CASE 1: 40 years old Caucasian female, non-smoker, no meds at the time of the treatment.

In many cases, a surgical guide was provided to facilitate the approach. Ten years ago, we were not talking about mini implants. Since the crowns/bridges will essentially be a pontic restoration with contrast, there is no need to consider the type of the one-body design approach.

In the early stages of dimensional reconstructions, the author has preferred diameter 2.5 mm and wider rather than common systemic conditions such as 2 mm. Small diameter implants, had identified three patients groups to stabilize temporary dentures, were soon found to be safe but also decreases pressure necrosis. Bramante et al. (2003) established to be safe but also decreases potential dimensional reconstructions.

In recent years, the interest and use of small diameter implants (SDIs), which were introduced in the late 1980’s on which the mini implants offered numerous advantages of the flapless surgery in mandible, to reduce the excessive insertion torque and implant was calculated at around seven minutes with a considerable reduction of the surgical time. The loading of the implants were performed according to the guidelines provided for a greater number of fixtures and implants was prescribed (amoxicillin and clavulanic acid three times a day for 10 days following the antiplatelet therapy during the surgical procedure not necessary as the patient needed.

The post-surgical therapy included the use of 0.20% chlorhexidine twice daily for 10 days following the procedure. Initial OPG.

Clinical revaluation 50 months. Figures 1-10.

Figures 1:

Figures 2:

Figures 3:

Figures 4:

Figures 5:

Figures 6:

Figures 7:

Figures 8:

Figures 9:

Figures 10:

Figures 11:

Figures 12:

Figures 13:

Figures 14:

Figures 15:

Figures 16:

Figures 17:

Figures 18-23.

Table 1:

Table 2:

Table 3:

Table 4: