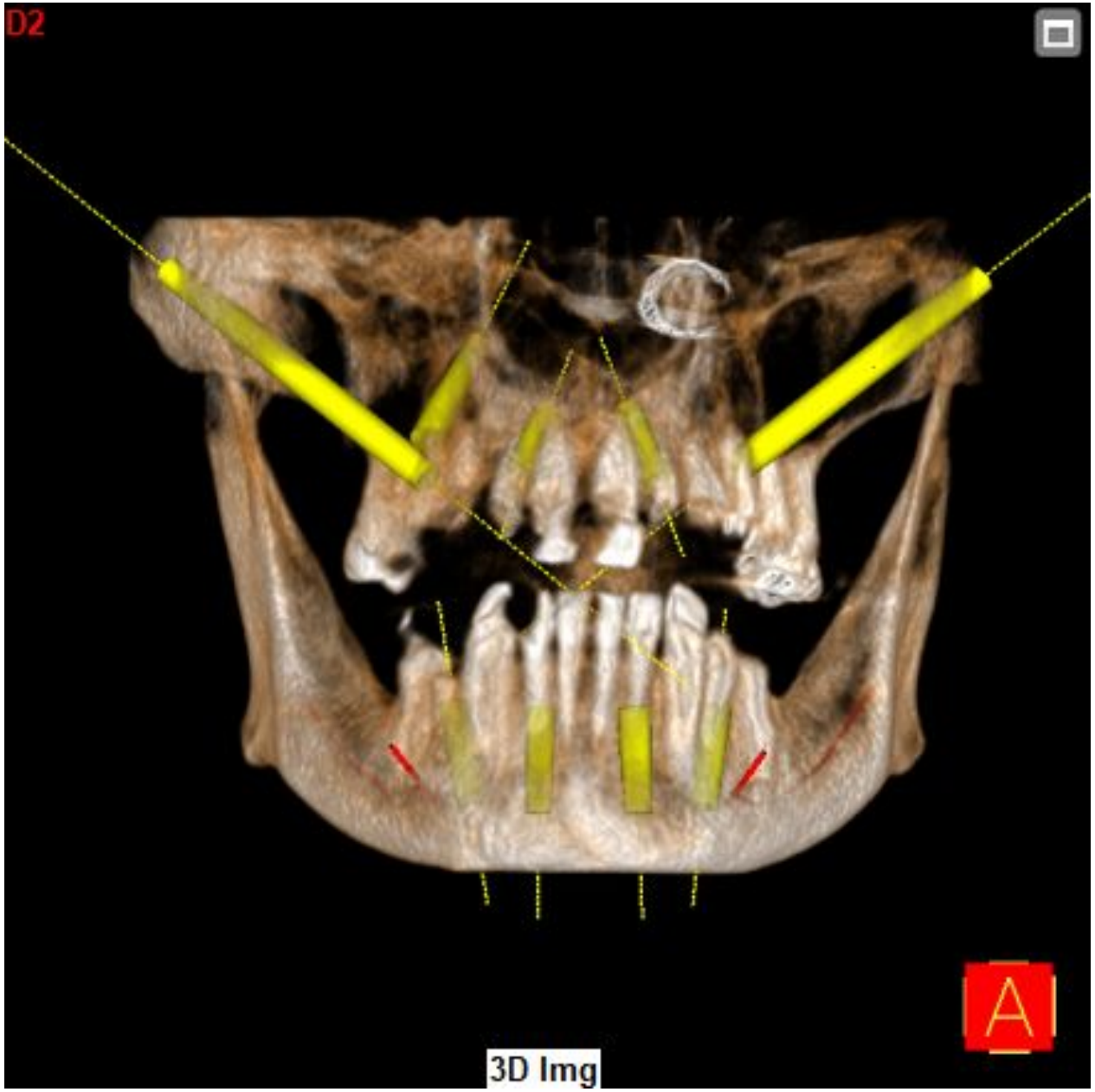
Surgery is medically necessary to debride the oral cavity of infected soft tissue and remove any necrotic bone, getting ahead of further atrophy which has been accelerated by chromobodies. Surgical procedures will then be required to restore bodily function caused by disease (infection) and surgical 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.

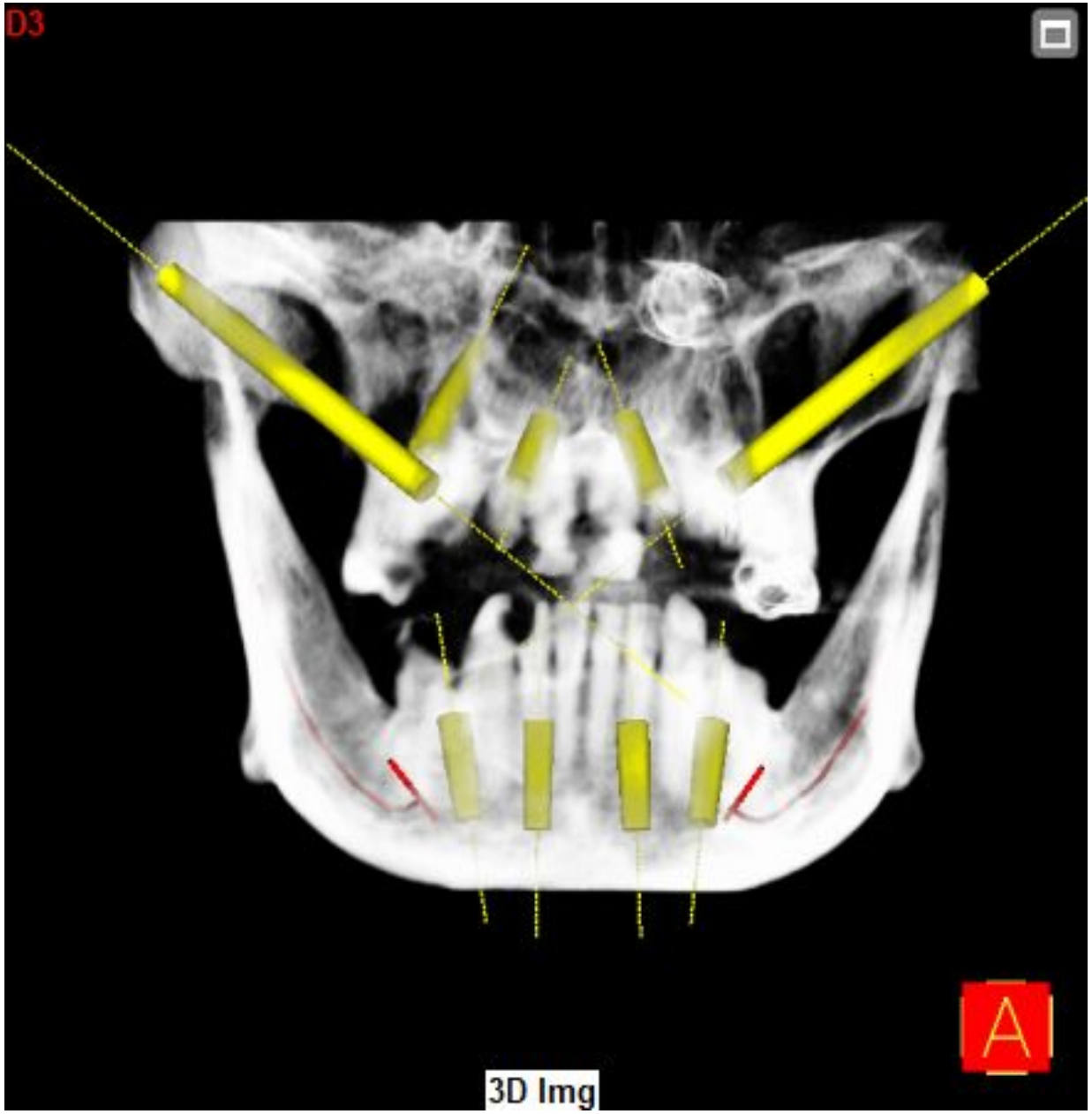
The surgery plan is to extract all remaining teeth, remove localized infection, expose fresh bone for implant placement, and utilize maxillary bone for implant placement in the areas of tooth #4, 7, 10, and 13. The pterygoid plate would provide an extra stability implant in the #2 area. Mandibular bone 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
A
3D Img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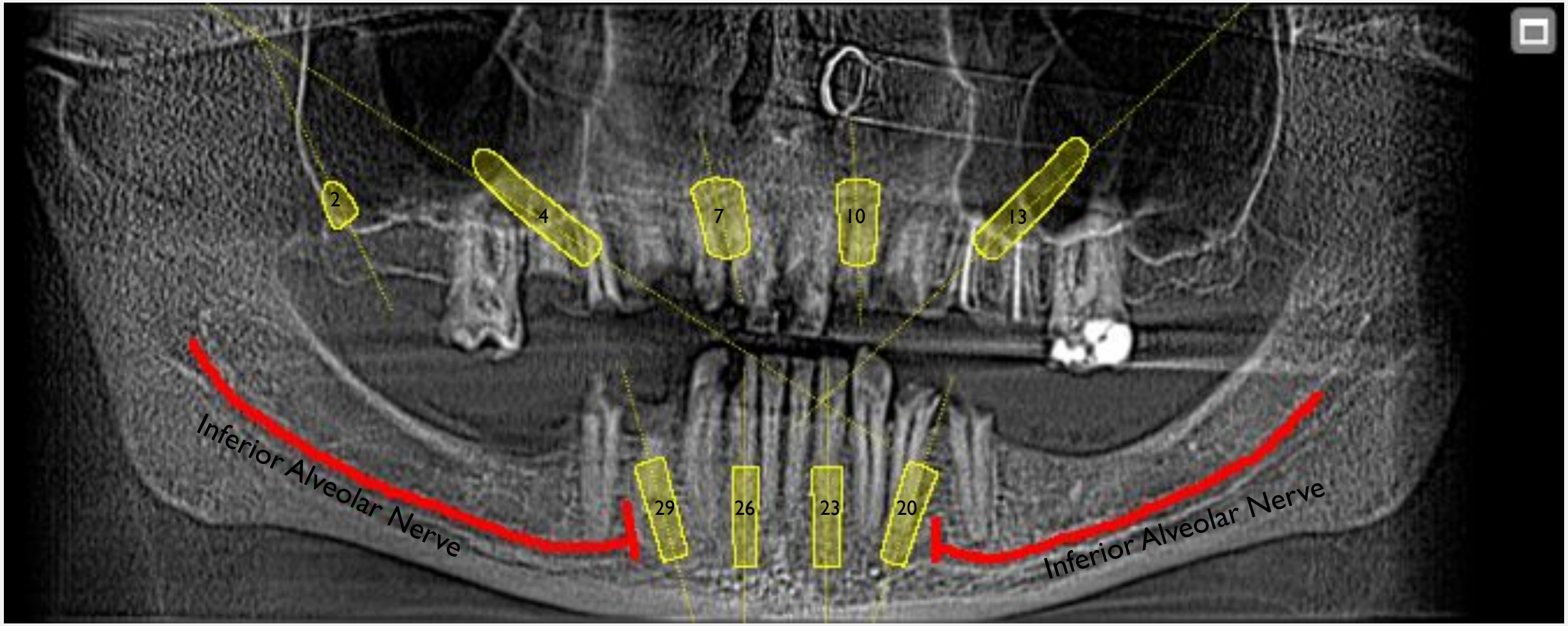
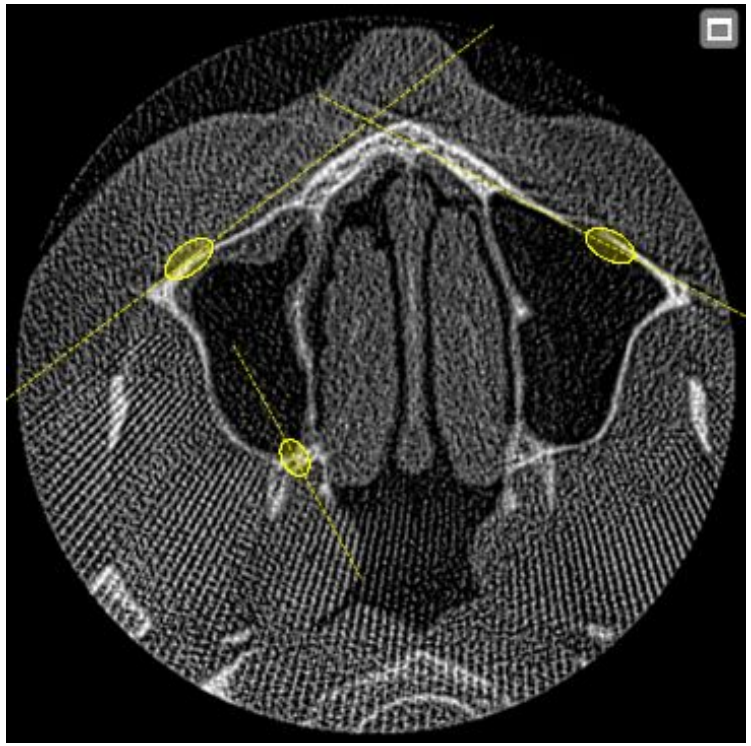
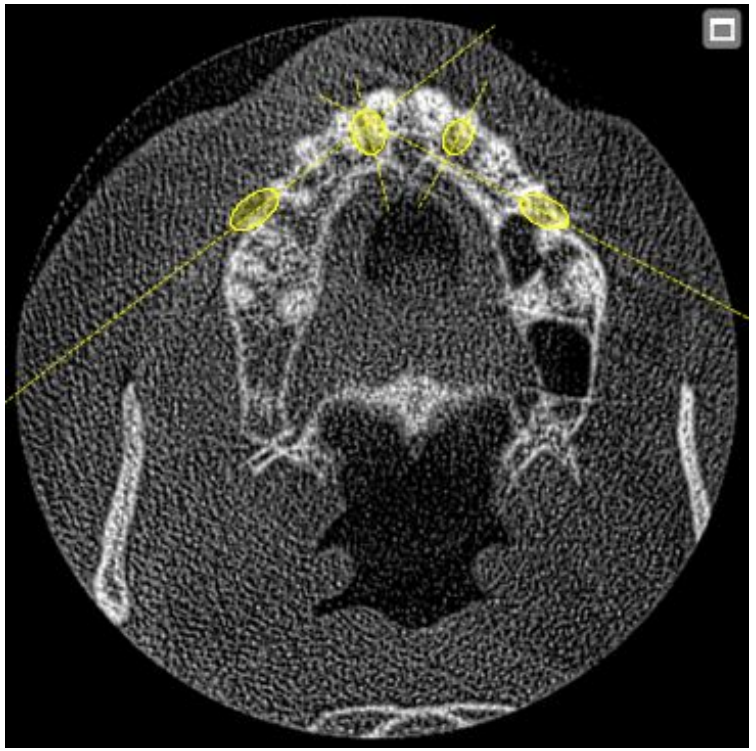
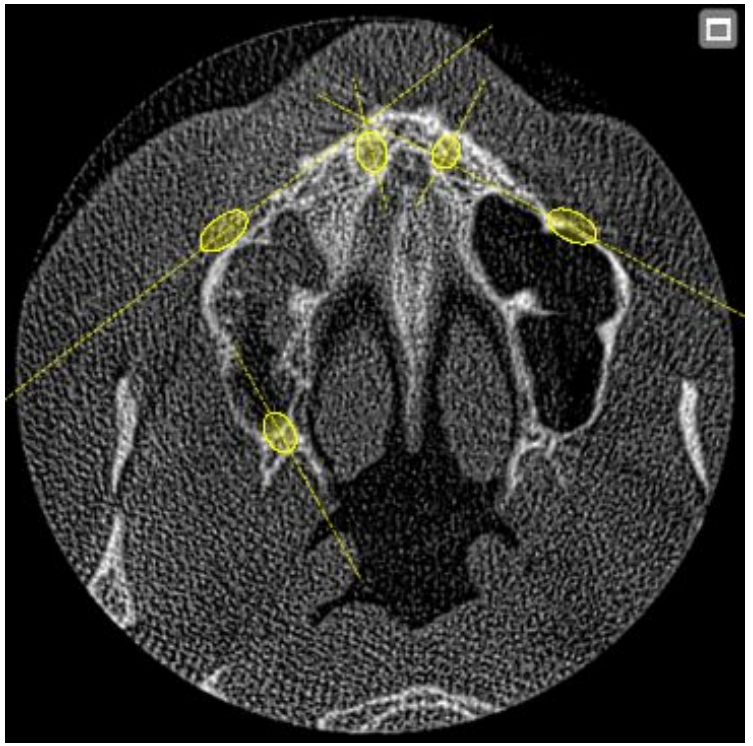


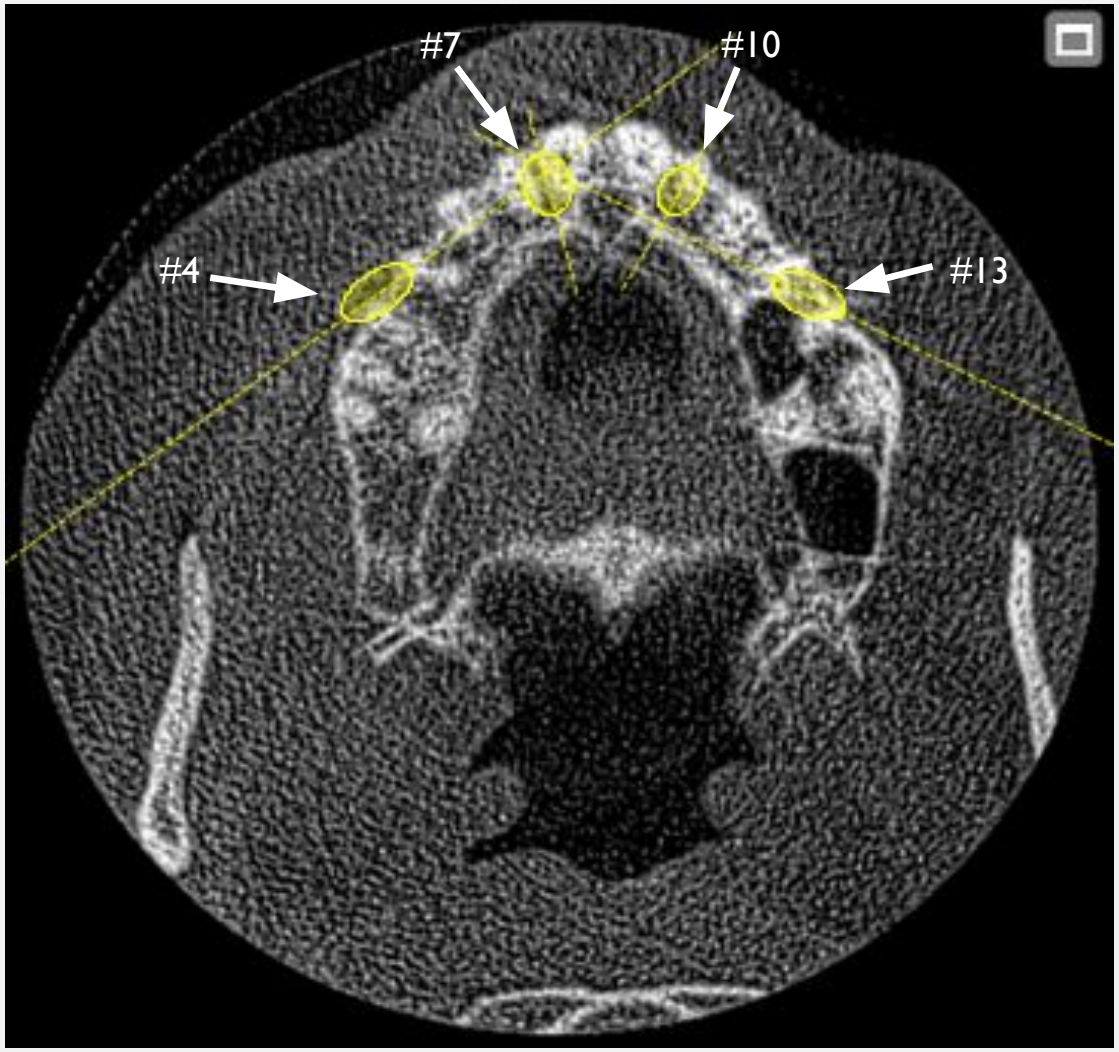
Implant planning with 5/20/21 CBCT scan

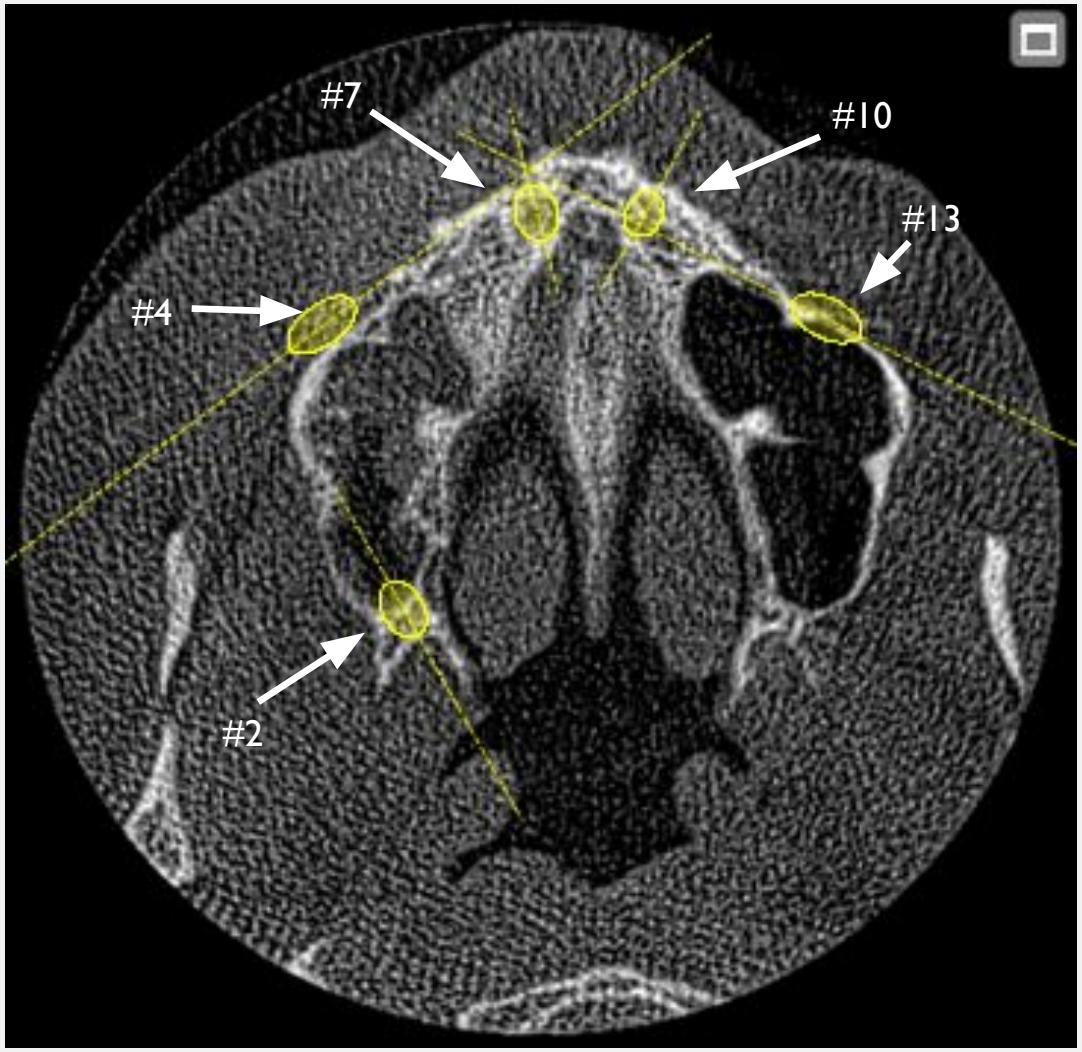
UPPER ARCH

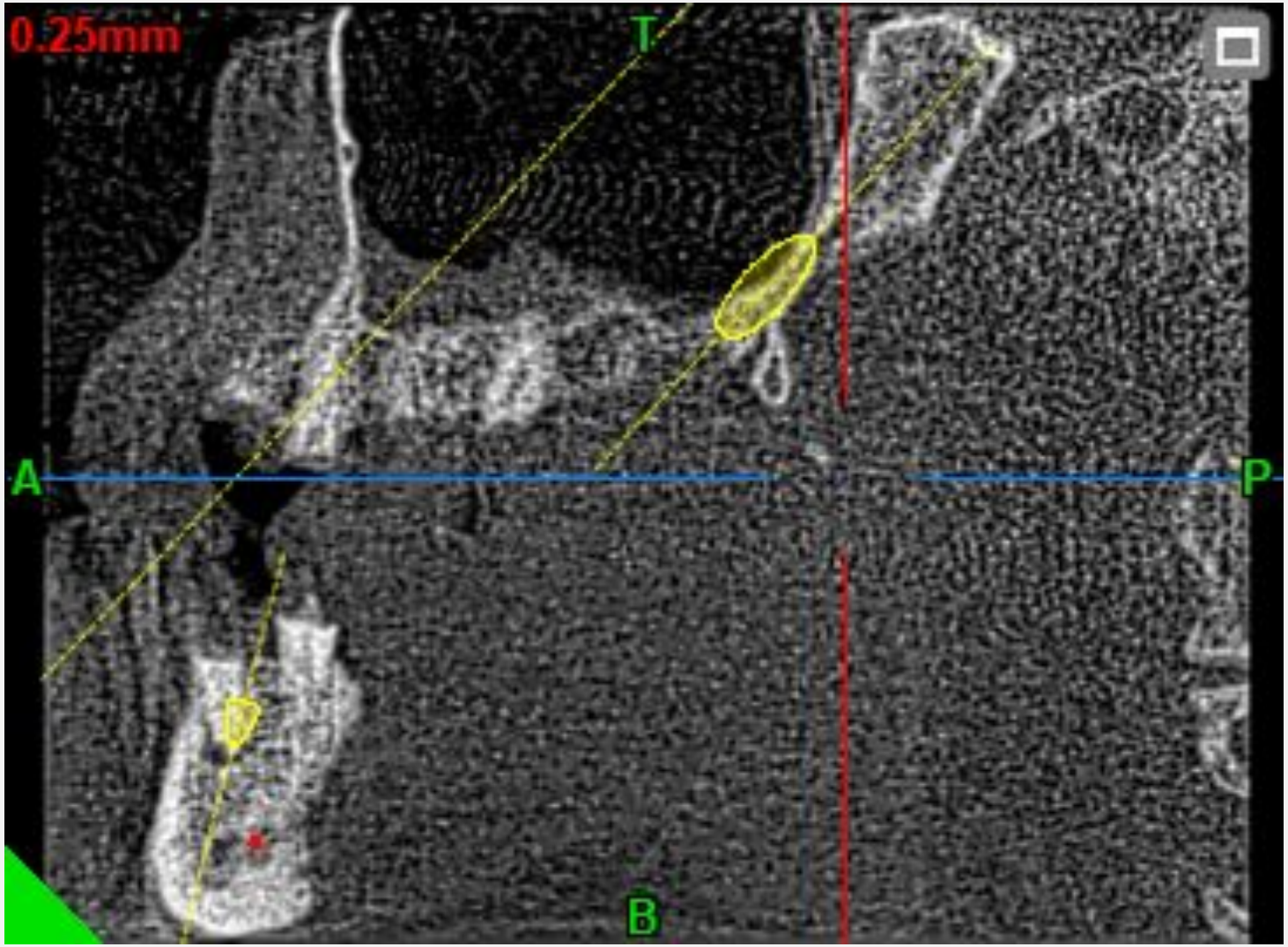


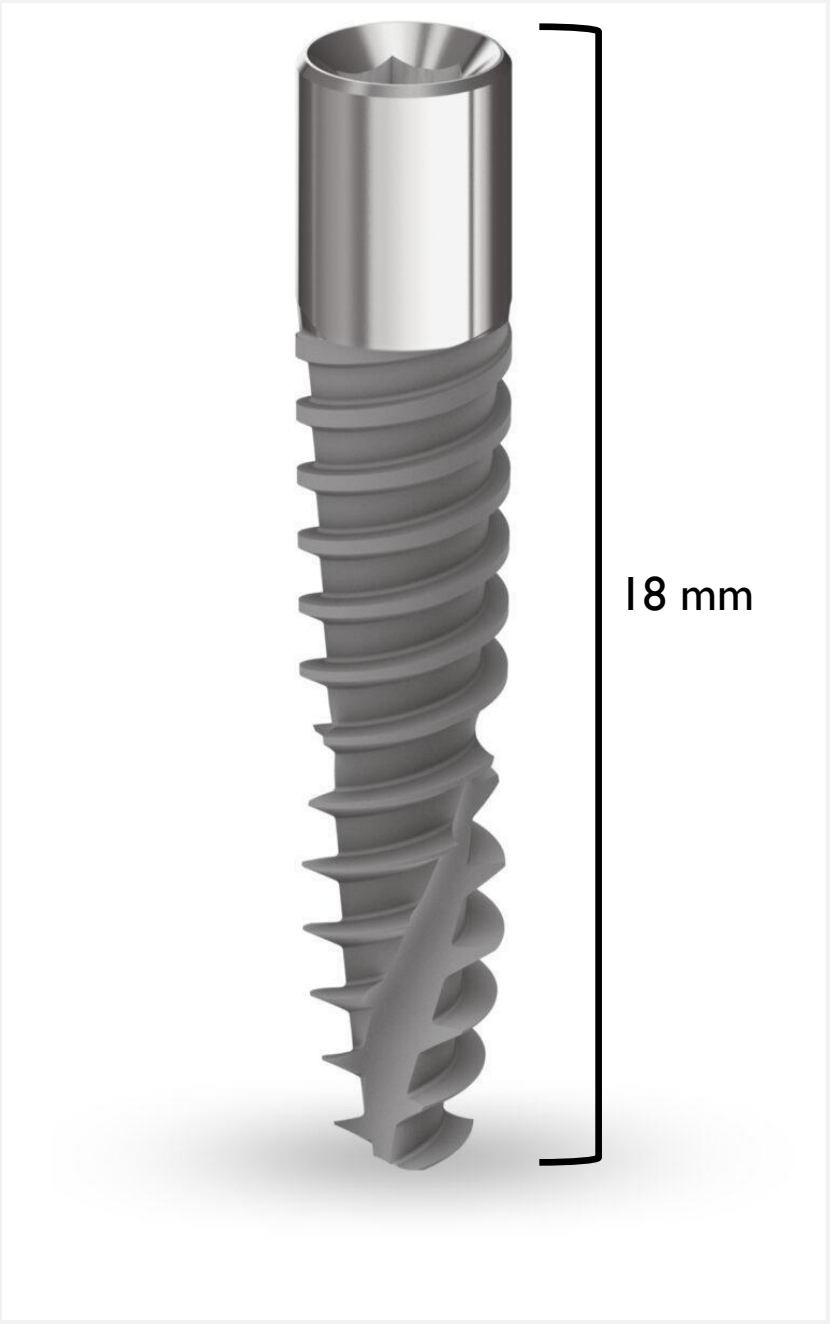




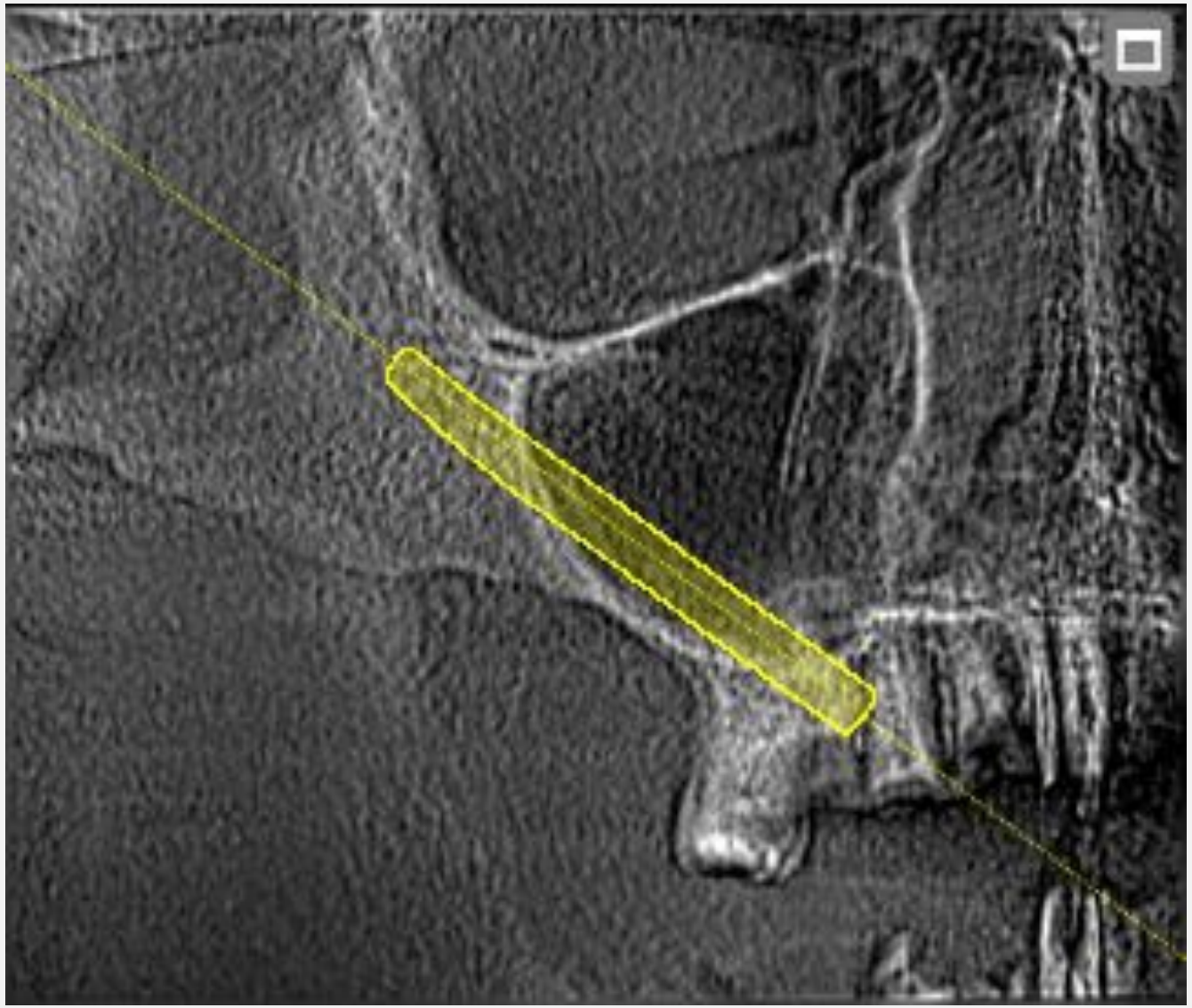

#7
#10
#4
#13


#7
#10
#13
#4
#2

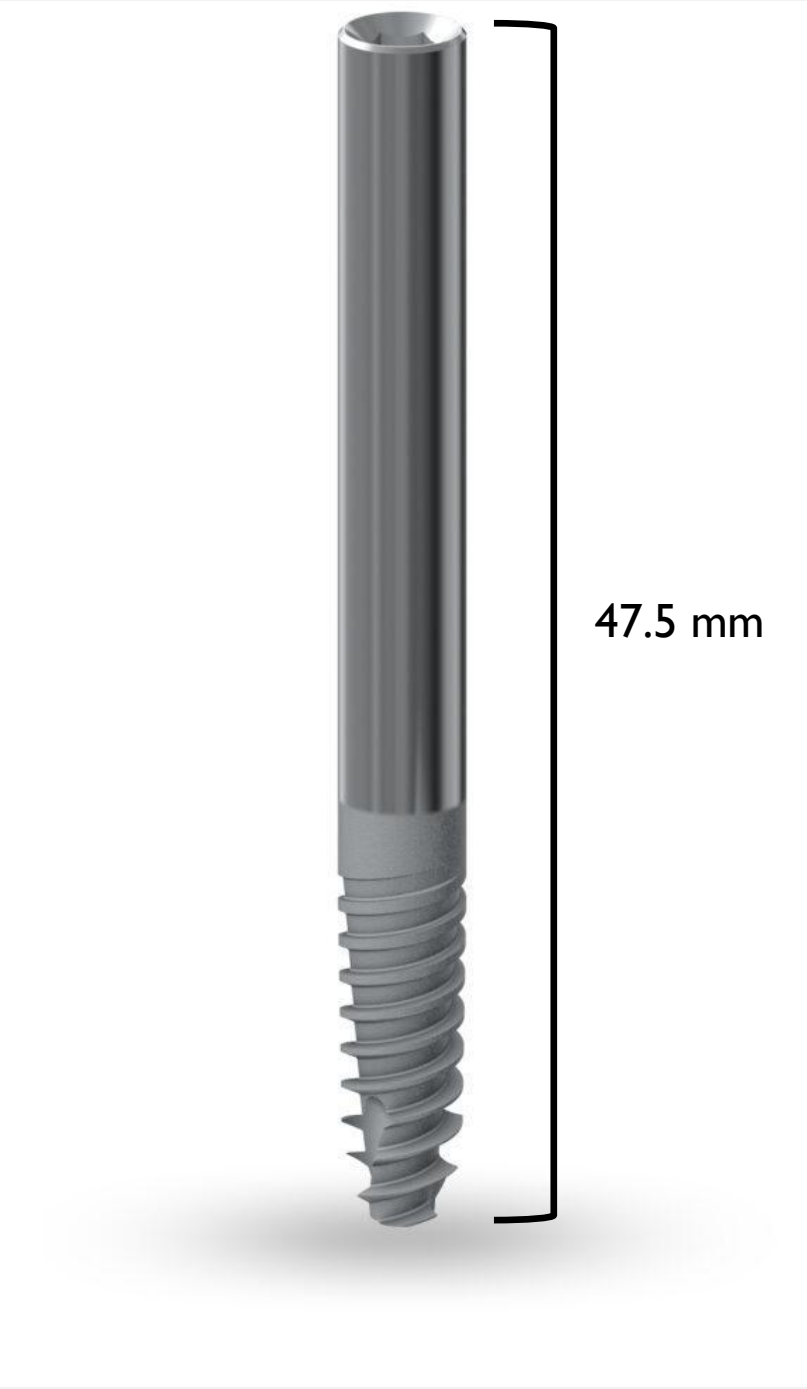


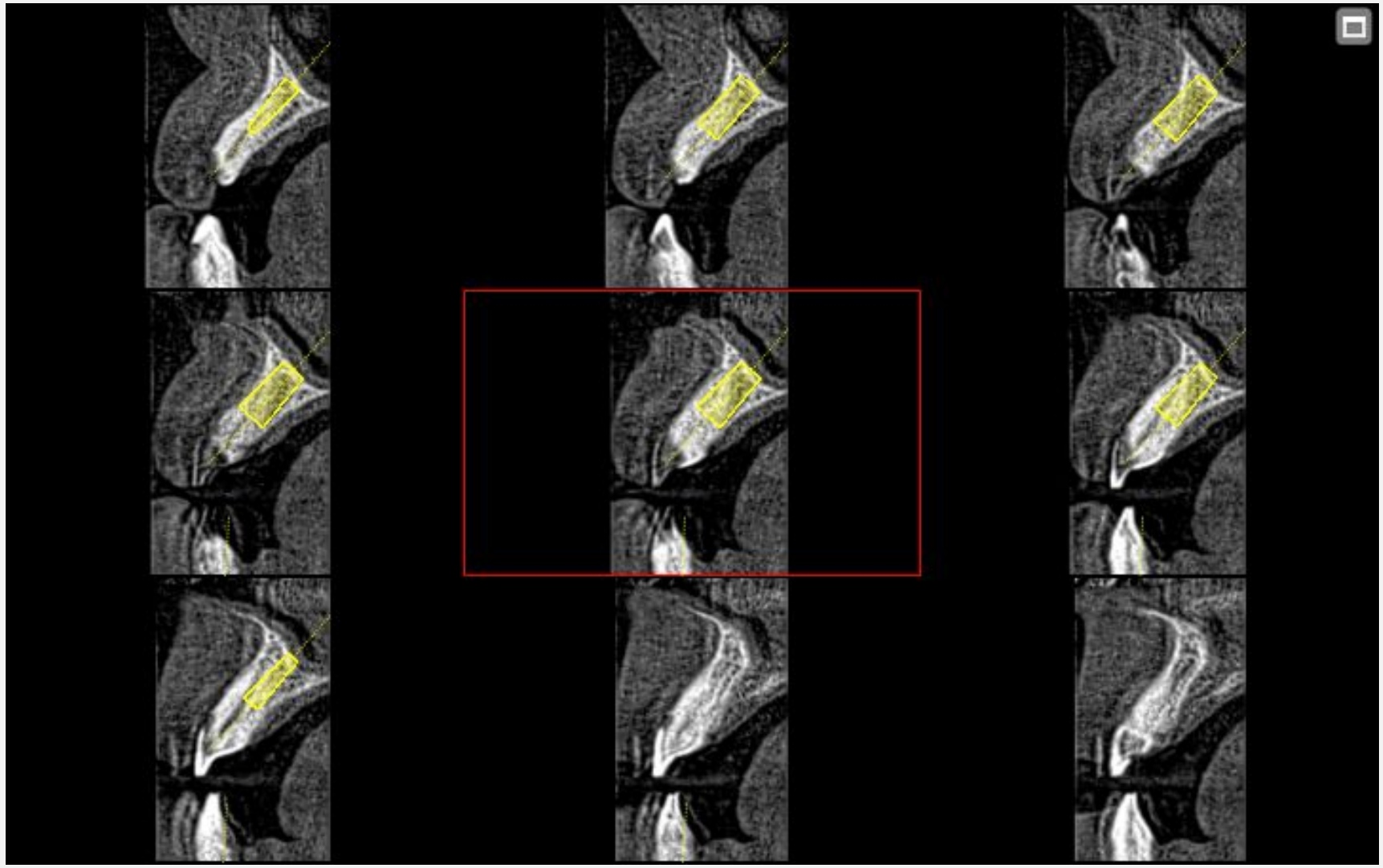


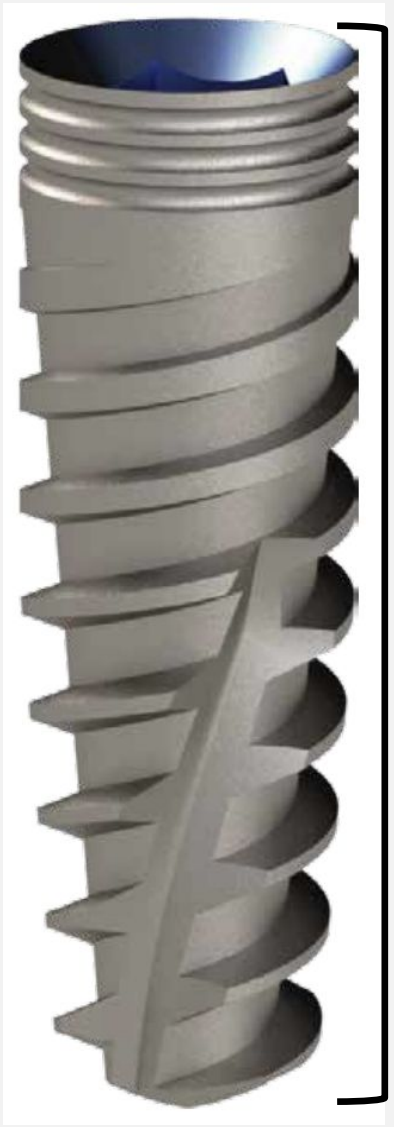
#2 Pterygoid Implant
Norris NMAF4218
D: 4.2mm L: 18mm
Torque: 60 NCM



#4 Zygomatic Implant
Norris NM-F4447
D: 4.2mm L: 47.5mm
Torque: 50 NCM

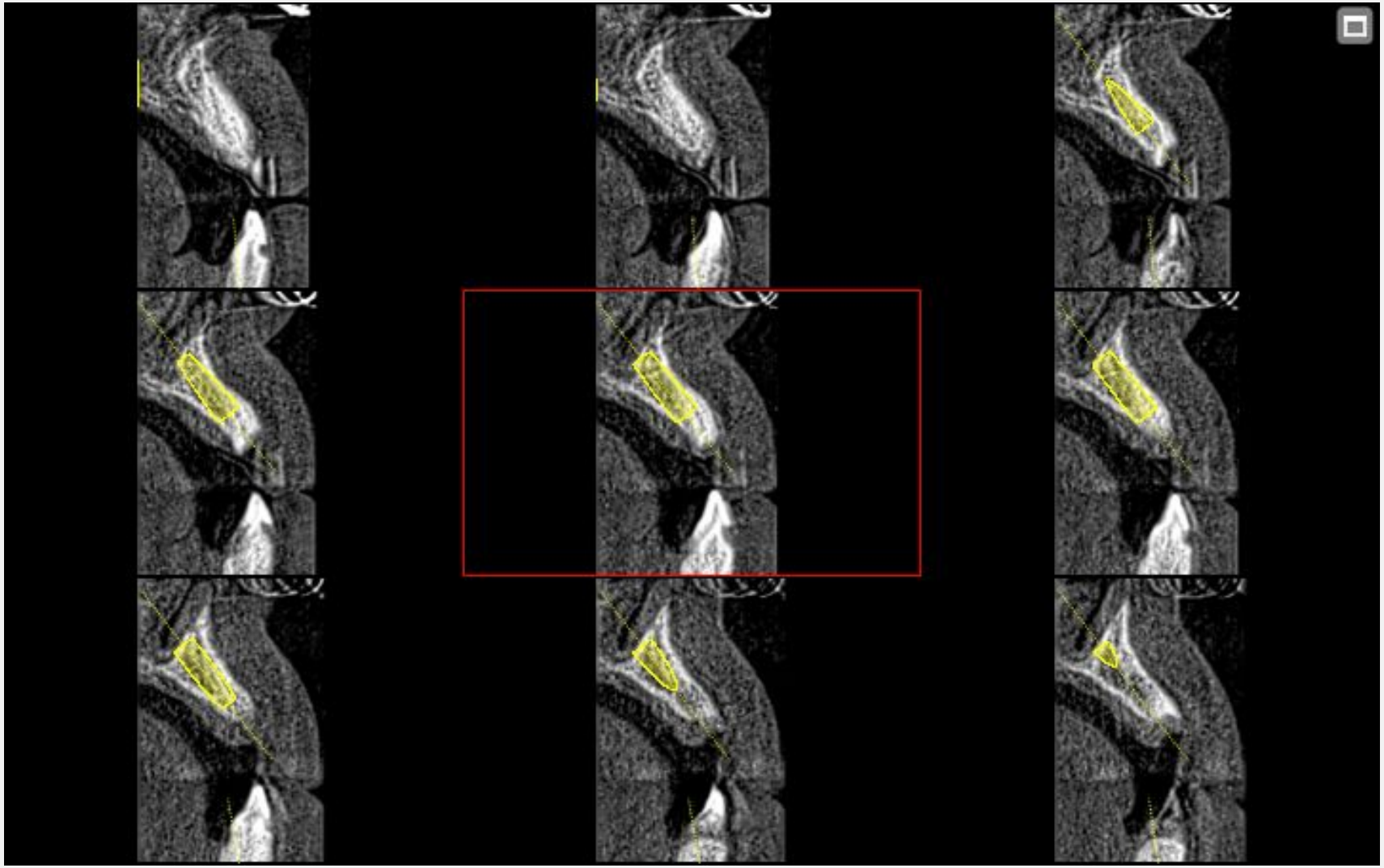


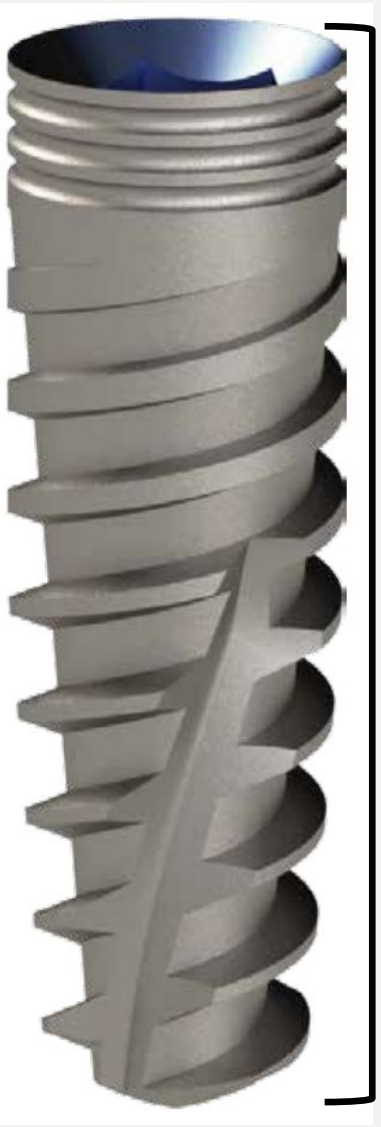




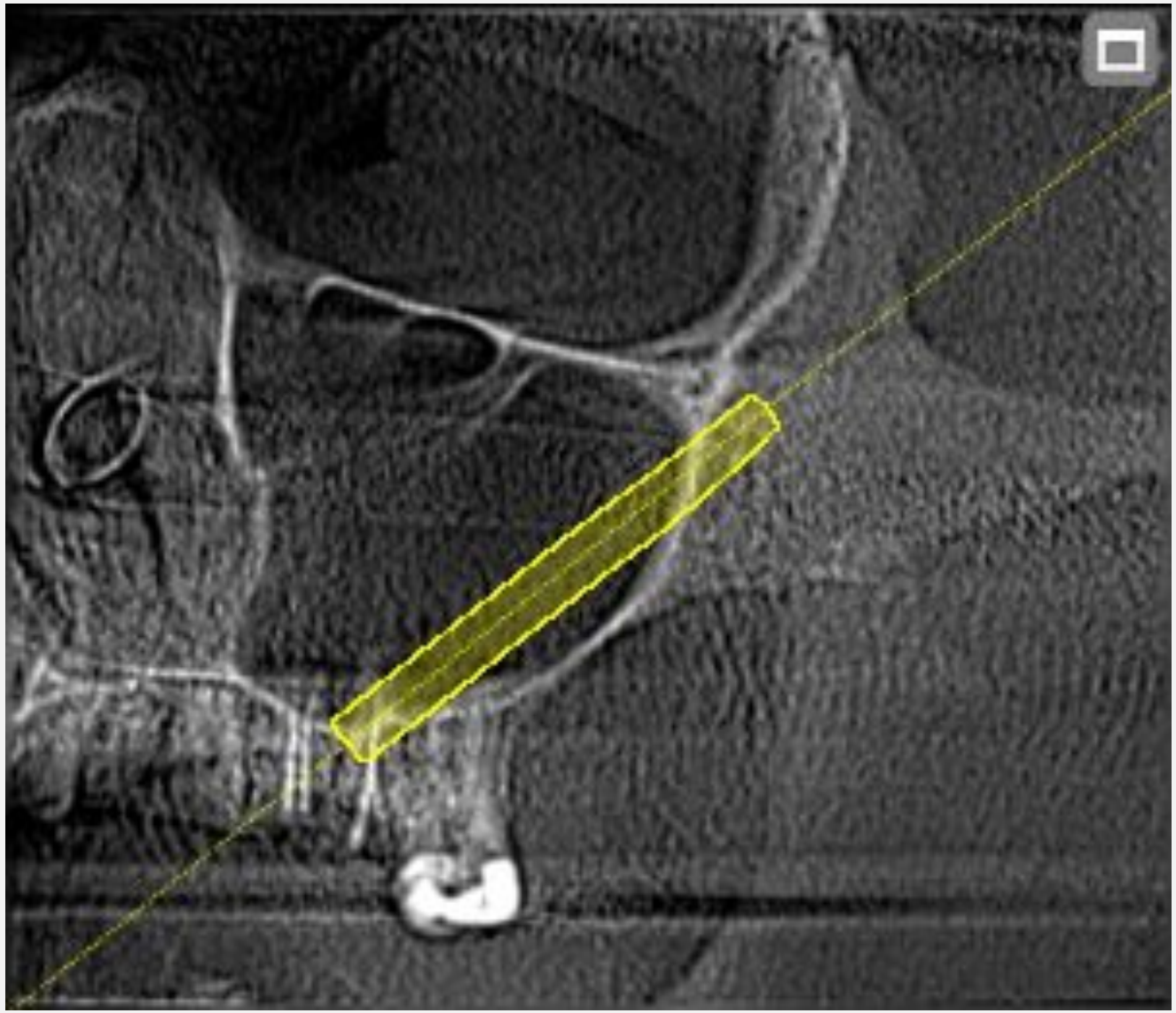
10 mm

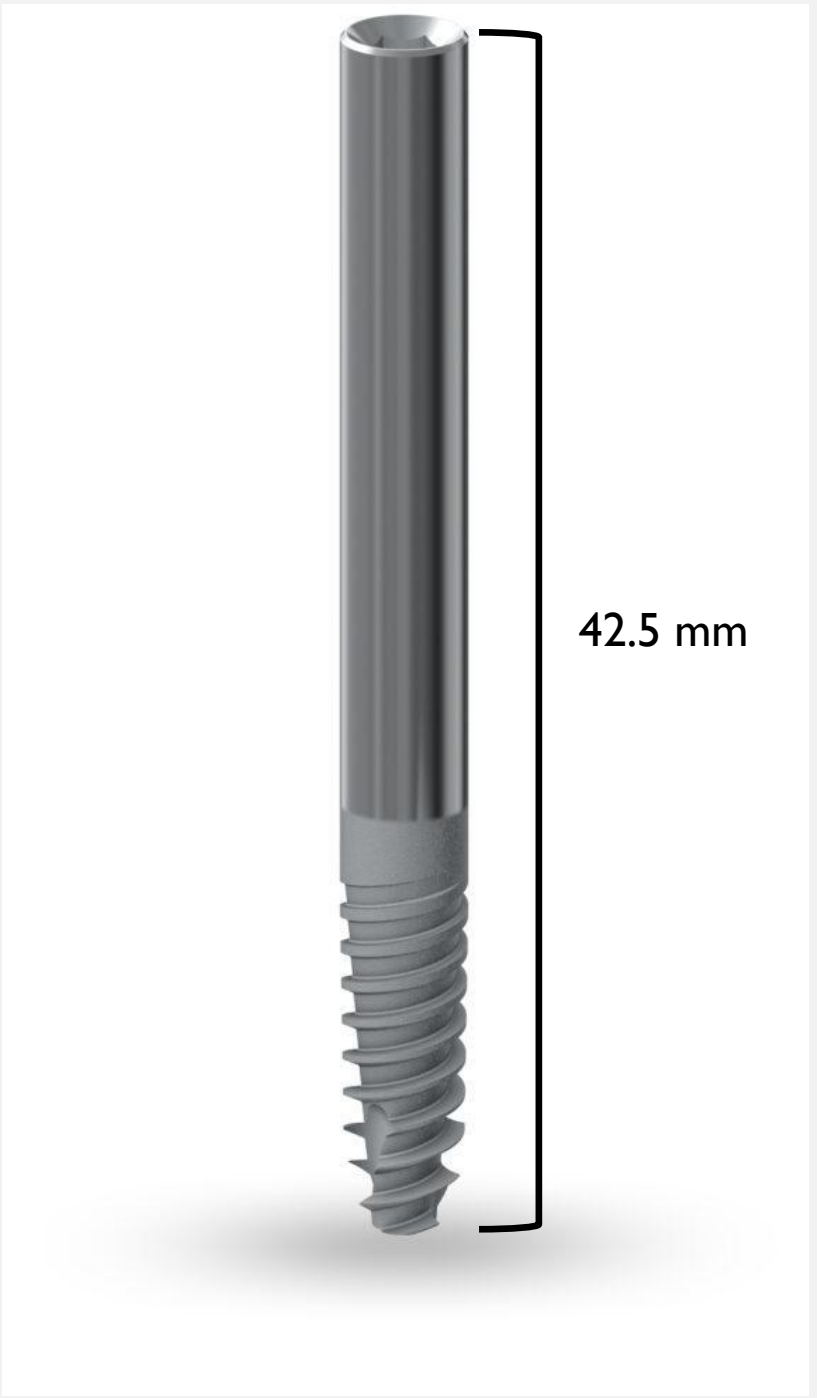
#7 Implant
Lamina Implant SV-RP
D: 5.0mm L:10mm
Torque: 70 NCM



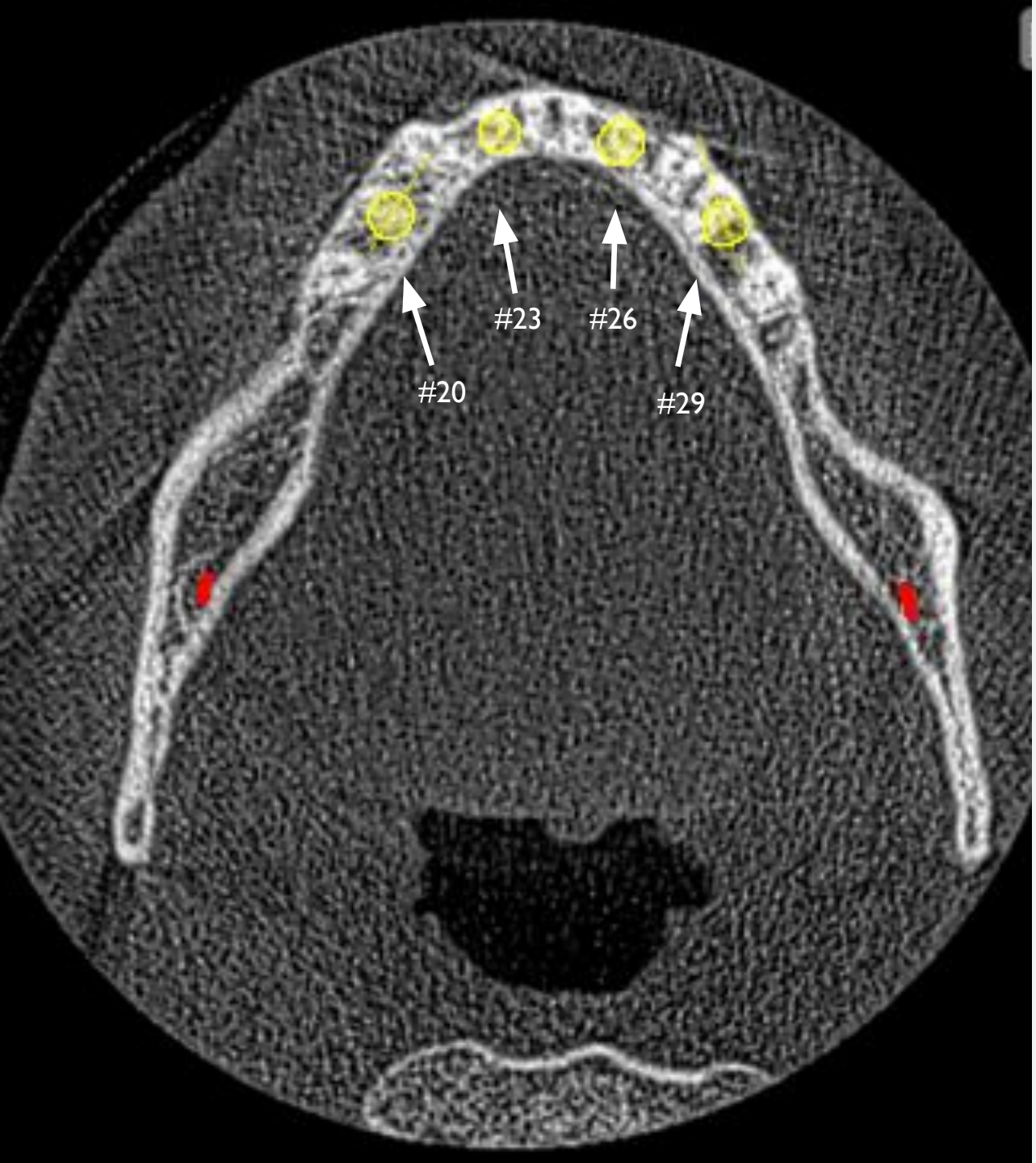


#10 Implant
Lamina Implant SV-RP
D: 4.2mm L: 11.5mm
Torque: 80 NCM

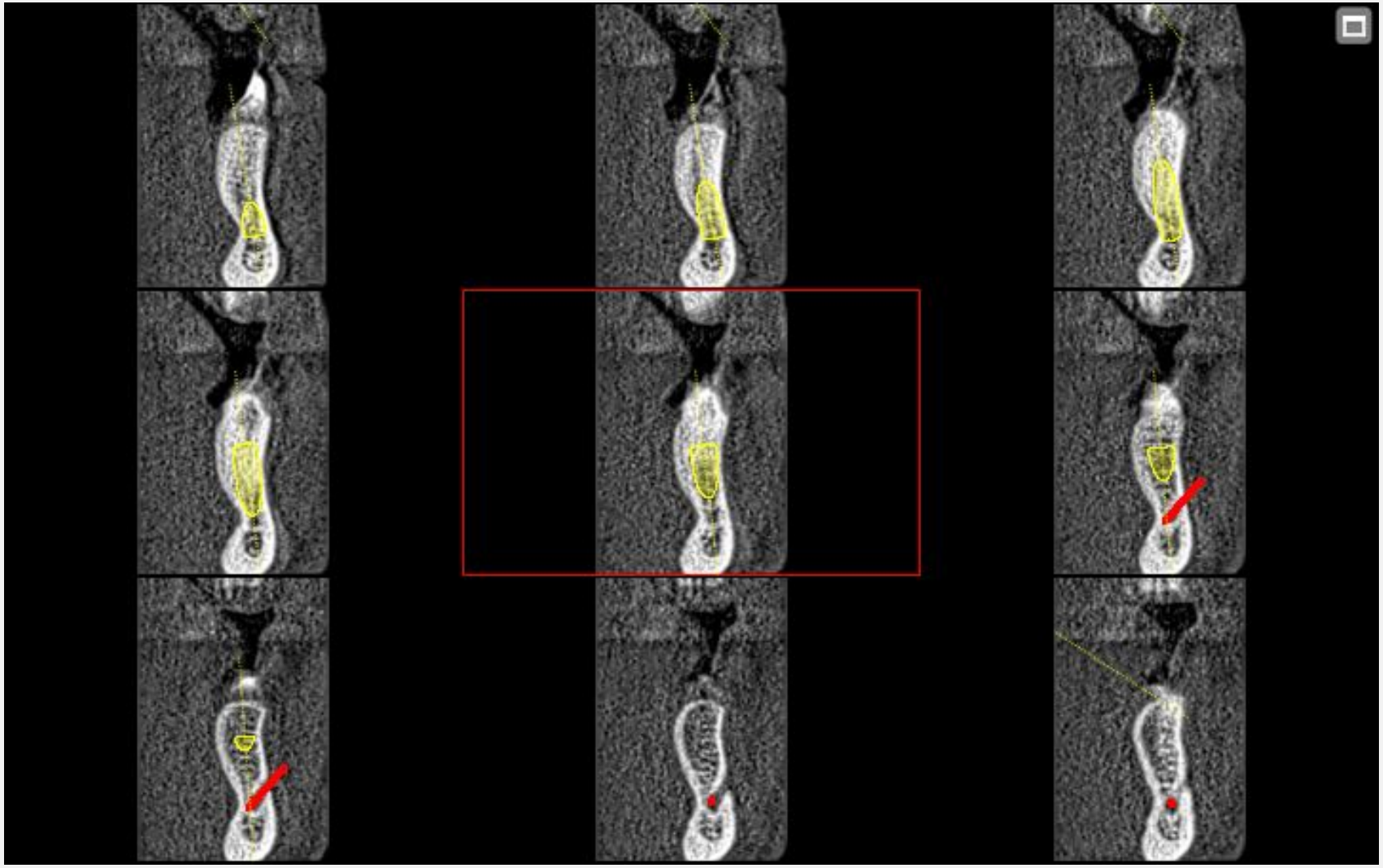




#13 Zygomatic Implant
Norris NM-F4442
D: 4.2mm L: 42.5mm
Torque: 90 NCM

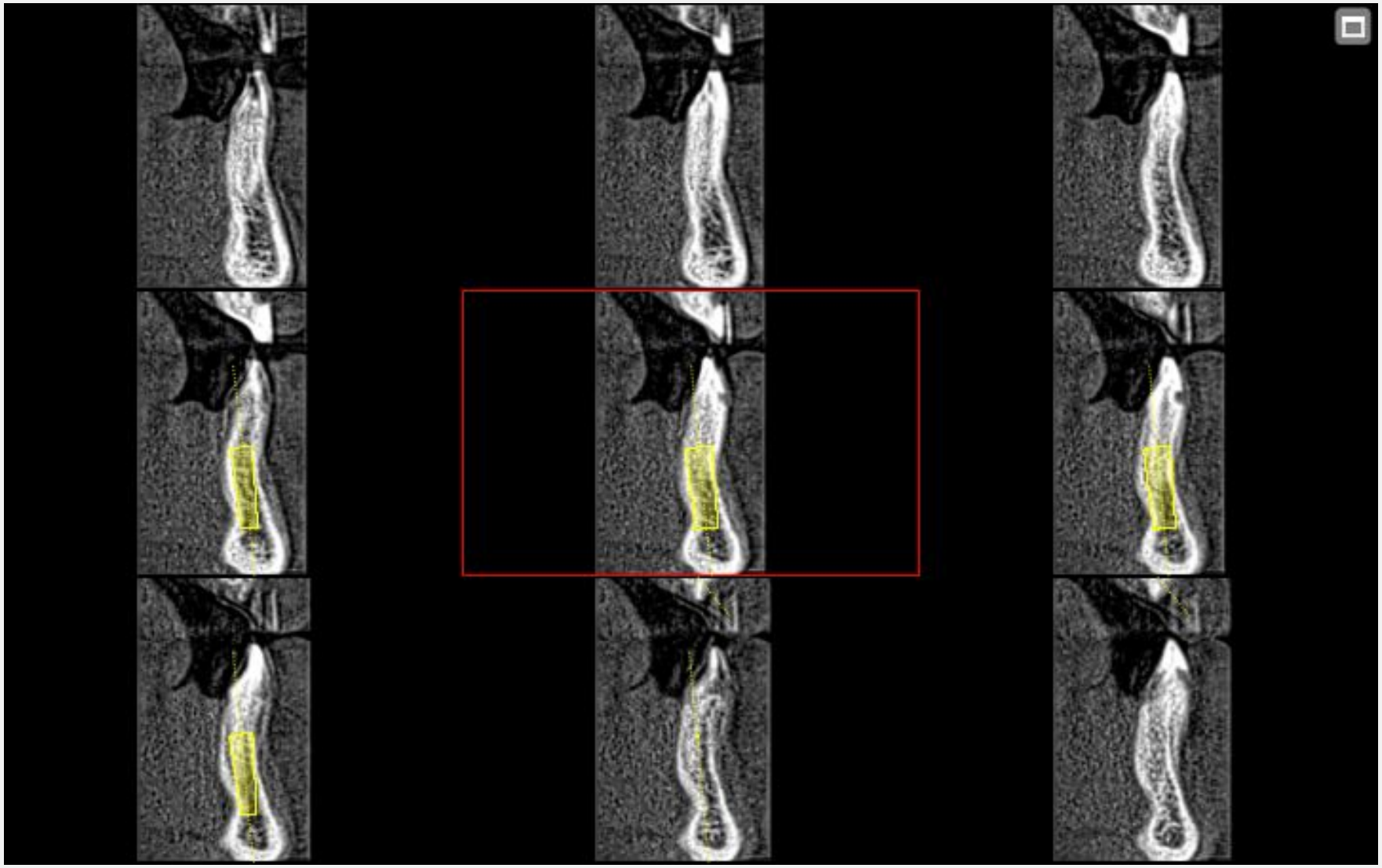


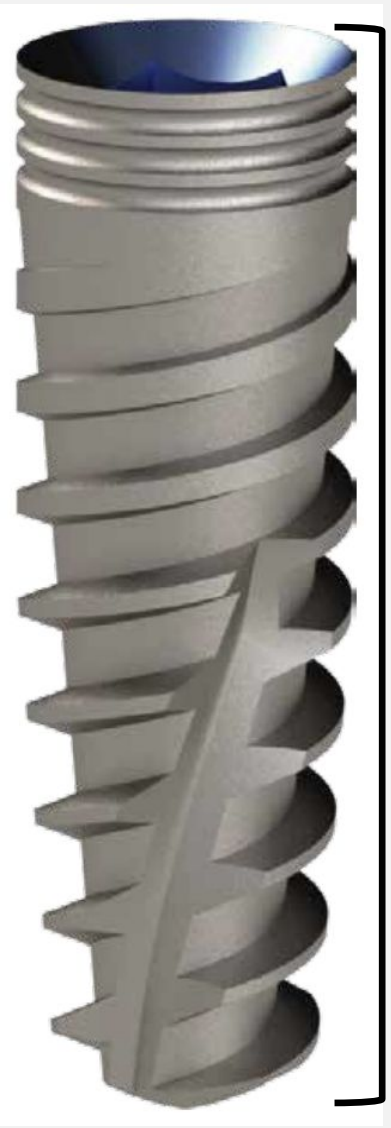
LOWER ARCH



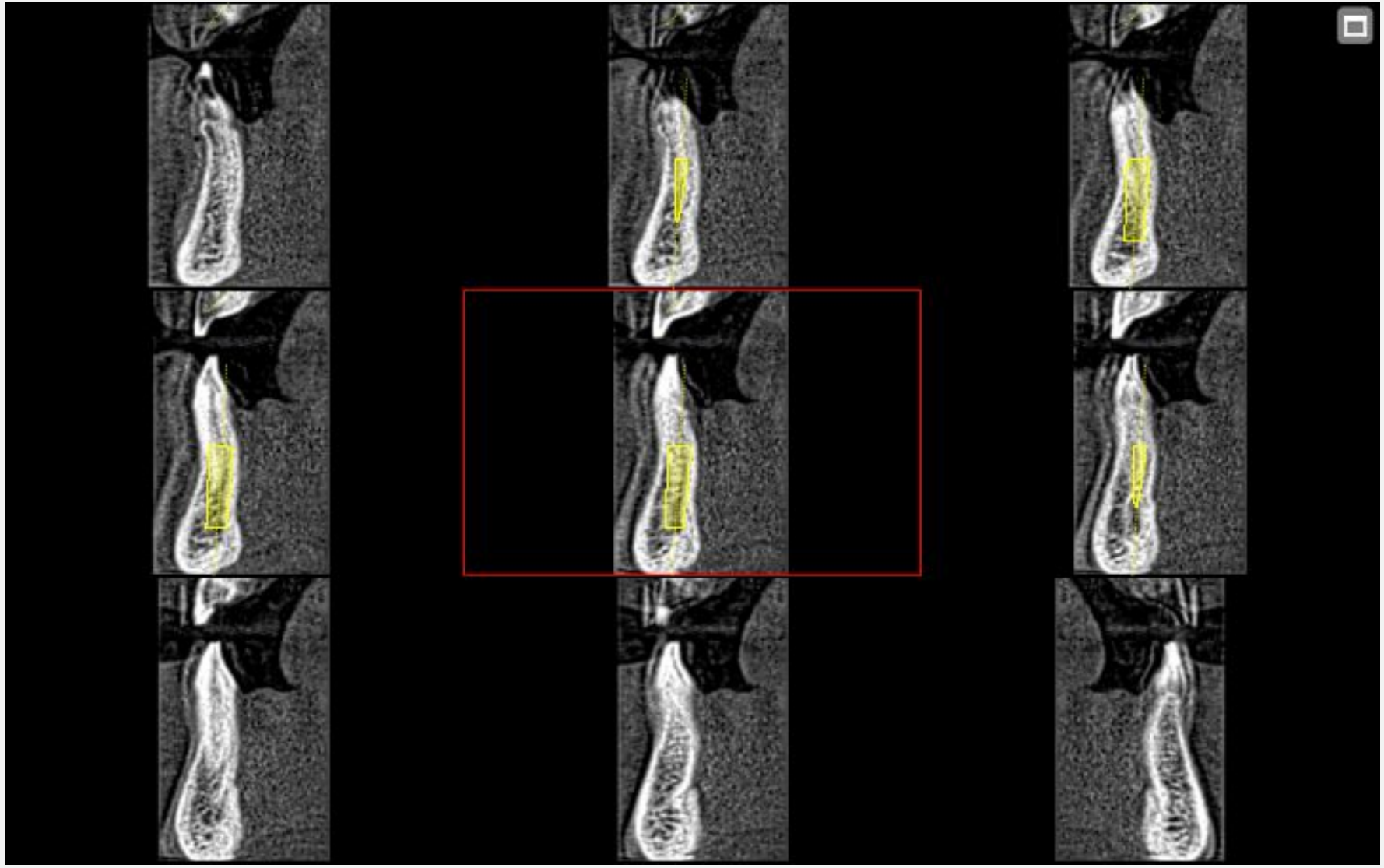
13 mm

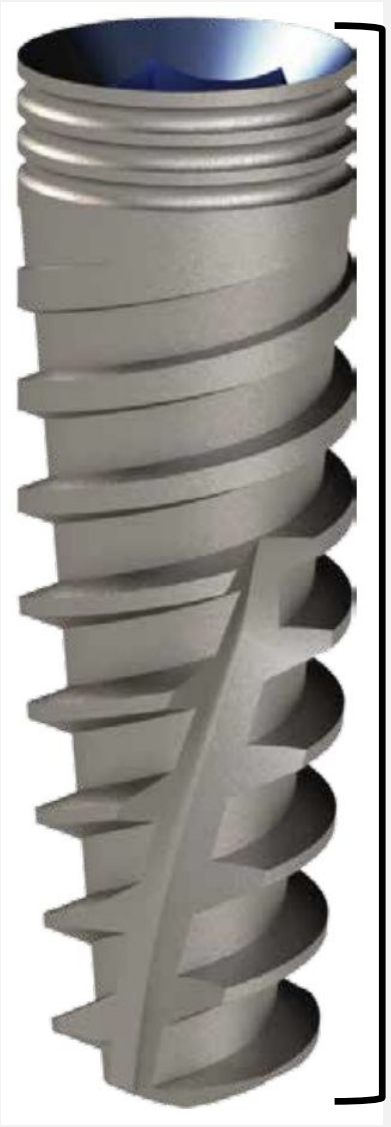
#20 implant
Lamina Implant SV-RP
D: 4.2mm L: 13mm
Torque: 70 NCM



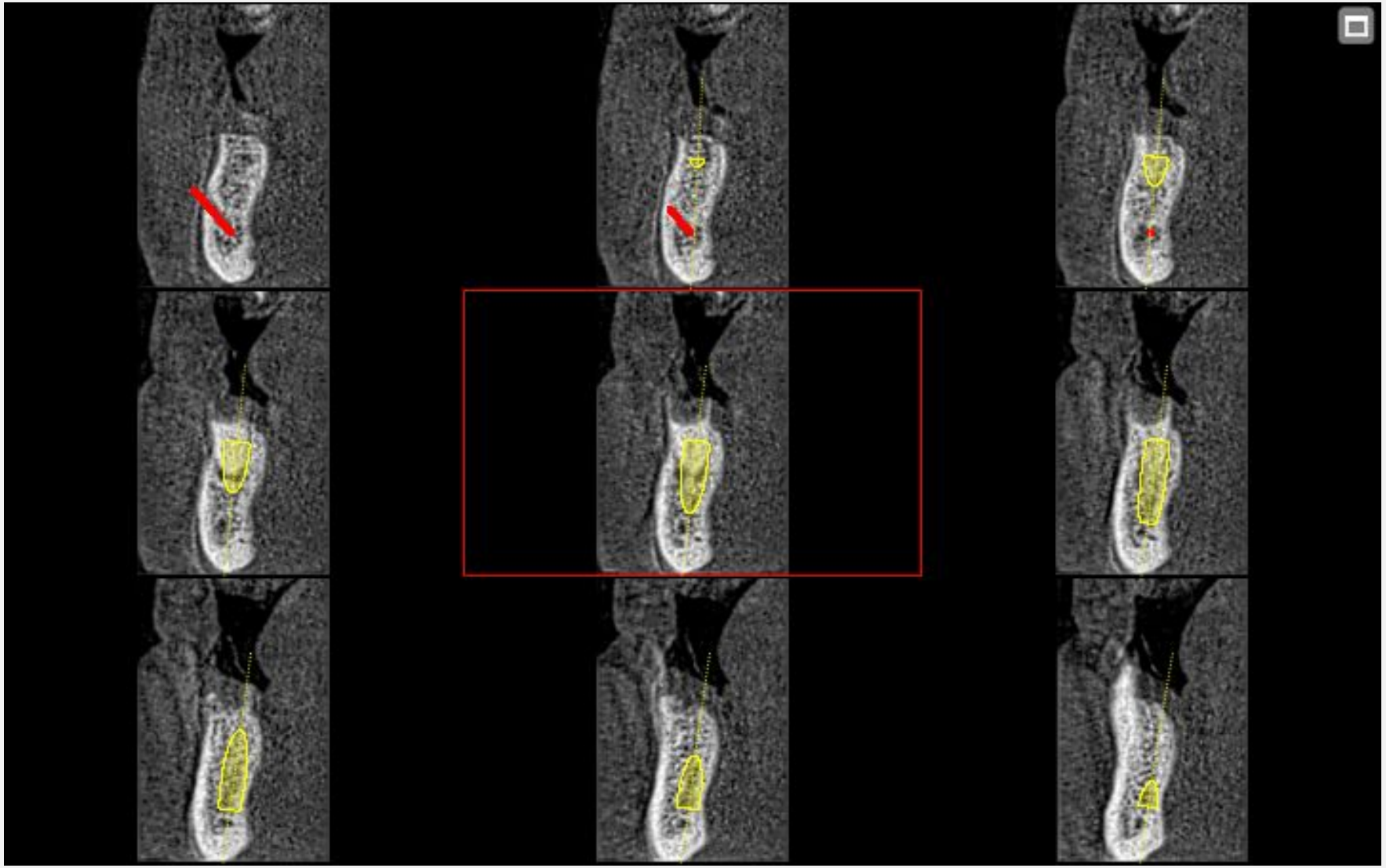


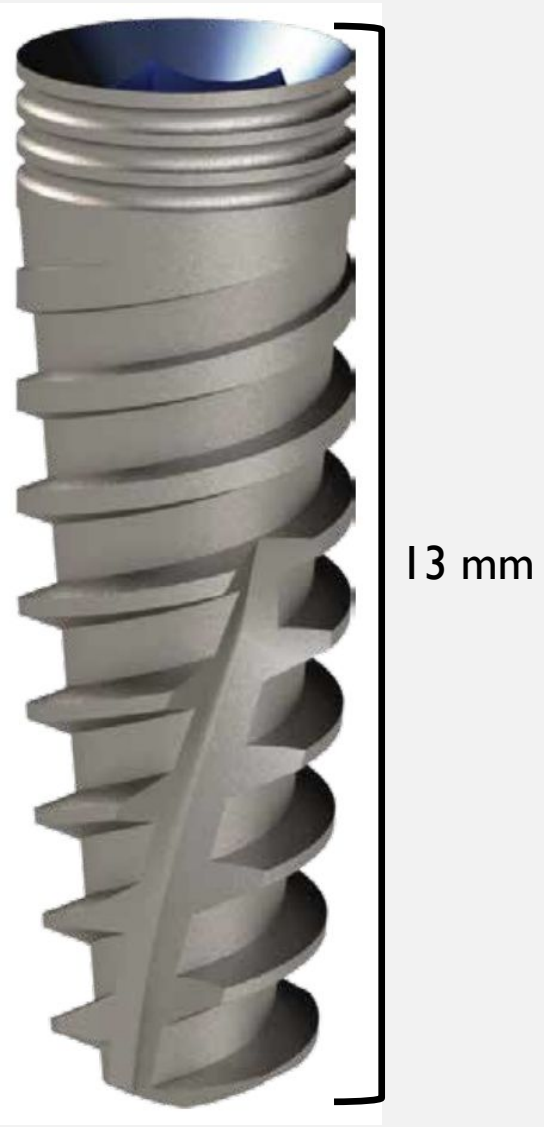
#23 Implant
Lamina Implant SV-RP
D: 4.2mm L: 13mm
Torque: 70 NCM





#26 Implant
Lamina Implant SV-RP
D: 3.5mm L: 13mm
Torque: 80 NCM



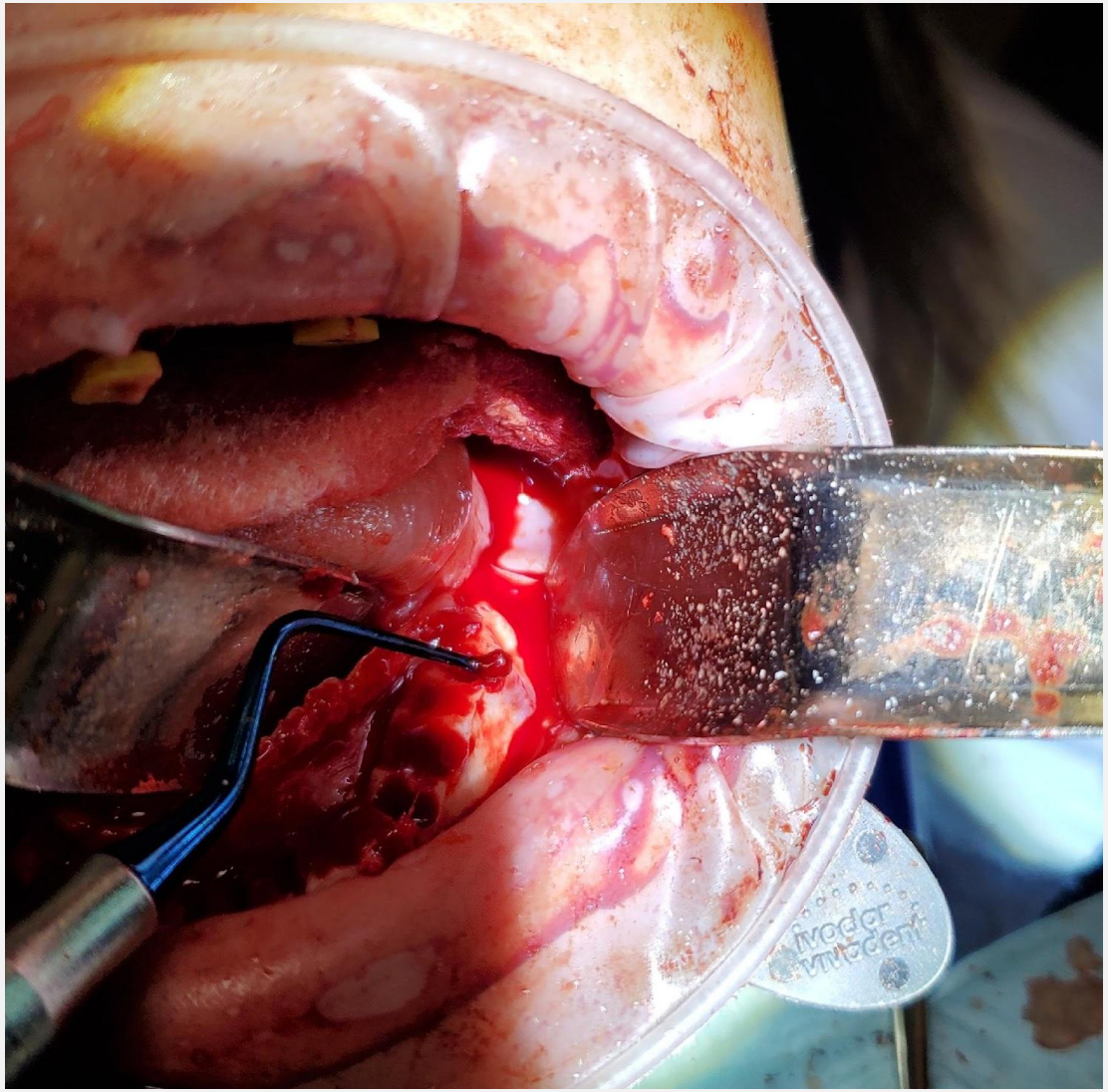


#29 Implant
Lamina Implant SV-RP
D: 4.2mm L: 13mm
Torque: 80 NCM

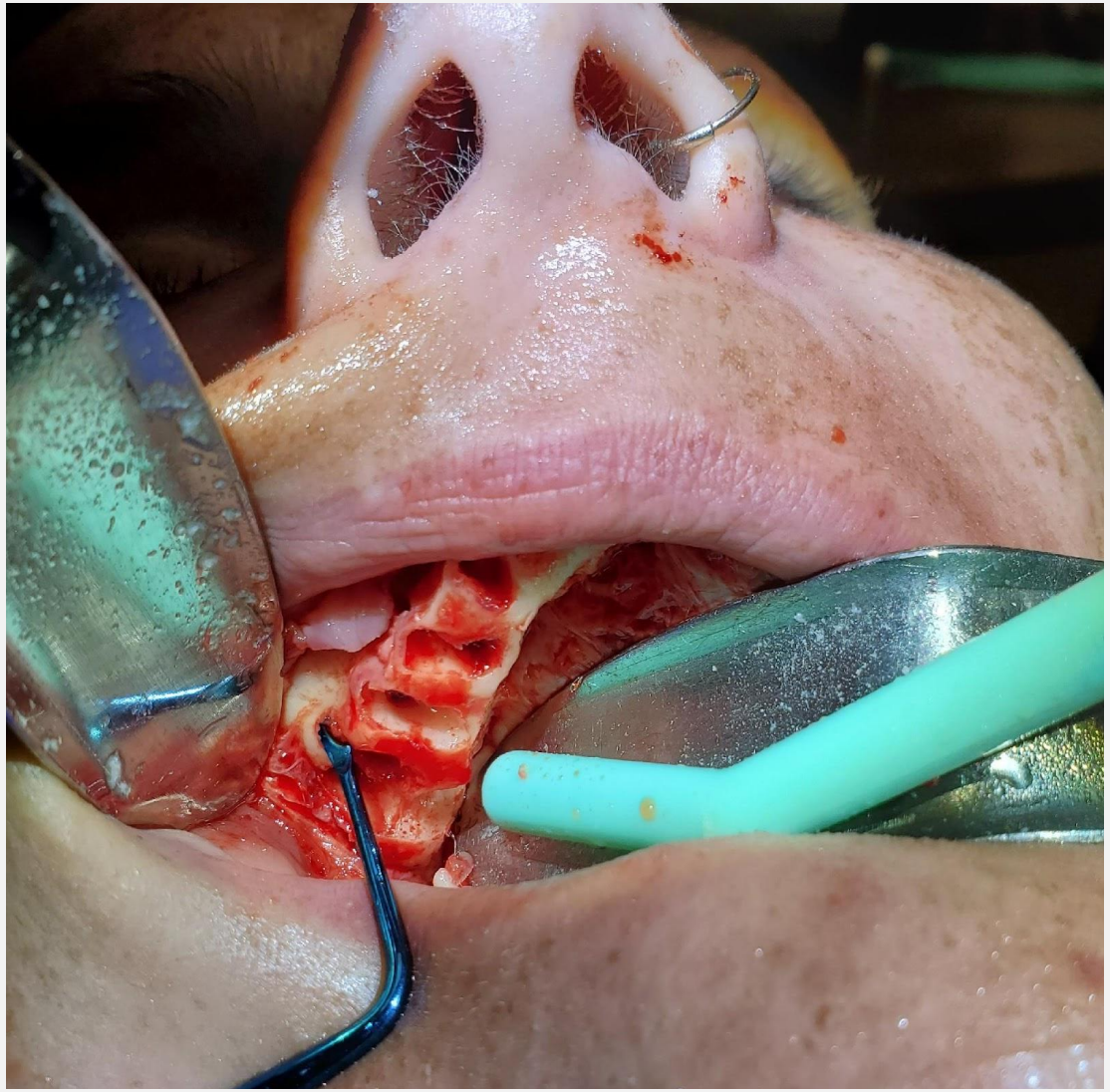
SURGERY

5/20/2021

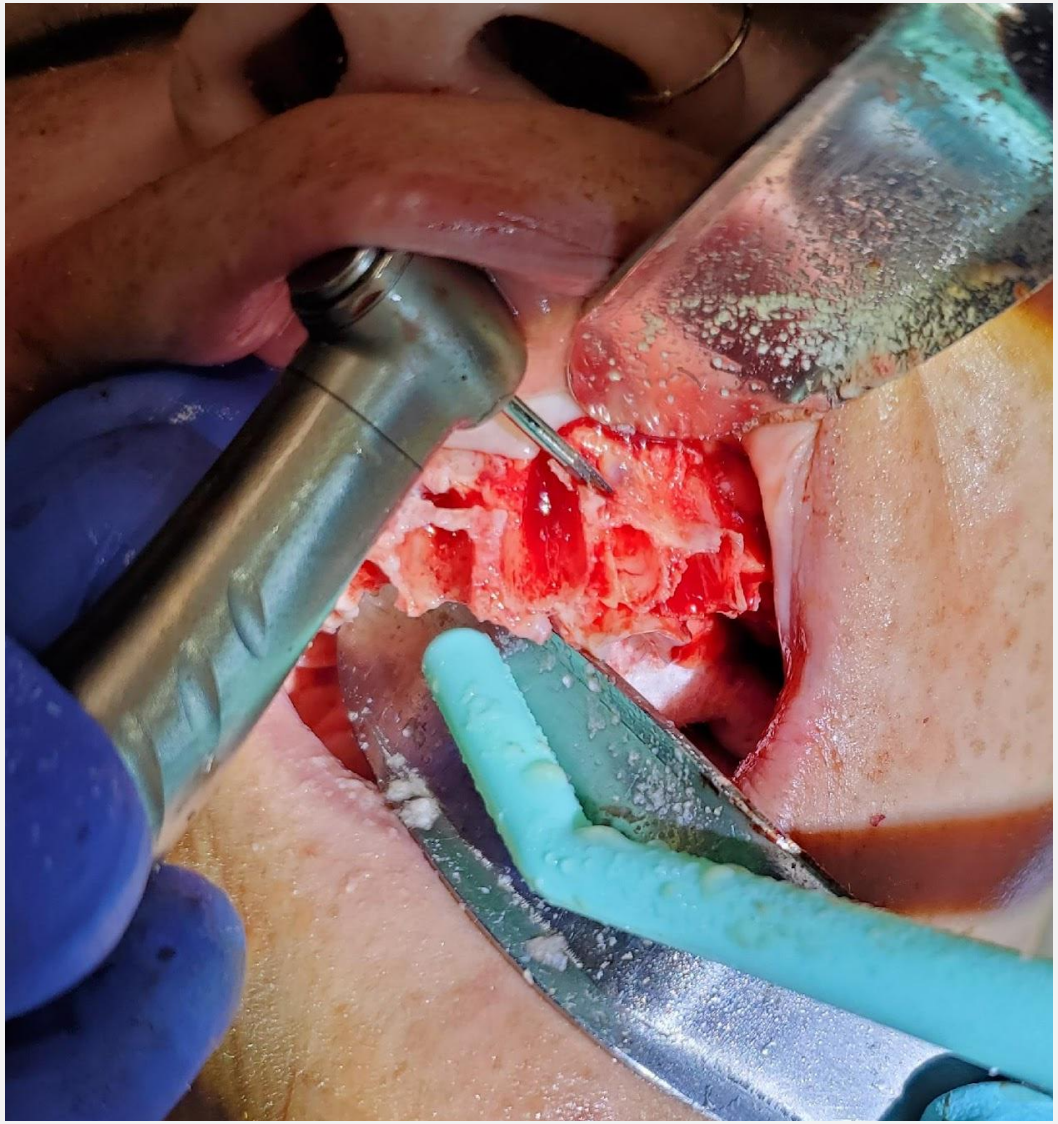
Maxillary Extraction



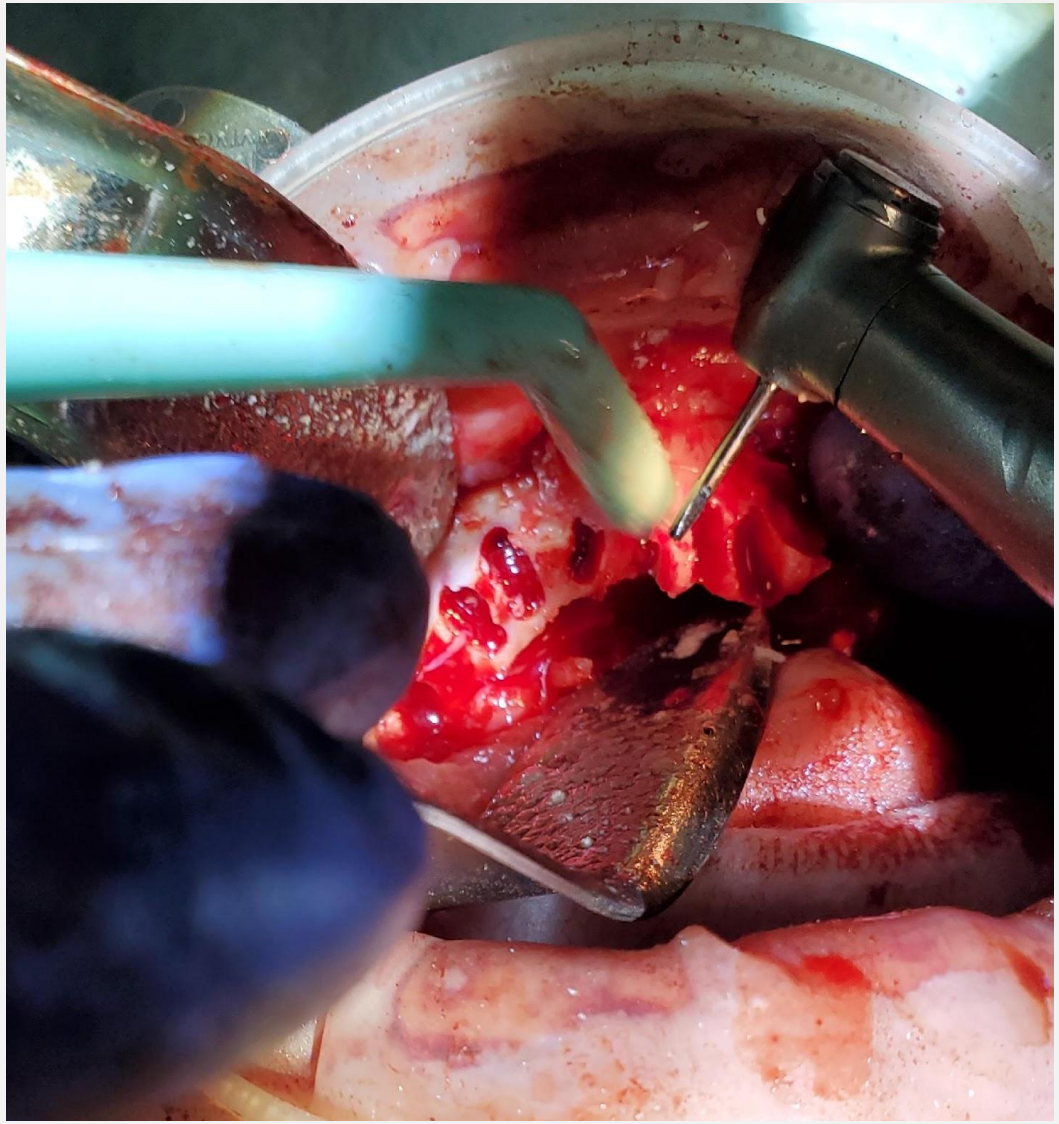
#20 infection removal



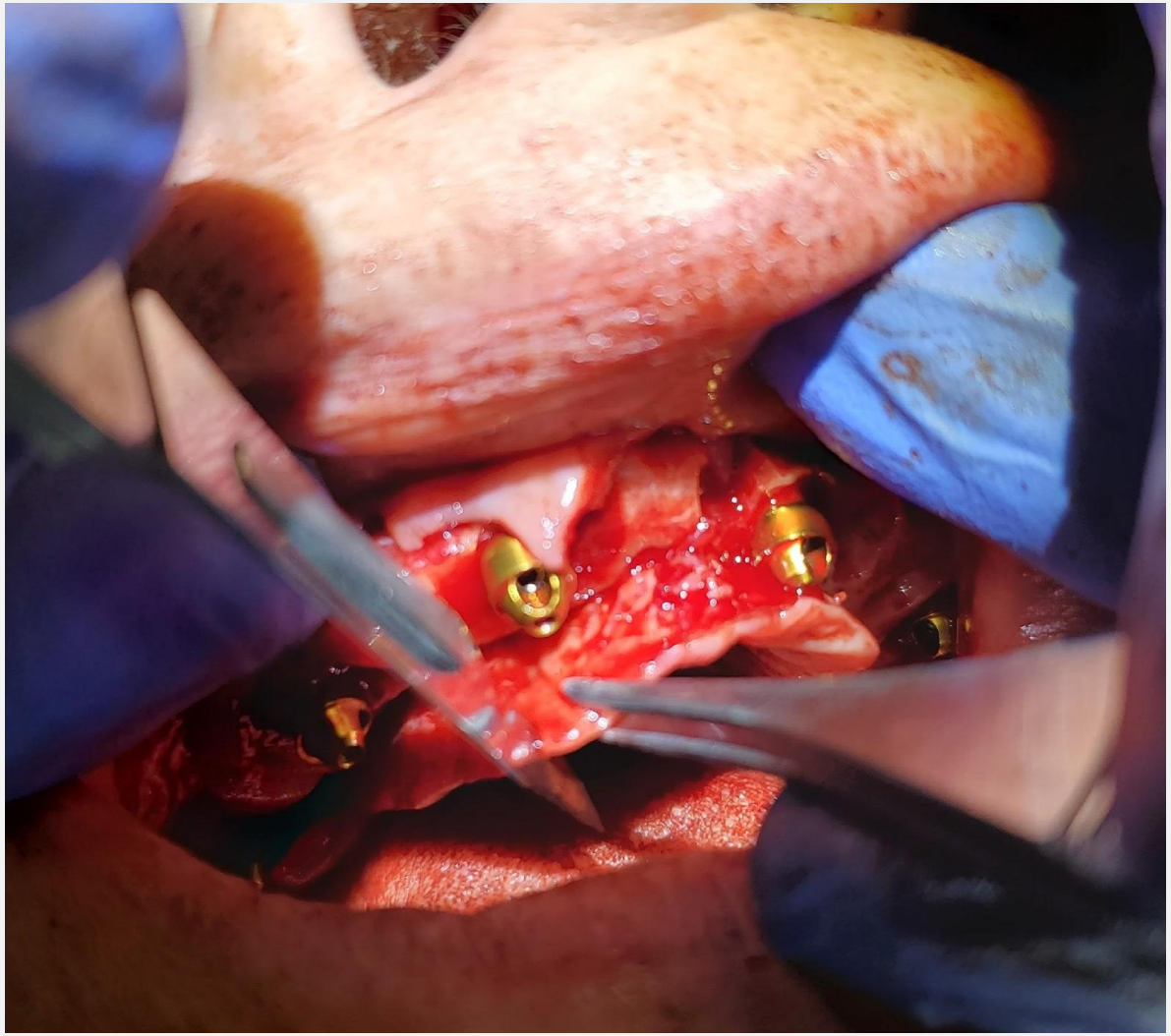
#3 infection removal

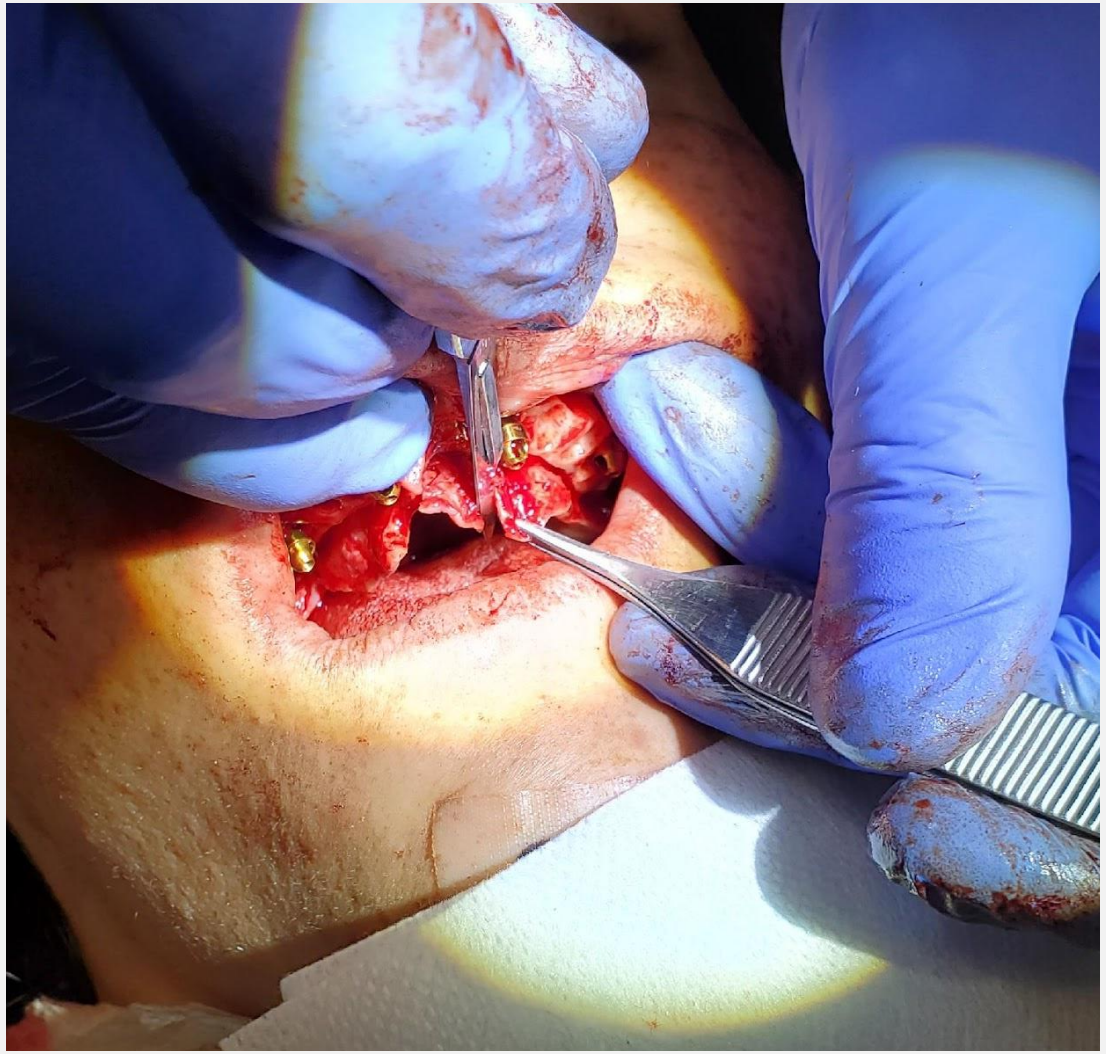


Maxillary Alveoplasty

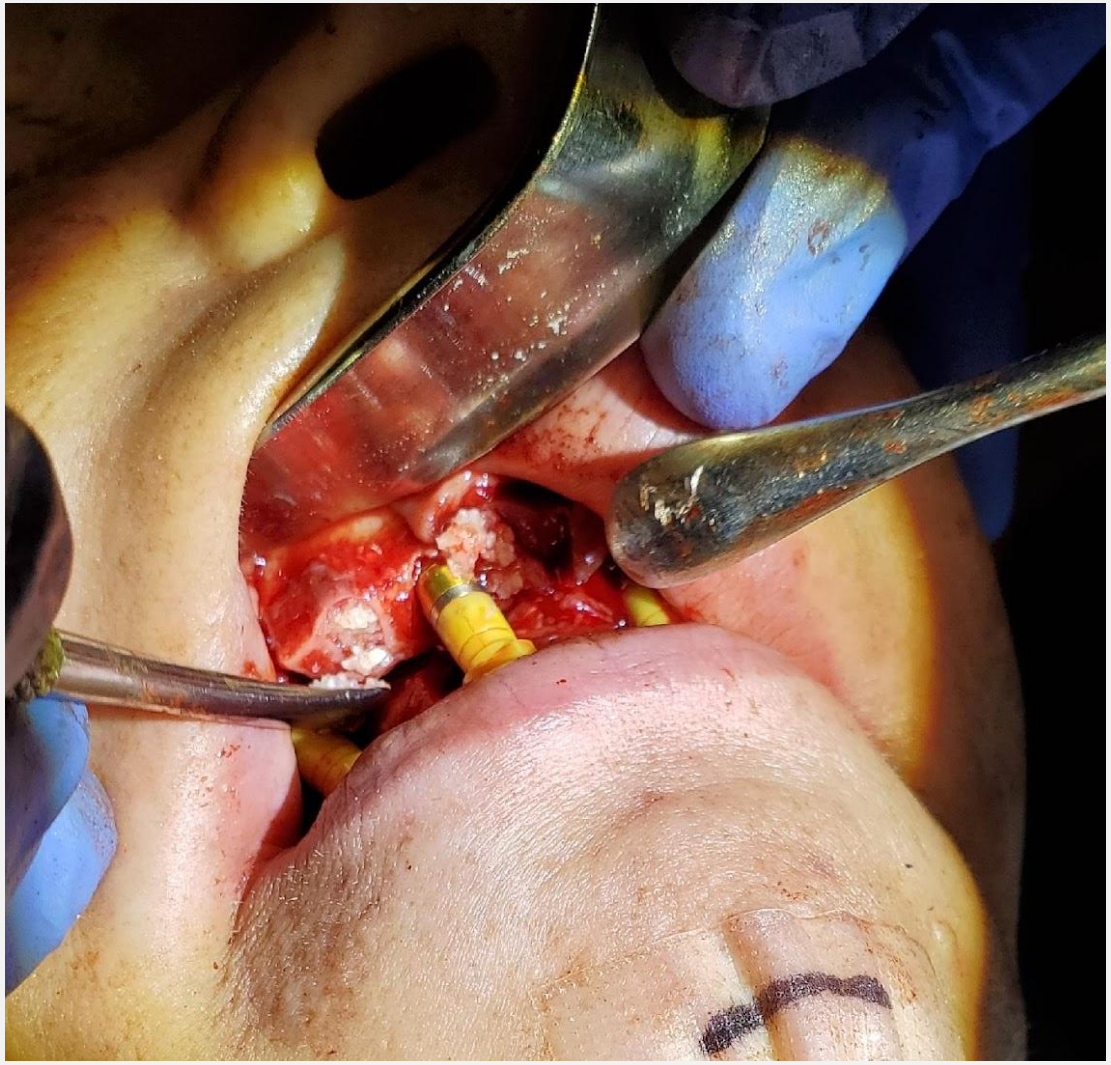


Mandibular Alveoplasty



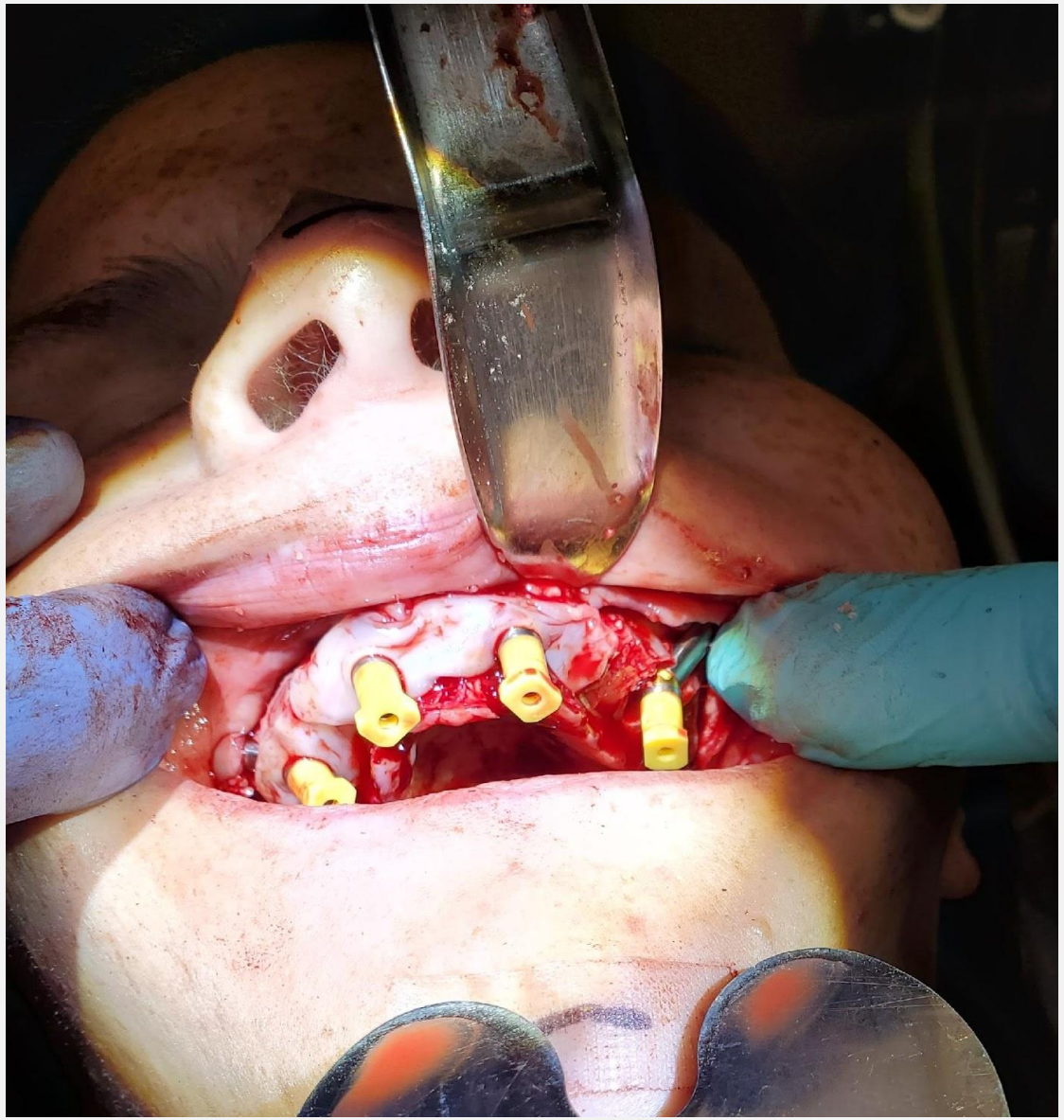


Gingivectomy

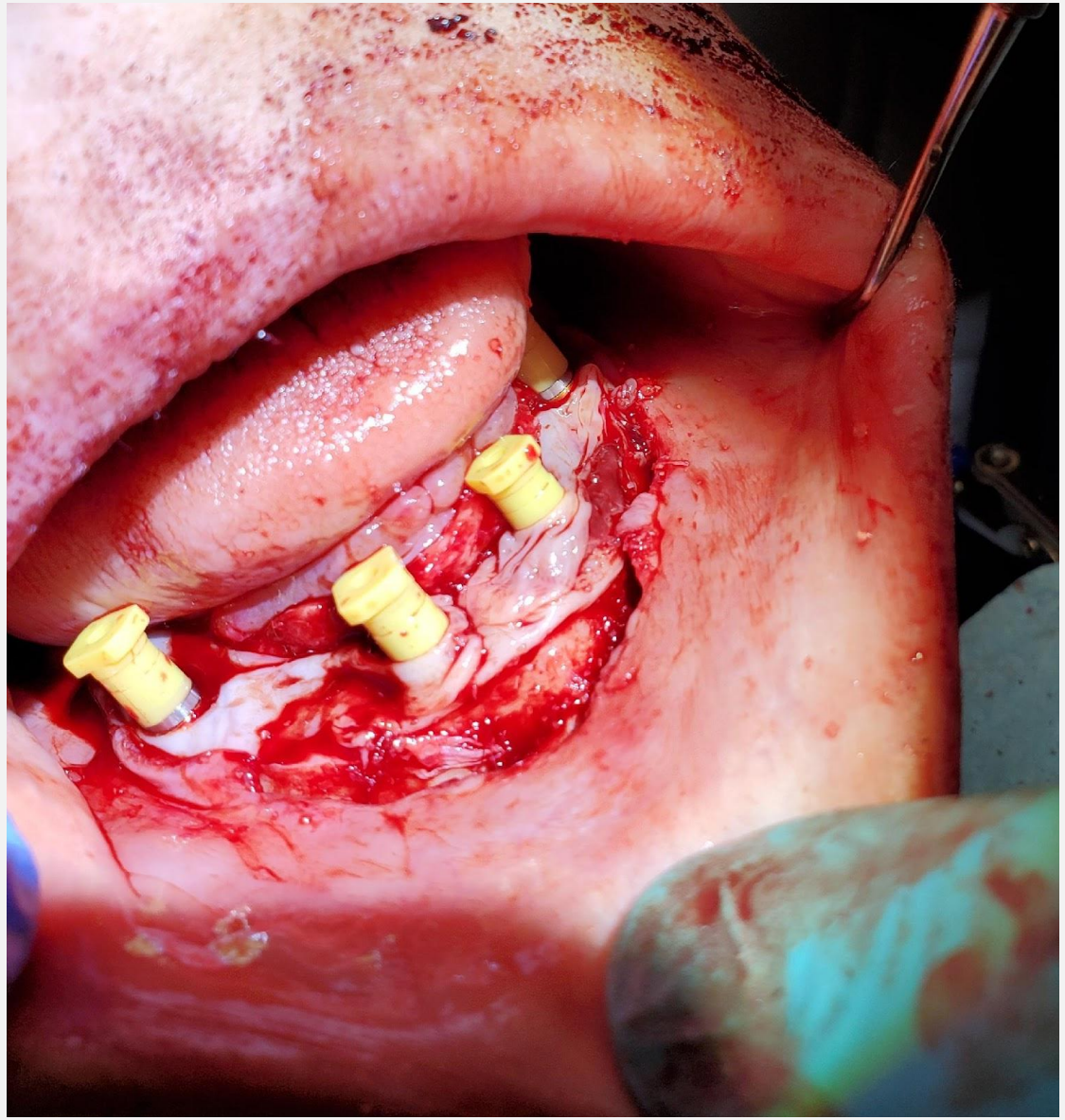


Maxillary Bone Graft

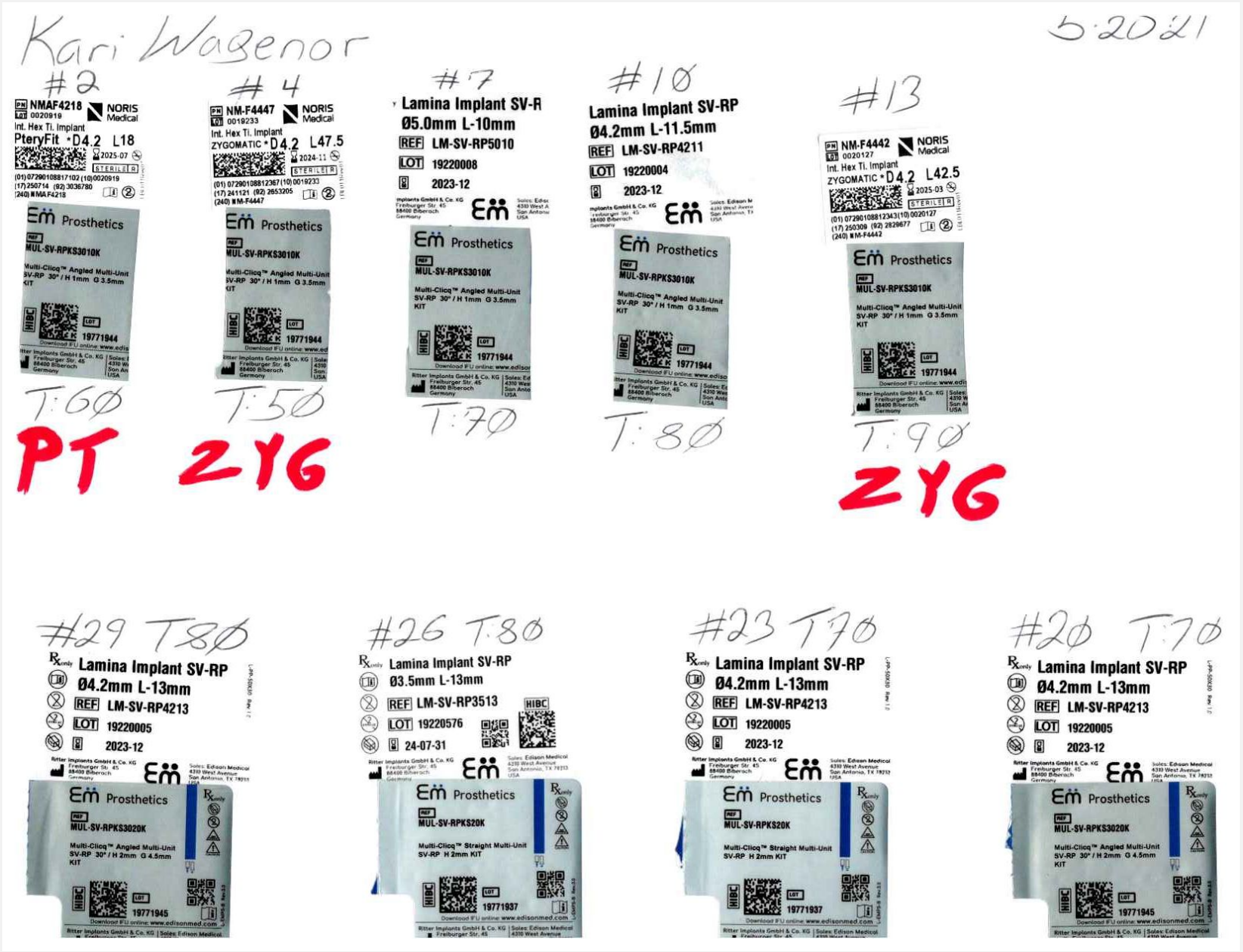
Mandibular Bone Graft



Maxillary PRF

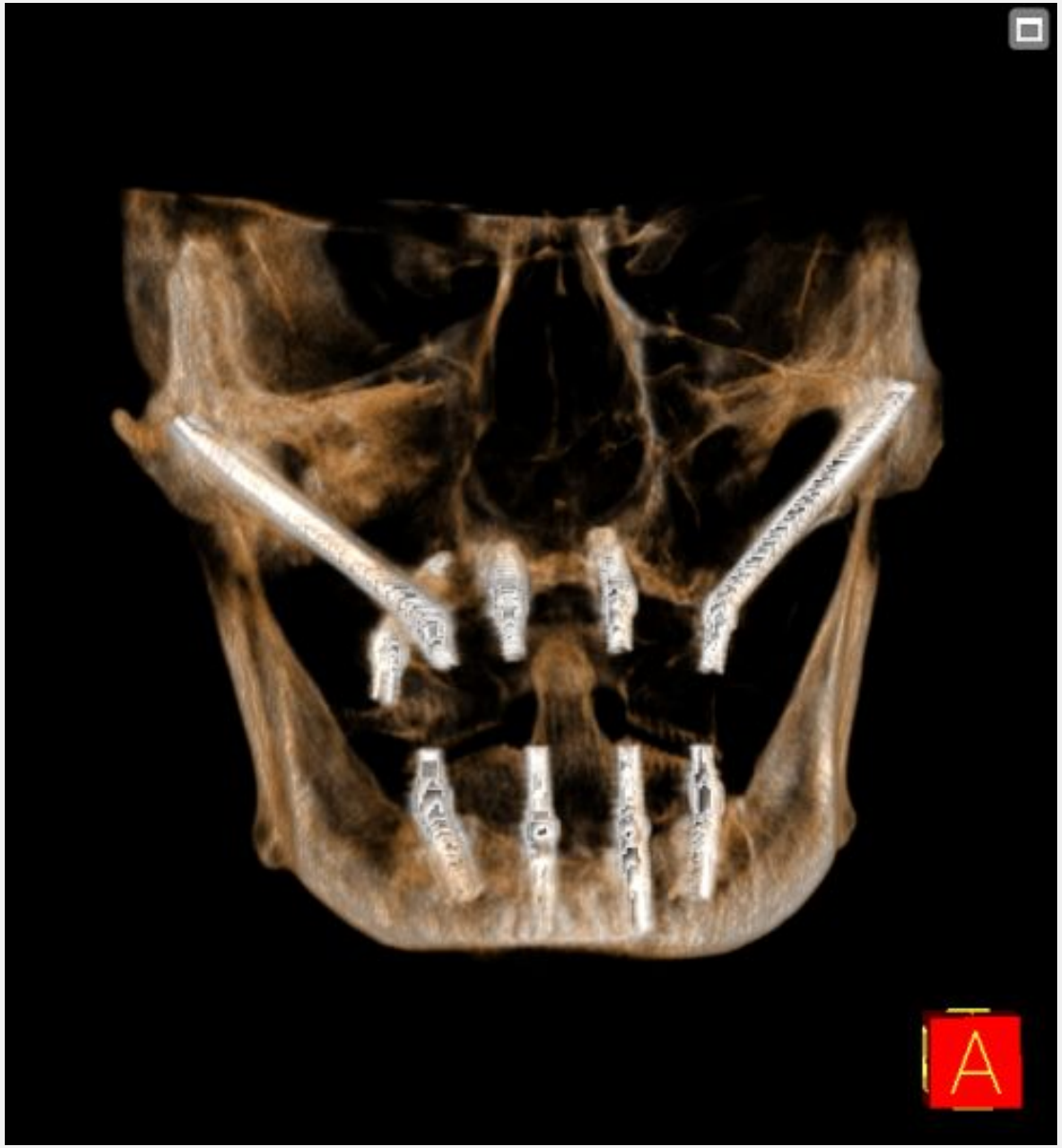


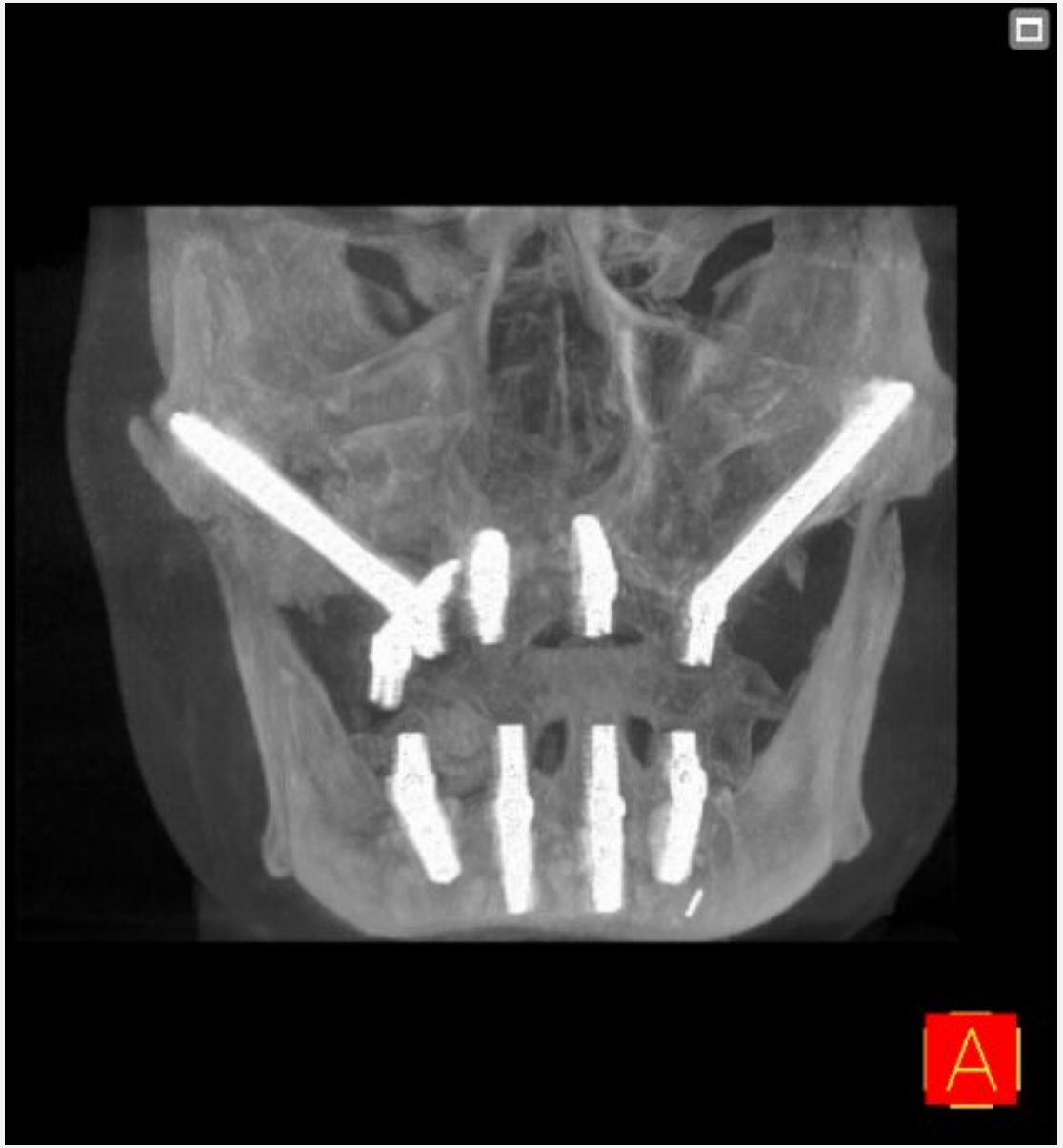
Mandibular PRF



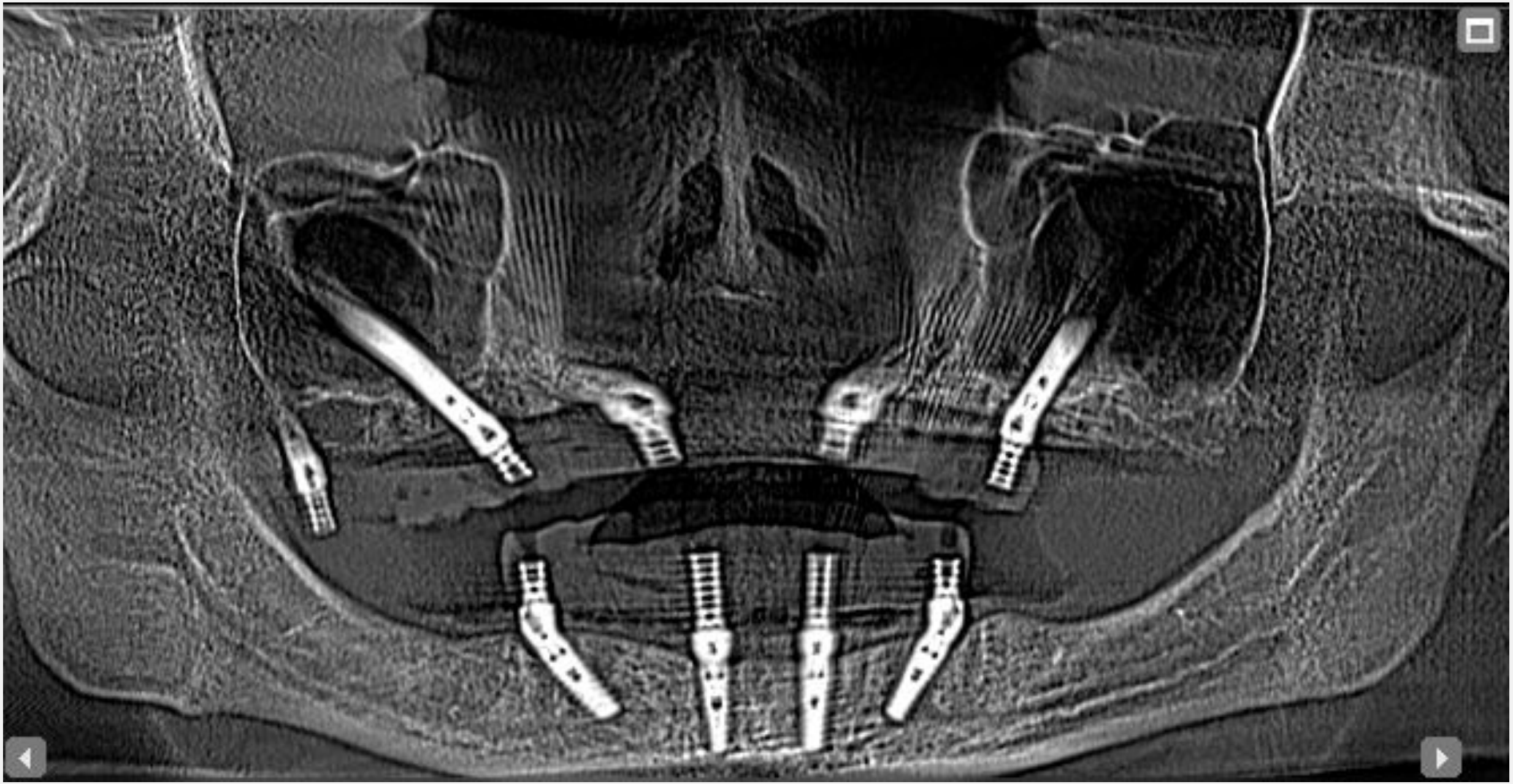
Implant and Abutment Labels

POST-OPERATIVE SCAN





6 months after surgery
11/10/21



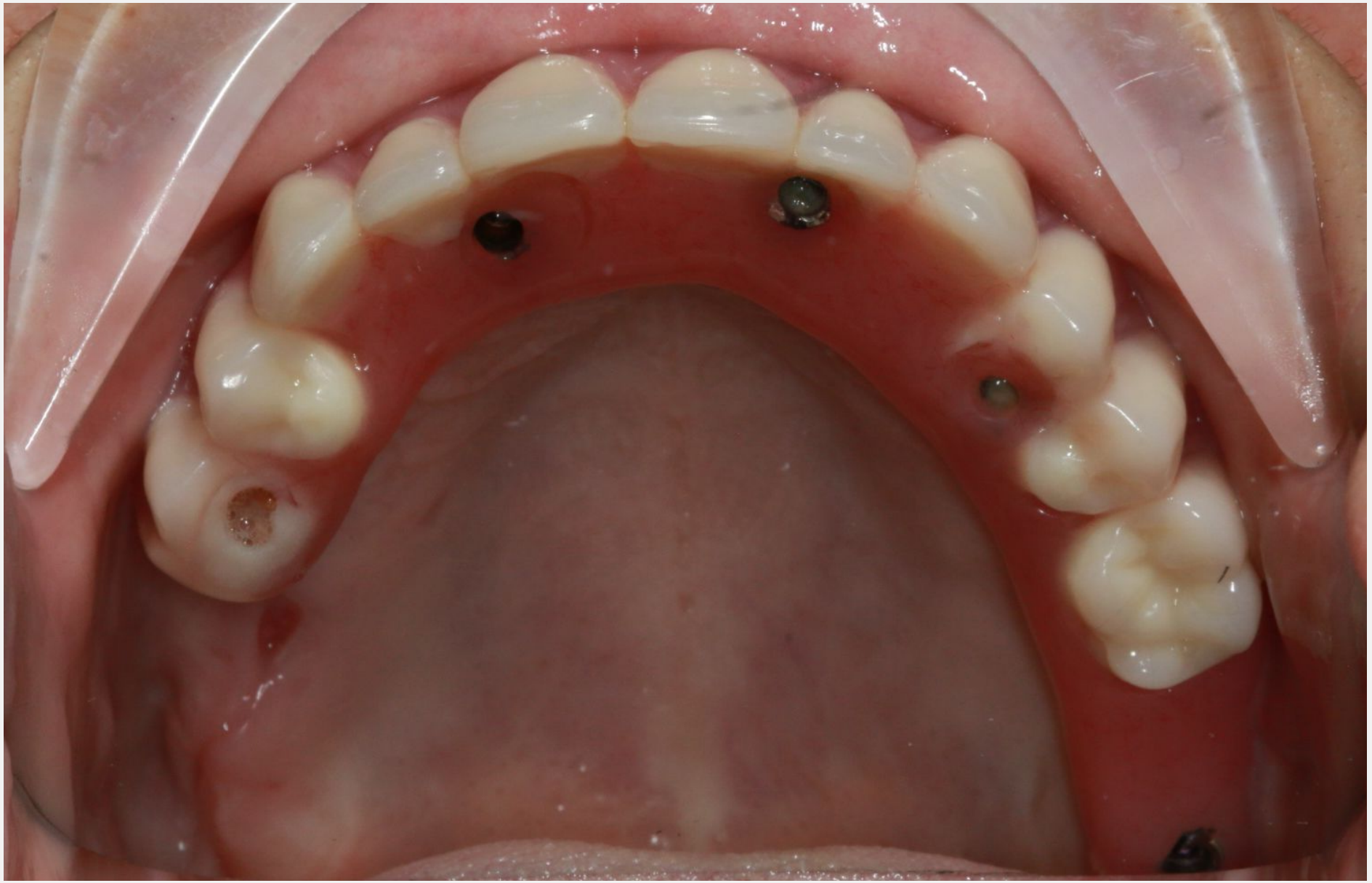
AFTER PHOTOS

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 dehescience. 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